LATINO GRANDFAMILIES: HELPING LATINO CHILDREN THRIVE THROUGH CONNECTION TO CULTURE AND FAMILY
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About 2.7 million children live in grandfamilies or kinship care, families in which children are being raised by grandparents, other extended family members, and adults with whom they have a close family-like relationship such as godparents. According to Pew Research Center, 1-in-5 Americans live in a multigenerational home. Growing racial and ethnic diversity in the U.S. helps explain some of the rise in multigenerational living. More specifically, Asian and Latino populations overall are growing more rapidly than their white counterparts, and are more likely than white non-Latino to live in multigenerational family households.

Kinship care is a familiar practice in Latino families. Latinos have a long history of helping raise children in need of temporary or permanent families, and exhibit a willingness to assist other families based on a strong value of community and an emphasis on family. The Latino concept of “familismo”/familism extends beyond blood relatives and includes friends, neighbors, and compadres/comadres (godparents). Latino families maintain life-long connections, assistance, and support through the value of interdependence. Both outside and inside the child welfare system, the likelihood that Latino children will live in kinship families is significant. While Latino children are not overrepresented nationally in the child welfare system, they are overrepresented in many communities often due to a range of factors that include poverty and discrimination.

For example, there were 60,045 children in care in California as of October 2020. The California Department of Social Services (2020) highlights that in 2019, Black children were 6 percent of the child population but made up 18 percent of the foster care entries; Latino children were 47 percent of the child population and accounted for 53 percent of foster care entries; and Native American children represent 0.50 percent of the population and accounted for 1 percent of foster care entries. The overrepresentation of youth of color in the child welfare system is not unique to California. In the United States, 58 percent of foster youth are children of color compared with 42 percent of all children in the United States. Racial disproportionality results from structural and institutional racism, both within child welfare systems and society at large. Disproportionate involvement in child welfare causes disproportionate harm to children and families of color. Once Latino families are involved in that system, they may face additional barriers compared to their white non-Latino counterparts, such as navigating access to services and language difficulties. Culturally appropriate services are needed to support Latino families as they navigate kinship care placements, which appeal to the family system fundamental to Latino culture.

During the past several decades, political unrest, economic conditions, U.S. intervention, wars, environmental disasters and violence in Latin American countries have propelled millions of individuals to seek a more secure life for themselves and their families in the United States. The arrival of immigrants and their U.S. born children has been a major component of Latino population growth and diversity. Immigrants have also experienced significant discrimination. About half (48 percent) of Hispanics overall said they had serious concerns about their place in the country, according to a Pew Research Center survey of Latino adults fielded in December 2019.

While voicing their concerns over their place in U.S. society, 38 percent of Hispanic adults said they had personally experienced discrimination in the previous year. Over the years, Latino immigrant families have been criminalized and deported at higher rates than other immigrant groups. In addition to causing economic instability, family separation harms the socio-emotional and cognitive development of young children. Even when families
have not encountered immigration enforcement, children of color feel the spillover effects of anti-immigrant rhetoric and policies, and children as young as three have expressed fear that their parents will be taken away, not fully understanding their parents’ immigration status.

Since 2020, the coronavirus pandemic (COVID-19) has exacerbated systemic inequalities in the U.S. economy and health care system; disproportionately impacting communities of color and Latino immigrant communities in particular. Latino children were two times more likely than non-Latino white children to lose a primary or secondary caregiver to COVID-19.

As a result of economic necessity, Latinos are more likely to be at risk of contracting the virus, due to high rates of employment as essential workers in service industries that are not amenable to teleworking. Latinos are also more likely to live in housing that may include multigenerational families in densely populated neighborhoods, making it challenging to maintain social distancing. Approximately 41 million Latino adults reside in the U.S., roughly half are immigrants. Perhaps due to the previous Administration’s anti-immigrant policies, such as the 2018 Zero Tolerance Policy that ramped up criminal prosecution of those entering the U.S. unlawfully, many undocumented Latino individuals have likely been dually at risk of experiencing immigration enforcement and contracting COVID-19. These policies, combined with the pandemic, place Latino children and families at risk of family separation and negative health outcomes. Latino mixed status families (family members have different immigration status) often live isolated, almost hidden in their homes, reluctant to participate in civic life due to fear of increased immigration enforcement and forced family separations. An unstable U.S. economy set the stage for greater health disparities and inequities for Latinos and other immigrants. Despite these challenges to health and mortality, Latinos retain their commitment and cultural values in caring for extended family.

There has been a historic lack of culturally appropriate services for Latino grandfamilies. The supports and services that do exist often depend on whether the children are in the legal custody of the child welfare system. This absence of support has become more apparent during the COVID-19 pandemic in which health, environmental, economic, and health care disparities, social prejudice and discrimination have become more exacerbated.

The toolkit offers resources for child welfare agencies, government agencies, and non-profit organizations so that they can better serve Latino grandfamilies. It offers child welfare workers specific tips and techniques for overcoming challenges and increasing effectiveness in working with Latino populations. The toolkit examines some of the unique strengths and challenges of these grandfamilies, which agencies and organizations must recognize in order to provide culturally appropriate services.

While there is an informal tradition of Latino kinship care, factors such as forced family separation due to immigration enforcement, child welfare involvement, incarceration and/or substance use have changed the landscape and needs of these caregivers and children. Given the increasing numbers of Latinos in the U.S., it is urgent to provide appropriate and effective services. We hope that this toolkit provides useful guidance.
**Grandfamilies and Kinship Families:** In the toolkit, we use the term “grandfamilies” and “kinship families” interchangeably to refer to families in which grandparents, other adult family members or close family friends are raising children without the parents in the home. These families can be either inside or outside of the child welfare system. The toolkit will identify the level of child welfare involvement where it is relevant.

**Grandfamily Caregiver or Kin Caregiver:** These terms are also used interchangeably in this toolkit. They are used to capture the spectrum of these caregiving relationships, which include close family friends, godparents and other adults who are not technically “related” to the child.

**Latino/a/e/x/ and Hispanic:** The terms Latino and Hispanic are often used interchangeably. In this guide we will use “Latino” to refer to persons who trace their roots to one of the Spanish speaking nations in the Americas. We use “Hispanic” when quoting from the U.S. Census or other sources. Latinos are an extremely diverse group – they include individuals with a wide range of characteristics from many countries, regions, socioeconomic backgrounds, and races. The term Latinx is a gender-neutral English word that is used to refer to people of Latino cultural or ethnic identity in the United States. The (-x) suffix replaces the (-o/-a) ending of Latino/Latina that are typical in the Spanish language. The term Latinx follows a global movement to introduce gender-neutral nouns and pronouns into romance languages, although it is worth noting that in many Spanish-speaking countries, the -o/-a is being relaced with -e not -x. In terms of practice settings, it is important that practitioners ask grandfamilies which cultural identity term is preferred.
This chapter provides recommendations and resources for nonprofit organizations and government agencies to develop and provide culturally appropriate services to enhance the well-being of Latino grandfamilies. Though these families are not new, there are significant cultural and environmental influences that have shaped and affected how Latino kinship caregivers must navigate their caregiving role. A challenge in introducing culture and context is to define these terms in a non-formulaic fashion. The following definition highlights the multidimensionality and fluidity of culture:

*Culture is a set of shared experiences or commonalities that have developed and continue to evolve in relation to changing social and political contexts, based on: race, ethnicity, national origin, sexuality, gender, religion, age, class, disability status, immigration status, education, geographic location, rural or urban, time, other axes of identification within the historical context of oppression.*

### Cultural Competency

Cultural competency starts with an understanding of how certain factors (history, religion, traditions and customs) shape the worldview of a group of people and allow their members to survive in the world. According to Terry Cross, a leading expert on cultural competency and the founding Executive Director of National Indian Child Welfare Association (NICWA), culturally competent organizations and workforces understand the importance of culture, has the capacity for cultural self-assessment, recognizes the dynamics resulting from cultural differences, strives for the expansion of cultural knowledge, and adapts services to meet culturally unique needs. The following components may assist practitioners in enhancing cultural competence, according to Social Work scholar, Melvin Delgado:

1. Gain comfort with not knowing about all Latino cultures
2. Engage in active listening without reaching premature conclusions about Latino families
3. Be able to decipher stereotypical portrayals of Latinos
4. Observe important interpersonal experiences, show genuine curiosity and respect towards Latino families

This Toolkit relies on the concepts of “cultural competence” as described by Cross in several articles and in the monograph *Towards a Culturally Competent System of Care.* Practitioners must be equipped with the knowledge of how to serve Latinos in a culturally responsive manner that draws upon protective factors while acknowledging the effects of potential risk factors. Serving Latinos requires both an ability to provide culturally responsive services and for clients who are monolingual Spanish speakers, the ability to speak Spanish with fluency and possess an understanding of how issues of immigration and citizenship, language, gender, religion, age, income and education, may impact family well-being.

The following terms suggest nuances for cultural knowledge and/or service delivery that meet the needs of diverse populations, and provide context for this Toolkit:

- **Culture:** The integrated pattern of human knowledge, belief, and behavior that depends upon a capacity for learning and transmitting knowledge to succeeding generations. The customary beliefs, social norms, and material traits of a racial, religious, or social group.
• **Cultural Competence:** The capacity to work effectively in the context of cultural differences.

• **Cultural Identity:** The degree of identification with one or more cultures.

• **Cultural Loss:** The feeling of grief and loss that comes from the passing out of existence of lifeways, language, healing practices, spiritual helpers, or the loss of people, land, resources, material traits, customs, social forms of a racial, religious, or social group.

• **Historical Trauma:** Intergenerational trauma experienced by a cultural group that has a history of being systematically oppressed. Historical trauma can have an impact on psychological and physical health. Historical trauma is cumulative and reverberates across generations.

• **Culturally Appropriate:** Work practices, services and policies that are non-discriminatory and free of bias, stereotyping, racism and prejudice.

• **Cultural Awareness:** The ability of a person to understand the differences between themselves and people from other backgrounds, especially differences in attitudes and values.

• **Cultural Humility:** The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.

• **Cultural Intelligence:** The ability to relate and work effectively in culturally diverse situations. It is the capability to cross boundaries and prosper in multiple cultures. People with high cultural intelligence are attuned to the values, beliefs and styles of communication of people from different cultures.

• **Ethnicity:** Denotes groups that share a common identity-based ancestry, language, or culture. It is often based on religion, beliefs, and customs as well as memories of migration or colonization.

• **Race:** A social and political construction—with no inherent genetic or biological basis—used by social institutions to arbitrarily categorize and divide groups of individuals based on physical appearance (particularly skin color), ancestry, cultural history, and ethnic classification. The concept has been, and still is, used to justify the domination, exploitation, and violence against people who are racialized as non-white.

Latinos are a large and growing segment of the U.S. population. According to the 2019 U.S. Census Bureau population estimate, there are 60.5 million Latinos living in the United States, and represent 18 percent of the U.S. total population. The Latino population is a highly diverse group and the designation, Latino, can be quite complex. The term Latino is often used synonymously with Hispanic. In 1976, the U.S. Census Bureau established the term Hispanic to quantitatively assess the number of Latinos in the United States. This new racial categorization has offered Latinos visibility and inclusivity in affirmative action laws and has had implications for policies on education, health benefits, and citizenship.

Latinos make up various national groups from Puerto Rico, Mexico, Cuba, and Central and South America, as well as various other Spanish cultures. Additionally, Latinos self-identify as belonging to many racial identities, including, but not limited to Black, white, Asian, Pacific Islander, or a combination of several racial groups. Latinos have lived on what is now U.S. soil since well before it became a country. In 1565, the Spanish established a settlement in St. Augustine, Florida. Since that time, and after many waves of migration to the U.S., Latinos have gone from a small and largely neglected minority to the largest minority group in the U.S. People who identify their origin as Hispanic/Latino may be any race. Hispanic and Latino terms should be self-chosen. Hispanic can be seen as an imposed term, whereas Latino is more often seen as one that people chose for themselves. The terms Hispanic/Latino are used interchangeably throughout this Toolkit. Hence, it is important to inquire among clients which term, Hispanic, Latino, Latinx or a more culturally specific term like Mexican-American is preferred.
Understanding and Integrating Latino Values

Cultural values are generally those identified and embraced by members of a specific cultural group. It is important to keep in mind that Latinos are heterogenous and not a monolith. Latinos do not all speak Spanish, and are not all Catholics. They can be found at every socioeconomic level and region of the United States. They have various nationalities, speak many languages, practice various religions, and originate from many countries. When working with Latino populations it is important to avoid sweeping generalizations about their needs and histories.

Like other U.S. ethnic groups, Latinos have various social, historical, geographic, political, and cultural differences. At the same time, certain aspects of Latino history assist in creating a shared background based on colonization, the Spanish language, frequent Catholic affiliation, and regional proximity that influences values and culture across the Latino community.

The goal of this section is to provide important background information about the strengths of Latino communities’ cultural values so they can be better understood in light of challenges to service utilization and access.

Colectivismo and Familismo (Collectivism and Familism)

There are significant strengths in Latino families that are often overlooked. Central to the Latino community is the cultural value of colectivismo/collectivism. This value is centered on the community rather than the individual. The Latino family is rooted in an intricate extended network of families and friends based on an interdependent belief system. The value of collectivism plays out with many efforts focused on the success and survival of the family and community at-large rather than on individuals.

Familismo/familism is another cultural value that places strong ties of loyalty, reciprocity, and solidarity among family members. Familism is a construct often used to describe the collective relationships between nuclear and extended family networks. Familism or familismo reflects a strong emotional and value commitment toward family life and places a significant amount of importance on family identification, loyalty, attachment, and solidarity between family members. Family expectations are valued and shared amongst all members of the family and care of children is one example of shared responsibility among family members. Research has found that there are three dimensions of familism: 1) support provided by the family; 2) one’s own responsibilities or obligations to the family; and 3) use of relatives as support to consult on important matters. Research has shown that familism may be a protective factor for Latino families as perceived family support has been linked to greater psychological well-being or better health outcomes among Latinos. A member of Generations United’s GRAND Voices Network and former kinship caregiver, Ana Lora shared, “Familism can be both a positive strength and a challenge in that while Latinos place a strong importance on supporting one another, it can often look like we don’t need support from outside providers. The reality is, we do need the support, guidance, and resources just like everyone else.”

Personalismo (Personalism)

Another cultural value is personalismo or personalism, which can be described as “formal friendliness” and is expressed through warmth that minimizes professional distance. Latinos often feel that personal relationships are preferred when accessing services. There are numerous physical aspects to personalismo. Gestures such as proximity, shaking hands, giving a hug or kiss on the cheek are expected in relationships. Service providers should be mindful of demonstrating warmth and personalism in working with Latino populations.

Respeto (Respect)

Closely connected to the value of personalismo is respeto. This is considered to be the most fundamental and important value across the whole spectrum of Latino cultures. In general, in Latino families, children are taught about manners and courtesy as tantamount to respect. They learn when to use “Usted” vs “Tu,” (the formal and informal
words for the English pronoun “you,” which in Spanish have specific formal/informal uses that must be learned in order to show deference). A high value is placed on deferring to elders and showing respect to persons of a higher status. Latinos will often say of a child who has learned these social lessons: “Es un niño bien educado.” (“He is a well-educated child.”) Latinos expect to be treated with respect, irrespective of their socioeconomic position in society. In serving Latino families, demonstrating respeto is a critical value.

**Spiritual Beliefs**

Latino religious affiliation and spiritual practices require significant attention because they impact many aspects of community life. For example, Catholicism plays an active role in helping Latino newcomers transition to this country through the use of social networks that connect to their countries of origin. While the Catholic Church has tremendous influence among Latinos, other religious groups are attracting Latinos, such as Seventh-Day Adventists and Jehovah Witnesses. Among Latinos, spirituality can take the form of both religion as well as folk beliefs and practices. Folk medicine has a variety of definitions in its modern context. It can refer to: 1) specific practices of ethnic group members; 2) the use of medical practitioners outside of the Western medical establishment; and 3) remedies that can assist with healing. In the late 1970s, the social work profession recognized the importance of Latino folk beliefs and their implications for health and mental practice. Initially this meant collaborating with Latino folk healers by integrating some spiritual leaders in practice settings. The most well-known indigenous healing practice curanderismo (a traditional folk healing system) is often practiced by Afro-Latino communities such as Puerto Ricans and includes a broad range of folk-healing practices such as remedies, teas, oils, prayers, candles, massage and rituals. Many Latinos consider spiritual folk practices as healing resources depending on the geographic location and acculturation level of the person. Practitioners should be mindful and inquire about their clients’ religious/spiritual practices during the assessment to gain greater awareness of the families’ beliefs and practices about wellness.

**Language**

While many Latinos in the U.S. are bilingual in English and Spanish, there are members of the population who do not speak either. Recent Latino immigrants may primarily or solely speak indigenous languages such as: Mayan (Guatemala) or Nahuatl (Mexico). Immigrants from Latin America migrate to the U.S. with different socio-political histories, social class distributions, racial, ethnic, and linguistic backgrounds, and cultures and rituals. Despite many variations among Latin American countries, their histories of Spanish colonization have left them with similarities in language and a number of cultural preferences. Although we lack similar data for grandfamily caregivers, linguistically, 85 percent of Latino parents report using Spanish with their children, according to the Pew Research Center’s 2015 National Survey of Latinos. As a result of pressure from dominant society to assimilate to the English-speaking culture, Latino children may lose touch with their culture, traditions, and families. As a practitioner, it is recommended to clarify with the family which language they are most comfortable using and make diligent efforts to accommodate their preference. At the heart of effective service provision is the ability of providers and clients to communicate with each other and comprehend the nuances of shared language. The availability of Spanish-speaking staff to provide orientation materials, answer questions, teach foster care and adoption preparation classes, and conduct interviews and home visits is a huge step towards cultural competency.
Culturally Responsive Service Provision

To narrow disparities and bring about more culturally responsive services the following guidance is offered by Celia Falicov, Associate Clinical Professor of Psychiatry at the University of California, San Diego:51

1. Offer Latino clients flexibility and accommodation in engaging and convening. Flexibility in timing and accommodation are paramount to building a trusting relationship between provider and client and are in alignment with creating an atmosphere of personalism and respect.

2. Develop and demonstrate trust-building practices. Developing trust or confianza (confidence or trust) in the ability and intentions of practitioners is the key to a working relationship. Trust can be built by demonstrating warmth, kindness and offering small courtesies.

3. Share timely advice as an alliance builder for Latinos.

4. Utilize a strength-based approach. Offer clients a respectful chance to share their beliefs and needs. Sharing appropriate social and cultural resources can be helpful for Latino clients in need.

5. Consider using faith-based and/or indigenous healers. Collaborating with indigenous and religious leaders may assist in decreasing the limitations of available medical care. Latino immigrants may especially be attracted to complementary health treatments because they are both culturally familiar and accessible.

6. Decrease systemic barriers and stigma. Individuals who experience poverty are affected by contextual stressors such as unemployment, lack of economic power, lack of child care, poor housing, neighborhood stressors, language and cultural barriers. Practitioners should aim to reduce social/systemic stressors by offering bilingual, bicultural support; use community facilitators such as promotoras/health promoters who are familiar with the community’s needs.

7. Consider including a strengths-based screening of Structural Determinants of Health when working with Latino clients.

Nuestra Familia, Nuestra Cultura: Promoting & Supporting Latino Families in Adoption and Foster Care. This guide provides culturally attuned information, strategies and resources for practitioners so that they can adequately serve Latino families in adoption and foster care. [http://www.centerforchildwelfare.org/kb/cultcomp/SupportLatinoFamiliesinAdoptFC.pdf](http://www.centerforchildwelfare.org/kb/cultcomp/SupportLatinoFamiliesinAdoptFC.pdf)


Trauma Informed Care Model for Immigrant Hispanic and Latino Clients. This booklet provides trauma informed approaches and trauma-specific treatment services in working with Latino populations’ culturally specific experiences to enhance engagement and improve treatment outcomes. [https://cimmcw.org/wp-content/uploads/Trauma-Informed-Care-Model-for-Latinos.pdf](https://cimmcw.org/wp-content/uploads/Trauma-Informed-Care-Model-for-Latinos.pdf)
Chapter 2
Overview of Grandfamilies

Approximately 2.7 million children in the United States are being raised by grandparents, other relatives, and close family friends with no parents in the home. An additional 133,405 children, almost a third of all children in the foster care system, are in the legal custody of the system with their relatives or kin providing the care. These “grandfamilies” or “kinship families” are families in which relatives or close family friends step up to raise children unexpectedly because their parents cannot due to opioid or other substance use, mental health challenges, incarceration, death or other issues.

About one in four of all children in the United States are Latino. They are raised in essentially equal ratios by parents, grandparents, and other kin caregivers. Unlike Black and Native American children, Latino children are not overrepresented in kinship families, whether child welfare involved or not. However, like Black children, Latino children are much more likely than non-Latino white children to live in multigenerational households where three or more generations live, and where the grandparents or other kin may be providing a significant amount of caregiving. This multigenerational caregiving is one of the Latino community’s many cultural strengths.

Parental Causal Factors

Among the many parental factors causing Latino grandfamilies and multigenerational families to form, immigration enforcement and substance use have profound consequences in creating and challenging these families:

- **Adverse immigration action.** Although we do not know how many grandfamilies form as a result of a parent’s detainment or deportation, we do know that approximately 20 percent of the children in grandfamilies - or 544,000 children - are living in immigrant grandfamilies, meaning the child, the parent(s), and/or the kinship care provider(s) are foreign-born. Similar to two-generation grandfamily homes, adverse immigration actions can cause Latino multigenerational households to form. Often only one parent - usually the father - is deported, leaving the mother with her children. In some situations, the mother and their children may move in with grandparents or other kin creating a multigenerational household in which the grandparents have a significant caregiving role.

- **Substance Use.** Although the rates of substance use among Latinos do not differ from those of the overall U.S. population, there is a gap between Latinos and the rest of the population when it comes to substance use treatment. Latinos, including those who are parents, seeking substance use treatment are often unable to get treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that 91 percent of Latinos age 12 and over with a substance use disorder were unable to receive the treatment that they need at a specialty facility such as substance use rehabilitation centers. Reasons contributing to this lack of access include many of the same barriers explored in this toolkit, lack of culturally appropriate services, and lack of Spanish speaking staff.

Grandfamilies’ Strengths

To ensure that children are well cared for despite societal and policy challenges to parenting, the diverse Latino community shares a long and proud cultural tradition of caring for extended family and living in multigenerational households. This strength, along with many others, are documented in research and show that children thrive in grandfamilies. Decades of research comparing the outcomes of children in foster care with relatives to those in foster care with non-relatives demonstrate just how well children fare in kin care. Children in foster
care with kin have more stable and safe childhoods with a greater likelihood of having a permanent home. About 36 percent of all children adopted from foster care are adopted by relatives and 11 percent of children who exit foster care, exit into guardianships. Moreover, children in foster care with kin are less likely to re-enter the foster care system after returning to birth parents. These children also experience fewer school changes, have better behavioral and mental health outcomes, and are more likely to report that they “always feel loved.” Children living with kin keep their connections to brothers, sisters, extended family and community and their cultural identity.

Grandfamilies’ Challenges

As with their many strengths, Latino grandfamilies also share challenges that are similar to other grandfamilies. However, unique circumstances make their kinship caregiving that much more difficult.

Limited or No English: Many of the children and caregivers in Latino and immigrant grandfamilies may have limited English proficiency. For example, the vast majority of deported parents are sent back to Mexico, Guatemala, El Salvador and Honduras, countries in which the primary language is Spanish, with many speaking an indigenous language only. Consequently, grandfamily members from these countries may struggle to understand and communicate in English. Trying to navigate systems on behalf of children is challenging enough for most grandfamilies, but limited English abilities make it that much more difficult to complete forms, understand legal options, and communicate with case workers and other service providers.

My family and I were in need of support in dealing with some of the behavioral problems that my nephew exhibited. He was often getting sent home from school and we just didn’t know how to manage the situation. We were all exhausted. We were then provided wrap-around services from Fred Finch Youth Center in San Diego, CA. which was so helpful. There were two caseworkers that were assigned to our family. What made the difference is that one of caseworkers had been formerly in the system and his story was very touching. I think that made a big difference because he went above and beyond to help our family and really understood that caregivers need hands-on support. As someone who wasn’t prepared, or aware that he had these problems, it was exhausting but we got the help we needed and it made a major difference in caring for our family.

-GRAND Voice Ana Lora
Child Trauma: While the reasons grandfamilies come together differ, one thing typically remains the same, children suffer loss and trauma from being removed or separated from their parents. This loss can cause significant harm to a child’s development. Moreover, separation from a parent who is detained or deported can compound a child’s existing trauma, which they may have as a result of living in a dangerous and violent environment in their home country or their long journey to the U.S. When this, and all types of separation happen, finding a loving relative to care for the children can buffer the effects of the children’s stress and reduce the trauma of separation. Decades of research repeatedly confirms that children thrive in grandfamilies when they have the support they need.

Caregiver Stress: In addition to helping children cope with their trauma, kin caregivers may also be facing their own trauma. They may be stressed because they are caring for children at a time in their lives they did not expect to be, and they are often socially isolated from their peers who are no longer raising children. They may feel a sense of shame and guilt about their own adult children who are unable to parent.

Grandfamily Poverty: Children in grandfamilies and Latino children are more likely to be poor than other children. About 17 percent of children in the general population live in poverty, as compared to 31 percent of children whose grandparents are responsible for them and have no parent in the home. This data is even more troubling when looking at poverty data for Latino children. Over half of all Latino children in the United States (57 percent) lived in poor or near-poor households in 2017—that is, households with income less than 200 percent of the federal poverty level. No specific federal poverty data publicly exists for Latino grandchildren raised by grandparents, but given the poverty differences among the general population of children and those raised in kinship families, we can conjecture that the poverty rate for Latino children in Grandfamilies is even higher than 57 percent.

Limited Services and Supports: Despite stepping up to raise children that they did not expect or plan to raise, kin caregivers often face challenges accessing critical services for the children. The degree of challenge frequently differs depending on whether or not the child is part of the child welfare system.

- **Children with kin in the child welfare system:** For those children in the child welfare system and living with kin, access to services and supports can be easier than for those not in the formal system. The state or tribe generally has legal custody of the children in kinship foster care, so caseworkers and judges can facilitate entry into services, like educational enrollment, and benefits such as nutrition assistance. However, the foster care system is not supporting the kin caregivers or the children as they should, despite relying on kin more than ever with a 10-percentage point increase in the last decade. The system often places children with kin as “kinship foster parents” without licensing them or providing the children in their care anywhere near the same level of assistance as children in non-relative foster care. Data compiled and analyzed by The Imprint show that the number of children living in a home without a foster care maintenance payment increased by 32 percent between 2011 and 2017, from 81,838 to 108,426 children. The Imprint analysts believe these children are primarily, if not exclusively, in kinship foster care with grandparents, other relatives or close family friends who are not licensed as foster parents. If kin are fully licensed and the homes from which children are removed meet low-income guidelines, long-standing federal law requires that these children receive monthly foster care maintenance payments and services. If fully licensed and income eligible, these children would also have a pathway to supported permanency through Guardianship Assistance Programs and adoption subsidies.

For children and caregivers in immigrant grandfamilies, the challenges to foster care licensing are even greater. Although child welfare agencies are not required by federal
law to verify the immigration status of foster parent applicants unless the children are not U.S. citizens or legal residents for five years, about 20 states impose citizenship or residency requirements on all applicants. In practice, even if the states do not have these requirements in law or policy, states may not license or provide stipends to kinship caregivers who do not have a Social Security number, thereby excluding caregivers who are undocumented. Other requirements, such as state residency requirements or requests for immigration-related information on foster care licensing applications or during home studies, add to the obstacles faced by many caregivers. These licensing obstacles then impact the ability of children and their caregivers to access adoption or guardianship assistance when exiting foster care.

**Children raised by kin outside the child welfare system:** Children raised by kin outside of the foster care system also face access and equity issues. A major factor impacting their access is that many of these children do not have a legal relationship, such as legal custody or guardianship, with their caregivers. They may lack such a relationship for many reasons. Often their caregivers may have difficulty finding an affordable lawyer or they may not want to go through the expense, delay, and trauma of suing the birth parents for such a relationship. The birth parents may have been deported complicating the legal paperwork further. Without a legal relationship to the children or a foster care placement of them, caregivers can have trouble enrolling the children in school, accessing special education services, consenting to vaccinations and health care, obtaining health insurance coverage, and finding affordable housing suitable for the children.

**Promoting sibling connections:** It is important for separated siblings to stay in contact during family separation. If possible they should be referred to a community program that fosters sibling connections. For example, Promises2Kids is an agency located in San Diego, CA which offers siblings in foster care, who are placed in separate homes, the opportunity to reconnect through a four-day summer camp, as well as recreational and educational day camp activities throughout the year. Camp Connect allows brothers and sisters to maintain critical relationships and gain support from each other during this difficult time. This program is a partnership with Health & Human Services Agency of San Diego County.

A legal relationship is not required under federal law to access the array of public benefits and income supports that may be available. However, access can be challenging for other reasons. For example, to obtain a Temporary Assistance for Needy Family (TANF) child-only grant, which is often the only source of potential ongoing support for the children, caregivers typically have to assign to the state or tribe their right to collect child support from the parents. Caregivers often do not want to pose another problem for the parents who are trying to re-parent or the caregivers may fear retaliation from the parents. The federal government allows states and tribes to waive that assignment for good cause, but few jurisdictions actually have a clear practice that allows caregivers to access that exemption. TANF and Medicaid for the child are often linked, so restricting access to one can impact the other. Other federal supports, like the Supplemental Nutrition Assistance Program (SNAP) or “food stamps,” require caregivers to share a lot of information, including their income. In many cases, it may be retirement income that is too high to qualify for SNAP, even though the children are at risk of food insecurity. Grandfamilies in general, and
Latino grandfamilies specifically, have often not been considered in the design and implementation of these supports, and consequently their unique needs are not met. Moreover, immigrant grandfamilies have faced heightened challenges accessing TANF since 1996 when it replaced Aid to Families with Dependent Children. Since that time, immigrant caregivers, parents and children must generally have been legal permanent residents for five or more years before they can access TANF, SNAP, Medicaid and other public benefits.

**The Adoption and Foster Care Analysis and Reporting System (AFCARS)** is the national reporting system for children in foster care. Each year, a report is issued on the numbers of children in foster care, including those in foster care with relatives, and the numbers of children exiting the system to guardianships and adoptions. [www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars](http://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars)

**The Brookdale Foundation Group, Relatives As Parents (RAPP).** is a national network of support groups and services for grandfamilies. [www.brookdalefoundation.net/RAPP/rapp.html](http://www.brookdalefoundation.net/RAPP/rapp.html)

**www.grandfamilies.org** is a comprehensive one-stop national website for publications, materials, and laws impacting grandfamilies both inside and outside the foster care system for all 50 states and the District of Columbia.

**www.grandfactsheets.org** has fact sheets for each state and the District of Columbia containing specific state information related to grandfamilies, including a comprehensive list of resources and services, including kinship navigator programs. All of the fact sheets are available in Spanish, as well as English.

**www.gu.org** is Generations United’s website containing resources and publications on grandfamilies, including Generations United’s annual State of Grandfamilies reports.

**The Kids Count project - The Annie E. Casey Foundation** contains national and state level data on children in kinship care. By kinship care, they mean children outside of the formal foster care system being raised by grandparents, other family members and close family friends with no parents in the home. Children in kinship foster care are reported through AFCARS. [https://datacenter.kidscount.org/](https://datacenter.kidscount.org/)


**The U.S. Census Bureau Data Website** contains tables with the numbers of children in the United State and some of their demographic characteristics (Table S0901); the numbers of children and some of their characteristics who are raised by grandparents who are responsible for them (Table S1001), and the same information for these grandparents (Table S1002). The data on other relatives are limited, but the general number of “other relatives” responsible for children is available in Table S0901. [Data.census.gov](http://Data.census.gov)
Latino family well-being has been impacted over time by structural inequities along with exclusionary practices and policies in the U.S. Latino family systems have experienced psychosocial stressors, deleterious health outcomes, forced family separation, and transnational family arrangements. Since the U.S. Declaration of Independence, federal laws have been enacted to exclude the entry, prevent citizenship, and deport non-white persons, and Latinos specifically. The U.S. legal system has embraced an exclusionary framework prohibiting non-white immigrants from becoming citizens through policies such as the Uniform Rule of Naturalization Act (1790), and the Chinese Exclusion Act (1882). Furthermore, the 1996 immigration “reforms” dramatically limited the rights of noncitizens facing deportation.

During the last three decades, the U.S. government has further implemented strict immigration enforcement policies along the U.S./Mexico border. These policies have significantly altered the social, political, and legal landscape for undocumented immigrants and families living in the United States. Restrictive immigration policies have caused an increase in deportation-related forced family separations among Latinos, the population most targeted for deportation. According to the U.S. Department of Homeland Security, 226,000 undocumented immigrants were deported in 2017, continuing a streak of increased immigration enforcement resulting in more than 3 million deportations since 2008. Restrictive immigration policies in the United States promote hostile attitudes towards undocumented immigrants and place children at risk of forced family separation. In the U.S., children of undocumented parents live in fear that one or both of their parents may be arrested, incarcerated and/or detained. One of the many unnoticed aspects of deportation is its impact on the family members who are left behind and must contend with issues of grief, anxiety, and depression. While some grandfamily caregivers may be mindful of these challenges, they may not necessarily be equipped to deal with them. This chapter will provide information on the ways Latino children are being separated from their parents and what providers can do to reduce the effects of parental separation and impact on children’s cultural wellbeing.

Children in grandfamilies or kinship families are, by definition, separated from their parents, and families of color are more likely to be separated from their parents due to many reasons, including adverse immigration actions. This chronic separation can be extremely overwhelming to a child. Depending on the circumstances and their significance, the child may experience these separations as traumatic. They may be sudden, unexpected, and prolonged, and can be accompanied by additional cumulative stressful events such as a dislocation from one’s culture.

Interventions to Assist Kinship Families in Dealing with Parental Separation/Trauma

Separations between children and parents may result in various short and long-term consequences. Children and adolescents need to have a space to express anger, resentment, feelings of abandonment, or any other fears that the separation has had for them. Children separated from a parent may react with symptoms of depression, nightmares, school issues, behavioral problems, or sleep complaints. Separation of parent and child can intensify the attachment of a child with the new caregiver. In addition, children may experience preoccupations about family reunification that may also be challenging for children and kinship families.
Despite historical and intergenerational trauma experienced by Latino communities, there are many opportunities to integrate healing, cultural traditions, and culturally responsive resources into service delivery. As shared in Generations United’s, 2017 State of Grandfamilies Report, the most salient protective factor for children who have experienced adverse childhood experiences (ACEs) such as forced family separation, is having a positive, supportive relationship with one caring adult.88 Caregivers play an instrumental role in helping minimize the losses for youth.89 Kinship provider agencies and community stakeholders may utilize some of the same strategies that behavioral health providers apply to reduce the trauma of parent-child separation. For example, providers may consider using Culturally-Sensitive Trauma-Informed Care, which refers to the capacity for health care professionals to provide trauma-informed assessment and intervention that acknowledges, respects, and integrates individuals’ and families’ cultural values, beliefs, and practices.90

Helping Children with Traumatic Separation

The National Child Traumatic Stress Network has offered the following guidance for providers to build supportive relationships and address trauma for Latino youth:

Guide caregivers on how to communicate and relate to children: Caregivers who may find it challenging to connect to children affected by traumatic separation can begin by asking the child what they believe happened with respect to the separation, and explore what they believe will happen in the future. Caregivers support children when they provide honest, age-appropriate information about the separation, to the extent that they know what occurred. As the situation evolves, caregivers can update children as appropriate. At times, the truth includes saying, “I don’t know the answer to that, but when I do I will tell you.” Encourage caregivers to listen to the child’s questions and correct any misinformation or confusion.

Address related traumatic experiences: When children have experienced traumatic separation due to suspected danger (e.g., removal from a situation of abuse or neglect; domestic violence; fleeing a warzone), clinicians need to address not only the separation from the caregiver, but also the traumatic experiences leading to the separation (e.g., the child abuse or neglect; domestic violence; war experiences). Children often need specific guidance during therapy to recognize and process these experiences.

Help child gain mastery over trauma related symptoms: Although mental health treatment involves helping the child adjust to the separation, it is crucial to also address the child’s related trauma reactions. Help the child gain mastery over their trauma-related symptoms through teaching trauma-focused interventions—coping strategies and identifying trauma reminders that may lead to trauma responses—and, ultimately, re-gaining a sense of control.

Suggest ways for the child to maintain connections: It may help the child to have memorabilia (e.g., pictures, objects from a previous home, a scrapbook) to preserve positive memories of and stay connected to the absent caregiver. In addition, creating opportunities to remember and practice a ritual or cultural tradition with a caregiver or to start a new one may be helpful in fostering cultural connections. Help the caregiver with their feelings about having such reminders available. If visitation is possible, appropriate, and allowed, work with the caregiver to determine the best time, place, and way for the child to meet with the person and be available for follow-up.

Coordinate outside resources and referrals: Due to transitions in living situations, ongoing and longstanding supports may have changed. Review available support systems and people, and identify adults at school and at home to whom the child can turn when needing comfort. If the child needs to build and strengthen relationships with peers, consider referring the caregiver for additional help to identify activities or sources of potential friendships. Keep in mind any specific needs that the caregiver indicates.
Monitor the Impact on you: Take time to consider how working with cases of traumatic separation is affecting you, as a clinician. These can be challenging cases. These children need support, patience, and understanding—as do clinicians, themselves.

Social service agencies must make a considerable effort in engaging and informing immigrant families and individuals that their offices are safe for them to enter and interact. Many undocumented immigrants are reluctant to enter agencies and access services due to the threat of increased federal immigration enforcement and worries that family members may be putting themselves and their family at risk. Given the importance of Latino families’ social networks, practitioners should recognize the strengths of this asset and incorporate family, trusted friends and community members into treatment planning and provide notification to clients that their agency is a sensitive location that is free from immigration enforcement activity.

Remote/Virtual Visitation Services

As our society moves towards remote connectivity particularly during the COVID-19 pandemic, there is a need to make visitation more accessible via virtual platforms particularly as economic stressors, job loss, and incarceration present safety concerns to in-person visitation.

Practitioners can assist families in maintaining the psychological presence of the separated parent to promote connection and consistence. Frequent phone contact, emails, texts and old fashioned letters between the separated parent and the child may be an effective method. Some technologies such as online video conferencing can also enable family members separated by physical space and time to be virtually present for extended periods of time. Faraway relatives and parents can participate in household events like reading a bedtime story, talking about day-to-day happenings, and participating in important celebrations like birthdays. A separated mother and/or father can even supervise their children’s homework through these technologies. It is important to consider access to technologies (e.g., iPads, Chromebooks) and also service delivery (WIFI) and facilitate access to these resources for families.
**Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care** is a 5-part video training series developed and led by Joseph Crumbley to strengthen the skills of child welfare professionals in supporting families to improve outcomes for children. While designed to specifically support the needs of African American grandfamilies, these videos offer transferable and relatable teaching moments for Latino grandfamilies. [www.aecf.org/blog/engaging-kinship-caregivers-with-joseph-crumbley](http://www.aecf.org/blog/engaging-kinship-caregivers-with-joseph-crumbley)


**RESOURCES FOR CONTINGENCY PLANNING FOR THE LATINO CHILDREN AND IMMIGRANT FAMILIES**

**The Immigrant Legal Resource Center (ILRC)** has a Family Preparedness Plan for immigrant families. [https://www.ilrc.org/family-preparedness-plan](https://www.ilrc.org/family-preparedness-plan)

**Northwest Immigrant Rights Project (NWIRP)** in Washington State assists children who have been released from Office of Refugee Resettlement (ORR) custody to live with grandparents, aunts, uncles, and other kin who are sponsors. [https://www.nwirp.org](https://www.nwirp.org)


**The Women’s Refugee Commission** provides informational resources via the comprehensive guide, Detained and Deported: What About My Children? in both Spanish and English for families dealing with deportation, detention, and child welfare systems. [https://www.womensrefugeecommission.org/](https://www.womensrefugeecommission.org/)
In this chapter, we present some of the challenges that Latino grandfamilies may face in accessing support and services to create the context for sharing strategies for better reaching and helping Latino families access social support to promote well being.

**Barriers to Culturally Appropriate Services**

**Discrimination and Systemic and Structural Racism**

Racism, prejudice, and discrimination are pervasive in the lives of communities of color and contribute to barriers in accessing social support. Latinos can be any race and can experience these barriers due to issues such as legal status, language/culture, lack of health insurance, and an absence of cultural attunement among providers. These challenges contribute to negative health, mental health, school performance, and general quality of life. Racism can also impact the relationship between service providers and clients in many subtle forms that contribute to health and mental health inequalities. Among these barriers are the following stressors:

**Differences in Language, Culture, and Context**

At the core of effective service provision is the ability of practitioners and clients to communicate with each other and comprehend the nuances of shared language. The absence of this facility may inhibit Latinos from seeking services and adequately articulating their service needs. The heterogeneity of Latin America extends to its languages: many languages are spoken in Central and South America including Spanish, Portuguese, Italian, English, Dutch, Japanese as well as a number of indigenous languages including Quechua, Nahuatl, and Mayan languages. While many waves of Latino immigrants to the U.S. were mostly Spanish speaking, service providers may now encounter individuals from indigenous groups in Latin American who have no English and limited Spanish. It is best to always ask clients, rather than assume, what language is preferable in providing services. The standard of care is to use professional (e.g., medical, legal) translators rather than friends or family members to ensure confidentiality and accuracy.

In terms of culture and context, Latino families often possess dual system of beliefs and practices considering physical and mental health issues: the Western medical model and traditional healing approaches that may consist of rural mythologies and indigenous healing practices. Traditional and religious beliefs may persist over generations in Latino families. Practitioners should be sensitive to the presence of religious, spiritual, cultural, and health beliefs among Latinos and develop respectful curiosity about the possible use of those resources in care planning. Such plans may include a referral to a psychotherapist and/or a faith-based agency or traditional healer.

**Lack of Health Insurance & Accessing Public Benefits**

Latinos may face a variety of financial and nonfinancial barriers to obtaining timely and appropriate health care. Degree of acculturation, language, and immigration status all directly affect access to care. Recent arrivals to the United States are more likely to be isolated from mainstream U.S. society and may be unfamiliar with the U.S. health care system, a situation that may interfere with obtaining appropriate and timely care. The political landscape in the U.S. has played a role...
in reducing access to care by immigrants. With the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, undocumented immigrants are ineligible for most public benefits provided at the federal, state or local level.\textsuperscript{95} Being underinsured or not having health insurance particularly impacts Latinos, and more specifically those who are undocumented, more than any population group in the country.\textsuperscript{96} Lacking health insurance contributes to overall disparities in health status between Latinos and non-Latino whites. Latinos are less likely than non-Latinos white to have access to employer-based health insurance, a critical source for health insurance in this country.\textsuperscript{97} Even with health coverage, fear of immigration enforcement and deportation are key barriers to accessing services.

**Limited availability of bilingual, culturally attuned social service providers**

The lack of bilingual and preferably bicultural staff is a major challenge that Latinos face in accessing social services. There is a particular shortage of Latino physicians; and even when Spanish-speaking physicians are available, the lack of access to health insurance among Latinos limits their access to these physicians.\textsuperscript{98} The benefits of having bilingual and bicultural staff may enhance the provision of quality services, and extend to good public relations and an increased likelihood of providing services based on what the community wants and needs. Utilizing the expertise of community health workers, including promotoras/health promoters can be an important strategy for meaningfully supporting Latino families and responsive health care and social service delivery; community health workers can often work to alleviate structural inequities and improve service access, delivery, etc.

**Lack of Trauma-Informed Training among Providers**

Latino grandfamilies may experience barriers accessing services due to past trauma exposure. For example, experiencing racism, discrimination, oppression, ongoing stress, including hardship due to hunger, poverty and economic crises, loss of a family member, friends, and the lack of social support may result in trauma. Furthermore, adverse childhood experiences and psychological trauma are sudden and sometimes unexpected events. Among Latino immigrants, migration experiences prior, during, or after arriving to the United States could influence their emotional well-being. Barriers to accessing services may exist due to providers’ lack of trauma-informed care delivery. A trauma-informed care approach for Latino clients realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.\textsuperscript{99}

**Access To Culturally Competent Services**

Access to culturally competent services is the cornerstone of any effective social work practice involving Latinos. The concept of “access” is complex because of the interplay of numerous individual and environmental factors that operate throughout all aspects of a programs’ service design and implementation.\textsuperscript{100} Accessibility must consist of four interdependent yet distinct dimensions: 1) geographical/physical; 2) psychological; 3) cultural; and 4) operational. An overview is provided of some of these service access challenges as well as ways to support Latino grandfamilies in overcoming them:

1. **Geographical/Physical**

Geographic accessibility is a key issue for social service agencies to consider in delivering services. It is important to assess whether grandfamilies may be able to physically travel to services. In addition, during the COVID-19 pandemic it is essential to assess whether Latino grandfamilies can access telehealth and/or remote services.

2. **Psychological**

Latino and immigrant families may experience psychological fear and/or apprehension of accessing services due to language barriers, a distrust of large institutions that may be traced to experiences with bureaucracies in the U.S. and within individuals’
countries of origin, where these entities may be inefficient, or barely functional, or on the other hand, extremely punitive.\textsuperscript{101} Latino families may have a negative image of "social workers" who are still held to their unfortunate legacy of “policing” Latino families in social service work. Some may have experienced or perceived discriminatory treatment from agencies’ representatives. Also, among those foreign-born Latinos who may be allowed to access public benefits, they may not try due to the fact that it may jeopardize their immigration status. Please see chapter 6 for a discussion of federal laws and policies impacting documented immigrants’ access to public benefits.

3. Cultural

Cultural accessibility refers to the content, nature, and method of services provided. It is important for social service agencies to inquire: do our services reflect an in-depth understanding of key cultural values? Are staff similar in ethnic/racial/lived experience background to the Latino grandfamilies we serve? Do our policies and procedures express the cultural values of the community? These questions are important to consider when assisting Latino grandfamilies.

4. Operational

Operational accessibility seeks to offer conducive services to individuals and communities so that they can get needed support. Important considerations include financial costs of services, hours of operations/accessibility, and program offerings.\textsuperscript{102} For example, it would be important to offer trauma-informed services considering the need to address and support Latino youth who have experienced a family separation.

1. Provision of Trained Interpreters: having properly trained interpreters is critical in helping Latinos achieve positive outcomes when accessing services. Use of family members, particularly children, as translators must be avoided to prevent safety concerns resulting from errors in translation and the sharing of potentially sensitive or traumatic information with children.

2. Hire Latino Bilingual and Bicultural Staff: The provision of social services by bilingual and bicultural staff is important in increasing social service access for Latinos as well as bridging connectedness between institutions serving this community.

3. Encourage Practitioners/Staff to Learn Spanish: If the hiring of bilingual and bicultural staff is not possible, current staff members should learn Spanish. The investment of time and energy on the part of the staff to learn Spanish can increase organizational language capacity and in-turn better meet the needs of Latino grandfamilies.

4. Utilize Culture and Language Specific Assessment Tools: The utilization of assessment tools among Latino grandfamilies must take into account language and cultural considerations, often requiring the development of new and modified tools for Latinos.

5. Provision of Materials and Sources in Spanish: Service delivery often goes beyond actual face-to-face-interactions between clients and social service providers. Thus, follow through on treatment requires materials in Spanish and Internet sites that Latinos can access.

The following recommendations offer guidance on additional ways to serve Latino grandfamilies’ cultural needs:

- Become culturally attuned with Latino populations. Professionals must have enough cultural competence to always make room for cultural variables. Maintain an investigative, humble attitude of not knowing enough about the client rather than relying upon stereotypes.

Best Practices Reducing Barriers and Serving Latino Grandfamilies

In serving Latino grandfamilies, best practices must encompass the concept of cultural humility and competence as an integral part of these practices. Delgado recommends five approaches to address language and cultural barriers in serving Latinos.\textsuperscript{103}
• Recognize trauma responses and become trained in providing a trauma-informed lens in service delivery. Learn about specific Latino cultural rituals, activities, and preferences by attending events, studying the history, culture, and values of the community.
• Ask Latino children and youth about their cultural identities and needs periodically as they may evolve over time.
• Consult educational resources such as books, films, art, and music to learn about heritage and integrate cultural references, iconography, and narratives into service delivery.

Culturally and Linguistically Appropriate Services (CLAS) is housed within the U.S. Department of Health and Human Services. It believes that culturally and linguistically appropriate services is a way to improve the quality of services provided to all individuals and may ultimately reduce disparities. Review their library of resources for information on culturally and linguistically appropriate services, cultural and linguistic competency and more. [https://www.ahrq.gov/sdoh/clas/index.html](https://www.ahrq.gov/sdoh/clas/index.html)

Hispanics and Family-Strengthening Programs: Cultural Strategies to Enhance Program Participation focuses on important Hispanic cultural values, and strategies for identifying critical factors such as language and diversity. [https://www.acf.hhs.gov/sites/default/files/opre/hhmi_brief_5_cultural_adaptations_final_6_5_13_2.pdf](https://www.acf.hhs.gov/sites/default/files/opre/hhmi_brief_5_cultural_adaptations_final_6_5_13_2.pdf)

The National Center for Cultural Competence (NCCC) is a component of the Georgetown University Center for Child and Human Development. The NCCC provides training, technical assistance, publications and research, and tools and resources to support health and mental health care providers and systems; supports leaders to promote and sustain cultural and linguistic competency; and collaborates with an extensive network of private and public entities to advance the implementation of these concepts. [https://nccc.georgetown.edu/about/](https://nccc.georgetown.edu/about/)

Standards and Indicators for Cultural Competence in Social Work Practice addresses cultural competence at the individual, institutional, and societal level. [https://www.socialworkers.org/practice/standards/naswculturalstandards.pdf](https://www.socialworkers.org/practice/standards/naswculturalstandards.pdf) (Must be a member to access online.)
Grandfamilies Strengths: Children Thrive

- Behavioral Health
- Brothers and Sisters
- Cultural Identity
- Safety
- Stability
- Permanency
- Mental Health
- Belonging

Children in All Grandfamilies

- 8 million: Number of children who live with a relative who is the head of the household
- 2.7 million: Number of children who are being raised by a relative or close family friend and do not have a parent living in the household
- 133,405: Number of children in foster care being raised by relatives
All the data points in these infographics are cited in the introduction or chapter 2 of this report.
This chapter offers a guide to resources and services that may be helpful in serving Latino grandfamilies’ child-welfare related, educational, economic, housing, health, immigration, and legal needs. While programs for Latino grandfamilies are available in many service systems, they often do not tailor their outreach and support to the families. For example, grandfamilies may read “parents” and think that certain supports do not include them. Because of the many systems, kinship navigators are critical as they assist Latino grandfamilies in “navigating” the many silos to access services. As a result, the services section begins with general information about kinship navigator programs. Other services that may help Latino grandfamilies are then organized alphabetically into the following categories:

I. Kinship Navigator Programs
II. Child Welfare
III. Education
IV. Financial Assistance and Income Supports
V. Health and Nutrition Supports
VI. Housing
VII. Immigration
VIII. Legal and Crime Victim Assistance
IX. Supportive Services

I. Kinship Navigator Programs

Kinship navigator programs assist kinship caregivers in learning about and accessing programs and services to meet the needs of the children they are raising and their own needs. They also promote effective partnerships among public and private agencies to ensure grandfamilies are served. Starting roughly twenty years ago, some jurisdictions implemented kinship navigator programs that were shown to be successful in connecting families to the services and support they need. However, not enough jurisdictions had these programs. Since 2018, federal funds have been available to all states, tribes, and territories interested in these programs, and ongoing federal reimbursement is possible for evidence-based kinship navigator programs, thanks to the Family First Prevention Services Act, discussed in chapter 6. For more information, visit: www.grandfamilies.org/Resources/Kinship-Navigator-Programs

II. Child Welfare

Child Welfare League of America (CWLA): CWLA is a nonprofit membership organization that leads and engages its network of public and private child welfare agencies and partners to advance policies, best practices and collaborative strategies that result in better outcomes for children, youth and families who are vulnerable. For more information or to become a member, visit: https://www.cwla.org/

The Children’s Bureau: The Children’s Bureau, within the U.S. Department of Health and Human Services, Administration for Children and Families, provides matching funds to states, tribes, and communities to help them operate every aspect of their child welfare systems - from the prevention of child abuse and neglect to the support of permanent placements through adoption and subsidized guardianship. For more information and to subscribe to the Children’s Bureau free newsletters, visit: https://www.acf.hhs.gov/cb/programs/state-tribal-funding

National and State Child Welfare Organizations and Agencies: Each state operates a child welfare agency, which are known by an array of names. They work to prevent child abuse and neglect, oversee foster care, and support permanent placements for children in foster care. For a link to each state’s child welfare agency website, and national organizations and other child welfare resources, visit: www.childwelfare.gov/organizations/
CHAPTER 5

III. Education

Center for Parent Information & Resources: A hub of information and products created for the network of Parent Centers serving families of children with disabilities. Early intervention and special education services are available to all children in the United States age birth to 18. If a grandfamily caregiver would like to access a parent center, they should not be discouraged by their name. “Parent” includes other adult family members.

To find a local Parent Center: https://www.parentcenterhub.org/find-your-center/

Child Care and Early Childhood Programs: The Office of Child Care in the U.S. Department of Health and Human Services administers the Child Care and Development Fund (CCDF). CCDF helps low-income families obtain childcare so they can work or attend training/education.

For a list of childcare agencies, visit: www.acf.hhs.gov/programs/ccb/-center/

Head Start: Head Start/Early Head Start is a federal program that promotes school readiness of children ages birth to 5 from low-income families.

To find an Early Head Start or Head Start, visit: http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices

Educational Scholarships for Youth In Foster and/ or Kinship Care - Sample Listing

• Adopted/Foster Child Scholarships: https://www.top10onlinecolleges.org/scholarships-for/adopted-students/

• Casey Family Scholars Program: As the nation’s largest scholarship provider for individuals who have received foster care, the Casey Family Scholars Program provides $1,500 to $6,000 per academic year to students who have been in public or private foster care for 12 consecutive months, have been adopted from foster care after their 16th birthday, or have been orphaned before their 18th birthday. Eligible candidates must be under the age of 25, have been in foster care while living in the United States, and be accepted into an accredited Pell-eligible college. https://www.fc2success.org/programs/casey-family-scholars/

• College Scholarships and Support for Higher Education: https://www.childwelfare.gov/topics/outofhome/independent/support/education/

Educational Scholarships for Latino Youth - Sample Listing

• Hispanic Scholarship Fund: provides support services and scholarships to exceptional students. https://www.hsf.net

• Hispanic Heritage Foundation (HHF): identifies, prepares and positions Latino leaders in the classroom, community, and workforce. https://hispanicheritage.org/about/our-history/

• The Hispanic Association of Colleges and Universities: is an administrator of scholarship opportunities provided by partners to assist in defraying college costs. https://www.hacu.net/hacu/HACU_Student_Programs.asp

• U.S. Department of Education, State Education Offices: provide resources and information on student loans, grants, laws impacting student educational opportunities. Contact information for each state’s education agency and special education agency. For local information, visit: https://www2.ed.gov/about/contacts/state/index.html

IV. Financial Assistance and Income Supports

Due to the enactment of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) access to programs such as Social Security, SSI, and TANF are severely restricted for relative caregivers and children who have lawful immigration status but are not U.S. citizens. However, the financial supports below may be an important source of support for those who qualify.
Low Income Home Energy Assistance Program (LIHEAP): LIHEAP is a federal program designed to assist households with low incomes meet their immediate home energy needs. For more information, visit: https://www.acf.hhs.gov/ocs/resource/liheap-fact-sheet-0

Social Security: Children may be eligible for Social Security if their parent is collecting retirement or disability insurance benefits. If one of the child’s parents has died and was fully insured when he or she died, children may be eligible for survivor’s benefits. Kinship providers can apply for benefits on behalf of the child based on the work record of the child’s parent. Grandchildren may also qualify based on their grandparents’ (but not other kinship caregivers’) work record. For more information, visit: https://www.ssa.gov/people/parents/

Supplemental Security Income (SSI): SSI provides cash benefits to eligible adults and children with disabilities that seriously limit their activities. To see if a caregiver or specific child may qualify, visit the disability planner on the Social Security Administration website: www.ssa.gov/planners/disability/

Temporary Assistance for Needy Families (TANF): The TANF program aims to help needy families so that children can be cared for in their own homes or in the homes of relatives. TANF is critical to supporting grandfamilies through both family and child-only grants. These monthly grants are often the only source of ongoing financial assistance for grandfamily caregivers to help meet the needs of children they did not plan or expect to raise.

For more information, visit: www.acf.hhs.gov/ofa/programs/tribal/tribal-tanf

Generations United has a fact sheet with contact information for TANF in each state. (TANF may be known by a different name depending on the state): www.gu.org/resources/grand-resources-tanf/

An extensive policy brief by Generations United explores the importance of the TANF program to grandfamilies and how states, tribes, and localities can make this vital program more accessible: www.gu.org/app/uploads/2018/05/Grandfamilies-Report-TANF-Assistance-Policy-Brief.pdf

V. Health and Nutrition Supports

Due to the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) access to programs such as Medicare and Medicaid is severely restricted for relative caregivers and children who have lawful immigration status but are not U.S. citizens. However, the financial supports below may be an important source of support for those who qualify.

Centers for Medicare & Medicaid Services: Health insurance coverage is available to eligible children being raised by grandparents and other relatives. For additional information, visit: https://www.insurekidsnow.gov/

Substance Abuse and Mental Health Services Administration (SAMHSA): The Substance Abuse and Mental Health Services Administration (SAMHSA) collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness. For additional information, visit: https://findtreatment.gov/

Nutrition Supports:

- **The National School Breakfast and Lunch Programs** provide free or low-cost meals to eligible students. The child’s teacher or principal should have an application. Some states have EBT program for SNAP that extends through the summer.
- **The Summer Food Service Program (SFSP)** provides low-income children with nutritious meals when school is not in session. Free meals are provided to all children 18 years old and under at approved SFSP sites. visit www.whyhunger.org/findfood to locate sites using an online map.
- **The Supplemental Nutrition Assistance Program (SNAP)** formerly known as “Food Stamps” provides vital nutrition support for the entire household. https://www.fns.usda.gov.
gov/snap/supplemental-nutrition-assistance-program

- **Women, Infants and Children Food Assistance Program:** a nutrition program that can help eligible relative caregivers meet the nutrition needs of children they raise under age 5. Children must have certain types of health conditions to qualify.

- **The Maternal, Infant, and Early Childhood Home Visiting Program:** The Maternal, Infant, and Early Childhood Home Visiting Program gives pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children. For more information visit: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview

**U.S. Department of Health and Human Services, Office of Minority Health:** The U.S. Department of Health and Human Services, Office of Minority Health improves the health of racial and ethnic minority populations through the development of health policies and programs. For more information, visit: https://minorityhealth.hhs.gov/

**VI. Housing**

- **Area Agencies on Aging (AAAs):** Local AAAs may have funds available through the Older Americans Act for older grandfamily caregivers to help with home modifications and repairs. To find an AAA, visit: https://eldercare.acl.gov/Public/Index.aspx.

- **Generations United:** Generations United has been working for twenty years on grandfamilies' housing needs and they focused their 2019 State of Grandfamilies Report on these issues.

For information about grandfamilies' housing needs and responses, including the specially designed housing programs, visit: www.gu.org/resources/a-place-to-call-home-building-affordable-housing-for-grandfamilies/ and http://grandfamilies.org/Topics/Housing

- **Section 504 Home Repair Program:** This program, also known as the Single Family Housing Repair Loans and Grants program, is managed through the U.S. Department of Agriculture. It provides loans to very-low-income homeowners to repair, improve or modernize their homes or grants to age 62+ very-low-income homeowners to remove health and safety hazards.

For more information, visit: https://www.rd.usda.gov/programs-services/single-family-housing-programs/single-family-housing-repair-loans-grants

**U.S. Department of Housing and Urban Development:** There are a few housing programs that may help grandfamilies with subsidized housing, including “Section 8” housing vouchers and Family Unification Vouchers. However, due to the enactment of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), access to some programs such as federal housing is severely restricted for relative caregivers and children who have lawful immigration status but are not U.S. citizens.

To learn about programs in each state, visit: www.hud.gov/states

**VII. Legal and Crime Victim Assistance**

- **Crime Victim Services:** A resource from the Office for Victims of Crime in the U.S. Department of Justice. Its directory helps crime victims and service providers find non-emergency crime victim service agencies in the United States and abroad. For the directory, visit: https://ovc.ncjrs.gov/findvictimservices/

- **Family Violence Prevention Services:** Services provided can include helping victims of domestic violence find safe shelter, community outreach and education, crisis counseling, victim advocacy, legal aid, transportation, and support groups. Visit: https://www.acf.hhs.gov/fysb/programs/family-violence-prevention-services

- **Justia:** General legal questions can be posted free on this website for attorneys to answer. Visit the Justia site to post a question. For more information, visit: www.justia.com
Law Clinics: Some law schools operate clinics that serve grandfamilies. Contact local law schools for more information.

Legal Aid or Legal Services: Grandfamily caregivers may be able to receive free legal advice by contacting the Legal Aid organization in their city or state.

For more information, visit: https://www.lsc.gov/what-legal-aid/find-legal-aid

National Disability Rights Network (NDRN): NDRN is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP). There is a P&A/CAP agency in every state and U.S. territory. Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States.

For more information, visit: www.ndrn.org
State Locator: www.ndrn.org/en/ndrn-member-agencies.html

State Bar Associations: Every state has a bar association, which is an organization that can provide information about attorneys and legal resources in the state. Some attorneys provide free services (called pro bono services) for nonprofit organizations or people who cannot afford typical legal fees.

The American Bar Association website lists state bar associations: https://www.americanbar.org/groups/legal_services/flh-home/flh-bar-directories-and-lawyer-finders/

VIII. Immigration

CSSP (Center for the Study of Social Policy) advocates for policies at the local, state, and federal level that support families who are immigrants, and fight against policies and practices that harm those families. https://cssp.org/our-work/focus/immigration/

Immigration Law Help was designed to address the lack of reliable information available to low-income immigrants by providing an online directory of legal services providers. In addition to the ability to search for nonprofit legal services by state, county, and detention facility, the website allows users to find organizations by languages spoken, types of legal and other services provided, and specific areas of legal assistance. It is available in English and Spanish. http://www.immigrationlawhelp.org

MALDEF (Mexican American Legal Defense and Educational Fund) is a legal civil rights organization committed to protecting and defending the rights of all Latinos living in the United States and the constitutional rights of all Americans. https://www.maldef.org/about/mission/

U.S. Department of Health and Human Services, The Office of Refugee Resettlement (ORR) strives to provide people in need with critical resources to assist them in becoming integrated members of American society. ORR also is responsible for providing care and placement for unaccompanied children who enter the United States from other countries without an adult guardian. https://www.acf.hhs.gov/orr/about/what-we-do. According to ORR, they provide resettlement assistance via the following five divisions:

- **Appropriate Placement and Services.** Appropriate placement and services are essential to successful resettlement. ORR increased interagency coordination with the Department of State to ensure refugees are placed in locations where there are appropriate services and resettlement conditions. Appropriate placement and services from the onset is seen as a preventative measure against the challenges brought by secondary migration.

- **Client-Centered Case Management.** Resettlement services must be client-centered and responsive to the individual needs of the refugees. The resettlement program would be most effective if it assessed the diverse strengths, needs and goals of each person. By increasing case management, ORR will ensure that refugees are receiving the hands-on care that is critical to their chances of success.

- **Newly Arriving Refugees.** ORR front-loads resettlement services so that refugees are
empowered through early employment, reach self-sufficiency as soon as possible and become active, contributing participants in their communities.

- **Health and Mental Health Services.** Refugee health and mental health play an integral role in the resettlement process. It is critical for refugees to receive expanded health screenings overseas so that we have better information on the types and level of care they will need upon arrival in the United States, and ensure that refugees are aware of and have access to the benefits of the new health care reform laws.

- **Outreach.** Outreach across all levels of government, the private sector, and non-profit, faith-based, and ethnic community-based organizations is paramount to cultivating productive relationships between the refugee resettlement community, our partners, and the public at large.

**National Center for Law and Economic Justice** works with low-income families, individuals, communities, and a wide range of organizations to advance the cause of economic justice through litigation, policy work, and support of grassroots organizing around the country. They have provided legal representation, support, and advice to people living in poverty and their advocates since 1965. [https://nclej.org](https://nclej.org)

**UNIDOS** (formerly known as National Council of La Raza) has served the Latino community since 1968 through research, policy analysis, and state and national advocacy efforts. [https://www.unidosus.org](https://www.unidosus.org)

### IX. Supportive Services

**Faith-based organizations (FBOs)** such as churches and non-profit organizations, can play an integral role in supporting the mental health care of Latinos by increasing help seeking, providing religion-based mental health services, and delivering supportive services that address common access barriers.

**Interfaith Worker Justice** seeks immigration and racial justice, the right to organize, health and safety at work, and fair wages for all. [http://www.iwj.org](http://www.iwj.org)

### Additional Website Resources

- [www.grandfamilies.org](http://www.grandfamilies.org) - A comprehensive one-stop national website for publications, materials, and laws impacting grandfamilies both inside and outside the foster care system.

- [www.grandfactsheets.org](http://www.grandfactsheets.org) - Fact sheets in both English and Spanish are available for each state and the District of Columbia containing specific state information related to grandfamilies, including a comprehensive list of resources, services, and kinship navigator programs.

- [www.gu.org](http://www.gu.org) - Generations United’s website containing resources and publications on grandfamilies, including Generations United’s annual State of Grandfamilies reports.
I didn’t know where to go for support to help my grandchildren who had difficulties in school. I felt alone, didn’t fit in at school PTA meetings, and needed resources desperately. I knew that there must be other grandparents who were going through similar challenges. I took it upon myself to develop a support group at an elementary school in San Antonio, Texas. I sent out flyers, raised awareness, and invited grandparents for cafecito (coffee) after school to support each other in learning about caregiving strategies and resources.”

-GRAND Voice Mercedes Bristol

Texas Grandparents Raising Grandchildren (TGRG)

Since 2014, Texas Grandparents Raising Grandchildren (TGRG) has advocated and empowered grandparents raising grandchildren by providing access to resources, information and supports to enhance grandfamilies’ quality of life. TGRG’s commitment is to empower grandparents with the skills and supports needed to overcome barriers such as financial limitations for senior citizens on fixed incomes, food and housing insecurity, as well as technology for a generation that may not have grown up in a digital age.

Executive Director of TGRG, Mercedes Bristol, became an advocate for grandparents raising grandchildren. As a single grandmother raising 5 adopted grandchildren, similar to many grandparents, when the need arose, Mercedes didn’t think twice about assuming custody of her grandchildren. Family ties and familial love often overcome practical challenges and before long, Mercedes experienced financial hardship and a lack of support in navigating her grandchildren’s mental health challenges.

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During the past three decades, there have been various federal laws that specifically impact grandfamilies of all races and ethnicities, including Latinos. Some of the child welfare laws encourage the placement of children with relatives and aim to support them through programs such as kinship navigators and guardianship assistance. By encouraging children to be placed with kin, these laws support important cultural connections and other positive outcomes for Latino and other children.

Other laws, such as the 1996 Personal Responsibility Work Opportunity Reconciliation Act (PRWORA), impact the many more children and caregivers who have no contact with child welfare. PRWORA and the related public charge rule restrict immigrant grandfamilies’ access to important public benefits that help meet the needs of children that these caregivers did not financially plan to raise. Departing from past practices, a 2018 Memorandum of Understanding between the Office of Refugee and Resettlement (ORR) and the Department of Homeland Security threatens the ability of grandparents and other relatives to continue to serve as “sponsors” for their related children in ORR custody. With more information sharing among DHS and ORR, Immigration and Customs Enforcement (ICE) has detained more “sponsors,” inducing trauma for children who must now deal with multiple forced family separations. This chapter highlights a few of these laws and policies.

**Federal Laws and Policies Impacting Latino Grandfamilies**

**Personal Responsibility and Work Opportunity Reconciliation Act**

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) established that states must, “offer preference to an adult relative over a non-related caregiver when determining placement for a child, provided that the relative caregiver meets relevant state child protection standards.”

Although PRWORA provided a relative placement preference for children in foster care, the primary purpose of the law was to revamp the welfare system. It made many changes that continue to challenge all grandfamilies, including eliminating previous federal exemptions from work requirements for caregivers over age 1978.”

### TIMELINE

1978: Indian Child Welfare Act (ICWA)

1994: Multiethnic Placement Act

1996: Personal Responsibility and Work Opportunity Reconciliation Act

1997: Adoption and Safe Families Act

2008: Fostering Connections to Success and Increasing Adoptions Act

2014: Preventing Sex Trafficking & Strengthening Families Act

2018: Family First Prevention Services Act
59, leaving it to the states whether to allow such exemptions. In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) changed our system of social supports. In addition to removing cash assistance for families, the law’s immigrant exclusions exacerbated economic and racial inequities and harmed children and families in the 25 years since. For immigrant grandfamilies, the challenges posed by PRWORA are even more severe. Legal permanent residents, under the new law, must have that status for at least five years before being able to access TANF, Medicaid, and many other critical public benefits. PROWRA restricts eligibility for many immigrants by distinguishing between those who entered before and those who entered after August 22, 1996. This legislation prohibits most immigrants who entered the U.S. on or after that date from federal means-tested public benefits for five years after they secure qualified immigrant status.

“Public Charge” Concerns with Accessing Services and Benefits

For well over a hundred years, a “public charge” rule has existed that the U.S. government can deny Lawful Permanent Resident (LPR) or “green card” status if it determines that an immigrant is or is likely to become a “public charge.” That term is used to describe people who depend or will depend in the future on public benefits that provide cash for their income, such as TANF or SSI. In August 2019, U.S. Citizenship and Immigration Services (USCIS) announced a new rule significantly expanding the services or benefits that could be considered in determining whether a person is likely to become a public charge. Immigrants’ use of programs related to their own health or that of the children in their care, including children who are U.S. citizens, could be considered in deciding whether to grant LPR status. Use of programs that are critical to children and their caregivers in so many grandfamilies, such as Medicaid, SNAP/food stamps, Section 8 affordable housing vouchers, and the Low-Income Home Energy Assistance Program (LIHEAP), could block an immigrant’s access to LPR status. As of April 2021, The USCIS is no longer applying the August 2019 rule, and is not considering an applicant’s receipt of Medicaid (except for long-term institutionalization at the government’s expense), public housing, or SNAP benefits as part of the public charge inadmissibility determination. Nevertheless, the effects of the 2019 rule, have impacted many Latino immigrants’ willingness to access government or non-governmental social services.

Laws and Policies Impacting Office of Refugee Resettlement (ORR)

During May 2018, an Memorandum of Agreement (MOA) went into effect between the Office of Refugee Resettlement (ORR), Immigration and Customs Enforcement (ICE) and Customs and Border Patrol (CBP) which threatened the ability of grandparents and other relatives to serve as “sponsors” for their relative children in ORR custody (US Department of Health and Human Services, 2018 MOA). Breaking from past practice, immigration and other information was to be collected and shared among the agencies on the children’s potential sponsors. Policy changes enacted under the Trump Administration in 2018, separated young children from their parents upon arrival to the U.S. adding further strain to an already overworked and complicated immigration system. As a result, ORR saw a rapid increase in the number of children entering their care and more prolonged stays. Facilities charged with caring for these children experienced challenges providing for the needs of these kids, specifically in addressing their mental health needs.

Federal Child Welfare Laws

Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) was enacted in 1978, in response to the challenging practices of public and private child welfare agencies. During that time, unnecessary removal of large numbers of American Indian and Alaska Native children from their homes was commonplace. This frequently resulted in the placement of these children in non-family, non-Indian homes far from their tribal communities. ICWA is considered the gold standard of child welfare law and puts great emphasis on
keeping children connected with their culture. The parallel toolkit for American Indian and Alaska Native grandfamilies contains extensive information about this important law. ICWA laid the groundwork for the importance of placing children with their families and tribes.

About twenty years later, the value of these family connections was explicitly extended to all children in federal law. PRWORA requires that states, as a prerequisite for receiving funding for child welfare services, “consider giving preference to an adult relative over a non-related caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards.” All states currently mandate either through law or policy and practice that child welfare agencies give placement preference to fit and willing relative caregivers.

**Adoption and Safe Families Act**

The Adoption and Safe Families Act (ASFA) was passed in 1997, to increase permanency for children by implementing strict timelines regarding the length of time children could remain in foster care. This Act offers preference to kinship caregivers and allows states to extend the time frame for termination in cases where the child is cared for by a relative. While this policy change was a step towards assisting kinship providers, many are prohibited from receiving reimbursements because they cannot meet specific foster care licensing criteria, such as background checks and space requirements. Often language and cultural barriers hinder timely assignment to competent services and can limit the benefit derived from provided services. The timeline required by ASFA may not provide enough time for Latino families, especially those with limited English proficiency to attend language-appropriate services and to make the changes necessary for parents to be reunified with their children.

**The Multiethnic Placement Act**

The Multiethnic Placement Act (MEPA) of 1994 forbids agencies from considering race, color, or origin in placements, and has been used to argue against implementing bilingual services. Caseworkers trying to avoid the penalties of violating MEPA may refrain from considering a child’s ethnicity in case planning, preventing some families from getting the bilingual services they need. Oftentimes, a child or family’s race/ethnicity may be assumed by a child welfare caseworker.

**Fostering Connections to Success and Increasing Adoptions Act**

In October 2008, The Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections Act) became federal law. It acknowledges the important role that grandparents and other relatives play in the lives of children. Among the many aspects of child welfare that the law affects, there are several key provisions impacting grandfamilies:

- Requires that child welfare agencies identify and notify adult relatives when children enter foster care.
- Gives states, tribes and territories the option to use funds through Federal Title IV-E of the Social Security Act (Title IV-E) to finance Guardianship Assistance Programs (GAP) that enable children in the care of grandparents and other relatives to exit foster care into permanent homes. GAP gives children a permanency option when reunification with their parents and adoption are not possible. It is an option that responds to cultural considerations and possible changes in family dynamics that may not be appropriate or desirable for some kinship families. As of June 2021, 40 states, the District of Columbia, 10 tribes or tribal consortia, and Puerto Rico and the Virgin Islands have been approved by the U.S. Department of Health and Human Services’ Children’s Bureau to implement GAP.
- Requires child welfare agencies to make reasonable efforts to place siblings together, whether in foster care, kinship guardianship or adoptive placements. Siblings who are placed in the same home as a child eligible for Title IV-E guardianship payments may also receive GAP support even if they are not otherwise eligible.
**Promises2Kids**

It is important for separated siblings to stay in contact during family separation. If possible they should be referred to a community program that fosters sibling connections. For example, Promises2Kids is an agency located in San Diego, CA which offers siblings in foster care, who are placed in separate homes, the opportunity to reconnect through a four-day summer camp, as well as recreational and educational day camp activities throughout the year. Camp Connect allows brothers and sisters to maintain critical relationships and gain support from each other during this difficult time. This program is a partnership with Health & Human Services Agency of San Diego County. [Promises2Kids](#)

- Provides child welfare agencies the option to grant variances or waive non-safety related foster family home licensing standards for relatives.

**Preventing Sex Trafficking and Strengthening Families Act**

This 2014 Act makes a number of reforms to child welfare law, including calling for the implementation of a “reasonable and prudent parent” standard that allows caregivers to make daily decisions for children in their care, so children in foster care can have typical growing-up experiences. Thoughtful and culturally appropriate implementation of this standard helps Latino children remain better connected to their communities by allowing them to take part in cultural activities, sleep overs, and the like without getting the approval of the child welfare agency. This law also builds on the Fostering Connections Act, by containing an important provision allowing “successor guardians” to be named in the GAP agreement. If named, the successor can step into the guardian’s shoes upon their death and continue to receive the monthly assistance for the care of the child. Unlike the original guardian, the successor does not have to be related to the child or be a licensed foster parent. Until this reform, a child who was receiving Title IV-E guardianship assistance would lose eligibility and revert to the foster care system when their guardian died or was otherwise unable to care for them.

**Family First Prevention Services Act**

The Family First Prevention Services Act (Family First) became federal law in February 2018. Family First is a landmark child welfare law that resonates with the belief that children remain healthy when they are with families. Family First allows federal child welfare funding to be used to prevent children from entering foster care by providing evidence-based services and programs to parents, children, and kinship caregivers. The law also provides for ongoing federal reimbursement for evidence-based kinship navigator programs that link caregivers and children to services and support.

The following provisions mention kinship caregivers specifically and are designed to better support them, as well as the children they are raising:

- Prevention services and programs: Federal child welfare dollars may now be used for up to 12 months of evidence-based services and programs to prevent children from entering foster care by supporting the triad of generations in grandfamilies - children, kinship caregivers, and parents. The children can get services if they are “candidates” for foster care who are at imminent risk of entering care and can safely remain at home with parents or with kinship caregivers. These services extend to children whose adoption or guardianship is at risk of disruption or dissolution.
Kinship caregivers or parents of the children can also get services if they are needed to prevent the children’s entry into care. Children and families can receive these services more than once if the child is again identified as a candidate for foster care. The prevention services and programs include:

- Mental health treatment
- Substance use prevention and treatment
- In-home parent skill-based supports

To qualify for reimbursement, the services and programs must be found by a new Title IV-E Prevention Services Clearinghouse (Clearinghouse) to meet promising, supported or well-supported evidence-based standards. There are limitations with the Clearinghouse rating system as it relates to appropriate services for Latino families. For example, GPS Consulting Group conducted a brief survey of child welfare professionals – including some with lived experience – and learned they were unaware of approved evidence-based practices that have been developed to be culturally responsive or by programs or organizations that center (or are rooted) in race equity. To see which services and programs are currently eligible to receive reimbursement, see [https://preventionservices.abtsites.com/](https://preventionservices.abtsites.com/)

- **Kinship Navigator Programs:** Kinship navigator programs provide information, referral, and linkage services to grandparents and other relatives raising children to connect them to the benefits and services that they or the children need. Kinship navigator programs support agencies and providers tune into the needs of families headed by relative caregivers and offer education to the community about the kinship caregivers and the systems they must navigate.116 States, tribes, and territories can receive ongoing federal reimbursement for up to 50 percent of their expenditures to provide kinship navigator programs, which link caregivers to services and supports for themselves and the children they raise. To obtain reimbursement, certain federal criteria must be met, including that the program must meet evidence-based requirements as determined by the Title IV-E Clearinghouse. No kinship navigator program has currently been found by the Clearinghouse to meet these standards. Once included in the Clearinghouse, that program and other jurisdictions following its model, will be able to access this ongoing federal support.

- **Model Family Foster Home Licensing Standards:** Building on the 2008 Fostering Connections Law, which allows jurisdictions to grant variances or waive non-safety licensing standards for relatives, this law seeks to break down licensing barriers so that relatives may become fully licensed foster parents. If fully licensed, the children in their relatives’ care can receive ongoing foster care maintenance payments, as children in non-relative foster care receive. Pursuant to this law, HHS identified National Model Foster Family Home Licensing Standards and “relied heavily” on Model Family Foster Home Standards developed by the National Association for Regulatory Administration (NARA), Generations United and the American Bar Association. Both models seek to break down barriers by, for example, requiring “sleeping spaces” rather than bedrooms, and allowing public transportation, rather than vehicle ownership. While neither the Model Family Foster Home Licensing Standards nor the NARA model address citizenship or residency of adults seeking to become foster parents, federal law does not require citizenship or residency of foster parent applicants provided the children are citizens or documented residents who have lived in the U.S. for five years or more. In 2019, the jurisdictions reported back to HHS with comparisons of their licensing standards with the National Model and on their use of federal waiver authority. However, work remains to be done. The National Model does not include provisional licensing standards or standards to access crimes discovered in background checks – which are two key provisions in the NARA Standards for breaking down licensing barriers for relatives.
RESOURCES FOR IMMIGRANT GRANDFAMILIES

- **Al Otro Lado** is a nonprofit organization representing parents who were separated from their children before and during “Zero Tolerance” and deported without them. Al Otro Lado staff and volunteers have traveled throughout Central America and Mexico to meet with separated parents and work to reunify them with their children. Al Otro Lado works closely with the Ms. L v. ICE Steering Committee and the ACLU to advocate for the rights of deported parents and their children. Al Otro Lado monitors continued family separations at the US-Mexico border and engages media, researchers, elected officials, litigators, and other advocates to bring continued family separations to the public eye and advocate for policy changes that would end separation at the border. [https://alotrolado.org/](https://alotrolado.org/)

- **Appleseed** is a network of 16 justice centers across the United States and Mexico working together to reduce poverty, combat discrimination, and advance the rule of law. Appleseed has updated its *Protecting Assets and Child Custody in the Face of Deportation: A Guide for Practitioners Assisting Immigrant Families*, which provides information on a range of issues impacting families at risk of detention and deportation.

- **The California Immigrant Policy Center (CIPC)** identifies immigrant-related policy issues being considered by the state’s leaders and lawmakers. [https://caimmigrant.org/](https://caimmigrant.org/)

- **The Center on Immigration and Child Welfare (CICW)** seeks to improve programs and policies related to immigrant children and families involved in the public child welfare system to achieve positive outcomes of safety, permanency, and well-being. The CICW promotes and disseminates research, creates policy and practice recommendations, develops and disseminates resources, and provides leadership and guidance to child welfare agencies on policy and practice with immigrant populations. [https://cimmcw.org](https://cimmcw.org)

- **Mobilization for Justice in New York City** has a *Family Plan to Prepare for Deportation*, which highlights New York City’s specially designated power of attorney or “parental designation form” as a useful tool. [http://mobilizationforjustice.org/wp-content/uploads/Family-Plan-to-Prepare-for-Deportation-rev-4-6-17.pdf](http://mobilizationforjustice.org/wp-content/uploads/Family-Plan-to-Prepare-for-Deportation-rev-4-6-17.pdf)

RESOURCES ON THE INDIAN CHILD WELFARE ACT

- **ICWA Online Training**: The National Indian Child Welfare Association (NICWA) provides an online training course that provides basic information on the requirements of ICWA and tips on how to implement the requirements in practice. The ICWA Online Training is designed for social workers, attorneys, family members, and students. The training uses non-legal language to make the training more accessible and is designed so participants can go at their own pace. Simulated case examples are used to provide real-life examples of how ICWA may be applied. You can find more information about the training at [https://www.nicwa.org/online-icwa-course/](https://www.nicwa.org/online-icwa-course/)
• NICWA also offers other types of training, such as Cross Cultural Skills in Indian Child Welfare and Positive Indian Parenting. You can find a description of many of these trainings at https://www.nicwa.org/training-institutes/ and how to request or participate in a training.


RESOURCES ON THE FOSTERING CONNECTIONS ACT

• Detailed Summary and Short Summary of the Fostering Connections to Success and Increasing Adoption Act, in addition to other resources. www.grandfamilies.org/Resources/Federal-Laws/Fostering-Connections.

RESOURCES ON THE STRENGTHENING FAMILIES ACT

• Implementing the Preventing Sex Trafficking and Strengthening Families Act to Benefit Children and Youth, in addition to other resources. www.grandfamilies.org/Resources/Federal-Laws/Strengthening-Families.

RESOURCES ON THE FAMILY FIRST ACT

• The Family First Messaging Toolkit by the Annie E. Casey Foundation is designed to help child welfare leaders and advocates talk about how the Family First Act can improve outcomes for children and families. The toolkit offers talking points on the benefits of the law and tips for media interviews. https://familyfirstact.org/resources/communication-toolkit

• Family First Prevention Services Act: Implementing the Provisions that Support Kinship Families Checklist, New Opportunities for Kinship Families: Action Steps to Implement the Family First Prevention Services Act in our Community; & Leveraging the Family First Prevention Services Act to Improve Use of Title IV-E GAP are three publications addressing the Family First Act, developed by the ABA Center on Children and the Law, Children’s Defense Fund, and Generations United, with support from Casey Family Programs. www.grandfamilies.org/Publications

• Advancing Equity through FFPSA Model Family Foster Home Licensing Standards – Resources concerning the licensing of relatives as foster parents, including links to the NARA and National Model Family Foster Home Licensing Standards. www.grandfamilies.org/Resources/Foster-Care-Licensing

• **Kinship Navigator Programs** – Resources concerning federal funding opportunities and other tools for implementing these programs. [http://www.grandfamilies.org/Resources/Kinship-Navigator-Programs](http://www.grandfamilies.org/Resources/Kinship-Navigator-Programs)

• **Title IV-E Prevention Services Clearinghouse** contains a list of prevention services and programs and kinship navigator programs that has been reviewed for inclusion, along with its rating of promising, supported, well-supported or currently does not meet criteria for evidence-based standards. [https://preventionservices.abtsites.com/](https://preventionservices.abtsites.com/)

• Additional resources on the Family First Act available at [www.grandfamilies.org/Resources/Federal-Laws/Family-First](http://www.grandfamilies.org/Resources/Federal-Laws/Family-First)
Many grandfamilies face challenges in raising children that they did not expect or plan to raise. Restricted access to support and services to meet the children’s needs, language barriers, and fear of government agencies complicate the ability of caregivers to help children succeed. Grandfamilies may need support in the form of advocacy by agency leadership, and often are their own most effective advocates.

Advocacy efforts to improve the quality of life of Latinos date back to the early 1900’s, with Latino organizing and activism aimed at improving labor conditions and establishing fair wages. Advocacy continued throughout the last half of the century. Goals focused on ending housing and school segregation, improving farmworkers rights, establishing fair employment practices and eliminating discrimination and bias. Most notable is the American Civil Rights Movement (1946-1968) and the Chicano Movement (1960’s). The Chicano Movement involved a multitude of approaches ranging from public information, educational campaigns, lobbying of the federal government, and mass direct action. The three major goals of the Chicano Movement were: 1) rights for farm workers; 2) restoration of land to Mexican Americans that they believed constituted their ancestral homeland, also known as Aztlan; and 3) education reform.

Across the nation, these advocacy efforts resulted in significant gains, locally and nationally, that have enhanced equal rights for Latinos and immigrants. In promoting advocacy efforts to support grandfamilies, we draw upon the principles, teachings, and expertise of past and current advocacy movements along with best practices of researched advocacy models.

In the following section, we aim to provide guidance for organizations and grandfamilies themselves on how to advocate for Latino grandfamilies’ needs.
Question: What do I/we want to achieve/change for Latino grandfamilies?

**Whom should you educate or ask for support?**

- Whom to educate is determined by first discovering how aware the public in your community is about grandfamilies. Right now, there are probably a few people in your community who know the challenges that grandfamilies face. Few people know how to do something about it. Public awareness, then, is creating an environment for educating the members of your community about the needs of grandfamilies. Once people are aware of the challenges and want to address them, they can work together to make reform.

- **Partnering with the Latino community for information and to provide assistance**
  In order to work effectively with the Latino community, an advocate must first understand how and if that neighborhood is organized to support grandfamilies. All Latino communities are not organized the same way. Each neighborhood often has its own network of relationships and hierarchy of leaders that they tap into for support. Often, these are informal networks or leaders who are not housed in a physical location or building with a sign, label or a title. It may just be the block captain, the local community organizer or other non-agency influential person. There are often unspoken leaders and groups whom many neighborhood members listen and turn to for advice, guidance, and sanction for proposed advocacy interventions. It is essential for an advocate to understand the social organization of the targeted groups in order to identify the bridge leaders for connections. As in the Civil Rights & Chicano Rights Movement, the focal point for social, economic, and political Latino organization and advocacy is often centered around the Catholic Church or other religious institution. Consequently, it is important for advocates to identify, connect, and run advocacy ideas through the recognized Latino community leaders and institutions.

**Building Relationships:**

- Work your existing connections to be introduced to new audiences.
- Present yourself as a resource to that new audience.
- Be responsive and helpful. If you do not have what you need on hand, never guess or invent. Those actions will lose your credibility. It is much better to follow-up later with the correct piece of information.
- Affirm the positive and emphasize points of commonality.
- Confront and manage conflicting opinions
- Manage unresponsive relationships through persistence and strategic approaches, which can include leveraging media attention.

**Media:** Probably the single most important audience for any advocacy work is the media. Public policy reform requires getting broad attention from the communities most affected and stories that stir policymakers and decisionmakers. It would be useful to have Spanish speaking media available to reach Spanish speaking audiences.

Media relations can be described as interactions with editors, reporters, and journalists, and it is a strategy that many organizations and people use to advance their cause.

**Making a Pitch and Responding to Reporters:**

- When you make a pitch for a story, do it by email and then follow up with a phone call. Include why the story is timely and relevant. Try to make a connection to other current events - e.g., the opioid epidemic, the COVID-19 crisis.
- When a reporter calls you, interview them:
  » Find out their purpose and deadline.
  » Ask to take 30 minutes to gather information and call them back.
  » Obtain the correct spelling of their name, phone number, and media organization they represent.
  » Contact the reporter—honor your commitment.
  » Try to have all information on-hand and ensure follow-up as promised.
Being a Resource to the Media:
• Introduce yourself to target media.
• Develop a sense of the kind of stories that interest your contacts.
• Make yourself readily available and follow-up promptly.
• Be dependable.
• Share helpful resources.
• Contact the reporter and/or submit a letter to the editor to correct stereotypes or misinformation.

How Social Media Can Elevate your Profile for Traditional Media:
• Most reporters are now required to be on social media for work.
• Use social media, especially platforms like Twitter and LinkedIn, to highlight the work you are doing and connect with other people.
• Find reporters’ Twitter profiles linked in their articles, and retweet, like, or tweet at them.
• Often reporters and editors will have the direct messages open to everyone or their emails in their bios to easily connect with them.
• Once positive media stories are in your community, advocacy for policy or programmatic reform is much easier. The key audiences will be aware and open to hearing your advocacy.

Federal, State and Local Policymakers:
• Like working with the media, many of the same principles apply to federal, state and local policymakers. These leaders and their staff are often on tight deadlines, and one of the most effective things you can do is be seen as a helpful resource to them. Be readily available and follow-up promptly. Many federal and state staff to policymakers have “go to” local program leaders, caregivers and families whom they rely on for direct, practical feedback. Become one of those experts. They need to hear from the people who live these experiences and work directly with grandfamilies. This may require the use of interpreters. Organizations should plan for and have funds to support the use of this service. You do not need to ask policymakers for specific public policy or program changes, rather you can let them know what works and does not work in the communities they represent.
• When approaching a U.S. Representative or Senator’s office, remember that they each have local offices nearer to where you live or work. You do not have to directly approach the Washington, DC office if you do not want to, as staff in the local offices will share your stories, strengths and challenges with their “boss.” You can reach out to the local or DC office in the way you feel most comfortable – phone call, email or in-person. If you set up a meeting, do not feel short changed if the Member of Congress does not meet directly with you as they rely heavily on their staff. Be prepared for your meeting with short talking points you want to address and leave them with a way to contact you, along with any written information you wish to share. Do not hesitate to reach out to the Member of Congress’ “scheduler” to invite the Member to an important community event where many caregivers will be present and can share their stories. Policymakers love these stories and rely heavily on them when advocating for reform.
• Your governor, large city mayor, relevant federal and state child welfare, aging, child welfare, education, health, housing and income support leaders operate in much the same way as federal policymakers. However, other state and local policymakers, including state legislators and mayors, city and county council members representing smaller cities and rural areas, often have few, if any, staff. Do not let that stop you from approaching these policymakers in a way that is comfortable to you.
• Contact information for many federal, state and local leaders can be found in the resource section of this chapter.
• Remember you are an expert and you have great value in the advocacy process.
Where do you get helpful information and resources to make your case?

Knowing where to get information to share with key audiences to make advocacy points is critical. We hope this toolkit and its resources provide you with those sources of information. Remember that you are an expert either as a professional serving the families and/or as a member of a kinship family.

One of the most important resources is lived experience. If you do not have that experience yourself, you have ready access to it. Grandfamilies themselves are vitally important to making reform. Knowing specific law or putting forth detailed policy change is not as important as understanding the community’s needs, strengths, and ideas of what will help. Sharing personal stories from grandfamilies will move the dial of reform.

GRANDFAMILIES: SHARING YOUR PERSONAL STORY

While this chapter of the toolkit also generally applies to grandfamily-members who act as advocates, the following is exclusively tailored to grandfamily-members who share their own personal lived experiences as part of their powerful advocacy.

Sharing your life experience and your strengths and challenges is the single most effective way to make change. Policymakers want to hear directly from you, the grandfamily members. Your stories are the ones they repeat to the media and other policymakers when trying to achieve reform. So, how do you do this effectively and safely?

When sharing your story to make public policy or program reform, you must do it strategically. “Strategic Sharing” is a concept on which Casey Family Programs has written and trained. It essentially means making strategic choices about how to tell our life stories so that our voices can be heard, our message is effective, and our well-being is protected. Although focused on those who have had involvement with the child welfare system, the principles of “strategic sharing” are equally applicable to children and families outside the system.

As a family member who is about to engage in advocacy work, you should first consider a few questions and then develop rough talking points about what you want to cover:

• What is the purpose of sharing your personal story?
• What do you want the audience to take away?
• Which parts of your story do you not want to share? Protect oneself from what may harm you emotionally or legally due to one’s legal status

This last point is very important. Prepare yourself for how to answer questions that you do not want to answer. The most difficult kind of public speaking is the kind you are about to embark on. Sharing your story takes courage, strength and preparation. Remember your objective - “I am doing this because I want to help others like me.”

All advocates with lived experience - whether a grandfamily-caregiver, an adult raised by a grandfamily-caregiver, a youth in a grandfamily-member’s care or a birth parent - should consider that your story is also the story of other members of your family. Be mindful of how much you share about other family members and, if possible, ask their permission and feedback on what you plan to share due to the sensitive nature of sharing information about one’s legal status.
For caregivers and parents speaking about children, remember that the information you may be sharing about the children you are raising could follow them. If developmentally appropriate, discuss it with them beforehand to make sure it is alright with them.

In very general terms, when sharing your story, you will want to discuss:

- The very basics of why you are raising your grandchildren or other kin children; why you were raised in relative care; and/or why you were not able to raise your own children
- How the situation impacted you and your family
- Challenges you have faced
- Services or programs that helped
- Services or programs that would have helped
- How the family is doing now

You do not need to ask for specific public policy or program changes, rather you should let your audience know what would have helped so they can develop solutions with your invaluable input. You are not expected to be a public policy expert, you are an expert in your family. That expertise is truly yours and yours alone. It is invaluable.

SOCIAL MEDIA, STORYTELLING, AND LIVED EXPERIENCE

A specific way to engage Latino youth is through social media. Social media is an invaluable tool for youth engagement in advocacy for grandfamilies. While there are unique considerations regarding youth privacy—not to mention trying to keep pace with new platforms—grandfamily advocates can harness the instant nature of communicating via social media to keep youth and families informed and engaged.

Further, having youth develop their own video content or tweets about their stories and lived experience in grandfamilies can go far in lessening stigma associated with experience in relative placements. Ownership of storytelling also signals that youth are not merely tokens in advocacy but truly valued to signal what is needed in their own care. This emphasis on valuing lived experience is essential to connecting with Latino youth.

The type of social media platforms you use and how they are used should reflect community values and be accessible to the greatest number of youth and families. Pay attention agency policies regarding the use of social media for youth in out of home care and care providers and be willing to accommodate different types of users and platforms they use. Social media is powerful and persuasive so be careful about how you message. Do not be afraid to ask questions about the strategies being used in social media to advance your advocacy.

By considering and implementing the advocacy tips in this chapter, and effectively and thoughtfully leveraging the powerful stories of Latino grandfamilies themselves, you will create effective change.
Allgo works to sustain a statewide network of people of color activists, groups, organizations and allies, which through nourishment of relationships, grassroots organizing, and artistic expression can radically transform systems and policies towards a collective liberation, https://allgo.org

ASPIRA Association empowers the Puerto Rican and Latino community through advocacy and the education and leadership of its youth. https://aspira.org

Familia es Familia is a comprehensive public education campaign aimed at creating strong allies with Latino communities across the country. https://www.familiaesfamilia.org

League of United Latin American Citizens (LULAC) seeks to advance the economic condition, educational attainment, political influence, housing, health and civil rights of the Latino population in the United States. https://lulac.org

MALDEF works to protect and defend the rights of all Latinos living in the United States and the constitutional rights of all Americans. https://www.maldef.org

MANA, A National Latina Organization strives to empower Latinas through leadership development, community service and advocacy. https://www.hermana.org

Find your Governor. The National Governors Association has contact information for each governor: www.nga.org/governors/addresses/

Find your Mayor. The U.S. Conference on Mayors has contact information for many mayors around the country. www.usmayors.org/mayors/

Find your State Legislator. The Library of Congress has a clickable map with links to each state legislature’s website. On those sites, you should be able to locate contact information for your legislator. www.congress.gov/state-legislature-websites

Find your U.S. Representative and U.S. Senators. To find the U.S. Representative who represents where you live or the location of the program where you work, type your zip code into the box on this website www.house.gov/representatives/find-your-representative. It will give you the contact information you need. The same information is available for the two Senators representing your state at www.senate.gov/general/contact_information/senators_cfm.cfm

Generations United’s GRAND Voices Network. This national network of kinship caregiver advocates raise their voices in support of all grandfamilies around the country. The network is supported by Casey Family Programs and the W.K. Kellogg Foundation. The W.K. Kellogg Foundation invested funds specifically to elevate and strengthen the voices of Latino, American Indian, Alaska Native, and African American grandfamilies as part of the network. Generations United is working on this initiative in partnership with the National Indian Child Welfare Association (NICWA) and A Second Chance, Inc. (ASCI). GRAND Voices has over 70 current members in 45 states, the District of Columbia and 12 tribes. To see the members, visit www.gu.org/explore-our-topics/grandfamilies/grand-network/.

In this section, we recommend practice, policy reforms and data collection guidelines as suggestions for reforms that will support Latino grandfamilies. These recommendations may not fit the needs of your community. Always let your own community needs, as informed by the grandfamilies themselves, guide any effective advocacy and reform work. Generations United and its national partners will pursue these recommendations organized as follows as we aim to support a broad array of Latino grandfamilies throughout the country:

- **Practices** that agencies and organizations can implement immediately
- **Policies and practices** that Latino grandfamilies and advocates who work with them can encourage policymakers to implement
- **Data collection** recommendations for agencies and advocates

**Practice Recommendations for Child Welfare and Other Service Providers:**

- **Engage Latino kinship caregivers, birthparents, and young people in the design and implementation of services that directly serve their needs.** This includes hiring and training these individuals to provide services and supports to peers. Consider including continuous quality improvement efforts to continuously ask who is not being served well, how can we serve these families better, and what services and supports is the system failing to provide.

- **Offer services that are based in cultural beliefs, teachings, customs, and traditions and are aligned with trauma-informed care for Latino family members in the kinship triad of parent, caregiver, and child.**

- **Provide interpreters and translate written materials and forms into Spanish and other languages** relevant to your community and its immigrant population.

- **Use inclusive language and images in outreach materials.** Do not limit materials to “parents” when other caregivers are included too. Use images of Latino grandfamilies in the materials and reach out through trusted community-based and faith-based organizations.

- **Train agency front line workers on the challenges that immigrant grandfamilies face,** including the trauma and loss that the children suffer, basic and relevant immigration policies, and how to help these families without jeopardizing them.

- **Partner with organizations that serve immigrants in your communities** to refer grandfamilies to services and programs. Ensure that those organizations specifically include “grandfamilies” in their written materials and outreach.

- **Assist parents at threat of immigration detainment/deportation with contingency planning for children.** Help caregivers’ consent to health care and education for the children, and provide useful guides to parents and caregivers, such as those referenced in this toolkit.

- **Conduct an interagency, community-wide assessment using data as recommended below** to identify racial disparities in serving all families, including grandfamilies. As part of the assessment, consult with the Latino community to consider and address the practices and policies that could contribute to the racial disparities.

- **Create and implement an interagency, community-wide plan with the help of the Latino community to address racial disparities and their causes as identified in the assessment.**

- **Provide training and tools for staff to identify and address their own implicit and explicit racial biases.** Work with Latino practitioners to provide this training and tools.
• Implement fully the reasonable and prudent parent standard established by the Preventing Sex Trafficking and Strengthening Families Act of 2014 and raise cultural identity as part of that standard during court and case planning.

• Organize support groups for caregivers in Latino communities and ensure that they are led by peers who have first-hand experience with the caregivers’ strengths and challenges.

• Also identify opportunities for peer mentoring and for those with lived experience to deliver services and support families (community health workers, peer mentors, etc.)

• Make available supportive services that have no immigration requirements:
  » Offer Kinship Navigator Programs, which provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to the benefits and services that they or the children need. Even if some caregivers choose not to try to access public benefits because their immigration status prevents it, they are fearful of the government, or they simply do not want it, the navigator should still be able to help connect the caregiver and children to resources such as educational services for the children, support groups, and counseling.

  » Collaborate with the State Units on Aging, which distribute federal funds to Area Agencies on Aging to implement the National Family Caregiver Support Program (NFCSP), to ensure that services are provided to grandfamilies. NFCSP can provide an array of supportive services, such as counseling, support groups, and respite, to caregivers age 55 and older who are raising children, without regard to immigration status.

  » Ensure Kinship Navigator Programs and AAAs partner with immigration advocacy groups both to educate the staff of the AAAs about working with immigrant families, and to have a referral source for these families.

• Provide prevention services and post-permanency supports to Latino grandfamilies by leveraging Title IV-E federal funding available through the Family First Act.

• Do not deny prevention services to grandfamilies simply because the appropriate services they need are not currently eligible under the Title IV-E program. Also, do not require kinship caregivers, birth parents, and children to accept services that are not culturally appropriate, especially if they have concerns that the prevention services being offered will either be ineffective or possibly harmful.

• Invest in building the evidence, capacity and scaling for culturally responsive programs and services that are developed by and for Latino families and children.

Policy and Practice Recommendations for Advocates:

• Ensure that parents who are under threat of detention or deportation have useful legal mechanisms to give other family members the legal authority to care for children:
  » Standby Guardianship: If your state has a standby guardian law, work to expand it, like Maryland and New York, to allow detention or deportation to be a triggering event. Typically, standby guardian laws allow parents to designate a standby guardian in the event of their incapacity, debilitation or death; upon that triggering event, the person designated as the standby guardian files a petition in court to be so named and thereby has the authority to consent and access services on behalf of the child. Maryland has expanded its standby guardian law to include “adverse immigration action” as a triggering event, while New York has similarly expanded its standby guardian law to include “administrative separation” as a triggering event.

  » Power of Attorney: Ensure that your state has a power of attorney law, whereby a parent can convey legal authority to a relative to care for children.
» Educational and health care consent or authorization laws. Work to enact or expand these laws. Unlike many standby guardian laws and all power of attorney laws, these laws do not require the parents to convey legal authority to care for the child, which is critical if caregivers cannot locate parents. These laws can be used for any grandfamily, including those where the parents are suddenly detained or deported. They involve a simple affidavit without court involvement so that relative caregivers can consent to health care and trauma-informed mental health services.
» Work with all relevant stakeholders and ensure that organizations that work directly with immigrants know about these legal mechanisms, include them in contingency planning guides along with other relevant benefit, service, and program information for grandfamilies.

• Improve grandfamilies’ access to eligible federal programs by simplifying the process and ensuring that each state has opted into providing health insurance for eligible, qualified immigrant children:
  » Provide clear eligibility guidelines applicable in your state and easy to complete forms, which are translated into the relevant languages for your immigrant community.
  » Specifically name grandparents and other relatives on application forms, so applicants are not discouraged when they only see the word “parents.”
  » Ensure that relative caregivers and agency frontline workers understand and clearly communicate that these caregivers are eligible to receive benefits on behalf of children they raise. Grandfamilies and agencies should understand that no federal law requires that relatives have legal custody or guardianship of the children in order to access these supports. To prove that the caregiver is raising the child, documentation requests should not include a court order granting a legal relationship.
  » Ensure your state has opted into providing Medicaid and CHIP for “qualified” immigrant children and pregnant women who have not met the 5-year requirement and help those children and pregnant women access this much-needed health insurance.
• Adhere to existing federal law concerning foster care licensure, and do not impose additional immigration standards.
• Consider enacting laws that provide that children in foster care may be placed with an approved/licensed relative regardless of that relative’s immigration status, such as California’s “Reuniting Immigrant Families Act of 2012”. The law also permits relative caregivers to use identification from a foreign consulate or a foreign passport in order to conduct criminal background checks.
• Encourage the Title IV-E Clearinghouse to take cultural considerations into account when reviewing services and supports and determining whether they meet evidence-based standards.
• Educate the ten states that have not yet taken the federal option to offer a Guardianship Assistance Program (GAP) about the many benefits of doing so, including its importance as a permanency path for Latino children for whom adoption and reunification with their parents are not options. As of June 2021, the ten states without GAP are Arizona, Delaware, Georgia, Kansas, Kentucky, Ohio, Mississippi, New Hampshire, South Carolina, and Utah.
• Hold the child welfare agency accountable to implement the practice recommendations above.

Data Collection Recommendations for Agencies and Advocates:
• Collect additional data on grandfamilies who are not involved with the child welfare system, including their race/ethnicity to inform services and supports. Currently, only limited data exist. The U.S. Census Bureau collects data on grandparents who self-identify as responsible for grandchildren. Similar data are
available for the grandchildren of grandparents who are responsible for them. Both data sets include broad racial and ethnic breakdown, but do not include racial and ethnic breakdown within categories such as poverty and disability. This information is critical to informing services and supports and identifying racial disparities. Absolutely no racial or demographic data are publicly available for other relatives, such as aunts or uncles, or the children they raise.

- **Collect more robust data on Latino child and grandfamilies who are involved in the child welfare system.** Children of immigrants are often considered at increased risk for maltreatment due to stress associated with immigration and acculturation. Yet the presence of children of immigrants in the child welfare system has been unknown, as these data are not collected uniformly at the state or national level. As a result, little is known about the characteristics, risk factors, incidence of maltreatment, or service use among children of immigrants who come to the attention of this system.
  
  » When collecting data with vulnerable populations (e.g., undocumented Latino immigrants and/or mixed status families, it is vital to ensure the safety and protection of participants’ identities. It is critical to maintain confidentiality at all levels of research design: informed consent, recruitment and sampling, and translation of instruments and interviews.

- **Collect additional data on children in foster care with relatives and determine the following for each category:**
  
  » Children who are diverted from the child welfare system - many state child welfare agencies are removing children from homes, finding relatives or kin, and then diverting those children with little or no supports. No federal data are collected from states on these children. Agencies “divert,” even though they have placement and care responsibility. We need to capture these large numbers of diverted children to better understand this population, and whether they eventually enter foster care. Disparities will likely emerge when we identify the race of these children who are not supported by the system.

  » Children who exit foster care to guardianship or adoption – AFCARS data exist on the percentage of children exiting foster care who achieve these permanency goals, but not on their race. Information on race will inform policy and program responses to possible disparities.

  » Children who are reunified with their parents – AFCARS data are reported for this category, but it is not reported by race. Again, information on race will inform policy and program responses to possible disparities.

  » Children who are in the legal custody of the child welfare system with unlicensed kin and receive no foster care maintenance payments – AFCARS does not report how many children are with unlicensed kin or their race/ethnicity. Disparities will likely emerge when we identify the race of these children who are not supported by the system.

- **Analyze the race/ethnicity data of grandfamilies both inside and outside the foster care system to inform the assessment and plan noted above to address racial disparities.**
For over twenty years, **Generations United’s National Center on Grandfamilies** has been a leading voice for families headed by grandparents, other relatives and close family friends. Through the Center, Generations United leads an advisory group of organizations, caregivers and youth that sets the national agenda to advance public will in support of these families. Center staff conduct federal advocacy, provide technical assistance to state-level practitioners and advocates, and train grandfamilies to advocate for themselves. The Center raises awareness about the strengths and needs of the families through media outreach, weekly communications and awareness-raising events. It offers a broad range of guides, fact sheets and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports and can be found at [www.gu.org](http://www.gu.org) and [www.grandfamilies.org](http://www.grandfamilies.org).

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**Generations United**

Because we’re stronger together

[www.gu.org](http://www.gu.org)
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71 Ibid.


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