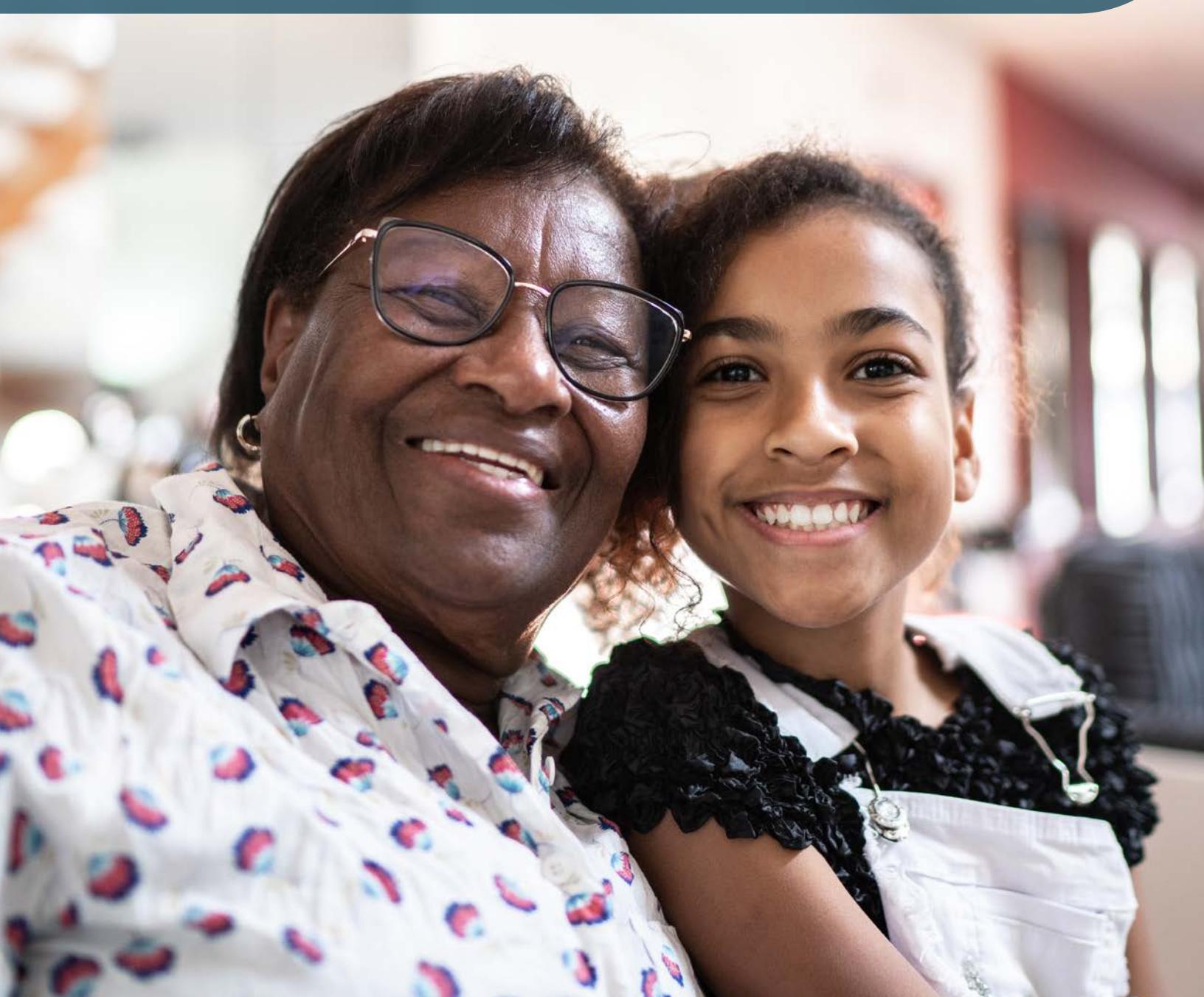


REINFORCING A STRONG FOUNDATION: EQUITABLE SUPPORTS FOR BASIC NEEDS OF GRANDFAMILIES





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Introduction

All children have the same basic needs, including a safe and comfortable home, someone to care for them, adequate and nutritious food to eat, appropriate clothes to wear, mental and physical health support, education, friends, and community. Perhaps most importantly, all children need to belong to their families and be lovingly cared for. There are 2.6 million children in the U.S. who are living with extended family, inside or outside the child welfare system because their parents cannot care for them. These families are often called “kinship families” or “grandfamilies”. Strong evidence shows children in grandfamilies thrive, especially when they get the support they need. Yet grandfamilies across the country are not equitably supported.

Children who live in grandfamilies have that all-important need met; they live with and belong to family who loves them. Studies indicate that children thrive in grandfamilies as compared to non-relative care.¹ Kin caregivers are extremely important in the healing process for a child who has lived through trauma.² Being with extended family is the best place for them if they can't live with their parents. Still, sometimes grandfamilies need some help to

meet the other basic needs of the children they care for.

And yet, despite their proven crucial role, all grandfamilies do not have access to comparable or equitable services and supports that help meet the basic needs of children in their care. The quality and level of support they receive are woefully inconsistent, fragmented, siloed, underfunded, biased, and inadequate. Inequitable availability of and access to services and supports undermines the ability of children living in grandfamilies, and their kin caregivers, to thrive.

Benefits of Grandfamilies

In contrast to children living with non-kin foster parents, children in grandfamilies experience increased stability, higher levels of permanency, and greater safety. They experience better behavioral and mental health outcomes. Children in grandfamilies have an increased likelihood of living with or staying connected to siblings, and they have a greater likelihood of preserving their cultural identity and community connections. They also feel better about their situation and are more likely to report that they always feel loved.³

CHILDREN THRIVE IN GRANDFAMILIES



Research also indicates that children in grandfamilies who receive services and supports, such as kinship navigator programs for financial and legal assistance, housing, and health services, experience *better* outcomes than those raised in grandfamilies not receiving services.⁴

Needs of Grandfamilies

In grandfamilies, children are the innocents; they were not the cause of the chronic problems or crises that predicated their circumstances, but they are greatly impacted by them. Their parents are unable to raise them due to a wide range of chronic problems or a crisis, such as parental incarceration, alcohol and/or other substance use disorders, military deployment, divorce, or death. Along with every child's common basic needs, children in grandfamilies often need support around trauma, grief, chronic health conditions, behavioral health issues, and learning disabilities.⁵

Similarly, their kin caregivers did not plan — financially, logistically, or mentally — to take on the role of raising them and helping them recover, learn, grow, and thrive. Kin caregivers don't choose to raise more children simply for the enjoyment of it; they do so because the children need them. And without them, many more children would wind up in non-relative foster care, separated from their parents, families, homes, communities, culture, and all that is familiar — creating even more trauma for them.

Prior to forming a grandfamily, kin caregivers may already be challenged to meet their own daily basic needs. Inherently, they may not have equal, accessible services and supports, especially if they are older, and/or have low incomes, or live in communities of color.

Many grandfamilies need help getting physical and mental health care, food and nutrition, legal services, educational supports, housing, child care, and respite care. They need assistance navigating complicated, fragmented, and siloed service systems. And they need emotional support as they deal with family trauma and stress.

While there is general agreement that children who are not raised by their parents deserve and need care and support, there is a pervasive and inaccurate perception that kin caregivers should be able to meet all of the children's needs, even though they didn't plan for this role financially or otherwise. Because they are family, some believe they have a moral obligation to care for their kin's children and therefore should receive no support. But, as one grandmother put it, a moral obligation can't buy groceries. And the amount of love for children doesn't determine the resources available to care for them. Kin caregivers want to care for the children, but they do not automatically have the legal authority, financial means, and ability to find quality, affordable services to meet all the needs. A little bit of support, however, can go a long way in helping them to do so.

We know that children do better with kin and even better in grandfamilies that receive services and supports. But far too many grandfamilies are not connecting with equitable supports. There are disparities among grandfamilies according to their community, state, tribe, racial/ethnic group, and other family and personal characteristics. As a nation, our policies, systems, and services are not all geared to help them thrive and succeed.

Inequities

The list of inequities for grandfamilies is long and broad. In general, across the nation, there is a lack of adequate services and supports available to grandfamilies. And when supports are available, the needs of the children are too often not the determining factor for the supports that are actually received. While this report cannot fully cover all existing inequities, we provide examples of inequities among key services and supports that help grandfamilies.

Access to services and supports tends to have more to do with a grandfamily's ability to navigate complicated systems and bureaucracies, and certain characteristics of the grandfamilies, than the needs of the family. In this report, we highlight some of the diverse and varied characteristics of grandfamilies that inappropriately influence their access to those

much-needed services and supports, including:

Grandfamily Characteristics

- Kin Caregiver's Relationship to the Child
- Kin Caregiver's Legal Relationship to the Child
- Involvement of the Child Welfare System
- Geographic Location

Caregiver's and Child's Personal Characteristics

- Race/Ethnicity
- Age
- Health Status and Disabilities
- Citizenship and Immigration Status
- Tribal Membership
- Socio-Economic Status

People of all races, socio-economic levels, ages, and geographic regions are living in grandfamilies. It is important to note that African American, American Indian, and Alaska Native children are more likely to

live in grandfamilies than the general population.⁶ This is partially based on cultural values and long and proud traditions that emphasize the importance of connections with extended family and community.⁷ Since grandfamilies, in general, do not have adequate services and supports, addressing inequitable supports for grandfamilies is a racial equity issue.

No personal or family characteristics should dictate whether or not a child's basic needs are met or influence the supports grandfamilies receive. Yet, we hear repeatedly from grandfamilies that, in fact, they do.

KEY DEFINITIONS

Grandfamilies are surrounded by many complex systems. The terminology can be confusing and complex and is not always universally interpreted. We have provided definitions for the purposes of this report. Here are a few key terms, and we urge you to examine the additional terms in Appendix 2: "Definitions" as you review this report.

- **Grandfamilies and Kinship Families:** We use the terms "grandfamilies" and "kinship families" interchangeably to mean families in which "kin" (such as grandparents, other adult family members, such as great-grandparents, aunts, uncles, cousins, siblings, other family members) or family friends who have a close emotional relationship with the child (such as godparents, 'aunties', 'uncles' and others who are not related by blood/birth, marriage or adoption, and are sometimes known as "fictive kin") are raising children *with no parents in the home*. These families can be either inside or outside the child welfare system.
- **Resource Families:** A term used in the foster care system, resource families are non-relative foster families, foster-to-adopt families, and kinship families or grandfamilies who are involved with the foster care system.
- **Kin Caregiver, Kinship Caregiver, or Grandfamily Caregiver:** These terms are used interchangeably to describe the adult who is raising the child in a grandfamily or kinship family. They are also sometimes referred to as "extended family members".

Moving Forward

Our nation must address inequities in order to create parity among grandfamilies. Policies and programs in the U.S. must recognize that grandfamilies are not all alike, yet many need similar types of supports.

Taking lessons learned from the COVID-19 pandemic, multiple drug epidemics, and our nation's racial reckoning, this report will bring to light long-standing systemic inequities along with opportunities to create positive change. Our recommendations include policy, practice, and

research approaches that can be enacted at the federal, state, tribal, and local levels to create more equitable services and supports for grandfamilies across the U.S.

We aim to help prevent children and kin caregivers from continuing to fall through the gaps, thereby increasing their success and creating a brighter future for them and their kin caregivers. Allowing grandfamilies to discover and fulfill their potential enables them to live full lives and contribute to their communities, which also benefits our country as a whole.

KEY FACTS AND FINDINGS

- 8 million children live with a relative, other than their parent, who is head of the household.⁸
- 2.6 million children are being raised by a relative or close family friend and do not have a parent living in the household.⁹
- Nearly 34 percent (137,356 out of 407,493) of children in foster care are being raised by relatives.¹⁰
- The percentage of children in foster care with relatives has increased 8 percentage points over the last decade, from 26 percent in 2010 to 34 percent in 2020.¹¹
- The majority of kinship foster parents are not fully licensed. Approximately 108,426 children in foster care with relatives or close family friends did not receive a foster maintenance payment because their caregivers are not fully licensed.¹²
- For every 1 child being raised by kin in foster care, 18 children are being raised by kin outside foster care.¹³
- The average monthly TANF child-only grant for one child in 2011 was \$249.
 - » The average licensed foster care monthly maintenance payment in 2011 was \$511, which is more than twice as much as a TANF child-only grant.
- Black/African American, American Indian, and Alaska Native children are more likely to live in grandfamilies than the general population:
 - » While 14 percent of children in the U.S. are Black/African American, 25 percent (nearly twice that percentage) are living in grandfamilies, and 23 percent of children in foster care are Black/African American.¹⁴
 - » While 1 percent of children in the U.S. are American Indian and Alaska Native, 8 percent of children in grandfamilies are American Indian and Alaska Native, and 2 percent of children in foster care are American Indian and Alaska Native.¹⁵

KEY FEDERAL POLICY, STATE AND LOCAL PRACTICE, AND RESEARCH RECOMMENDATIONS

Federal Policy

- Authentically engage members of grandfamilies, including kin caregivers and the children/youth they are raising in the design, implementation, and evaluation of policies and programs that impact them.
- Implement the recommendations of the initial Report to Congress from the Federal Advisory Council to Support Grandfamilies Raising Grandchildren.
- Apply a diversity, equity, and inclusion lens to policy, practice, messaging, and materials impacting grandfamilies.
- Support the development and sustained use of quality kinship navigator programs.
- Promote financial equity for grandfamilies, such as through the creation of a kinship caregiver tax credit, ensuring that children in kinship foster care have access to foster care maintenance payments, and improving Temporary Assistance for Needy Families (TANF) for kinship families.
- Improve child welfare agency practices to support kin by issuing guidance highlighting effective kinship strategies.
- Ensure equitable access to legal supports, housing, and food and nutrition assistance.

State and Local Practice

- Provide training, education, and outreach tailored specifically for grandfamilies broadly across states and tribes.
- Improve and increase the availability of physical, mental health, and related supports such as support groups, educational and health care consent laws, substance use prevention and treatment, quality mental health supports, respite, and child care.
- Provide income support and concrete goods to support grandfamilies' emergency needs.
- Promote service coordination and collaboration across agencies serving grandfamilies.

Research

- Enhance data collection on all grandfamilies to better address inequities across systems including data on children outside the foster care system and data disaggregated by race.
- Work with tribes to better understand data trends among American Indian and Alaska Native grandfamilies.
- Gather data about best practices and effective strategies for identifying and addressing inequities among grandfamilies.

PROGRAM PROFILE: THE NATIONAL TECHNICAL ASSISTANCE CENTER ON GRANDFAMILIES AND KINSHIP FAMILIES (NTAC)

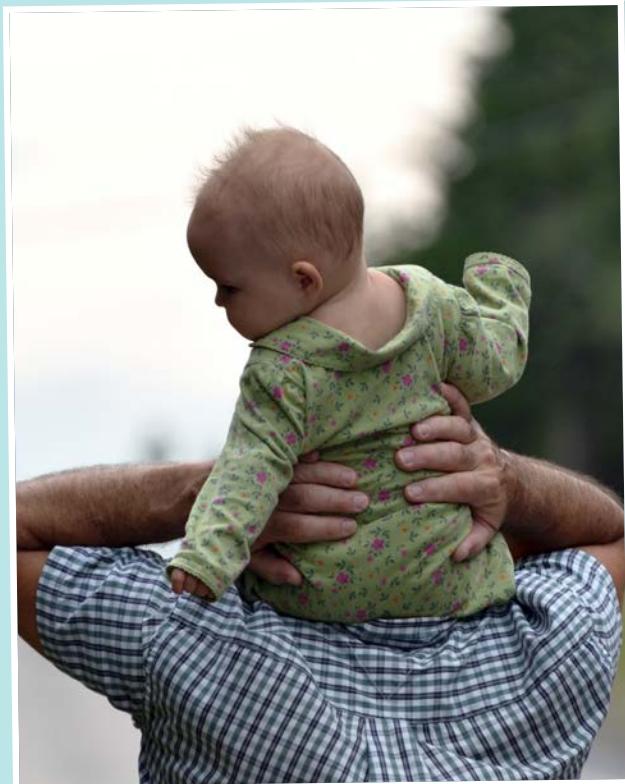
The first of its kind, Generations United is building and operating the first-ever National Technical Assistance Center on Grandfamilies and Kinship Families funded through a five-year cooperative agreement from the U.S. Department of Health and Human Services' [Administration for Community Living](#) (ACL). The NTAC will increase the capacity and effectiveness of states, territories, tribes/tribal organizations, nonprofits, and other community-based organizations to serve and support grandfamilies and kinship families.

"For the first time, we are building a holistic model that will bring systems and services together so that resources are more accessible," says Ana Beltran, director of the NTAC. "We will break down siloed supports, improving their communications and better ensuring grandfamilies and kinship families are equitably considered."

The NTAC provides:

- Universal/general technical assistance, such as regional meetings, a website, toolkits, and other materials, a peer learning collaborative listserv, webinars, videos, and podcasts;
- Targeted/specialized technical assistance provided by subject matter experts in response to requests from agencies, organizations, and individual caregivers; and
- Intensive/sustained technical assistance in two states and one tribe to develop and document replicable models of collaboratively working across jurisdictions to break down silos and fully support grandfamilies and kinship families.

Generations United leads the NTAC's work along with five partners including, [USAging](#), the [National Caucus and Center on Black Aging](#), [the National Indian Child Welfare Association](#), [ZERO TO THREE](#), and [Child Trends](#). A diverse steering committee comprised of caregivers from the [GRAND Voices Network](#), along with the nation's leading experts on kinship care and grandfamilies, advises, guides, and assists the work of the NTAC. For more information, please visit gu.org/projects/ntac-on-grandfamilies-and-kinship-families



Services and Supports that Help Grandfamilies Thrive

Studies indicate children do best in grandfamilies who are receiving vital services and supports and in recent years national organizations, legislators, state and local non-profits, and government agencies have worked together to increase and improve services for grandfamilies. While we celebrate the progress, there is still so much work to be done. Because of fragmented systems, inadequate and varied funding levels across and within states, bias, and systemic racism, there are widespread differences in terms of the quality, availability, and accessibility of these supports for grandfamilies.

The following is an overview of key services and supports that contribute to success and positive outcomes for grandfamilies, along with examples of inequities associated with each.

Supportive Services

Outreach, Information and Referral, and Navigation

Description: Includes organizations and programs that connect grandfamilies to services and supports, such as kinship navigator programs, grandfamily resource centers, family caregiver support programs, school system supportive services, child welfare agencies, area agencies on aging and other eldercare agencies, 2-1-1 programs, and other information and referral agencies, etc.

Why This Matters: Grandfamilies are frequently unaware of the services and supports that are available to them. A grandfamily in isolation may be struggling, but once they are reached and given relevant information and referrals, their world opens up. As the first line of contact, these services are essentially the “keys to the kingdom” because no one can connect with something they are unaware of. Without these services, grandfamilies are often left in the dark, alone, and isolated.

Examples of Inequities:

- The availability and quality of services differ according to location (between and within states and tribes and communities).
- As compared to grandfamilies within the child welfare system, kin caregivers outside that system are less likely to be reached, as they are harder to identify and connect with. Many of them do not self-identify as kin or grandfamily caregivers. They are more likely to remain isolated and in need of support.
- Staffing varies greatly across the nation. Staff training is not consistent across all agencies, which means some grandfamilies receive better quality services than others. Some programs do an excellent job of hiring kinship navigators and other staff who have experience with kinship care or the foster care system; others haven’t yet done so.
- Funding across states and tribes is inconsistent. Some of these key services are well-funded, and others struggle to meet the need. For most, it’s a constant process of applying for grants and piecing together a budget.
- Funding tends to favor service delivery, leaving inadequate budgets for outreach and marketing activities. The result is that some grandfamilies happen to read a notice, see an advertisement, attend a support group, or interact with an agency that connects them to a service provider. But many others remain isolated and continue to struggle on their own.
- The Family First Act provides a dedicated funding stream to help pay for kinship navigator programs, but that reimbursement is only available to programs that are approved by the Title IV-E Prevention Services Clearinghouse as having met certain evidence-based standards. The Clearinghouse has been slow to review and approve programs, and

there are strict requirements for many years of evaluation before states and tribes can successfully receive approval. Congress has dedicated annual appropriations since 2018 to help states and qualifying tribes operate and evaluate programs, however, the annual appropriations process is unpredictable, and the related uncertainty has caused challenges in planning, evaluating, and offering these services.

- Some organizations are skilled at providing racially, culturally, and linguistically appropriate outreach, materials, and programs; others miss the mark completely – generally due to lack of

training. Therefore, grandfamilies of color may not respond to outreach efforts or are never reached.

- Public schools have the greatest access to grandfamilies, and teachers, learning specialists, or other dedicated staff can effectively point them to needed services and supports – if they are appropriately trained. Unfortunately, not all schools are fully aware of grandfamily supports or purposefully train staff to make helpful referrals or assist with making connections.

DEFINITION

Kinship Navigator Programs: These programs provide outreach, information, and referral services to help kin caregivers find and access supports that help meet the needs of the children they are raising, as well as their own needs. Ideally, kinship navigator programs involve kin caregivers, youth raised by kin, government agencies, and community and faith-based organizations and service providers in their planning and implementation practices. Kinship navigator programs generally operate through a combination of federal, state, local, and private donation funding. Program components vary, and may include:

- Outreach to locate grandfamilies via presentations, flyers, website, partner organizations, etc., with special attention to grandfamilies who are geographically isolated or in ethnic communities, as well as targeted efforts to reach kin caregivers outside the child welfare system

- Information and referral systems that link kinship caregivers, support group facilitators, and providers to each other
- Assistance in establishing relationships between kinship caregivers and relevant state and federal agencies
- Help to gain access to public benefits
- Assistance finding educational supports and communicating with the school system
- Legal assistance such as accompanying grandfamilies to court
- Emergency assistance and goods, such as diapers, cribs, gas cards, car repairs, school supplies
- Education of service providers about the needs of grandfamilies and resources available to them
- Case management

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Rosemary Nugent, 69, of Antrim, New Hampshire, has raised her 12-year-old grandson, Denis, since he was a baby, initially having legal custody and later obtaining guardianship. She knows first-hand the challenges of dealing with the courts and obtaining benefits for her grandson. She quickly realized there were other grandfamilies in her community when Denis was in kindergarten and 9 out of 11 children at his bus stop were being raised by grandparents.

Rosemary wanted to share what she has learned, so she became a kinship navigator with The Grapevine Family and Community Resource Center, which is a local program location of the New Hampshire Kinship Navigation program, operated by the New Hampshire Children's Trust in collaboration with New Hampshire Family Resource Centers.

“I help kin caregivers all around my area connect with the resources I wasn’t able to find when I began caring for my grandson,” says Rosemary. “Now that we have the kinship navigators throughout the state it’s making a big difference. I check in with my families every week; I see how they’re doing and what they might need, just as a support. The grandparents come in knowing nothing and we help them. I can’t say we know everything, but if we don’t, we won’t stop until we find the answer for them. I know what they’ve been through, and what they’re going through, so it helps a lot.”

— **Rosemary Nugent, 69, Antrim, New Hampshire,**
GRAND Voices Network member

Case Management and Service Coordination

Description: Includes provision of direct, personalized, ongoing assistance in obtaining services and supports for children and the kin caregivers who raise them. Case management and service coordination services may be provided through a state or tribal child welfare system, the aging network, public housing service coordinators, local non-profit organizations, and, in some cases, kinship navigator programs, etc.

Why This Matters: These services provide goal-oriented, one-to-one assistance geared specifically to the unique needs of each grandfamily. They offer ongoing support, not just one interaction. They go a step beyond information and referral and assist grandfamilies in dealing with the systems they encounter. Case managers (sometimes called caseworkers) may help grandfamilies identify needs and walk them through the necessary steps to obtain financial assistance. They proactively ensure grandfamilies do not give up and get lost in the shuffle when they hit dead-ends or are given incorrect information.

Examples of Inequities:

- Grandfamilies involved with the child welfare system generally have access to case management, while most outside the system do not.
- Unlicensed kin caregivers may receive a very different level of support than those who are licensed.
- Some kinship navigator programs provide case management for families that meet certain qualifications, but many do not.
- Not all staff are well-trained and fully familiar with the unique needs of grandfamilies and supports available to them.

Education and Training for Kin Caregivers and the Children They Raise

Description: Education and training supports may be provided by local non-profit organizations, area agencies on aging, child welfare agencies, kinship navigator programs, school systems, etc.

Training topics for kin caregivers may include public benefits, legal matters, and how to work with the child welfare system, navigate school systems and educational services, and work with other systems related to the services and supports needed for the children they raise. Kin caregivers may also receive training about how to deal with difficult behaviors, support children who are grieving or have suffered trauma, manage relationships with the children's birth parents, and understand substance use disorders.

For children, education support may include tutoring and homework help, special education testing and services, and financial support for their higher education.

Why This Matters: Education and training are key to helping grandfamilies through the challenges they face and through life going forward.

For kin caregivers, having the knowledge and understanding of the new issues they encounter is crucial to the success of their grandfamily. Many are unfamiliar with the child welfare system and other social service systems they often encounter when raising kin. Understanding the systems, terminology, options, and where to find help is necessary to taking action and advocating for themselves and the children they are raising. In addition, caregivers are frequently raising children who have experienced trauma and/or have special needs and behavior challenges. Targeted training geared specifically for kin caregivers can empower them to make good decisions and improve their relationships with children they are raising and lift up the lives of the entire grandfamily.

For children living in grandfamilies, assistance with education is crucial. Disruptions in their education due to a previously unstable home life are not unusual. Many can benefit from tutoring services to help them achieve grade level. Some have learning disabilities and having an Individual Education Plan (IEP) can help ensure they receive specialized instruction and related services. IEPs can be pivotal for academic achievement, but it can be a challenging process for kin caregivers to advocate for an IEP and ensure it is adhered to. Many kin caregivers experience difficulties with the daunting

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"At the beginning of the pandemic, my granddaughter, Paislee, whom I raise, was struggling with in-home school and having some behavior problems. I was concerned about her mental health. So, I called the school system, and they were a huge resource for us. Paislee got a speech therapist and mental health services to help with the trauma she'd lived through with her mom. We set up boundaries for Paislee, created job charts and I learned how to help her with schoolwork. Still, it was so hard. I was at my wit's end, when the woman from the school system, Cassie, said she had a referral for me to the Nebraska Children's Home Society's *Raising Your Grandchildren* program, a six-week training series that met online during the pandemic. Once I finished the series, I joined the program's Ambassador Support Group, also on Zoom. Some women had been meeting for years – the information I got at the first meeting was great, and it really made me want to keep going. Now, Paislee is doing much better and so am I. That one referral from the school system really changed my life."

— **Kim Merriman, 63, Omaha, Nebraska,**
GRAND Voices Network member

task of navigating the school bureaucracy, related to school enrollment, curricula, tutoring.¹⁶ Older kin caregivers often find current academic curricula quite different than when they were raising their children or in school themselves, making it difficult for them to assist the children.

In addition, children whose parents are not raising them may have the ability and desire, but not the resources or information about how to access financial assistance to pay for post-secondary education and training such as skilled trade training or college.

Examples of Inequities:

- Licensed kin foster caregivers are often required to take training, but the training isn't always adjusted from the standard non-relative training to target the unique situations of kin caregivers. In addition, non-kin foster parents take the training prior to having a child placed with them; kin foster caregivers already have the children, and it may be difficult to arrange child care so they can attend the training for several hours per week.
- Outside the foster care system, training for kin caregivers is not widely offered.
- While some localities do offer training, it is often not effective in all communities because it is not racially, culturally, or linguistically appropriate.
- For children, a major determinant of access to education and training services and benefits is whether the child is involved with the child welfare system. Children in that system may have access to tutoring/mentoring, higher education benefits and other supports, while those outside the system largely do not have such services available, don't know they are available or do not know how to get them.
- Higher education benefits vary according to the legal relationship and foster care status.
- If the kin caregiver adopts the child, higher education benefits may be available, for example, if the grandparent is a disabled veteran.
- If children are in the custody of the foster care

system or subsequently exit foster care at older ages through adoption or guardianship, they may qualify for federally supported education and training vouchers to help pay for college or post-secondary training.

- Children in kinship care outside the foster care system generally do not have higher education assistance geared specifically for them.

Legal Services

Description: Includes legal training, legal counsel, court fees, assistance completing paperwork and other aspects of dealing with legal matters "pro se", help attending court and hearings, etc.

Why This Matters: As is discussed throughout this report, the existence and nature of the legal relationship can be pivotal in terms of the abilities kin caregivers have to care for the children, as well as the services and supports they have access to. But the legal system is complicated and confusing, and understanding the terminology and legal options are crucial. Obtaining quality, affordable legal counsel and/or assistance can mean the difference between obtaining legal custody, guardianship, or adoption, and obtaining services and supports.

Some kin caregivers feel like they don't know what's hit them when they go to court. The procedures often go quickly and with little explanation from the court. Unless they connect with someone who can walk them through the legal process and explain what has happened and what to expect in the future, they can easily misunderstand and miss crucial steps. (See Rosalie Tallbull profile.)

Those who do try to form a legal relationship and don't qualify for affordable legal services often spend down their retirement and lose their financial security due to the high costs and long-term nature of many cases. Giving kin caregivers equitable access to affordable legal fees and services in kinship matters can allow many to preserve their family's financial security while providing more permanency and stability for the children they are raising.

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Sarah Smalls, 74, of Lorton, Virginia, and her husband are raising three grandchildren, now ages 17, 18, and 21. After obtaining legal custody by going to court privately (there was no involvement of the child welfare system), they eventually wanted to adopt the children to give them a sense of stability. Mrs. Smalls knew legal fees to adopt the children would be expensive, and indeed the amount was overwhelming. The Smalls spent more than \$30,000 on private attorney fees.

“I was retired from my job with the federal government by that time, and I depleted my 401(k) to adopt and continue caring for my grandchildren,” says Mrs. Smalls.

“That was supposed to fund our retirement, but the grandchildren became our priority.”

— ***Sarah Smalls, 74, Lorton, Virginia,
GRAND Voices Network member***

Some, but not all, states, tribes, and counties make it possible for certain legal procedures to be done pro se without the representation of a legal professional. But many kin caregivers are unaware of the possibility of (or do not have the skills, time, or confidence to engage in) pro se legal proceedings.

Examples of Inequities:

- If a child is in the foster care system, the parents will be provided an attorney, but kin caregivers typically do not get free representation.
- Most legal aid programs will not take family law cases, so kin caregivers with low incomes struggle to find affordable legal counsel.
- Without affordable legal services, the fees can devastate a kin caregivers' ability to pay for the needs of the children they are raising or provide for their own needs and retirement. Kin caregivers are willing to raise a child in need; they should never have to spend so much money obtaining a legal relationship with that child that it proves nearly impossible to financially recover.
- Some states and localities offer legal clinics to help with pro se filing of guardianship papers and some waive specific court and filing fees for kin caregivers. Most do not.
- Those with a legal relationship (e.g., legal custody or guardianship) should be able to enroll the child in school or consent to health care, while those without a legal relationship may not be able to do so. Access tends to vary by the school system and the practices of each health care professional. Yet, going through the confusing, time-consuming, and expensive task of forming a legal relationship is too daunting for many kin caregivers.
- Laws affecting grandfamilies vary widely across states and tribes. Kin caregivers must have accurate knowledge and quality legal assistance in their locality to navigate the unique laws applicable to them.

Support Groups

Description: Includes grandfamily/kinship caregiver support groups, support groups for youth living in grandfamilies, mental health support groups, support groups for those impacted by substance use disorders, etc. Support groups provide emotional, mental health, and social support, as well as problem-solving, education, and information about how to access available supports and services. In support groups, kin caregivers and the children they raise connect with their peers - others who have similar situations and challenges. These support groups provide the unique ability to share practical solutions, tips, and emotional support with each other.

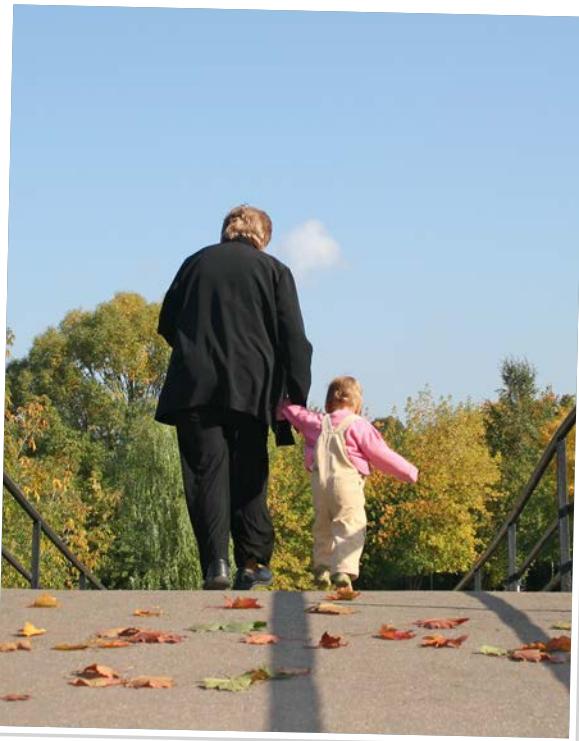
Why This Matters: Many grandfamilies say their connection with a support group is the strongest reinforcement they receive on an ongoing basis. Some say finding the support group made the biggest difference in their kinship caregiving journey because it led them to vital services and supports. Many members of grandfamilies feel isolated; they may not know anyone else who is in a grandfamily. They often feel different and alone. When they connect with a support group it's finding a sense of belonging, and that can be a lifesaver for those who are struggling.

Many grandfamilies are impacted by substance use disorders among the children's birth parents. Support groups specifically for those with substance use disorders and their families can be crucial in helping grandfamilies manage the day-to-day interactions with the parents and healing from the trauma they may have experienced.

Examples of inequities:

- Support groups are simply not available everywhere due to funding inequities and other factors, such as geographic location.
- Support groups do better when an established organization hosts the group but staffing fluctuations, changing priorities, and budgetary constraints mean support groups for grandfamilies may come and go.

- There are not adequate numbers of support groups for kin caregivers, but there are far more than support groups for youth being raised in grandfamilies.
- Often, caregivers must travel outside their neighborhood to attend support groups and don't have access to transportation.
- Some grandfamilies can attend virtual support groups (especially since the pandemic), which may be easier for them to fit into their busy caregiving schedules and don't require transportation. But many are unaware of online or telephone support groups, and they are not universally available. In addition, the digital divide precludes some caregivers from any hope of connecting virtually, due to lack of broadband, technology devices, and/or technology skills.¹⁷ Even if they can connect virtually, privacy concerns in the home may prevent the caregiver from being able to fully participate.



PROGRAM PROFILE: INNOVATIVE SOLUTIONS FOR DISADVANTAGE AND DISABILITY (ISDD), PROJECT GRANDD

Project GRANDD (Grandparents Raising And Nurturing Dependents with Disabilities) serves the greater Atlanta metro area and is the only caregiver support program in Georgia solely focused on the provision of supportive services to grandfamilies with at least one child who has a disability.

Project GRANDD targets kinship families in primarily the urban areas of 8 of the 13 counties in the greater Atlanta metro area. The vast majority of their clients are African American and live in under-resourced neighborhoods in Fulton and DeKalb Counties. Most have extremely low incomes and live within zip codes that have low or very low child wellbeing ratings.⁹² “There are more than 7,000 grandparents raising grandchildren in DeKalb County alone,” says Rainie Jueschke, executive director. “About 82 percent of the grandfamilies we serve have an annual income under \$30,000, and about 34 percent of the caregivers report they are single and never married. Our families often struggle to provide basic food and clothing, and generally, they are just barely making it,” she explains.

Though Project GRANDD serves fewer kinship families in suburban areas, those families have many challenges too, including isolation. “They are marooned in suburban areas where they don’t have as many transportation options and fewer services,” says Sherri Feliccia, case manager.

The kin caregivers served by Project GRANDD drive the program. “They move me like you wouldn’t believe, these grandparents. They just blow me away because they are so brave,” says Rainie. “They love their grandkids like nobody’s business no matter what. And the challenges that they face are so enormous. Yet, they’re still there and they don’t give up on the children and they’re amazing people, every single one. And they lift each other up. So,

I think all of our staff have been very devoted to helping them be successful.”

Project GRANDD has 6 full time staff, including 3 full-time case managers who have heavy caseloads of approximately 40 families each. Since the grandfamilies served include children with disabilities, the organization prioritizes hiring staff who have expertise in serving persons with special needs and dealing with schools and Individualized Education Plans (IEPs). Staff receive diversity, equity, and inclusion training, and the organization places a priority on hiring African American caseworkers to ensure their staff reflects the communities they serve. All are required to obtain the Certificate of Grandfamilies Leadership from the University of Maine.

The program involves kin caregivers and those who have experience raising children with disabilities in leadership roles, including at least one board member who is raising a grandchild, and staff who have lived in foster care, been raised by a grandparent, or raised children with disabilities. A new peer leadership group with kin caregivers who have been through certification training helps



Roblyn Holmes and grandchild Ashton (Photo courtesy of Project GRANDD)

"Informal kinship families in our area receive approximately half the financial support that a licensed foster parent can get," Rainie explains. "It's inequitable. And they don't have many other supports."



Carolyn Forehand and grandchildren Michael and Jeremiah
(Photo courtesy of Project GRANDD)

make programmatic decisions and will act as peer mentors, assist with support groups, and engage in community outreach.

Project GRANDD pieces together its' budget with multiple funding sources, including Older Americans Act funding via the Atlanta Regional Commission (which is the area agency on aging for the Atlanta Metro area), Fulton and DeKalb Counties, funding from Georgia Division of Family and Children Services' Promoting Safe and Stable Families Program, United Way of Greater Atlanta, The Brookdale Foundation, Community Foundations of Greater Atlanta, and individual donations.

Key Issues

- **Racial Equity:** As an agency, Project GRANDD is very aware of the racial equity problems and vast disparities in the areas they serve. "It's generational poverty," says Rainie. "A lack of opportunity, redlining, preventing these families from accessing wealth in the first place, these kids have so many strikes against them in life – one-income household, generational lack of education and poor schools, living in areas with high poverty rates and high unemployment rates, they don't even have sidewalks much less parks." Project GRANDD's goal is to create parity and deliver equitable services and supports to kinship families of children with disabilities who are in great need; particularly those who are outside the foster care system.
- **Inside and Outside the Child Welfare System:** If a child is removed from their parent's home by the Georgia Department of Family and Community Services (DFCS), and a kin caregiver comes to get the child within 48 hours, the child remains outside the foster care system. Those kinship families often miss out on supports and are not always informed of the option of kinship foster care or given any referrals. In those cases, kin caregivers tend to remain in the dark about services and supports unless they connect with Project GRANDD or one of the other kinship support organizations in Georgia. "It's so much the luck of the draw. It seems nuts," says Sherri. Project GRANDD primarily serves families outside the child welfare system, although a few of their clients are kinship foster caregivers. "The few clients we do serve who are part of the foster care system seem to have fewer food insecurities than those outside the foster care system," says Sherri. "Informal kinship families outside the foster care system get less support, and it can literally mean not having enough food on the table."
- **Benefits:** "No one really explains to the grandparent caregivers the different options around public benefits," Sherri explains. "So, there's a big disconnect and they don't get

the information about how things work, and then they end up really struggling." Georgia has a statewide Kinship Navigator Program⁹³, and Project GRANDD collaborates closely with the Kinship Navigator designated for their service area, particularly in terms of assisting kinship families with complicated benefits issues. "Many of these families feel beaten down by the systems. They have faced so much discrimination, they actually come to expect it," says Rainie. "So many get so frustrated that they just say forget it and give up their efforts to access benefits for which they are eligible."

- **Family Relationships:** For kinship families, family relationships can be quite complicated. Many of the informal kin caregivers are grandparents who are caring for their grandchildren, but they are trying to maintain a good relationship with their adult children, so they don't want to make waves by going for legal custody or getting involved in child support. However, without legal custody, they are ineligible for many supports. "We've seen a lot of the caregivers not get the COVID child benefit because they don't have legal custody, and even the Child Tax Credit," says Rainie. "Those benefits are going to the biological parent who's providing little or no care whatsoever."
- **Legal Relationships:** Kin caregivers in Georgia who do not have legal custody or are not kinship foster caregivers also do not receive equitable Supplemental Nutrition Assistance Program (SNAP) benefits. "Informal kin caregivers receive less than \$15, but they have 4 kids in the family," shares Rainie. "SNAP is based on the household income, but if the kin caregiver doesn't have legal custody, the child is not counted as a mouth they have to feed. They are so food insecure it's scary."

Challenges

Staffing for the program has been a challenge. Inadequate funding to meet the need for case managers is an issue, and the COVID-19 pandemic has made hiring difficult. "Right now, we are down two case managers, a program director, and a



Deirdre Chambers and Eric (Photo courtesy of Project GRANDD)

program assistant," says Rainie. We are a small organization, so we aren't as competitive in terms of salary and benefits, and it's been hard to find candidates during the pandemic."

Project GRANDD would like to be able to reach more counties in Georgia. The pandemic has stimulated the use of technology to connect virtually, which has helped them reach some kinship families in outlying areas. However, their unique services for grandfamilies of children with disabilities could benefit many others. Increasing the number of caseworkers would help meet expanded needs.

Delivering Equitable Services and Supports

Project GRANDD primarily serves informal kinship families outside the foster care system, striving to address disparities by filling the gaps in services and supports informal kinship families would have received had they been in the foster care system. Initially, the organization only offered support groups. Over the years they have expanded their services, using the evidence-based Kinship Supports Intervention (KSI) model. They provide:

- **Case Management** (service coordination, information and referral, and advocacy) to help kinship families navigate the various systems they must deal with, including disability issues.

For example:

- » Providing home visits, assessments of family needs, and individualized case plans.
- » Assistance with identification of disabilities; attending doctor appointments and IEP meetings with families.
- » Helping with applications for public benefits and identification and referral to other services and supports.
- **Support groups** for both kin caregivers and, separately, for the children ages 8-12 and teenagers in their care. “So many of our kin caregivers report isolation. They feel they are the only ones in this situation. So, the support groups are vital for them,” says Rainie. Due to the COVID-19 pandemic, their support groups are meeting virtually, but some families don’t have the technology devices or skills to join. “We obtained a donated Chromebook, and I went to a kin caregiver’s home and helped her set it up to use for support groups,” says Sherri. The kin caregiver wasn’t familiar with technology and desperately needed the support group interaction. “It opened up a whole new world for her,” she explains.
- **Education and training for kin caregivers** to address the emotional, educational, medical/developmental, and legal needs as well



Carol and Darrell Green and grandchildren (Photo courtesy of Project GRANDD)

as promotion of personal well-being and relationship building among kinship families. Training offered includes parenting skills specific to kinship families.

- **Home-based tutoring** to help children struggling with school due to disabilities or below grade-level performance.
- **Monthly newsletters** with useful information for grandfamilies, including resources for children with special needs.
- **Limited material assistance** with food, clothing, school supplies, and other necessities for registered program participants.
- **Family Fun Day**, an annual outing for kinship families.

Rainie says Project GRANDD has grown and adjusted to create and deliver the services and supports kinship families need regardless of their legal relationship status, location, income level, or any other characteristics, and hopes to continue growing to reach out to more grandfamilies that include children with disabilities in the surrounding areas. For more information, visit isdd-home.org/project-grandd.



Christina Clomon with grandchildren Moriyah and Cayden.
(Photo courtesy of Project GRANDD)

Employer Supports

Description: Includes supports provided by employers for their employees, such as flexible work schedules and locations, paid family leave and flexible leave policies, employee resource groups or onsite support groups, discounted legal services, counseling services, respite care, and back up, discounted, or on-site child care, etc. Services may be offered through an employee's employer-provided insurance, through the employer's employee assistance program (EAP), or via contracted service providers. Employees may initiate options like employee resource groups or on-site support groups.

Why This Service Matters: Just over half of grandparent caregivers are in the labor force.¹⁸ It can be very difficult to juggle work and care for children, therefore flexible work and leave options can be extremely helpful when a kin caregiver needs to attend a school conference, care for a sick child, or deal with the child welfare system and other details of their caregiving situation. Employer benefits and employee assistance programs can help with managing the financial, legal, and emotional aspects of caregiving. Employee resource groups and workplace support groups focused on kinship caregiving mean kin caregivers can connect with others in their workplaces who understand what they are going through, gaining practical and emotional support. These workplace support groups also mean a kin caregiver can attend during a lunch break if evening or weekend support group meetings are too difficult to manage when raising children.

Examples of Inequities:

- Employers are frequently unaware of employee caregiving needs. Employers estimate that about 29 percent of their employees are caregiving for children and aging or disabled family members; the reality is that 45 percent of employees are caregiving.¹⁹ Grandfamilies may be even more likely to be invisible, as many are not open about their situation due to embarrassment or fear of losing their jobs.

- Just 29 percent of employees are aware of employer supports for caregiving, yet 88 percent of employers do offer some type of supports.
- Employer supports are inconsistent. For example, just the District of Columbia and six states have government-sponsored paid family leave (PFL) programs, including California, Massachusetts, New Jersey, New York, Rhode Island, and Washington. Three additional states – Colorado, Connecticut, and Oregon – have enacted PFL policies, but their programs have not yet gone into effect.²⁰ Few employers offer paid family leave. Hourly workers are even less likely to have grandfamily-friendly leave policies.
- While employers can offer significant supports for kin caregivers, nearly half of grandparent caregivers are not working outside the home and therefore do not have access to employer supports.²¹

Direct Benefits, Services, and Supports

Financial Assistance

Description: Financial assistance includes Temporary Assistance for Needy Families (TANF) family and child-only grants, foster care maintenance payments and reimbursement of day-to-day expenses (such as clothing, food, diapers, etc.), child tax credits, Social Security survivor's benefits, Supplemental Security Income (SSI), guardianship and adoption assistance, etc.

Why This Matters: When kin caregivers take on the care of a child, they take on the financial responsibility as well. And raising children is expensive. The most recent estimates of the expense of raising a child from the U.S. Department of Agriculture (USDA) are from a 2017 report, which outlined data from 2015.²² The report indicates that child-rearing expenses vary by income level and household composition (e.g., two married parents, single parents, etc.). From birth to age 17, the estimated expense was \$233,610 (in 2015 dollars).

for a middle-income, married-couple family with two children.²³ That cost would be much higher now adjusted for inflation. The report does not reflect the household composition of grandfamilies. And we know that some kin caregivers raise more than two children as they strive to keep siblings together.

While kin caregivers exist at every income level, we know that about 30 percent of children whose grandparents are responsible for them and have no parent in the home are living in poverty, compared to 18 percent of children in the general population.²⁴

This means a significant number of kin caregivers are struggling to meet the needs of the children they are raising. We also hear from middle-income kin caregivers that the costs are wiping out anything they have managed to save for retirement. Some kin caregivers forego their own health care and medications to keep up with the expenses of caring for the children. Kin caregivers haven't had the time to plan and save for raising others' children. They typically need additional financial support to help meet the children's needs.

Examples of Inequities:

- Many grandfamilies do not qualify for means-tested financial assistance. They have just enough income to make them ineligible, but not enough to manage the expenses. These grandfamilies who "fall through the cracks" experience difficulties making ends meet and wind up building up debt or sacrificing their own health and retirement financial security.
- For those who are eligible for financial supports, the systems are complicated and, without help with navigation, many give up or get lost in the system.
- About half of children who lived with a grandmother only, with no parents living in the home, lived in poverty in 2012.²⁵ These children were disproportionately Black (42 percent).²⁶
- As with other key supports, a major determinant for financial benefits is whether the child is in the foster care system.
 - Many kin caregivers miss out on financial assistance their grandfamilies may be eligible for because they are reluctant

to apply for government benefits or get involved with foster care. They fear they will lose the children if they do not meet the requirements such as income, number of bedrooms in the home, etc. They do not want to be scrutinized or deal with government programs that don't understand grandfamilies.

- Some kin caregivers raising children in foster care become licensed foster caregivers and receive foster care maintenance payments. Others face barriers to becoming licensed and receive a lesser payment, or no monthly payment at all, despite the child being in the custody of the child welfare system.
- Children who are "diverted" from the foster care system when kin caregivers step in to prevent the need for foster care typically do not receive any financial assistance from the child welfare system.
- Grandfamilies outside the foster care system generally have no targeted financial assistance specifically for them.
- Those outside the child welfare system may be eligible for TANF child-only grant payments, but the amount is much smaller than foster care payments, and eligibility rules for TANF vary significantly by state and tribe.
- When applying for a child-only grant, there is a federal requirement that kin caregivers assign to the state their right to child support from the parents. Then the state can go after the birth parents for child support. This requirement causes many kin caregivers to not apply for TANF child-only because of the potential negative reactions of the parents. However, there is a federal "good cause" exception to this requirement, which allows states and tribes to make exceptions. Good cause usually includes the fear that the parents will be violent towards the caregiver or children. Some states spell out in writing how to get one of these exceptions, and some don't, but all states can grant them.²⁷ Many grandfamilies are unaware of the good cause option, therefore they never request it, and

never apply for a TANF child-only grant to help meet the needs of the children they are unexpectedly raising.

- Typically, guardianship or adoption financial assistance/subsidies are only available to those who obtain guardianship or adopt children who have been in the foster care system. When kin caregivers adopt children or get guardianship to *prevent* them from entering foster care, they do not receive this financial assistance/subsidy.
- Some children whose parents are deceased may be eligible for Social Security survivor's benefits, but eligibility and the amount of the benefit vary substantially by the circumstances and work history of the child's parents.
- Access to Social Security benefits based on the caregiver's work history is limited to grandparent caregivers (i.e., aunts/uncles, siblings, cousins, etc. do not qualify) and kin caregivers who adopt the children.
- Generally, kin caregivers are eligible for the Child Tax Credit. However, depending on the time of year the children came to live with them, the parent may have already filed for the Child Tax Credit, precluding a kin caregiver from filing for it. Furthermore, the Credit is limited to kin caregivers with certain relationships to the children they are raising; for example, cousins who are not foster caregivers are excluded. The expanded child tax credit included in the American Rescue Plan Act credit is provided monthly and shows promise but has not been made permanently available.
- As raised in the Outreach, Information and Referral and Navigation section, and the Education and Training section of this report, kin caregivers who aren't educated about the options for financial assistance, eligibility requirements and the process of application miss out on benefits for which they may be eligible. Kin caregivers can't apply for something they don't know exists.

Financial Supports National Comparison Chart: TANF, Foster Care, Guardianship and Adoption Assistance

This chart (below) illustrates a comparison of average monthly financial supports for families outside the foster care system, or in unlicensed foster care, who receive TANF child-only grants; families within the foster care system receiving foster care maintenance payments; and families who have obtained guardianship, or who have adopted children formerly in foster care, who receive guardianship or adoption assistance. These data are from a 2011 U.S. Government Accountability Office (GAO) report; more recent data are not available.

As you review the chart below, keep in mind that, according to 2015 data released by the U.S. Department of Agriculture in 2020, the average cost of raising a child in the U.S. up to age 18 was \$233,610,²⁸ which breaks down to approximately \$13,742 per year (or \$1,145 per month). Certainly, the expense of raising a child in 2021 is much higher. Additionally, as previously noted in this report, the 2021 average true cost of infant child care alone in the U.S. is nearly \$16,000. While these are averages, and some families spend more while others spend less, the financial assistance received in the scenarios below is clearly well below the actual costs of raising a child. It is also important to note that most grandfamilies raise children outside the foster care system.

NATIONAL COMPARISON OF FINANCIAL SUPPORTS TANF, Foster Care, Guardianship and Adoption Assistance

	ONE CHILD 	TWO CHILDREN 	THREE CHILDREN 
Outside the Foster Care System or Unlicensed Kinship Foster Care <i>Temporary Assistance for Needy Families (TANF) child-only grants</i>	<ul style="list-style-type: none"> National average \$249/month Typically, must apply separately for Medicaid 	<ul style="list-style-type: none"> National average \$344/month Typically, must apply separately for Medicaid 	<ul style="list-style-type: none"> National average \$423/month Typically, must apply separately for Medicaid
Licensed Kinship Foster Care <i>Foster Care Maintenance Payments</i>	<ul style="list-style-type: none"> National average of minimum foster care maintenance payments \$511/month Automatic Medicaid 	<ul style="list-style-type: none"> National average of minimum foster care maintenance payments \$1022/month Automatic Medicaid 	<ul style="list-style-type: none"> National average of minimum foster care maintenance payments \$1533/month Automatic Medicaid
Kinship Guardianship and Adoption from Foster Care <i>Guardianship or Adoption Assistance</i>	<ul style="list-style-type: none"> Up to the foster care rate Based on the minimum national average, \$511/month Automatic Medicaid 	<ul style="list-style-type: none"> Up to the foster care rate Based on the minimum national average, \$1022/month Automatic Medicaid 	<ul style="list-style-type: none"> Up to the foster care rate Based on the minimum national average, \$1533/month Automatic Medicaid

generations united
Because we're stronger together™

National averages are from 2011 GAO report: www.gao.gov/assets/590/585649.pdf

DEFINITIONS

- Temporary Assistance for Needy Families (TANF):** TANF provides cash assistance for families with low incomes. Eligibility for TANF is determined by residency, income, and assets. Some grandfamilies may qualify to receive benefits as a family, based on their household income and assets. Alternatively, the children they are raising can receive benefits under the child-only grant, which is based on the child's income only (such as child support, work, SSI, Social Security survivor's benefits, etc.), until they are 18.
- Guardianship Assistance (also known as guardianship subsidy or subsidized guardianship):** Guardianship assistance provides an ongoing financial payment to eligible children who exit the child welfare system into the permanent care of a legal guardian, often a grandparent or other relative. Not every state or tribe offers guardianship assistance.²⁹
- Adoption Assistance (also known as adoption subsidy or subsidized adoption):** Adoption assistance provides financial help and services for children with "special needs" who are adopted. The definition of special needs used to identify children eligible for adoption assistance varies from state to state and often includes factors not typically considered special needs, such as a child who is part of a sibling group. American Indian and Alaska Native children adopted through a tribal court may also be eligible for adoption assistance administered by a state agency.
- Foster Care Maintenance Payment:** Monthly maintenance payments in the foster care system are made to foster parents to cover expenses for the children they care for, such as food, clothing, shelter, daily supervision, school supplies, a child's incidentals, liability insurance with respect to a child, and reasonable travel for the child to visit with family or other caregivers and to remain in his or her previous school placement.

A large, solid green circle is centered on the page. Inside the circle, there are two white double quotes (‘’), positioned symmetrically. The circle is partially visible at the top of the page, with its bottom edge aligned with the start of the quote text.

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“It’s complicated. We have one TANF application form for both a family TANF grant and a child-only TANF grant. Because the household income must be included in an application for a family TANF grant, many caregivers (and even some agency staff) think it must be included for a child-only grant. And that can cause the application for an eligible child to be denied because it incorrectly looks like that the child has too much income. Also, applications for TANF automatically go through child support, so the birth parent must be contacted to require them to offset the costs by paying child support. The process often gets stalled at that stage, and kinship families can wind up with neither child support nor TANF.”

— ***Rainie Jueschke, executive director, Project GRANDD, Atlanta, Georgia***

Housing

Description: Includes assistance with housing and costs associated with housing, such as subsidized housing (e.g., Section 8), housing vouchers, specialized grandfamilies housing, priority housing vouchers, assistance with accessory dwelling units (ADU), handyman programs, etc.

Why This Matters: Kin caregivers often respond to a crisis in the family and take children in with little or no time to plan. They have generally raised their own children and may no longer live in a home that is large enough for additional family members. Some kin caregivers live in senior housing that does not allow children, which necessitates a move. But it can be a major challenge to find affordable, quality housing that is an adequate size and in a neighborhood that is safe and appropriate for children. Housing can also be a big factor for kin caregivers who need to meet housing requirements to become licensed kinship foster care providers for the children they are raising.

Examples of inequities:

- If kin caregivers lose their housing due to taking in children, or simply need a larger home, many have great difficulty finding safe, affordable housing adequate for raising children.
- Local housing authorities and private housing owners who rent their properties as Section 8 subsidized housing may not recognize grandfamilies as the type of families who are eligible. This is even more common if they do not have a formal legal relationship with the child (see Legal Services). Inconsistent implementation by staff in regional U.S. Department of Housing and Urban Development (HUD) offices, can also be a factor, due to complicated policies that are difficult for staff to understand and apply.
- Special services like handyman support or accessory dwelling unit (ADU) programs to help make home modifications necessary to create appropriate spaces for a child can be extremely helpful. But these services, and communities that allow ADUs, are few and far between.

- Grandfamilies housing is a very effective option for housing that accommodates both generations, but relatively few grandfamilies are fortunate enough to live in an area where it is available.³⁰

DEFINITION

Grandfamilies Housing Programs:

Grandfamilies housing is designed specifically for at least two generations present in a grandfamily. Generally, grandfamilies housing is in the form of apartment buildings but sometimes includes detached housing. Grandfamilies housing may include universal design to accommodate people of all ages and abilities, as well as on-site services and support groups. There are at least 19 grandfamilies housing programs in various communities around the United States. (Learn more from Generations United's State of Grandfamilies Report: [A Place Called Home: Building Affordable Housing for Grandfamilies](#))

Child Care and Respite Care

Description: Includes supports to help provide or pay for the care of a child, such as child care subsidies, afterschool programs, drop-in centers, out-of-home respite programs, in-home respite care, etc.

Why This Matters: The cost of quality child care in the U.S. continues to rise, demanding a significant, sometimes impossible, amount of household income. According to the Center for American Progress, on average, infant child care in the U.S. costs over \$1,300 per month or nearly \$16,000 per year. That's approximately 21 percent of the U.S. median income for a family of three.³¹ While child

care for older children is generally less expensive, the cost is still high.

Kin caregivers may be working and getting by, but adding child care can devastate their budgets. Some must quit their jobs to care for the children, thereby curtailing their contributions to Social Security and their retirement savings. Others are retired and face the conundrum of needing more money to pay for the general day-to-day expenses of raising a child but lack child care which creates a barrier to returning to work.

Kin caregivers willingly take on a lot when they agree to raise children. But they often struggle to meet their own health and other needs as they focus their time and energy on the children. They become isolated, which can be as damaging to physical and mental health as smoking 15 cigarettes a day³² and may be worse than obesity.³³ Their mental, physical, and financial health suffers and, frequently keeping up with their finances, personal matters, and managing the supports for the child they are raising can suffer as well. In short, it's hard to keep up, and kin caregivers need and deserve breaks. Respite care provides them with much-needed time to go to doctor appointments, socialize, deal with paperwork, and manage caregiving matters. And sometimes caregivers just need to rest without distractions.

Examples of Inequities:

- It's a challenge for some grandfamilies to find quality child care in their neighborhoods or in a location where transportation is available and affordable; even when they can find quality child care, the cost can be prohibitive. Child care subsidies are generally for families with very low incomes, leaving grandfamilies with low to moderate incomes unable to qualify. The impact of child care on their budget can be devastating. Some must leave other bills unpaid because they must pay child care first so they can keep working, setting up a cycle of debt.
- The lack of respite care for grandfamilies is also an immense problem. Respite care for kin caregivers in the foster care system

varies across states, tribes, and counties. For grandfamilies outside the child welfare system, there are even fewer options. In some areas, they may be able to get respite care through the aging network and the National Family Caregiver Support Program (NFCSP), or other state, tribal, or local organizations, but availability is very inconsistent. Most Area Agencies on Aging use their NFCSP funds to support caregivers of older adults. While respite care is a recognized need across providers who serve grandfamilies, it tends to fall further down the list of priorities. In-home respite care is even more difficult to find than out-of-home respite care.

DEFINITION

Respite Care: Care provided for the children whom kin caregivers are raising so they can take a temporary break from caregiving responsibilities. With respite care, kin caregivers can take care of their health care matters, rest, deal with paperwork and financial affairs, manage the complicated issues related to raising the child, socialize, and do other things to take care of themselves. In-home respite care may be provided by an individual, or a child may go to a respite program outside the home.

GRANDFAMILY PROFILE: JOANNE CLOUGH

GRAND Voices Network Member



Joanne Clough and her granddaughter, Carter (Photo courtesy of Joanne Clough)

On December 3, 2016, Joanne Clough, now 64, of Camp Hill, Pennsylvania, got a call informing her that her daughter, Emily, didn't show up for work. She became very concerned. "It was not like her to not go to work or not call off. So, we knew something really bad happened," says Joanne. "She was missing for nineteen hours. We spent the whole evening looking for her." Emily was found the next morning, in her car in a parking lot, dead from an overdose. "After struggling with heroin addiction, she had been clean for over a year," Joanne explains, "but on her way to work she stopped and purchased drugs. She never made it to work." Emily's daughter, Carter was almost nine months old at the time. She has been with her grandmother ever since.

Carter's father, also involved in substance use, was unable to take her. "He was in some type of recovery program at the time, but he was not able to take care of her at all. So, she stayed with me," says Joanne. She filed an emergency petition for custody of her granddaughter, thus preventing Carter from going into the foster care system. The

court granted her petition for a very short time, and then they had a conference with the court, which resulted in her being awarded primary physical custody.

At the time, Carter's dad received shared legal custody so he could participate in decisions for Carter, but then he lost that ability when he relapsed and started using substances again. Currently he is doing better, and Joanne now allows Carter to have visits with her dad, his girlfriend, and her new baby brother.

After raising two daughters as a single mother, Joanne, who was 59 when she got custody of Carter, had to start all over again. She gladly stepped up to raise her granddaughter, and she needed a little help to do so.

A family law attorney with more than 35 years of experience, Joanne is self-employed and had not been working as much as she dealt with Emily's heroin use for more than four years. "You're just on a roller coaster of hell when you're going through this," she shares. She had to get back to working full time and therefore needed help with child care. Joanne applied for a child care subsidy, and she and Carter were not treated equitably.

"At first they treated me like I was trying to commit fraud, they treated me horribly," Joanne shares. "Because I'm a lawyer they assumed I was rich. I was not, and I gave them information to show that." She explained that her income had plummeted in recent years. She practices family law as a sole practitioner. Her clients can't afford to pay a lot, and often don't pay for long periods of time. But the child care subsidy is based on the household income, and when she explained that her younger daughter, Diane, was in college in Washington, DC where she was supporting herself, they counted Diane's work-study program income as part of the household income in order to exclude Carter from the subsidy.

The work-study income was part of Diane's financial aid package which required her to work and was meant solely for her education. Diane had no obligation to support her niece. But the Pennsylvania state policies allowed for the work-study income to be included. Joanne gave up. "I was going through the worst moment of my life; I had just lost my daughter. It was too much," says Joanne. "I'm a lawyer and I couldn't navigate my way through this. The cost of daycare just wiped me out." That year, child care for Carter cost \$15,800. "A lot of other things went unpaid," she says.

She did manage to get Social Security Survivor's benefits for Carter, based on Emily's work contributions. Initially, Carter continued to receive WIC (Women, Infant, Children) nutrition support. And because Carter and Emily had been on the state Medicaid health insurance, Carter was allowed to continue that because it was based only on her income and not the household income.

Joanne's health, financial security and retirement planning have suffered. "I went without health insurance for 3 1/2 of the nearly five years I've had Carter," explains Joanne. "Now I get a subsidy through the Affordable Care Act so at least I have health insurance."

Had Carter entered the foster care system, and thus been in the custody of the state either with unrelated foster parents or with her grandmother, under the kinship foster care program in Pennsylvania, she would have received financial assistance, a child care subsidy, respite care and other supports. But because Joanne prevented Carter from going into foster care, Carter was ineligible for those supports. "Apparently they think that because I'm family I automatically can afford to raise more children and I never need a respite break," says Joanne. "Every grandparent does not have to do this and, you know, I chose to do it and I will do it, but that doesn't mean it's easy to do it."

Now, Joanne's experience spurs her on as an advocate for grandfamilies and those affected by the opioid epidemic. There was no grandfamilies support group in her area when she started raising Carter, so she and others started one that remains strong today. She is a member of Generations United's GRAND Voices Network and has also been a grandparent member serving on the Pennsylvania House of Representatives Children and Youth Subcommittee on Grandparents Raising Grandchildren, where she speaks on issues such as legal guardianship, custody, daycare, and other expenses.



Joanne Clough, granddaughter Carter and Joanne's daughter/Diane's Aunt Diane (Photo courtesy of Joanne Clough)

Physical and Mental Health Care

Description: Includes both the provision of care and assistance paying for care for kin caregivers and the children they are raising, including health insurance, medication payment assistance, access to free or low-cost health care clinics, affordable counseling services, substance use disorder support, etc.

Why This Matters: Children in grandfamilies often have chronic health problems and disabilities, sometimes due to the substance use of their parents. They also frequently have mental health challenges as they struggle to deal with past abuse and neglect, previous trauma, grief, and loss.³⁴ Receiving mental health support as quickly as possible after a trauma can be crucial for a child's recovery. Good quality health care is vitally important for children in grandfamilies to build and maintain stability.

Kin caregivers are more likely to be over the age of 60, making them more likely to experience chronic health conditions such as diabetes, heart disease, chronic respiratory disease, and painful arthritis.³⁵ Dealing with the stress of their family situation can exacerbate existing health conditions and trigger others. For kin caregivers, maintaining their health is crucial so they can continue to care for the children they are raising, and so they do not suffer long-term health effects from doing so.

The COVID-19 pandemic has complicated and increased health care needs for many Americans, even more so for low-income grandfamilies. Unfortunately, the high death toll of the pandemic has also created new grandfamilies. Between April 1, 2020, and June 30, 2021, over 140,000 children in the U.S. lost a parent or grandparent caregiver to the virus, with a higher incidence of death among minority populations.³⁶

Examples of Inequities:

- The COVID-19 pandemic has shone a light on health disparities and the disproportionate effects on people of color. According to a study published in *Pediatrics*, the risk of the loss of a parent or grandparent caregiver was

"1.1 to 4.5 times higher among children of racial and ethnic minorities, compared to Non-Hispanic White children. The highest burden of COVID-19-associated death of parents and caregivers occurred in Southern border states for Hispanic children, Southeastern states for Black children, and in states with tribal areas for American Indian/Alaska Native populations."³⁷ Equitable access and clear information about the value of vaccinations is critical for the health and well-being of grandfamilies.

- Many children in grandfamilies are eligible for Medicaid or the State Children's Health Insurance Program (CHIP), but their kin caregivers may not be informed about the programs and eligibility requirements. Some learn via support groups, kinship navigator programs, the child welfare system, or even the child's school, but otherwise, they are often unaware.
- During the COVID-19 pandemic, there has been a record number of drug overdose deaths. These deaths are a result of decreased access to treatment, rising mental health challenges, including social isolation, and an increasingly potent drug supply. Overdose deaths and substance use of birth parents have created a significant number of grandfamilies as their children go to live with kin. Grandfamilies impacted by substance use face unique challenges and inequities. They experience significant stigma that may impact their ability, or their desire, to access services due to biased treatment and assumptions about their families which may explicitly or implicitly impact the actions of agency staff.³⁸
- While some free or low-cost health clinics do exist, they are not available to all grandfamilies based on location and income.
- As noted, timely access to mental health support after experiencing trauma can be crucial for a child. But access to such services is not available to many – either because their kin caregivers can't pay for it, they don't know where to find it, or specialized trauma services do not exist in their communities. Some, like

the grandchildren of Robert Brown of Baton Rouge, Louisiana (see profile), fortunately, happened to receive a referral to a trauma support agency through the police department when they experienced severe trauma. Others, like Rosalie Tallbull of Denver, Colorado (see profile), tried to get mental health support for her grandson immediately after he suffered a traumatic incident, but it was more than a year before the child finally received the support he needed and deserved.



GRANDFAMILY PROFILE: ROBERT BROWN

GRAND Voices Network Member



Robert Brown (Photo courtesy of Robert Brown)

On a bright Sunday morning in May 2006 in Baton Rouge, Louisiana, Robert Brown was at work on the sales team of Coca Cola while his wife Claudia, their daughter, Erica, and her three young boys ages 5 1/2, 2 1/2, and 8 months, Claudia's parents and other family members were at church. Claudia, the pastor of the church, led the service. As the service ended, Erica's estranged husband, who had been involved in substance use and dealing illegal drugs, appeared on the scene. Brandishing a gun, he shot and killed Claudia's parents, ages 78 and 72, and two other family members. He wounded Claudia with a gunshot wound in the back of her head, and kidnapped Erica and their three children.

He dropped off two of the boys in their neighborhood, and a neighbor saw them outside and took them into her house before any harm reached them. He took the third boy, an infant, and Erica to a parking lot where he shot and killed Erica. Since that unimaginably devastating day, Robert and his wife, who thankfully survived, have been raising their three grandsons.

The Browns went to court and were given physical custodial rights. They were never told that it was a possibility to become the boys' foster parents, and

they have never received any financial assistance or other services and supports that children in foster families would receive.

The trauma didn't end that day in May. Soon after the shootings, they learned from the police that their son-in-law had put out a hit on Claudia since she was the only surviving adult who could testify against him. They took the boys and their youngest daughter, who still lived at home, to California and later to Georgia for safety reasons. Before the trial in 2008, they moved back to Baton Rouge, but away from their original neighborhood that held so many distressing memories. A complicated and convoluted trial took place in 2008, followed by multiple appeals.

The Browns worked tirelessly for twelve years to adopt their grandsons, but the boys' father continued to fight it. His parental rights were not terminated, despite being found guilty of murder and receiving 5 death sentences plus 50 years for attempted murder. He has been on death row for many years. His legal fees were covered because he was incarcerated, but the Browns struggled, paying multiple lawyers until one eventually knew how to handle their case. The boys were finally adopted just two months before the eldest's eighteenth birthday.

The Browns suffered yet another loss when their son passed away in 2012 from a rare disease that was exacerbated by the trauma he experienced from the murders.

The boys and their grandparents have struggled with the trauma, grief, and loss. The Browns weren't given any information or referrals for services and supports from the sheriff's department or the court. They knew they needed mental health support right away. They had two lucky breaks.

First, they had kept in touch with a deputy who told them about a nonprofit organization called

the Baton Rouge Crisis Intervention Center. There the boys received three years of free treatment from a psychologist specializing in helping children who had experienced trauma. Robert credits the psychologist with helping his grandsons more than anyone. "On Mondays, they would have a group for the kids, and the parents would have a session together too," explains Robert. "We were doing our best to stay on top of it with the mental health situation."

In addition, Robert also had employer supports from Coca Cola. They paid for up to three free sessions with a psychologist for any of Robert's family members traumatized by the events.

A decade later they got lucky again when a co-worker of Claudia's happened to tell her about the Grandparents Raising Grandchildren Information Center of Louisiana, which offers information, referral, support groups, workshops, and conferences for grandfamilies. Through the Center, they found the lawyer who finally helped them adopt their grandchildren. They also connected with other grandparents in similar situations who share tips and moral support.

Raising three more children, along with the legal fees, the complications of having to move around for safety, and the other expenses has heavily impacted the financial security the Brown's worked so hard to build. Claudia was a teacher and continues to work for the school system. Robert is now retired. "We've spent our 401Ks and retirements and stuff like that all to keep these children safe and keep them, in a good environment so they can do things without looking over their shoulder. That's the only thing I can do - do best for them."

The Browns remain active with the Grandparents Raising Grandchildren Information Center of Louisiana, and Robert serves as a member of Generations United's GRAND Voices network.

Robert says they have no regrets and expresses gratitude for the things that have been the most helpful: their grandparent support group, their remaining family members, and their faith. Because of their retirement resources, they have been able to provide a stable, safe home for their grandsons. "It hasn't been an easy task," says Robert. "But God has always provided us with resources as well as given us the strength to guide and take care of our grandsons." He says he and Claudia have prioritized forgiveness, "I can't dwell on what happened. But what I had to do was forgive that young man. Because if I didn't forgive him for what he did, I would be carrying that for the rest of my life."

Now 21, 18 and 16, the boys are doing well overall. "They still have their ups and downs, but they are being productive. These boys are smart," says Robert. The two youngest boys are in high school and the eldest was in college for a while but is working now while he figures out what type of work he really wants to do. The Browns encourage all the boys to go to college. "He might be waiting for his brother, who is in 12th grade, to get out, and then they could go back to school together," Robert speculates. "They're pretty close. They looked after each other. That's what family does."



Robert and Sheila Brown with their three grandsons (Photo courtesy of Robert Brown)

Food and Nutrition Programs

Description: Includes the Supplemental Nutrition Assistance Program (SNAP); the Special Supplemental Nutrition Program for Women, Infants, Children (WIC); Free and Reduced Price School Meals (FRPSM) through the National School Lunch Program (NSLP) and the National School Breakfast Program (NSBP); Summer Nutrition Programs; Child and Adult Care Food Program (CACFP); Pandemic-EBT; Food Distribution Program on Indian Reservations (FDPIR); the Emergency Food Assistance Program (TEFAP), the Commodity Supplemental Food Program (CSFP), Senior Farmers' Market Nutrition Program, the Administration for Community Living's Nutrition Services for Seniors (including congregate meals and home-delivered meals), and the emergency food network (e.g., food pantries, food shelves, soup kitchens, food distribution at social service agencies).

Why This Matters: Across the nation, all households with children are more likely to experience food insecurity – the limited or uncertain availability of affordable, nutritionally adequate, and safe foods.³⁹ Food insecurity is especially detrimental to the health, development, and well-being of children and is associated with some of the most common and costly health problems.

The rate of food insecurity for households with children increased from 13.6 in 2019 to 14.8 percent in 2020. Black (21.7 percent) and Latinx (17.2 percent) households were disproportionately impacted by food insecurity in 2020, with food insecurity rates triple and double the rate of White households (7.1 percent), respectively.⁴⁰

The pandemic led to millions of children losing access to free and reduced school meals when schools closed or adjusted their operating status and the related recession has caused an increased demand for federal nutrition programs, as well as emergency food resources, creating long lines and competition for limited amounts of food in both urban and rural areas.⁴¹

Adequate nutrition is vital for children to learn and grow. The federal nutrition programs are proven, effective ways to help struggling families access needed nutrition. A growing body of research demonstrates how SNAP and the Child Nutrition Programs have a wide range of positive outcomes for health and development. These programs reduce food insecurity, alleviate poverty, improve dietary intake, improve health outcomes, protect against obesity, improve academic achievement and early childhood development, encourage healthier eating, and increase family economic security.⁴² For example, school meals have been shown to reduce food insecurity, improve nutrition and support academic achievement.⁴³

Adults aged 60 and older with a grandchild in the home are more likely to experience food insecurity, and more than half of kin caregivers are over the age of 60.⁴⁴ In fact, 5.5 million older adults are food insecure.⁴⁵ Kin caregivers may compromise their own nutritional needs to provide nutritious meals for growing children in their care. They may go without needed medications to save money for food, leading to health problems.

Food insecurities are associated with poor nutrition and health challenges, posing a major public health concern. Adequate nutrition helps children and youth concentrate in class, improves their memory and overall behavior, and leads to better health and fewer visits to the doctor. For older adults, access to good nutrition also improves memory, helps maintain healthy physical activity, and reduces the number of trips to the doctor.⁴⁶

Food and nutrition programs can help grandparents afford nutritious meals, and they may mean a kin caregiver doesn't have to choose between paying the rent and putting food on the table.

Examples of Inequities:

- Less than half of eligible grandparents receive SNAP, despite need and eligibility.⁴⁷
- Among older adults, food insecurity is greatest among those who are racial or ethnic minorities, those with lower incomes, those who are younger (ages 60-69), and those who are renters.

- For kin caregivers who have transportation problems or disabilities, just going to the grocery store, just getting the food home can be a major challenge. Likewise for trips to food banks.
- SNAP eligibility is based on the household income, and a kin caregiver cannot apply for SNAP benefits for the child only.⁴⁸ This means some grandfamilies who desperately need food assistance but whose household income is even slightly more than the limit cannot get the help they need.
- Under federal law, children who are in foster care or who live in households that receive the means-tested benefits of SNAP, TANF, and the Food Distribution Program on Indian Reservations (FDPIR) are categorically eligible for free and reduced price school meals. Children who are homeless, migrants, or in Head Start are also eligible. But children in grandfamilies outside foster care are not categorically eligible for free and reduced price school meals. This limits children who are living in grandfamilies' access to nutritious meals that are linked to improved academic achievement and health.⁴⁹
- Children in foster care are also automatically eligible for WIC, but children in kinship foster care, especially if they live with unlicensed kin caregivers, may not be. And those in informal kinship families are not categorically eligible. Additionally, WIC may require kin caregivers to have legal custody or guardianship of the children for whom they submit applications. Many families cannot afford the legal fees associated with going to court for custody or guardianship and therefore miss out on WIC support.
- Also, WIC is very limited to certain foods, and locations may be difficult to get to for grandfamilies in rural areas and who have transportation challenges.
- Racial inequities are a major factor in food insecurity. Feeding America states that "hunger in African American, Latino, and Native American communities is higher because of systemic racial injustice."⁵⁰

Black/African Americans, American Indians, and Alaska Natives are disproportionately represented among grandfamilies, once again pointing to systemic racial inequities that negatively impact grandfamilies.

- Kin caregivers who are or have been receiving nutritional supports specifically for older adults may be at risk of losing eligibility for those supports due to raising their kin children.

Discounts, Goods, and Commodities

Description: Includes discounts for state parks; community organization memberships such as Boys & Girls Clubs, YMCA/YWCA, community recreation centers, sports activities, museums; gift cards and donated or discounted goods and services, such as restaurant and grocery coupons, car repairs, clothing, school supplies, food, toys, holiday programs, etc.

Why This Matters: Recreational activities, participation in sports, visiting museums, and engaging in other cultural activities can help children learn, gain new skills, and interact with the greater community. Children in grandfamilies often feel that they are different from their peers; the ability to engage in these types of activities helps equalize their life experiences. These activities can also be fun bonding experiences between kin caregivers and the children they raise. Discounted access to such activities helps make it possible for grandfamilies to engage in their communities when their tight budgets would otherwise not allow it.

Gift cards and donated or discounted goods, commodities, and services may be special treats, or they may be necessities. Back to school is often a stressful time for grandfamilies, as they struggle to obtain the required clothing, backpacks, books, and other school supplies children need; donated goods or gifts can help a child feel better prepared and equal to their peers. Holidays can bring similar pressures, and a little help can bring joy and ward off the terrible feeling of not being able to provide gifts and special meals for children.

Basic necessities are a major challenge for some grandfamilies. Discounted car repairs can mean

they can transport the children to school, doctor appointments, and other important tasks. Help with diapers, formula, food, and other commodities can enable kin caregivers to keep the family going as their budgets wear thin.

Examples of Inequities:

- In some states, children in the foster care system can get discounted tickets to state parks and other recreation opportunities and community organizations like Boys & Girls Clubs, but children outside the child welfare system do not receive such benefits.
- In some areas, children who receive TANF child-only grants may receive discounted or free memberships, sports program fees, and other community and recreational benefits.



PROGRAM PROFILE: ADOPTIVE AND FOSTER FAMILIES OF MAINE AND THE KINSHIP PROGRAM

Background

Adoptive and Foster Families of Maine (AFFM) provides supportive services for adoptive, foster, and kinship families throughout the entire state of Maine. Their mission is to provide the training, guidance, knowledge, and resources needed to handle complex issues encountered by resource families (which include foster parents, foster-to-adopt families, and kinship caregivers) as they open their hearts and homes to children in need. They help families by offering easily accessible services at no cost to the families served.

Approximately 9,000 children in the state of Maine live in grandparent-headed households with no parent present in the home. “The Kinship Program has become more prominent because the need in Maine is so great. Well over half the families that we serve are kinship families,” says Travis Bryant, executive director.

Every member of the paid staff, which includes 12 full-time staff, 3 part-time staff, and 5 per diem trainers, has lived experience caring for a loved ones’ child and/or with foster care. “Our staff has the experience and the passion they bring to the work, and we believe that makes a difference for the kinship families,” says Travis.

Their Kinship Program includes the statewide kinship navigator services in Maine, staffed by trained kinship specialists who are certified grandfamilies leaders, and trainers of the National Training Development Curriculum (NTDC). The kinship navigators advocate for services and resources for kinship families. They assist kin caregivers in navigating the wide range of complicated systems they encounter, helping them connect with services and supports to meet the basic needs of the children in their care. The organization also provides a voice for kinship

families in community collaborative efforts and helps them establish and maintain relationships with their caseworkers and other staff.

Funding for the Kinship Program comes from the State of Maine, federal Family First funding for kinship navigator programs, private donors, and other small grants.

Key Issues

- **Legal Relationships:** The Kinship Program educates foster and kin caregivers about the various options regarding their legal relationship with the children in their care including custody, guardianship, licensed or unlicensed foster care, and adoption. The organization is developing fact sheets, targeting kinship caregivers and social workers across the state, that will lay out the pros and cons of the various legal relationship options.
- **Licensure of Kinship Foster Families:** The state no longer allows the child welfare department to remove children from their parents’ homes and place them with a relative without the state child welfare system taking custody of the child, so children in Maine are now more likely to enter the foster care system. Kinship foster families are preferred, so the state has established a goal of helping kinship foster families become licensed within 120 days. Kin caregivers are proactively informed by community caseworkers about the option to become licensed.
 - » The Kinship Program provides the required licensure training statewide. The program also engages in outreach to ensure kinship foster caregivers are supported in becoming licensed should they choose to do so.
 - » To help kinship families meet licensing standards physical plant funding is offered

in Maine to help with home modifications, furniture, etc. However, to access those funds, the kin caregivers must be blood relatives and must own their homes. Step-grandparents are not eligible. Thus, kinship caregivers who are close family friends or “fictive kin” are unable to get this assistance.

- » Licensed kinship foster caregivers have certain abilities that those who are unlicensed do not, such as the ability to sign for a child’s school field trips and manage basic health checkups without the state’s approval. Major things such as surgery require state approval.
- » Unlicensed kinship foster caregivers and the children they care for in Maine receive foster care maintenance payments but at a lower rate than those who are licensed. They are automatically eligible for reimbursement for goods (such as diapers), help with child care costs, and Maine Care (the state Child Health Insurance Program (CHIP).
- » The state will only agree to the adoption of children by their kinship foster caregivers if the caregivers are licensed. Licensed kinship families who adopt the children they care for receive an adoption subsidy at the same amount they received when fostering.

The Kinship Program provides an array of services (see below) for kinship caregivers raising children outside the foster care system. Although the licensure training is not available to them, AFFM will provide them with comparable training sessions covering relevant topics to help them provide care and connect with relevant services and supports.

Challenges

A large portion of Maine is considered rural, and access to public transportation is rare, making school meetings, doctor appointments, and other activities related to the children difficult for many kinship caregivers. While the organization generally helps upwards of 60 families with emergency financial support and minor car repairs, their funding is limited and generally runs out before

the end of the year. This year, the pandemic is affecting the rural areas. “We are seeing the higher transmission rates in rural areas affect the finances of families,” shares Travis. “We’ve had more requests for emergency assistance for things like utilities and car repairs than last year.”

Delivering Equitable Services and Supports

The Kinship Program works hard to create parity among supportive services for kinship families, whether they are raising children outside the foster care system, are unlicensed or licensed kinship foster families. “None of our services have any kind of means test,” says Travis. “We do ask for income levels so we can try to capture that data, but it’s not a requirement to receive any of the supports and services that we provide.”

The organization makes a concerted effort to listen to and engage their kin caregivers. Feedback from kin caregivers via frequent family surveys has helped the program understand what families want and need. Their training teams always include a kinship caregiver, and they group kin caregivers together, separate from non-relative foster parents, so they can share their similar experiences and perspectives.

The educational and supportive services they provide to all kinship families, regardless of legal relationship or involvement with the child welfare system or foster care, include:

- Non-judgmental listening with kinship specialists
- Navigation support
- Statewide support groups covering all 16 counties in Maine
- Peer mentoring with other kin caregivers
- Emergency supports through a foundation-funded direct service grant, including assistance with utility bills, rent/mortgage, gas cards, minor car repairs, etc.
- Training

- » **Training to help unlicensed kinship foster families become licensed for foster care**
- » **All resource family training across the state of Maine, in partnership with Southern Maine Cutler Institute**
- A monthly “Family Ties” newsletter
- Material goods such as clothing (including a winter coats program), bedding, household items, etc.
- A discount card program for a variety of products such as car repairs, family activities, clothing stores, and restaurants
- Summer camp scholarships for children
- Holiday parties and gift-giving program
- Ready set Go to Learn backpacks and school supplies for children
- Vacation activities for grandfamilies, such as museum passes, fair tickets, and other family fun

While The Kinship Program’s primary function is to educate and support the families, they also provide information and training for front-line staff, such as caseworkers and social workers, who tend to encounter the families first. The goal is to help them understand the unique strengths and needs of kinship families and the resources available to them.

DEFINITIONS

Certified Grandfamilies Leader: The University of Maine Center on Aging offers an online certificate program for professionals and volunteers who work with grandfamily caregivers. The online Certificate in Grandfamilies Leadership program provides core education, technical support, and leadership development for professionals delivering grandfamily and kinship programming across the country.

mainecenteronaging.umaine.edu/education/kinshipcert

The National Training and Development Curriculum (NTDC): NTDC is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. It provides potential foster or adoptive parents with the information and tools needed to parent a child who has experienced trauma, separation, or loss. It is a

state-of-the-art classroom and online program that helps to prepare prospective foster and adoptive parents to be successful parents. In addition, the NTDC gives parents access to information and resources needed to continue building skills once they have a child in their home. NTDC is designed for families who are fostering and/or adopting children through the public child welfare system as well as those adopting through an intercountry or private domestic process. The curriculum has break out sections that tweak the information being provided so that it applies to:

- Families who adopt via the intercountry or private domestic adoption process
- Kinship caregivers
- American Indian Alaska Native foster and adoptive parents

ntdcportal.org

To address disparities within their state, The Kinship Program engages in a variety of targeted activities, including:

- **Racial equity issues:** The Kinship Program provides diversity, equity, and inclusion training for child welfare staff as well as kinship, foster, and adoptive families. “For example, we recently sponsored a statewide online webinar panel entitled, ‘Communicating Today in a Diverse world for A Happier Tomorrow,’” relates Travis. “The discussion included African American youth, community members, and foster parents, along with the associate director of the Department of Health and Human Services.” People from across the state viewed the webinar, a majority of whom were resource families, along with social workers. The discussion addressed strength-based language and how to ensure the use of culturally sensitive language at home, in school systems, and in the community.
- **Tribal Communities:** The Kinship Program services tribal communities in Maine and obtained a grant from the Brookdale Foundation focused on outreach to native kinship caregivers. Targeted outreach activities, done by a kinship specialist with ties to tribal communities, have increased Wabanaki Tribe kinship caregivers’ use of the emergency supports and other services the program offers.

• **Rural and Low Income:** Targeted outreach to the most rural, impoverished counties in Maine is a priority for The Kinship Program, including special programs with practical support. For example, through an anonymous donor, they have distributed 300 L.L. Bean gift cards for good quality warm winter clothing. Gas cards are also included so the families can travel to the more populated areas and enjoy the rarer experience of shopping in person. AFFM also obtained a grant from the Brookdale Foundation focused on outreach to rural schools to help educate school staff and increase accessibility to support groups.

“It’s heartbreaking to see some of the things that happen to kinship families because of the inequities and poor communication,” says Travis. “Our program is working hard to address them and help the families. When they call us, it’s about taking it one step at a time. We ask what they need right now and how we can help alleviate their struggles. And we stick with them as things unfold. We are there for them.”

For more information visit affm.net

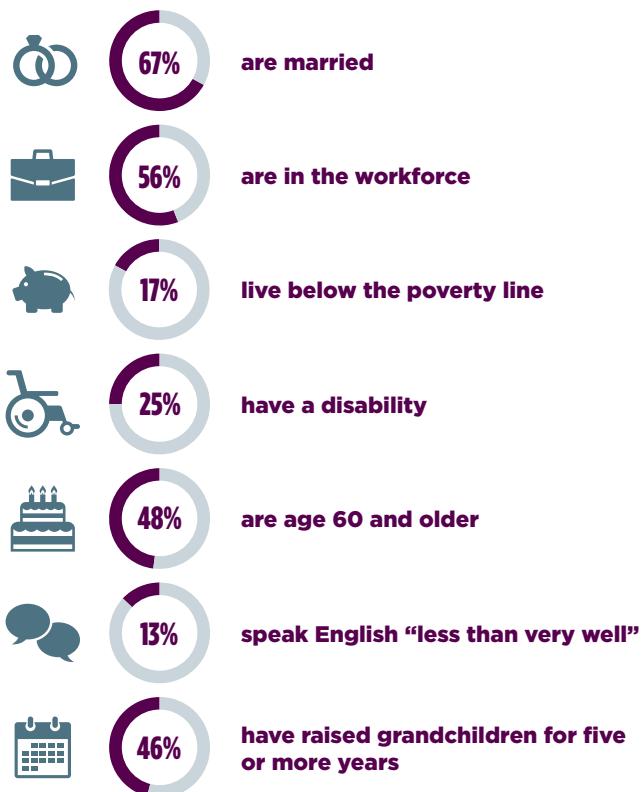
REINFORCING A STRONG FOUNDATION:

Equitable Supports for Basic Needs of Grandfamilies

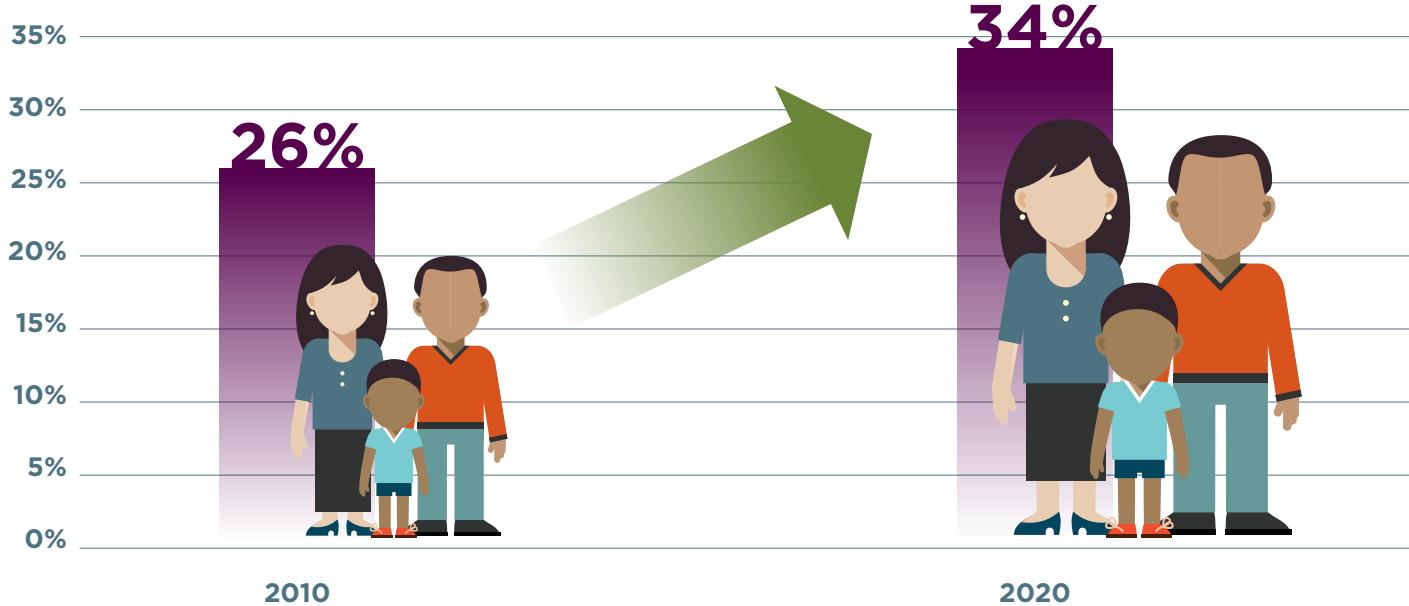
Children in Grandfamilies



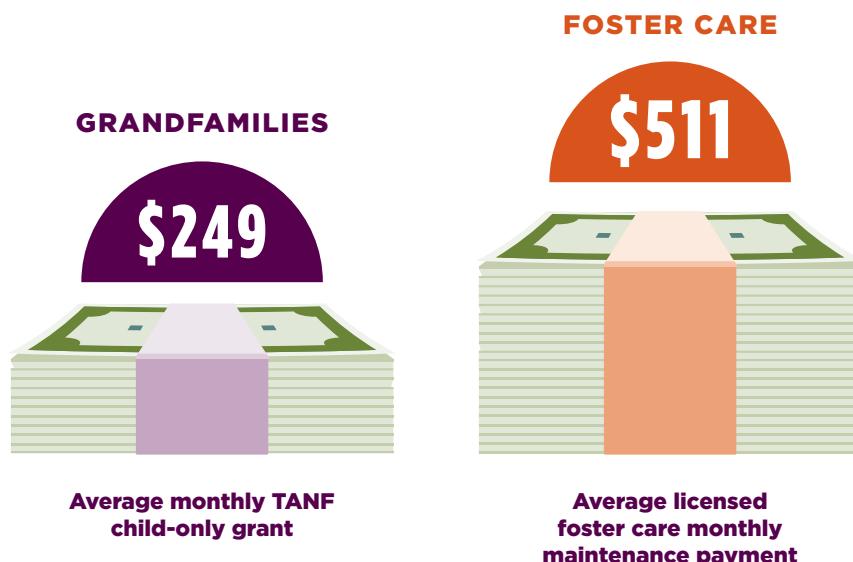
Grandparents Responsible for Grandchildren



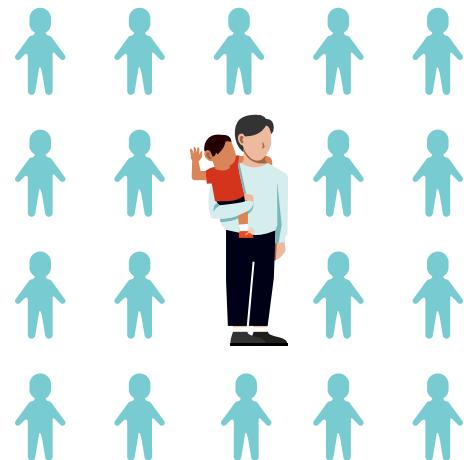
Percentage of Children in Foster Care Being Raised by Relatives



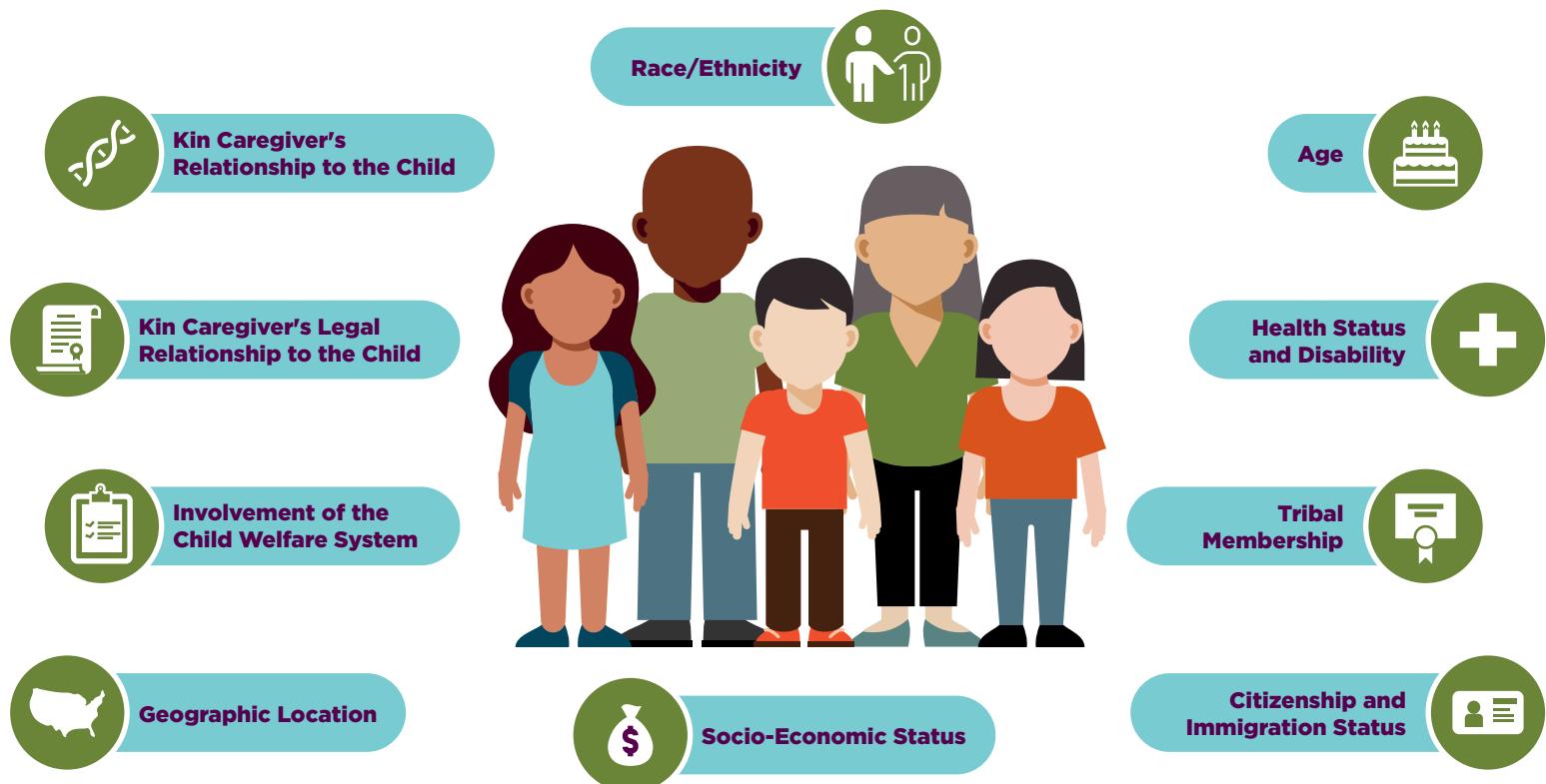
National Comparison of Financial Supports



For every **1 child** being raised by kin in foster care, there are **18 children** being raised by kin outside foster care.



Characteristics Influencing Access to Key Services and Supports



Grandfamilies: Characteristics Influencing Access to Key Services and Supports

Heterogeneity is the hallmark of grandfamilies, with no two having exactly the same situation. Living in every area of our nation, they bring rich cultural backgrounds and experiences and are in every age group. Grandfamilies appear in each socio-economic level and have a wide range of work experiences. Their unique characteristics often bring strength, whether due to their rich cultural backgrounds, strong family connections, or their incredible resilience in the face of adversity.

Unfortunately, the wonderfully diverse characteristics of grandfamilies often act as a barrier, an unwarranted determinant of access to desperately needed services and supports for the children they are raising. Something as random as where they live can make all the difference in terms of services and supports that are available to them.

All grandfamilies have a common goal and purpose: to raise others' children and offer them the best possible chances for success. Many children in grandfamilies experience similar needs, yet they do not receive similar supports. The primary determinant of services and supports should be the needs of the children, not the family or personal characteristics of their grandfamilies.

Grandfamily Characteristics

Kin Caregiver's Relationship to the Child

While the majority of relatives raising others' children are grandparents, other relatives playing this role include great-grandparents, cousins, siblings, and aunts or uncles.⁵¹ Other kin relationships may include godparents or close family friends. The specific relationship between kin caregiver and child can affect the way they are treated and the services and supports they can access.

For example:

- In some states, great-grandparents aren't eligible for the same services and supports grandparents can access.
- Sibling kin caregivers struggle with a lack of respect or comprehension by the systems they interact with that they are, indeed, raising their brothers and sisters, and need the same supports other kin caregivers need.
- Single grandfathers, uncles, and other male kin caregivers report they are not being considered for placement with children who need their care. They are too often overlooked and skipped over in relative placement searches, simply because they are male.
- Cousins, distant relatives, tribal members, godparents, and close family friends are often excluded from definitions of "relatives" for qualifying services. For example, the Child Tax Credit does not include cousins as caregivers who are eligible to file.
- In some states, a kin caregiver cannot apply for benefits for the child such as Medicaid or TANF if he/she is not related by blood or marriage.

Grandfamily Caregiver's Legal Relationship to the Child

The legal relationship (such as legal custody, guardianship, or adoption), between kin caregivers and the children they are raising, or lack thereof, can be a major eligibility factor in accessing services and supports. Not all kin caregivers have a formal legal relationship with the children they raise.

Those without a legal relationship are often identified as "informal" kin caregivers, a widely used term in the child welfare system and other networks; those with a legal relationship and/or those who are unlicensed or licensed kinship foster caregivers are often identified as "formal"

A large green circle containing a white double quote mark (‘’).

"As a single uncle who raised my niece, I often felt like I was not thought of as the best person to raise an 8-year-old girl. It seems that raising a child, especially a girl, is assumed to be a woman's job only. It might be that men are assumed to not have the understanding and nurturing they need to raise a child; I hear this often and disagree 100%. When I needed help with certain things, I was able to reach out to others. I learned a lot and I could do almost anything a single female parent could do. I am great at straightening hair! I knew I could never replace her mother (my sister), but I did my best as her kinship caregiver, and she's 26 now and doing great."

**— Bob Ruble, 62, Buena Park, California,
GRAND Voices Network member**

kin caregivers. However, this term can be offensive to kin caregivers because the term informal seems to connote a designation that is less important or stable than “formal”. They rightfully feel that theirs is a very important role as they provide a stable and solid home for the children in their care. We agree and try to avoid using the term whenever possible. However, because it is a widely used term, there are some circumstances in which we do use the term when referring to systems that use them. It is also important to note that there is not a uniform definition of the term across the field, and the nuanced differences in the way the term is used in various systems can have a significant impact on the experiences of grandfamilies. Thus, we have included a definition of the term as we use it in this report (see Appendix 2: Definitions).

Not having a legal relationship may be motivated by a desire to maintain a relationship with the birth parent, and to avoid going to court (and the time, legal fees, and family trauma associated with doing so). Grandfamilies may also want to avoid dealing with the intrusions of the child welfare system. In addition, the birth parents’ problems (such as substance use disorder) may make it difficult to find them to get them involved in a court proceeding.

The problem is that there are limitations to the abilities of the kin caregiver who does not have a legal relationship with the child in terms of decisions they can make for the child and services they can access. For example, in some areas, without a legal relationship, kin caregivers cannot consent to healthcare for the children or enroll them in school. Some states have created “consent laws” which make it possible for caregivers without a legal relationship to complete an affidavit and use that paper to access school enrollment or consent to health care.⁵² All states have “power of attorney” laws that allow the parent to confer their rights and responsibilities for a time-limited period to the caregiver. Both of these documents, however, have time limits and do not create a binding legal relationship.

The vast majority of children being raised by grandparents or other kin are raised outside the formal foster care system, giving them less access to resources.

- For every 1 child raised by kin in foster care, 18 children are being raised by kin outside of foster care.⁵³
- 137,356 children are in kinship foster care being raised by relatives.⁵⁴

Child Welfare System Involvement

In general, grandfamilies who have some level of involvement with the child welfare system have access to more services and supports than those outside the child welfare system.

Children typically come to the attention of the child welfare system through child protective services when they are at risk of abuse or neglect or have suffered maltreatment from a parent. What happens after that can vary greatly based on the state or tribal land they live on, as well as the perceptions of the child protective services staff and the individual circumstances of the child and kin caregiver. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996⁵⁵ and the Indian Child Welfare Act of 1978⁵⁶ both state a preference for placement with family.

Once children come to the attention of the child welfare system, they may:

- **Be able to stay with parents**, who are given supports to strengthen the family.
- **Be placed with kin caregivers without entering foster care**. Their grandfamilies may or may not receive any services or supports.
- **Enter foster care and be placed with kin foster caregivers, who may or may not become licensed**. The services and supports received vary according to licensing status and among

states and tribes and may be nowhere near the amount of support non-relative foster families receive. The vast majority of these children – it's been estimated to be 108,000⁵⁷ – do not receive monthly foster care maintenance payments, services, or a pathway to supported permanency.

- **Enter foster care and be placed with a non-relative foster parent**, who always receives services and supports.

The child welfare system is complicated, sometimes random, generally fragmented, and inequitable. There are not clear paths for kin caregivers, and they

INEQUITABLE CHILD WELFARE PRACTICES BEING CONSIDERED BY COURTS

In jurisdictions around the country, child welfare agencies implement a process called “approval” to place children in their legal custody with a relative or kin. Caseworkers do a modified home study and criminal background check and then place the child in the “approved” home of the kin with no foster care maintenance payment, no pathway to receive that support, and no ability to ever exit the system as part of a federally supported Guardianship Assistance Program (GAP). The kinship family may be told they can apply for a TANF child-only grant, which is usually a small fraction of foster care maintenance, or some states have programs that use their own limited and inconsistent funds to provide nominal support to the families. These types of “approval” practices with limited support happen around the country and save states and counties money while jeopardizing the stability of these kinship homes.

In 2017, in *D.O. v. Glisson*, the U.S. Court of Appeals for the Sixth Circuit recognized these inequities and ruled that Kentucky’s child welfare agency must pay relatives “approved” to care for children in foster care just as they do “licensed” foster parents. *D.O. v. Glisson*, No. 16-5461(6th Cir. 2017). Under this controlling law, Kentucky and Ohio must provide monthly foster care maintenance payments to any relative “approved” by the state to care for a child in the legal custody of the child welfare agency.

In response, the Kentucky child welfare agency sought an appeal from the U.S. Supreme Court, which it denied. Fourteen states filed a joint

brief supporting Kentucky and recommending that the U.S. Supreme Court take the case, primarily because they engage in similar practices. Since the U.S. Supreme Court did not choose to hear it, the *Glisson* decision is binding on child welfare agencies in Kentucky and Ohio, in addition to Michigan and Tennessee, the four states covered by the Sixth Circuit. For more information, see this [FAQ on *D.O. v. Glisson*](#).

For the over four years since *Glisson* became law in Ohio, the state’s child welfare agency has not followed the law it is bound to by that case. Consequently, a lawsuit was filed to force Ohio to follow *D.O. v. Glisson*. In July 2021, the U.S. District Court for the Southern District of Ohio, however, did not enforce *Glisson*, citing an erroneous distinction concerning child welfare practices in that state and relying on federal U.S. Health and Human Services (HHS) regulatory language and policy guidance. *H.C. v. Governor of Ohio*, 1:20-cv-00944 (S.D. Ohio Jul. 29, 2021)

Because the appeal is underway as of December 2021, and the Ohio court supported its ruling with HHS guidance, Generations United and its partners are requesting that HHS take urgent action to clarify its policy manual and regulations to clearly state that approval equals licensing, as federal statutory law provides, so that children in foster care with kin are no longer inequitably supported compared to children in foster care with non-kin. The “approval” practices that the Ohio Courts are grappling with exist in other parts of the country and have a disproportionate effect on children of color.

are often ill-equipped to navigate these confusing systems as they strive to create stability for the children in their care. Many have no experience advocating for themselves, much less for a vulnerable child, which puts them at a disadvantage from the start.

Many child welfare agencies have inequitable practices when relying on kin caregivers to provide care, such as:

- **“Diverting” children away from foster care to live with kin,** but not offering financial assistance or other supports/services. It’s important to prevent children from needlessly entering the child welfare system, but these children often do not receive any needed services and supports.
- **Treating kinship foster caregivers differently than non-kin foster parents.** Many kin caregivers do not receive the same services supports and are treated as if they are greedy or trying to work the system if they request them. One grandfather shares a story of asking his child welfare caseworker for diapers and formula to care for his grandchild and being told by the caseworker that if he doesn’t have the already resources to care for the child, maybe he isn’t the right person to care for the child. This kind of treatment is unacceptable, unfair, and inequitable. Diapers and formula are gladly supplied to non-kin foster parents who aren’t family, and it has been proven that children do better with kin.⁵⁸
- **Not informing kin caregivers about the pros and cons of becoming a licensed foster care provider or discouraging them from doing so.** When children are in foster care, in the custody of the state, and placed with kin caregivers who are not licensed, they are precluded from receiving foster care maintenance payments and many other supports. Often, child welfare systems will only “approve” kin caregivers on an unlicensed basis.⁵⁹ (See sidebar regarding the pending Ohio case.)
- **Only providing a pathway to supported permanency through adoption assistance and guardianship assistance to kin caregivers** who are fully licensed. Kin caregivers who are unlicensed or raising children outside the foster care system may seek guardianship, but in most parts of the country, only those who are licensed foster parents or licensed kin foster caregivers are eligible for guardianship assistance. Kin foster caregivers may be willing to adopt the children they are raising within the foster care system, but the state or tribe may not relinquish the child to a kin foster caregiver who is unlicensed.
- **Rushing kin caregivers through a decision-making process when they are in the midst of traumatic family upheaval.** If they decide not to become kinship foster care providers – or licensed kinship foster care providers – some agencies do not allow kinship caregivers to make a different decision later when they are less traumatized, more informed, and the options become clearer.

The Kinship Care Support Continuum Explained: Legal Relationship and Child Welfare System Involvement Effects on Services and Supports

The following provides more detailed explanations of the various places grandfamilies may fall along the continuum of support.

Keep in mind that grandfamilies may experience many of these possible scenarios, in a different order, and may be involved in different scenarios among the children they raise. In addition, steps taken by the child welfare system may vary among states, tribes, and families.

#1 The Child Lives in a Parent’s Home

The child’s parents are primarily in charge of the child’s care and have full legal parental rights and responsibilities.

- **Possible services and supports available:** If needed, and depending upon income and other qualifying criteria, the child and/or family may be eligible for TANF, State Children’s Health Insurance (SCHIP), Medicaid, tribal programs, free and reduced school meals, and other

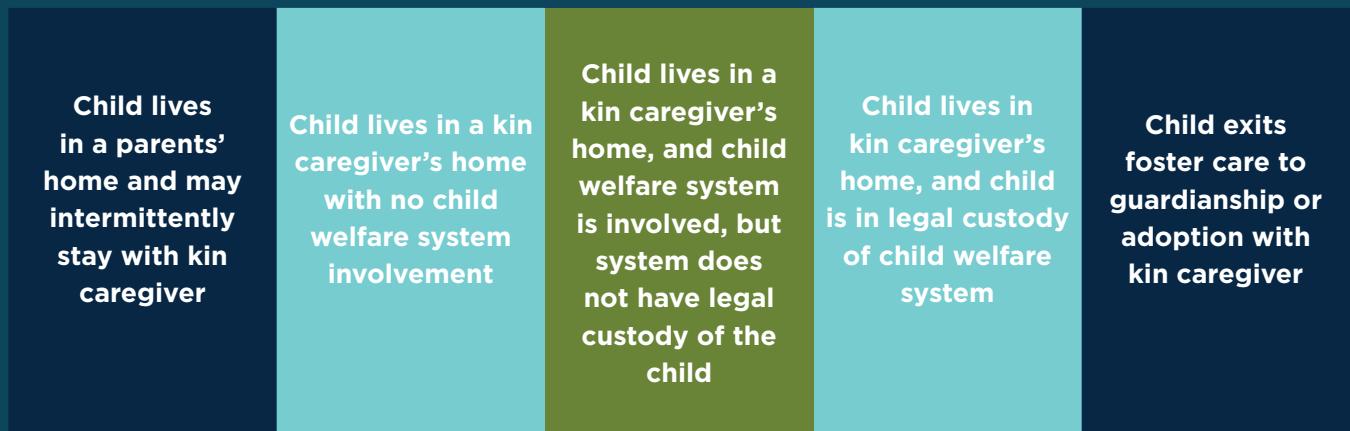
services depending on household income or other criteria.

• **Possible scenarios:**

- » **Scenario A: The child is living with parent(s) full time** in a positive, healthy, safe, stable home environment. Parents can pay for services and supports as needed or apply for assistance if income eligible.
- » **Scenario B: The child is primarily living with parent(s), but the parent occasionally**

takes the child to temporarily stay with a kin caregiver, due to instability in the home. There is no formal arrangement or legal relationship and no involvement of the child welfare system. Parents or kin caregivers may pay for services and supports, or the child and family may be eligible for assistance. The supports may be going to the parent, even if the kin caregiver is, in reality, providing most of the care.

CHILDREN IN KINSHIP CARE CONTINUUM



- » **Scenario C:** The child comes to the attention of the child welfare system but stays in the parents' home. The child comes to the attention of child protective services due to being at risk of abuse or neglect in the parents' home. The child welfare system gets involved and the family receives services and supports to strengthen the family and create more stability in the home. Kin caregivers may have a supportive role to the child/parents. If successful, the child stays in the home and the child welfare system eventually withdraws.

#2 The Child Lives in a Kin Caregiver's Home with No Involvement of the State or Tribe Child Welfare System

The kin caregiver is the primary caregiver for the child, initially due to a verbal agreement with the child's birth parents, or the parents leave the child for the kin caregiver to care for them. While data are limited, they suggest that the majority of grandfamilies fit into this category. The parents may have some interaction with the child, either informally or due to a visitation order from the court.

- **Possible services and supports available:** Depending on income and other qualifying criteria, the child and/or grandfamily may be eligible for TANF, Medicaid, SCHIP, SNAP, WIC, and free or reduced-cost school meals. Depending on availability, the child and/or grandfamily may be able to access other services and supports through kinship navigator program or other kinship support programs, such as information and referral, mental health counseling, support groups, tutoring, case management, and more. But access to such supports depends on the state or tribal laws/policies, service catchment areas, and kin caregivers' awareness of the services and supports, as well as their advocacy skills, etc.
- **Possible scenarios:**
 - » **Scenario A: The child is temporarily living with a kin caregiver**
 - » **Scenario A-1: Kin caregiver does not**

have a legal relationship with the child (e.g., legal custody, guardianship, adoption). Receives no automatic services or supports unless the caregiver finds them via their own research or referrals from a kinship navigator program or support group, etc.

- » **Scenario A-2: Kin caregiver does have a temporary legal relationship with the child**, (e.g., temporary custody, consent affidavit, power of attorney) initiated by the parent or kin caregiver. Receives no automatic services or supports, however, having a legal relationship may help them become eligible for certain supports.
- » **Scenario B: The child is permanently living with a kin caregiver**
 - » **Scenario B-1: Kin caregiver does not have a legal relationship with the child.** Receives no automatic services or supports unless the caregiver finds them via their own research or referrals from a kinship navigator program or support group, etc.
 - » **Scenario B-2: Kin caregiver does have a permanent legal relationship with the child.** The kin caregiver obtains legal services privately or represents herself pro se in court, to obtain a permanent legal relationship. Receives no automatic services or supports, however, having a legal relationship may help them become eligible for certain supports.

#3 The child lives in a kin caregiver's home and the state or tribe *child welfare system is involved*, but the child is not in the legal custody of the state or tribe child welfare system.

The child comes to the attention of child protective services due to maltreatment, abuse, or neglect in parents' home. The child is removed from the home, but the state or tribe child welfare system does not take legal custody of the child. The child welfare system places the child with a kin caregiver, thus

diverting the child from foster care (also known as hidden foster care). The child's parents retain parental rights and responsibilities, and no legal relationship is created between the kin caregiver and the child.

- **Possible services and supports available:** In most cases, the child welfare system provides no financial or other supports and may or may not offer any services or referrals to TANF and local kinship support programs (if they are available). In many cases, the child receives no automatic services and supports. Depending on the area, the child welfare agency may enter a time-limited case plan agreement with the family to offer supportive services through the Family First Prevention Services Act to prevent the child from needing to enter foster care.

#4 The child is in the legal custody of the state or tribe child welfare system.

The child welfare system places the child with a kin caregiver.

- **Possible services and supports available:** The services and supports vary depending on whether the kin caregiver is unlicensed (Scenario A-1) or licensed (Scenario A-2).
- **Possible scenarios:**
 - » **Scenario A: The kinship foster caregiver is not a licensed foster caregiver.** For many in this scenario, no financial assistance is given. In some states/counties/tribes, there may be some financial assistance, but generally at a lower rate than licensed foster parents. The child may receive some, but generally not all, services and supports that licensed kin foster caregivers or non-relative foster families would automatically receive. In some states, unlicensed kinship foster caregivers may not be eligible to adopt the child.
 - » **Scenario B: The kinship foster caregiver is a licensed foster caregiver.** Typically, the child automatically receives the same financial assistance and other supports and services as non-kin foster families, which may vary somewhat depending on the state and county or tribe, and may include: automatic

eligibility for Medicaid, SNAP, WIC; case management, and referral to adjunct services; mentoring and training for kin foster caregivers regarding parenting skills, dealing with difficult behaviors, etc.; respite care; funding to repair home if child damages it; mental health services; free school lunches and various school fee waivers, education support such as tutoring and help paying for post-high school education; reimbursement for the cost of day-to-day needs such as clothing, food, school supplies, other special needs; the possibility of obtaining guardianship or adopting the child with ongoing subsidies if desired and the state and court agree.

#5 The child has been living with an unlicensed or licensed kin foster caregiver, and the kin caregiver obtains guardianship or adopts the child; the child exits foster care and the welfare system.

- **Possible services and supports available:** If kin caregivers get guardianship of children they have been raising in foster care, thus removing them from the foster care system, the child may be eligible for financial guardianship assistance and post permanency supports and services in some states. The kinship caregiver must be a licensed foster parent to qualify for federal guardianship assistance. Regardless of licensure as a foster parent, the kinship foster caregiver should be eligible to adopt the child and receive adoption assistance and post permanency services if it is available in the state. However, in some states, an unlicensed kin caregiver may not be eligible to obtain guardianship or to adopt the child. Families who adopt also qualify for a federal adoption tax credit. Learn more about the differences between adoption and guardianship for children in foster care and their related benefits and services from [Generation's United's Adoption and Guardianship for Children in Kinship Foster Care: National Comparison Chart](#).

The inequities surrounding the involvement of the

child welfare system are confounding. The U.S. invests a great deal in supporting children in non-kin foster care but does not provide equitable supports for grandfamilies raising children, whether inside or outside of the foster care system.

The foster care system relies on kin caregivers more than ever, as evidence shows that children do better in kin care when they have the support they need. The number of children in foster care living with kin increased by eight percentage points over the last decade.⁶⁰ This is a positive trend since children do better with family, but why should children have to enter the legal custody of the child welfare system in order to get the assistance their grandfamilies need?

Involvement in the child welfare system should be based on whether the children and their families have needs that require and would benefit from the structure and support that comes with the child welfare system. For example, there may be a reason for the child welfare system to be involved if there is a history of child maltreatment by the birth parent. Or perhaps the birth parent is willing and can benefit from, the structure, guidance, and support provided by the child welfare system to help get life back on track and reunify with the child. But even in these instances, the caregiver should receive basic support to care for the child while the birth parent is offered supportive services.



Geographic Location

Grandfamilies live in every corner of our country, from our largest cities to our most rural areas and everything in-between. Location can be a substantial factor in available and accessible services and supports for kin caregivers and the children they are raising. While there have been great strides in recent years in increasing services and supports for grandfamilies, the improvements are not widespread.

There are far too many incidents of location serving as a barrier or a limitation for grandfamilies who need services and supports for the children they are raising to mention here. These examples highlight some of the ways location can be a factor.

- **Compared to urban areas, those who live in rural areas experience longstanding health care access inequities.** According to the Centers for Disease Control and Prevention, rural Americans are more likely to die from heart disease, stroke, cancer, unintentional injury, and chronic lower respiratory disease, than those who live in urban areas.⁶¹
- **Grandfamilies in rural areas tend to have far fewer services and supports available than those in urban or suburban areas.** If services are available, they may be at a distance, and transportation may be a problem, whether due to lack of a car or lack of gas money. Feeding America estimates that 86 percent of the counties with the highest percentage of children at risk for food insecurity are rural.⁶² Support groups are fewer and harder to get to. Appropriate housing for grandfamilies is harder to find. There are also likely fewer creative local approaches to supporting grandfamilies due to a lower tax base, and therefore, fewer funds for counties to use to support grandfamilies.
- **American Indian and Alaska Native tribal members who are kin caregivers and live on tribal land reservations may**

have more local support from their tribal child welfare agency, but on the other hand, tribal resources may be low. Tribes are not funded for child welfare services at the same levels as states.⁶³ Some tribes may have more available funds to help members who live on reservations due to gaming income, natural resource development, tourism, or other economic development ventures, but this is not true for all tribes, especially more rural, remote tribes with larger land bases. Often, for tribal members who live off reservation, there is even less help (see Rosalie Tallbull profile). About 24 percent of American Indian and Alaska Native children live in areas of highly concentrated poverty, compared to the national average of 11 percent.⁶⁴

- **Many states and tribes do not have statewide kinship navigator programs.**⁶⁵ Recent federal investments in kinship navigator programs are helping more states and eligible tribes create programs, but many programs are only available within certain parts of a state or may only serve kinship families with children who are in the custody of the child welfare system. Furthermore, applying for the funds is optional. Not all states have applied each year and most tribes are not eligible to apply directly for these federal funds. Information about state, tribal, and local kinship navigator programs is available at <https://grandfamilies.org/Topics/Kinship-Navigator-Programs>.

Personal Characteristics

Race and Ethnicity

Children of color are more likely to live in grandfamilies. Black, American Indian, and Alaska Native children are more likely to live in grandfamilies than any other racial or ethnic group and are more likely to experience negative outcomes.⁶⁶

The U.S. Department of Health and Human Services has reported via their national study of child protective services that “minority children, and in particular African American children, are more likely

to be in foster care placement than receive in-home services, even when they have the same problems and characteristics as White children”⁶⁷. In other words, given the same situation, White children are more likely to remain in their homes, and African American children are more likely to be placed in a foster care home, and they are more likely to receive fewer services, be moved around more and less likely to either return home or be adopted.⁶⁸

While Latino children are not overrepresented nationally in the child welfare system, they are disproportionately represented in many communities, often because of poverty, discrimination, and immigration policies among other factors. For example, in California in 2020, Latino children were 47 percent of the child population and accounted for 53 percent of those entering foster care.⁶⁹ Latino families often face additional challenges due to a lack of culturally competent, linguistically appropriate programs and materials, and staff who are fluent in Spanish.

According to an article from the American Bar Association, “many factors may explain the evidence of disproportionality and disparity surrounding racial groups and low-income families in the child welfare system:

- correlation between poverty and maltreatment
- visibility or exposure bias
- limited access to services



- geographic restrictions and
- child welfare professionals knowingly or unknowingly letting personal biases impact their actions or decisions.”⁷⁰
- No doubt additional factors are influencing this disproportionality, and further study of this phenomenon is warranted.

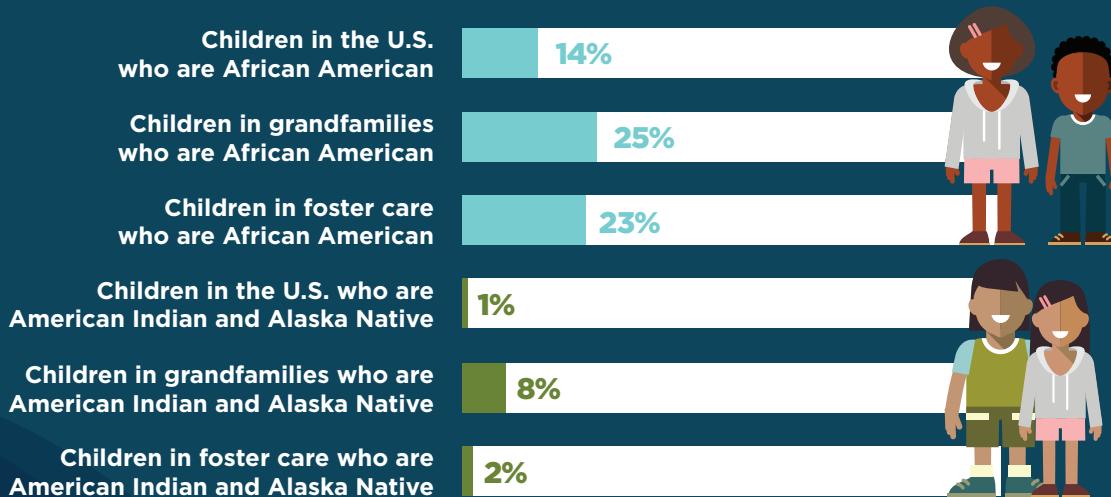
Over the last few decades, drug epidemics, natural disasters, financial recessions, and other tragedies have served as a catalyst to form grandfamilies of every race and ethnicity. However, some stimuli for the formation of grandfamilies skew toward people of color.

For example, most recently, the COVID-19 pandemic has impacted grandfamilies, both in terms of disrupting existing grandfamilies and in their formation due to the loss of a parent. A recent study published in *Pediatrics*⁷¹ found that 129,630 children lost a parent or grandparent caregiver to COVID-19. In addition, 22,007 lost a secondary caregiver, such as a grandparent who was living in the home. The deaths were disproportionately among people of color. “The risk of such loss was 1.1 to 4.5 times higher among children of racial and ethnic minorities, compared to Non-Hispanic White

children,” the *Pediatrics* article states. “The highest burden of COVID-19-associated death of parents and caregivers occurred in Southern border states for Hispanic children, Southeastern states for Black children, and in states with tribal areas for American Indian/Alaska Native populations.” These losses will affect children for the rest of their lives, and kin caregivers who step in to care for them must be supported to help them weather the long-term effects of the pandemic.

Overall, grandfamilies are inequitably supported in countless ways. As cited above, children of color are disproportionately represented in grandfamilies inside and outside the child welfare system. Testimonies from grandfamilies demonstrate that grandfamilies of color face systemic racism and discrimination. With this knowledge, we must examine the overarching inequitable availability of and access to services and supports with an understanding that systemic racism may be a significant causal factor. A racial equity lens must be used to identify disparities and provide more equitable supports to all grandfamilies.

AFRICAN AMERICAN, AMERICAN INDIAN, AND ALASKA NATIVE CHILDREN DISPROPORTIONATELY LIVE IN GRANDFAMILIES



DEFINITIONS

We define and highlight these racial/ethnic groups for the purposes of this report because they are overrepresented among grandfamilies, experience inequities, have been more likely to be impacted by the COVID-19 pandemic.⁷²

- **Alaska Native:** Any person who is a member of an Alaska Native tribe recognized by the federal government.
- **American Indian:** Any person who is a member of an American Indian tribe recognized by the federal government.
- **Native:** This term encompasses all American Indian and Alaska Native people and is used interchangeably with both those terms.
- **Black and African American:** Diverse black populations living in the United States, including Americans of black African descent.
- **Latino/a/e/x/ and Hispanic:** The terms Latino and Hispanic are often used interchangeably. In this report, 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 is 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 replaced with -e not -x. In terms of practice settings, it is important that practitioners ask grandfamilies which cultural identity term is preferred.

- **People of Color:** People who are of a race that is not White, including those of mixed race.

Age, Health Status, and Disabilities

Due to their relationship with the children they care for, kin caregivers naturally may be older than the child’s birth parents. Nearly half of grandparent caregivers are over the age of 60,⁷³ and these kin caregivers often report to Generations United that their ability to raise their kin children is questioned by child welfare staff, simply based on their age, not their actual capacity to care for the child. In fact, some try to hide the fact they are raising kin children because they are afraid the children will be taken away, which limits the services and supports the child will receive. In reality, older,

wiser, more stable kin are often the best kin caregivers for children when they are given a chance and receive support.

On the other hand, some older kin caregivers have access to supports younger caregivers may not be able to access. For example, the National Family Caregiver Support Program (NFCSP) allows area agencies on aging (AAAs) to use funds for grandfamily support, along with eldercare support. Older kin caregivers may be more likely to connect with the aging network and thereby access any supports that may be available. However, another inequity is that all AAAs do not use any of their NFCSP funds for

grandfamilies support, because it is optional.

At the other end of the spectrum, siblings or cousins of the children who step up to care for them may be unfairly judged due to their younger age. Their youth, and perhaps lack of experience, doesn't mean they aren't able to love and provide for the children, especially if appropriate services and supports are accessible for them.

Health status and disabilities discrimination are also factors that affect kin caregivers' supports. For some, the assumption of poor health and disability goes along with age discrimination. In reality, just about 1 in 4 grandparents responsible for their grandchildren have a disability.⁷⁴ Other kin caregivers are younger in age, but if they have disabilities, they are judged in terms of their perceived inability to perform the tasks of child-rearing.

According to A Second Chance, a provider of kinship support in Alleghany County, Pennsylvania, "in kinship care, grandparents continue to step in to act as caregivers for their grandchildren and may need extra support to ensure they are well-equipped to keep up with the needs of their young grandchildren. These requests for support should be encouraged and never used as a reason to discriminate and keep them from becoming caregivers."⁷⁵ Their article states that "disability does not equal incompetence"⁷⁶. We would add that age does not preclude competence.

Many children living in grandfamilies have disabilities, and some with learning disabilities require extra help with education. Some grandfamilies experience the child welfare system and others make assumptions about their ability to care for a child with disabilities, but don't offer the services and supports that would help them do so.

Regardless of circumstance, no assumptions or determination of ability to care for a child should be made due to age, health status, or disability. No services and supports for children or the kin who are raising them should be withheld. Instead, equitable access to services and supports must be made available to all kin caregivers, regardless of age,

health status, disability, race, or any other of their personal or family characteristics.

Citizenship and Immigration Status

Approximately one in five children living in grandfamilies without a parent present are living in immigrant grandfamilies, meaning the child, the parent(s), and/or the kinship care provider(s) are foreign-born.⁷⁷ Increased immigration enforcement and children being separated from their parents at the U.S. southern border has created a situation where grandparents and other kin are stepping up to raise many of these children.

As this report has highlighted, supports are inequitable across all grandfamilies, but these grandfamilies face further challenges. Because of immigration and citizenship statutes, they encounter additional restrictions to accessing services and supports that could help meet the children's needs. They often deal with language barriers, and a fear of government agencies makes them less likely to even attempt to access services and supports. The needs of these children are just as vital and important as non-immigrant children, and they should have equity in outreach and assistance in accessing the supports they need.



Tribal Membership

While American Indian and Alaska Native children are disproportionately represented in foster care compared to their percentage of the total population of children⁷⁸, they tend to have access to fewer services and supports than White children in foster care.

One national study found that where abuse has been reported, compared to Caucasian/White children, American Indian and Alaska Native children are:

- Two times more likely to be investigated,
- Two times more likely to have allegations of abuse or neglect substantiated,
- Four times more likely to be placed in foster care.⁷⁹

American Indian and Alaska Native Disproportionality in Child Welfare. National Indian Child Welfare Association, 2021

The Indian Child Welfare Act (ICWA) of 1978 prioritizes the placement of Indian children who are members of a federally recognized tribe or eligible for membership in a federally recognized tribe and have a birth parent who is a tribal member with their relatives or tribes. Still, the tribes often struggle to provide support for their grandfamilies due to funding challenges. Tribes are not eligible to receive all the same federal funding sources that states use to provide child welfare services. Further, the funding streams that tribes can access are woefully inadequate for the 574 federally recognized tribes in the U.S. and the array of services they need to be able to provide to the families they serve.⁸⁰

Tribal members who live off the reservation or tribal lands and are involved with the state child protective services or courts may request support

from their tribe, but not all tribes have the resources to provide staff to help and therefore may not be involved in placement with kin caregivers.

There is considerable variation in the quality of the relationship between states and tribal governments, and in places where states and tribes do not collaborate well, kin caregivers and the children they raise will face additional barriers to securing the supports and services they need.

While states have access to the Title IV-E federal funding stream that supports foster care and other child welfare supports after children have been removed from their families, less than 20 of the 574 tribes have direct access to those funds. Other tribes can access those funds only through agreements with the state child welfare agency.⁸¹ A 2014 study showed only 267 tribes had some form of Title IV-E agreement with their state.⁸²



GRANDFAMILY PROFILE: ROSALIE TALLBULL

GRAND Voices Network Member



Rosalie Tallbull, Santa, Mauricio, and Amber



Rosalie Tallbull



Rosalie Tallbull and her grandson, Mauricio

(Photos courtesy of Rosalie Tallbull)

Nine years ago, Rosalie Tallbull, 77, received a call from the child welfare system to pick up her grandson, 4-year-old Mauricio, right away or he would go into foster care with people he didn't know. He had been removed from her daughter's home in Denver, Colorado due to a domestic violence incident. Her daughter had long-standing problems with alcoholism. Rosalie and her granddaughter, Amber, age 39, also lived in Denver and they both had cared for Mauricio on and off all his life. Rosalie was more than willing to take Mauricio, but that day was the beginning of years of a confusing and sometimes baffling journey with the child welfare system, as well as many court appearances.

When she got the call, Rosalie, a member of the Northern Cheyenne tribe, was in Montana on the reservation, caring for her mother who was in hospice care. "I knew once he got into the foster care system with strangers it could be a long time and maybe impossible to get him back to our family," explains Rosalie. She arranged for her granddaughter, Amber, to leave work and pick up Mauricio immediately and keep him until she could get a flight home.

Two days later she was awarded temporary

physical custody in a court hearing. Rosalie had no experience with the child welfare or court systems and was confused by the proceeding. "I was given absolutely no information," she says, "I really didn't know what was happening or what I needed to do. I didn't know what temporary custody meant. I didn't even know what had happened with my daughter and I couldn't reach her." A caseworker from the county child welfare office told her she needed to be at her office at 10:00am the next morning. She would not tell her anything more about why, what to expect or even what her last name was. "That was it and she walked away," says Rosalie.

"Mauricio was very, very traumatized that first night that Amber had him," shares Rosalie. "She had to call a friend to sit up with her because they had to hold him all night long because he would have nightmares and screaming. The same thing happened that next night after I returned. It was very traumatizing for all of us. And then the very next day, I had to take him to this department not knowing why or what was going on."

Without a car at the time, she took three buses with Mauricio to get to the office the next morning." When she arrived, the caseworker took Mauricio out of the room. "I asked where she was taking him,

and she wouldn't say." Rosalie eventually asked the receptionist who explained that Mauricio was having supervised visits with his parents. Over the coming months, the caseworker treated her very poorly, repeatedly leaving her in the dark. And Mauricio did not receive the services and supports he needed and should have received.

Rosalie attempted to contact her Northern Cheyenne Tribal Indian Child Welfare (ICWA) office for assistance. But she was told that they just didn't have enough funding to help tribal members who were out of state.

It was two weeks before Rosalie had a meeting where she learned a bit more about what was happening and what to expect. She learned that Mauricio was in the legal custody of the child welfare department, and that she just had temporary physical custody. "I didn't know what that meant. I asked what my rights were and what their role was," says Rosalie. She was never told she could become a kinship foster parent. She requested mental health support for her grandson but got no response.

For months, she wasn't given clear information or any services or supports for Mauricio. She did not understand why her caseworker wouldn't help. "There was no communication barrier, I speak perfect English," she points out. "But I was given no courtesy, no information and it was a very trying time."

Rosalie, who was retired, struggled to financially provide for Mauricio, "I had very little, just what I had in my savings account," she shares. When she received temporary custody, Mauricio only had the clothes he was wearing. She had to purchase clothes, and other items that he needed.

When she was at the child welfare office for a visitation meeting, she saw a woman go to the receptionist and request her check. She asked the woman what the check was for. Rosalie learned that it was emergency funds for the child in her care. Rosalie then asked her caseworker about getting emergency funds for Mauricio; her caseworker said she knew nothing about it and would ask. But

Rosalie never got an answer. After several months, she asked for a meeting with her caseworker's supervisor, but the situation continued unresolved. One of the main issues was that the child welfare case was in Arapahoe County and Rosalie resided in Denver County. Both counties insisted that the other county was responsible for handling the case.

Then one day, at the child welfare office, Rosalie noticed a flyer on the bulletin board about a grandparent support group. Seeing that notice turned out to be the key to finally accessing the supports that Mauricio needed. The support group moderator helped her understand the system. The group also had speakers who educated the grandparent caregivers.

Rosalie continued to advocate for Mauricio as best she could. Concerned about delays in his development due to neglect from her daughter, she asked about sending Mauricio to preschool. The caseworker accused her of just wanting a babysitter. "She said it to my face and I was so shocked. There were other parents in that reception area. I burst out crying and turned around and walked out of there." The grandparent support group moderator told her about a Montessori preschool whose staff helped her successfully complete the paperwork for the county to pay for the preschool.

The grandparent support group helped Rosalie connect with a mental health agency where her grandson received treatment, but it took several



Amber, Rosalie and Mauricio (Photo courtesy of Rosalie Tallbull)

months before the child welfare department began paying for the mental health care. About nine months after receiving temporary custody of Mauricio, thanks to help from the support group, Rosalie started receiving support from Supplemental Nutrition Assistance Program (SNAP). Several months later she was successful in getting Mauricio a Temporary Assistance for Needy Families (TANF) child-only grant for financial assistance.

After about two years, Rosalie was given full legal custody of Mauricio. "Now I can make parental decisions for him with school and health care and everything," Rosalie explains. His parents are ordered to pay child support, but rarely do so. However, when child support is issued to the custodial grandparent it is considered additional monthly income and almost always reduces SNAP and TANF payments, or results ineligibility for any payments.

Mauricio is now thirteen and an eighth grader; he is doing well. "He's a very handsome, responsible young man," says his grandmother. "We come from a real close family," says Rosalie. "He was so traumatized in the beginning, but because my family all banded together and took care of him that's how he got better."

Rosalie says she doesn't know what she would have done without the grandparent support group, "The moderator was the one person who helped me the most." As for her experience with the caseworker, Rosalie later learned that inexperience was likely a major factor, as it was her first assignment.

To help other grandfamilies avoid the challenges she faced, Rosalie has become an advocate and active member of the grandparent support group. She also served in the Colorado Department of Health and Human Services Family Voice Council, which was created in 2019, and she currently serves as a member of Generations United's GRAND Voices Network.



Rosalie, Mauricio and Amber (Photo courtesy of Rosalie Tallbull)

PROGRAM PROFILE: PORT GAMBLE S'KLALLAM TRIBE CHILDREN AND FAMILY SERVICES DEPARTMENT

Background

The Port Gamble S'Klallam reservation is located in Kitsap County, on the northwest coast of Washington state. The mission of the Port Gamble S'Klallam Tribe (PGST) Department of Children and Family Services is to enhance the quality of life of PGST members and their families through a culturally sensitive approach, which encourages living a healthy lifestyle and promotes self-sufficiency. The Department delivers services and supports based on the needs of families and has a commitment to supporting all kinship families equitably, whether the kin caregivers are licensed kinship foster parents, unlicensed kinship foster parents, or raising the children outside of the foster care system.

The Department of Children and Family Services consists of the following programs:

Title IV-E Child Welfare Programs, Foster Care Licensing, Elders Services, Family Assistance, including TANF, SNAP, LIHEAP, a food bank, Child Support Enforcement, Youth Services, Foster Care/Kinship Care, Together for Children, Maternal Home Visiting Program/WIC, and Vulnerable Adult Services.

The range of programs in the Department allows it to serve kinship families holistically. These programs are all co-located on one central campus on the reservation, which eases intradepartmental collaboration to better serve families. "We use a wraparound services approach," says Cheryl Miller, Director of the Children and Family Services Department.

PGST only works with children who are tribal members, decedents, and children living in a PGST home. "Port Gamble is a small tribe, but we were the first tribe in the nation to go direct IV-E," says Cheryl. The PGST has a direct relationship with the federal government to administer Title IV-E

funds for foster care placements within their tribe without going through the state of Washington's child welfare system. While they do sometimes work collaboratively with their counterparts in Washington's child welfare system, they primarily do direct placements within their tribe.

Key Issues

- **Placing Children with Kin:** Kinship placement is a high priority for PGST, which operates under a broad definition of "kin", including extended family, blood relatives, and close friends. "As is common in tribal communities, you don't have to be blood relative to be somebody's auntie or uncle," says Cheryl. All kin caregivers who have children formally placed in their home through tribal foster care go through background checks, home studies, drug testing for everyone over 16 within the home, and other vetting procedures.
- **Licensed and Unlicensed Kinship Foster Homes:** The Department is authorized to license foster homes anywhere within Kitsap County. To become licensed, kinship foster caregivers are also required to go through an approved training. "Some of the grandma's don't want to go through the licensing because they don't want to take the classes, but they have been thoroughly vetted," Cheryl explains. "So, the child is formally placed with them in an unlicensed situation. We always try, if it's beneficial for them, to get them licensed if they want to. But it doesn't mean that we will offer them any fewer supports if they don't get licensed. And what hurts us sometimes is the availability of funding that we can use for those types of placements. But we simply provide them with as many supportive services as we can to sustain the placement."
- **Financial Assistance:** Unlicensed PGST kinship foster families do not receive foster care maintenance payments, but the Department

helps them apply for Temporary Assistance for Needy Families (TANF) financial assistance. TANF payments may not be as much as foster care payments, depending on the rate assessment for the child (based on the child's needs). The PGST administers their own TANF program and designed it so that each child qualifies separately, therefore a family can receive full payment for each child, not just one payment no matter how many children qualify in the family, as some state programs do.

- **Kinship Families Outside the PGST Child Welfare System:** Some families decide within themselves that it's better for a child to live with a grandmother or other relative, without the involvement of the tribal courts. Nevertheless, the Department views it as their responsibility to support these kinship families with as many supports as possible.

Challenges

The biggest challenge for Department is funding. "We get a limited amount of funding to support kinship homes," says Cheryl. They get reimbursed for the full amount of foster care maintenance payments for licensed kinship foster families, as well as a percentage of the cost of services they provide. But they do not get reimbursed for services for unlicensed kinship foster families. Of course, licensed or not, the families may have the same types of needs. "Our state grant pays for a half-time kinship position for client services and some concrete goods that helps those unlicensed families. It's not a lot. I think finding enough funding is always an issue any time you're trying to support families."

Delivering Equitable Services and Supports

The PGST evaluates each case based on the needs of the family and the barriers they need to overcome to successfully raise the children. "It's not a one-size-fits-all. You've got to tailor the case plans to make sure that it meets the needs of the family and the child while keeping them safe. Everything is focused to suit the needs of

the family, regardless of the circumstances," says Cheryl.

In addition to foster care and a tribal-administered TANF program, the PGST offers supportive services to all kinship families, including:

- Concrete goods (such as diapers, clothing, etc.)
- Respite care
- Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Low-income Heat and Energy Assistance Program (LIHEAP)
- Low Income Household Water Assistance Program (LIHWAP)
- A foodbank
- An award-winning health clinic with medical and behavioral health care and a dental clinic
- An early childhood program
- An after-school program
- A centrally located library near the governmental offices and clinics
- Elder services
- A cultural center

The Department also offers services to tribal kinship families who are living off the reservation within Kitsap County or even as far away as Seattle, although some prefer to access nearby services.

"We've done everything from helping our kinship families modify a bathroom for a child in a wheelchair, to providing diapers or other concrete goods, to building and/or furnishing a bedroom for a child. We have a lot of support systems for our kinship families; it's vital that our children stay with kin," Cheryl says.

For more information visit pgst.nsn.us/tribal-programs/tribal-services/children-family-services

Socioeconomic Status

Grandfamilies' education levels, incomes, occupations, and work status run the gamut. There are very wealthy, highly educated grandfamilies, and there are those with low educational attainment and very low incomes...and everything in between. The needs of the children they raise tend to have many similarities, regardless of socioeconomic status. Nevertheless, any aspect of the socioeconomic status of their kin caregivers can cause child welfare workers, program staff, and even the courts to make unfair and inaccurate assumptions about what they need and what they don't need.

Some kin caregivers with more moderate incomes report being treated as if they should be able to afford expenses like child care costs, when in fact that one expense can completely wipe out their budget (see Joanne Clough profile). And if kin caregivers have low incomes, too often biased caseworkers make assumptions about their lives and their ability to raise children. They may be assessed as poor placements for the child rather than being seen as being able to provide a good, loving, and familiar home for the child when some basic services and supports are provided.

Grandfamilies with low incomes also often struggle to secure benefits they may be eligible for because they can't afford the cost of transportation to go to the agency to apply – or the technology or broadband access to do so online.

In some cases, the income level is irrelevant as people believe, and policies are written with the assumption that, no matter what your financial resources are, the family should "take care of their own" and therefore don't need or deserve any assistance to do so – regardless of the child's needs.



Creating Equitable Systems, Services, and Supports for Grandfamilies

We have highlighted examples of the characteristics that cause grandfamilies to experience inequitable access to the supports they need. Research indicates that children do better with grandfamilies than in families with non-kin. When the grandfamily receives services and supports, the children do even better. Yet, inequities still abound, and all grandfamilies certainly do not have access to the same services and supports. The question we now pose is: how can we affect change? How can we create more equitable systems and approaches to providing the key services and supports that can help all grandfamilies succeed?

The time is right for change. As awareness of systemic inequities increases we, as a nation, are uniquely positioned to address them. However, there are challenges to doing so, including:

- Continued lack of recognition that certain inequities exist.
- Siloed and fragmented systems that do not necessarily work together to support grandfamilies.
- Lack of funding for services to support grandfamilies.
- Lack of engagement and funding for community-based and grassroots kinship support programs.
- Laws and policies that vary state to state, tribe to tribe, and even within states.
- Inconsistent policies within the child welfare system across states and even counties.
- Ongoing impacts of multiple drug epidemics.
- Longstanding systemic racial inequities that impact multiple inequities for grandfamilies.
- Lack of culturally appropriate services and staff who are aware of the grandfamilies' unique traditions and practices.

To overcome these challenges and work to build more equitable approaches, Generations United has compiled the following recommendations we hope will move us forward in nationwide efforts to holistically support our grandfamilies.

Overall Recommendations

1. Authentically Engage Members of Grandfamilies, Including Kin Caregivers and the Children/Youth They are Raising

Engaging the voices, experience, and skills of caregivers and young people who are living in or have lived in grandfamilies is critical to ensure that policy and practice are realistic and effective in supporting grandfamilies. To that end:

- **Create federal, state, tribal, and local level grandfamily advisory boards and hold regular listening sessions with members of grandfamilies.** Include grandfamilies both inside and outside the child welfare system and those who represent the wide range of other characteristics outlined in this report. Important insights can be gained by listening to grandfamilies in terms of what helps and what gets in the way of their efforts to meet their basic needs and thrive.
 - » Tap into Generations United's GRAND Voices national network of more than 70 kin caregivers representing 45 states, and 12 tribes, who are available as a resource to assist local efforts. To learn more about the GRAND Voices Network visit [the Generations United website](#).
 - » Building on the success of GRAND Voices, create a national network of young people who are living in or have lived in grandfamilies to ensure that their equally important voices are lifted up to inform the development of services and supports and to advocate for themselves and their peers.
- **Hire and train kin caregivers and young people raised in grandfamilies to provide services and supports to their peers**, including roles as trainers, advocates, and navigators within

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Adoptive and Foster Families of Maine and The Kinship Program ensures that every staff member has lived experience caring for a loved ones' child and/or with foster care.

“Our staff has the experience and the passion they bring to the work, and we believe that makes a difference for the kinship families.”

— *Travis Bryant, Executive Director*

the child welfare system, kinship navigator programs, and other programs and services for grandfamilies. Their life experience can bring unique perspectives, practical advice, and wisdom to those living through similar situations.

2. Implement the Recommendations of the Federal Grandfamilies Advisory Council

In 2018, Congress passed the Supporting Grandparents Raising Grandchildren Act which created a federal advisory council charged with creating a report to Congress with recommendations for how to better support grandparents and other relatives raising children. The report, released in November 2020, details a series of recommendations, including those that help address inequities facing grandfamilies. The full report and recommendations are available [here](#).

3. Apply a Diversity, Equity, and Inclusion Lens to Policy, Practice, Messaging, and Materials

Assess content and collateral materials (including print, electronic, social media, etc.) associated with policies and programs to determine if their messages will resonate with targeted grandfamilies. Evaluate whether policies and practices effectively and equitably serve the ethnically, socioeconomically, and culturally diverse grandfamilies population. One size does not fit all. Understanding generalized norms for different populations can improve services and communication to and for kinship families.

Federal Policy Recommendations

1. Support the Development and Sustained Use of Quality Kinship Navigator Programs

- **Provide multi-year federal funding to help states and tribes develop, operate, and evaluate kinship navigator programs that meet evidence-based standards. Programs should provide support to grandfamilies outside the child welfare system** by partnering with aging services, income support programs, housing organizations, and community-based supports.
- **Address unnecessary barriers to kinship navigator programs meeting Family First Act evidence-based standards** by requiring the Title IV-E Prevention Services Clearinghouse (Title IV-E Clearinghouse) to provide individual responses to questions from programs seeking clarity on the rigorous evidence-based standards; give examples of ways kinship navigator programs can ethically operate and evaluate programs and meet the evidence-based standards; clarify that only the 'promising' evidence-based standard is required for Kinship Navigator Programs to qualify for Family First Act reimbursement and that Kinship Navigator Programs do not need to be included in the Family First Act requirement that 50 percent of a jurisdiction's prevention programs meet the "well-supported" standard.
- **Provide ongoing technical assistance to kinship navigator programs:** Share best practices and include training about program planning and evaluation.

2. Promote Financial Equity for Grandfamilies

- **Create a Kinship Caregiver Tax Credit:** This new tax credit would be available on a monthly basis to kin caregivers raising children outside of the formal child welfare system. This tax credit could be built onto the existing Child Tax Credit or integrated as part of an expanded Credit for Caring Act which would provide a tax credit for a wide range of family caregivers. Key

components of the Kinship Caregiver Tax Credit should include:

- » Eligibility must be determined monthly to account for a child who changes placements mid-year. After an initial determination of eligibility, the benefit should continue going to that kin caregiver by default, with a yearly renewal through tax filing, a non-filer form, or another simplified tool.
- » Eligibility for the credit should be based on a broad definition of kin caregiver, including extended family and fictive kin⁸³ or significant others as defined by state law, and caregivers would be eligible whether or not they have legal custody or guardianship of the child.
- » The credit must be fully refundable, with a portal for non-filers to be able to access the credit.
- » The tax credit must be paid on a per-child basis, not increasing only incrementally per each additional child like TANF child-only payments.
- » The credit must be supplemental, allowing families to still access other available benefits, such as TANF child-only and SNAP.
- » The credit must not require the collection of child support from birth parents.

Ensure Financial Equity for Kinship Foster Care Families: The U.S. Department of Health and Human Services (HSS) should issue guidance that requires a Title IV-E child welfare agency's approval process for kinship foster caregivers to be considered the same as licensing the kin caregiver. This clarity will support the roughly 108,000 children who are in kinship foster care and do not receive foster care maintenance payments. With this guidance, they will be able to receive that monthly support and a pathway to permanence through the Guardianship Assistance Program (GAP) or Adoption Assistance. Many states have been avoiding equitable support of kinship families, and disproportionately Black and African American children and families, through this approval process. Title IV-E of the Social Security Act is written so that legislative action would not be required to provide this support.

- **Provide Guidance on Family Foster Home Licensing:** As an incremental step toward explicitly equating approval with licensing as stated in Title IV-E, build on the helpful December 29, 2020 Children's Bureau Information Memorandum ([ACYF-CB-IM-20-08](#)) which highlights the use of waivers of non-safety licensing standards and take the following steps concerning foster home licensing:

- » **Amend the National Model of Family Foster Home Licensing Standards** to include two areas omitted in the first Model that can be found in the [NARA Model of Family Foster Home Licensing Standards](#), on which the National Model is based: (1) emergency/provisional licensing standards that allow for the immediate placing of children with kin and (2) the standards concerning the assessment of criminal background checks.
- » **Highlight that there are very few federal requirements for Title IV-E licensing**, that states and tribes have the flexibility to waive non-safety standards for kin and that training requirements should be tailored to kin.
- » **Require Title IV-E child welfare agencies to report back to HHS on family foster care licensing based on the amended National Model**, as is consistent with longstanding federal law to periodically review licensing standards consistent with a national model. Publicly share their reports.
- **Improve Temporary Assistance for Needy Families (TANF) for Kinship Families**
As was provided under Aid to Families with Dependent Children (AFDC), TANF's predecessor, issue clear guidance for TANF grants (which include keeping children in the homes of relatives as a primary purpose), including:
 - » **Increase grant dollar amounts**
 - » **Provide guidance on how to claim the good cause exemption** for assigning child support to the state.
 - » **Make clear exceptions to time limits and work requirements** for kinship caregivers who are caring for young children and/or are age 55 and older.

- » **Eliminate asset limits for kinship caregivers to qualify for TANF**, as has been implemented by several states. Caregivers must be able to keep retirement savings.
- » **Provide clear directives that child-only TANF grants cannot test caregiver income**, as three states currently do. These grants are intended for the child based on the income of the child.
- » **Encourage states to provide the same amount of TANF child-only support for any eligible child in the household**. Currently, states only incrementally support each additional eligible child in the household. This practice, which is unlike what happens with foster care maintenance payments, is contrary to equitable support. It forces large sibling groups being raised by kinship caregivers to enter foster care, so they can receive the financial support needed to keep the siblings together.
- **Incentivize states, tribes, and local governments to utilize and create funding streams that complement federal support and fill gaps in services and supports for grandfamilies**. States and tribes could receive a higher rate of federal Title IV-E reimbursements if they offer supportive policies or certain services to help grandfamilies outside the foster care system. For example, increased reimbursements if a jurisdiction has an educational or health care consent law or a fund to respond to urgent concrete needs when children go to live with kin (e.g., beds, clothes and diapers, supplemental cash assistance, and utilities and housing assistance).

3. Ensure Racial Equity and Non-Discrimination Regarding Grandfamilies' Services and Supports

- **Develop and implement a plan for addressing racial bias in child welfare** and related systems.
- **Recognize that historic and current systemic racism has led Black, American Indian, and Alaska Native children to be overrepresented**

in foster care and many more kinship families outside the child welfare system. Systemic racism and the overrepresentation of children of color in grandfamilies may be contributing factors to the lack of services and supports for all kinship families.

- **Use proven tools to provide training and direction to child welfare workers** so they can better serve racially and ethnically diverse grandfamilies, including those who are Black, African American, American Indian, and Alaska Native. Resources available in the [Generations United Racial Equity Toolkits Featuring Grandfamilies](#).
- **Require child welfare agencies to ask and report on whether adult relatives of children in the system are members of or eligible for membership in an American Indian or Alaska Native tribe** as part of the process of identifying and notifying relatives when children are removed from their parents. These questions will assist in determining early in the process if the child is an Indian child as defined under the Indian Child Welfare Act (25 U.S.C. § 1901 et al.).
- **Ensure that services for grandfamilies approved by the Title IV-E Prevention Services Clearinghouse can be adapted to make them culturally appropriate** without requiring a full and separate review by the Clearinghouse to qualify for Title IV-E reimbursement. Reform the clearinghouse review process to ensure that culturally adapted services and programs are reviewed by individuals with requisite experience and knowledge in the cultural services being proposed.
- **Improve enforcement of the Multi-Ethnic Placement Act** (P.L. 103-382) requirement that states provide for the diligent recruitment of a pool of placement families that reflect the ethnic and racial diversity of children in their child welfare system (42 U.S.C. 622(b)). Require as elements of a diligent recruitment plan, how agencies will conduct child-specific recruitment including fictive kin⁸⁴ or significant others as defined by state law.

4. Improve Child Welfare Agency Practices to Support Kin

- **Highlight effective kinship strategies for child welfare agencies:** Building on the Children's Bureau Information Memorandum (ACYF-CB-IM-20-08) and consistent with the GAO recommendation in its July 2020 report, "HHS Could Enhance Support for Grandparents and Other Relative Caregivers" issue periodic guidance, highlighting strategies jurisdictions can use within the bounds of current federal law to promote the placement of children with kin immediately upon removal. This could include emergency approval practices with financial support, tailored processes for assisting kin in becoming fully licensed, family finding and engagement strategies, therapeutic kinship foster care, and Guardianship Assistance and Adoption Assistance. Guardianships support extended family members who want to provide a permanent home to a Native child without requiring termination of parental rights and alienation from the child's tribe and extended family. Tribal customary adoptions are also eligible for support under the Title IV-E adoption assistance program (see ACYF-CB-PA-01-01).
- **Support full implementation of the Family First Act** including the provisions impacting kinship families as described in [this summary](#).
- **Support jurisdictions in taking and implementing the Guardianship Assistance Program option:** Building on the Children's Bureau Information Memorandum (ACYF-CB-IM-20-08) work with states and tribes that have not adopted the Guardianship Assistance Program (GAP) to help them implement it and de-link subsidized guardianships from the 1996 AFDC income standard, i.e., do not require children to be Title IV-E eligible to qualify for the federal Guardianship Assistance Program.
- **Target financial resources for legal aid and other legal support systems** and provide

new investments to help caregivers with legal matters such as dealing with custody, guardianship, and adoption, filing papers, securing transportation to a court, or preparing wills or other documents to outline their wishes for the children.

- **Allow Title IV-E funding to be used to reimburse attorneys for kinship caregivers**, as is now allowed for attorneys providing services to children and birth parents.

6. Ensure Equity for Grandfamilies in Housing Programs

- **Urge the U.S. Department of Housing and Urban Development, U.S. Department of the Interior, and U.S. Treasury Department to provide clear written guidance** stating that their housing programs cannot block assistance from lawfully eligible households that include grandfamily caregivers without legal custody of the children they are raising.
- **Enact federal legislation to facilitate the expansion of specially designed grandfamily housing** and provide direct assistance to grandfamilies for their housing stabilization.

7. Improve Access to Food and Nutrition Programs for Grandfamilies

- **Improve access to Supplemental Nutrition Assistance Program (SNAP)** by creating a "child-only" SNAP benefit that does not consider caregiver income in making eligibility determinations and, instead, is based on the income of the child only, like the TANF child-only grant.
- **Ensure automatic access to free and reduced school meals (breakfast and lunch) for children living in grandfamilies.** Pass the Caregivers Access and Responsible Expansion (CARE) for Kids Act of 2021 (S. 1590),⁸⁵ introduced by Senator Bob Casey (D-PA). The CARE for Kids Act will ensure automatic access to free school meals for children living in grandfamilies. Currently, children are categorically eligible for free school meals if they are in foster care, homeless, in migrant families, in Head Start, or

5. Support Equitable Legal Services and Supports for all Grandfamilies

- **Target financial resources for legal aid and other legal support systems** and provide

already receiving SNAP, TANF, and the Food Distribution Program on Indian Reservations (FDPIR).

State, Tribal, and Local Practice Recommendations

1. Provider and Grandfamily Education, Training and Outreach

- **Design and implement training and education specifically for the needs of grandfamilies,** including kin caregivers and the children in their care.
 - » Build a list of training topics by asking grandfamilies about their challenges and the issues they'd like to learn about. Address inequities by ensuring grandfamilies learn about practical ways to reduce health, educational, financial, housing, community safety, and other disparities they experience.
 - » Gather input from grandfamilies as to their desired training style, timing, delivery methods, and content.
 - » Evaluate the efficacy of training activities on an ongoing basis to quickly adjust to the changing needs of grandfamilies.
- **Provide technology supports for kinship families.** The pandemic exacerbated the digital divide for many grandfamilies. Many older adults had difficulty accessing online supports and navigating virtual homeschooling. These technology disparities are even more apparent among low-income elders who cannot afford the appropriate technology or may have lower education levels and literacy capacities.⁸⁶
- **Require and provide training hours and tools for staff who serve, interact with, or plan and implement policies and programs for grandfamilies,** including government, child welfare, the aging network, healthcare providers, lawyers and legal system staff, police departments, fire departments, housing providers, and childcare staff.
 - » Educate them about the varied characteristics and needs of grandfamilies, how to assist them, and/or how to connect

them with supports their organizations don't necessarily provide.

- » Assist them in identifying and addressing their own implicit and explicit biases around the characteristics of grandfamilies, including race/ethnicity, tribal affiliation, age, sexual orientation and gender identification, disability, involvement with the child welfare system, socioeconomic status, immigration, and citizenship status, housing, and work status.
- **Ensure that outreach methods and materials, staff, services, training, and supports for grandfamilies are appropriate.**
 - » Consider race/ethnicity, location, language, culture, age, gender, socioeconomic level, reading ability, the relationship between kin caregiver and child, and other diverse characteristics of grandfamilies.
 - » Include specific reference and inclusion of kin caregivers in outreach and parenting educational materials that can be beneficial for kin caregivers too.
 - » Review print, digital, and media collateral materials to determine if they meet diversity, equity, and inclusion standards.
- **Promote a kin-first culture in child welfare practices.** The [“WikiHow for Creating a Kin First Culture”](#) guide outlines seven steps to help child welfare agencies prioritize and support kinship families for children who cannot remain with their birth parents.
- **Establish, replicate, and adapt successful family engagement models in schools to involve and support grandfamilies** by having dedicated school staff to handle grandfamily issues, training current counselors and outreach staff on kinship issues and supports, and ensuring grandfamilies are included in “parent” activities and school and community supports.

2. Physical and Mental Health Care and Support

- **Create support groups for kin caregivers and for children living in grandfamilies that consider their varied characteristics,** including

racial/ethnic background, age, health status and disabilities, gender identity, location, tribal affiliation, legal relationship, connection to the child welfare system, housing situation, work, and type of employment. Ensure that peers with similar characteristics hold leadership roles. Gear support approaches and educational content for specific needs. Provide support groups, along with cultural and recreation opportunities, for kin caregivers and children, both separately and together.

- **Encourage states to implement and use health care and education consent laws** to ensure that all kin caregivers have the ability to access healthcare for children they are raising and enroll them in school. Ensure all health care providers and schools are aware of existing laws and policies that enable kin caregivers to obtain healthcare and tuition-free public education.⁸⁷ See [Generations United's Educational and Health Care Consent Laws brief](#).
- **Improve availability of and access to quality, affordable mental health care for all grandfamilies and, in particular, support for children and kin caregivers who have experienced trauma.** Ensure first responders and grandfamily support organizations are aware of mental health supports available to grandfamilies in their communities and are trained on when and how to provide referrals. Encourage mental health providers to understand the unique situations and needs of grandfamilies as relates to mental health support and trauma.
- **Include supports for grandfamilies as eligible uses for opioid settlement funds.** As states and localities plan how to use opioid settlement funds from pharmaceutical companies, they should include investments in support groups, mental health, substance use prevention, treatment education, and services for members of grandfamilies.
- **Highlight, replicate and adapt successful and creative programs that provide child care and respite services for grandfamilies.** Encourage area agencies on aging to utilize National Family Caregiver Support Program funds to

serve grandfamilies and provide respite care. Learn about model lifespan respite approaches from the [ARCH Respite National Resource Center](#).

3. Income Supports and Concrete Goods

- **Elevate and implement supportive TANF implementation best practices from across the country**, including having separate TANF child-only applications, videos on how to complete those applications, training caseworkers and kinship support organizations on application requirements and practices, and creating policies that help parents reunify with their children, such as [concurrent benefits in Washington State](#).
- **Provide emergency supports for grandfamilies**, including assistance such as car repairs, utility bills, rent or mortgage, etc., as well as concrete goods including beds, clothing, food, diapers, school supplies, etc. These emergency supports can be crucial for new grandfamilies and those facing financial strains and seasonal difficulties (such as extreme weather conditions).
- **Work with businesses, government agencies, and non-profits to provide discounts, gift cards, and benefits for grandfamilies.** For example, ensure all kinship families (not just licensed kinship foster care families) have access to free admission to state parks. Provide discounts and gift cards for food, clothing, car repairs, home modification and repairs, and other items that are necessary for raising children.

4. Service Coordination and Collaboration

- **Conduct periodic assessments within organizations and among collaborating organizations to identify barriers to the provision of equitable services and supports for grandfamilies, as well as best practices that reduce service disparities.** Identify service gaps, staffing needs, training needs, and the need for policy changes, etc.
- **Establish partnerships with law firms and law**

schools to engage in pro bono legal services for grandfamilies in need and provide free kinship legal clinics in locations accessible to low-income communities.

- **Encourage employers to identify kin caregiver as an acknowledged caregiving role and provide employer-based supports** such as employee resource groups focused on kinship care, on-site and virtual support groups, employee assistance program support, discounted legal services, backup care, flexible work, and paid family leave policies that include kin care, and inclusion in any benefits or services geared for parents.
- **Incorporate services for grandfamilies within federal housing establishments to help address inequities and point grandfamilies to other supports.** Services could include information and referral, support groups, child care, tutoring and afterschool programs, case management, and assistance with obtaining public benefits.
- **Encourage collaboration between grandfamily support organizations and programs (such as kinship navigator programs) and community organizations/agencies that interact with grandfamilies and may be prone to inequitable treatment or service provision.** Engage public safety officers (police, sheriff, etc.), school officials, health care providers, housing offices, community leaders, etc.
 - » Educate them about the unique situations, strengths, and needs of grandfamilies.
 - » Engage them in creating collaborative strategies to address inequities among services and supports.
 - » Sponsor forums and other discussions for them to hear from grandfamilies and discuss concerns and strategies.

Research Recommendations

1. **Enhance Data Collection on all Grandfamilies to Better Address Inequities Across Systems**
 - **Collect more data about grandfamilies who are not involved with the foster care/child welfare system**, including race/ethnicity, location, tribal affiliation, and other pertinent characteristics, 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 breakdowns but do not include racial and ethnic breakdowns within categories such as poverty and disability. This information is critical to informing services and supports and identifying racial disparities. No racial or demographic data are publicly available for other relatives, such as aunts or uncles or the children they raise.
 - » Track children who have come to the attention of the foster care/child welfare system, but are diverted from that system
 - » Disaggregate racial and ethnic data
 - » Include tribal affiliation
 - » Include other kin and the children they raise (currently reported for grandparents/grandchildren only)
 - **Collect more data about children in foster care with kin**, including race/ethnicity and tribal affiliation, for those who:
 - » Are unlicensed kin who receive no foster care payments
 - » Are reunified with parents
 - » Have exited care due to guardianship or adoption
 - » Have been diverted from the child welfare system

The need for these data points is detailed on page 59 of the Generations United's toolkit: [African American Grandfamilies: Helping Children Thrive through Connection to Family and Culture](#).

2. Work with Tribes to Better Understand Data Trends Among American Indian and Alaska Native Grandfamilies

- **To ensure proper implementation of the Indian Child Welfare Act (ICWA), develop a more detailed understanding of the trends in out-of-home placement and barriers to permanency for American Indian and Alaska Native children.** A detailed description of the types of data is on page 61 of Generations United's and National Indian Child Welfare Association's toolkit: [American Indian and Alaska Native Grandfamilies: Helping Children Thrive through Connection to Family and Cultural Identity](#).
- **Conduct interagency, community-wide assessment using data as recommended below to identify disparities in serving all families, including grandfamilies.**
 - » As part of the assessment, consult with tribal nations and Indian nonprofit organizations, Black, African American, and Hispanic organizations to consider and address the practices and policies contributing to racial disparities.

3. Gather Data About Best Practices and Effective Strategies for Identifying and Addressing Inequities Among Grandfamilies

- **Conduct research and assessment to further identify existing inequities** among services and supports for grandfamilies. Including:
 - » Child welfare systems
 - » TANF agencies
 - » Housing
 - » Kinship support organizations
 - » School systems
 - » Aging network
- **Conduct research to identify short-term and long-term effects of inequities/disparities** on kin caregivers, children being raised by kin, and their communities.

- **Assess and identify best practices among policies, practices, and programs that effectively address inequities in services and supports to grandfamilies** in multiple settings across and within states and tribes. Use data collected to create evidence-based replication and training models for federal, state, tribal, and local policy, programs, and practice.



Conclusion

Our country is experiencing a heightened awareness of inequities, including longstanding racial inequality, and a renewed spirit for building equity for all. We must all work together to take steps toward equity; even small steps move us forward, one at a time. Our goal is to advance to a society where all grandfamilies are supported according to

their needs, not their race/ethnicity, location, income level, immigration status, tribal affiliation, or any other characteristics. Basic needs are basic needs, regardless of the personal or family characteristics of people who experience them.



Appendix 1: State-by-State Chart of Number of Children in Kinship Care

State	Children in Foster Care Raised in Grandfamilies 2019 (%)	Children in Foster Care Raised in Grandfamilies or Kinship Care 2019 (#)	Children in Kinship Care 2019 - 2021 (%)	Children in Kinship Care 2019 - 2021 (#)
Alabama	15%	838	7%	71,000
Alaska	25%	711	5%	8,000
Arizona	49%	6,412	3%	54,000
Arkansas	23%	944	5%	34,000
California	33%	16,695	3%	244,000
Colorado	27%	1,394	2%	31,000
Connecticut	40%	1,738	3%	20,000
Delaware	9%	50	7%	14,000
District of Columbia	26%	176	6%	8,000
Florida	41%	10,040	4%	184,000
Georgia	26%	3,347	4%	100,000
Hawaii	46%	771	3%	10,000
Idaho	32%	557	2%	10,000
Illinois	41%	7,428	3%	79,000
Indiana	32%	5,266	3%	55,000
Iowa	37%	2,219	2%	17,000
Kansas	31%	2,481	4%	27,000
Kentucky	12%	1,111	7%	67,000
Louisiana	32%	1,248	5%	55,000
Maine	39%	796	4%	9,000
Maryland	42%	1,591	4%	53,000
Massachusetts	24%	2,356	3%	37,000
Michigan	39%	4,600	3%	59,000
Minnesota	42%	3,545	1%	16,000
Mississippi	31%	1,273	7%	48,000
Missouri	38%	4,811	2%	29,000
Montana	44%	1,617	4%	9,000
Nebraska	30%	1,049	4%	18,000
Nevada	41%	1,849	4%	25,000
New Hampshire	30%	373	3%	7,000
New Jersey	35%	1,563	2%	48,000

State	Children in Foster Care Raised in Grandfamilies 2019 (%)	Children in Foster Care Raised in Grandfamilies or Kinship Care 2019 (#)	Children in Kinship Care 2019 - 2021 (%)	Children in Kinship Care 2019 - 2021 (#)
New Mexico	24%	556	6%	30,000
New York	27%	4,282	3%	129,000
North Carolina	27%	2,940	3%	79,000
North Dakota	19%	281	4%	7,000
Ohio	22%	3,593	5%	124,000
Oklahoma	30%	2,446	6%	57,000
Oregon	32%	2,224	3%	28,000
Pennsylvania	39%	6,092	2%	63,000
Rhode Island	37%	810	2%	4,000
South Carolina	7%	324	6%	67,000
South Dakota	27%	456	5%	11,000
Tennessee	13%	1,168	5%	73,000
Texas	31%	9,794	4%	303,000
Utah	30%	746	2%	20,000
Vermont	24%	294	4%	4,000
Virginia	6%	311	3%	62,000
Washington	32%	3,541	2%	40,000
West Virginia	20%	1,477	8%	30,000
Wisconsin	38%	2,931	3%	34,000
Wyoming	29%	290	4%	5,000

Sources:

Children in Foster Care Raised by Grandfamilies: Annie E. Casey Foundation Kids Count Data Center. "Children in Foster Care by Placement Type in the United States". Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect. Retrieved November 2021. <https://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type?loc=1&loct=2#detailed/2/2-53/false/1729,37,871,870,573,869,36,868,867,133/2622,2621,2623,2620,2625,2624,2626/12994,12995>

Children in Kinship Care: Annie E. Casey Foundation Kids Count Data Center. "Kinship Care in the United States." 2019-2021 averages of CPS (Current Population Survey) data from the U.S. Census Bureau. Retrieved November 2021. <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/2097,1985,1757/any/20160,20161>

Appendix 2: Definitions

Note: These terms are listed in order of where they are first mentioned in this report.

Fictive Kin: A term more often used in legal or anthropological language, it refers to forms of kinship that are not based on blood/birth, marriage, or adoption. In the context of this report, fictive kin are people who have an emotionally significant relationship with a child and could include godparents and close family friends.

Title IV-E: Under Title IV-E of the Social Security Act, states, territories, and federally recognized American Indian and Alaska Native tribes are entitled to claim partial federal reimbursement for the cost of providing foster care, adoption subsidy assistance, and kinship guardianship subsidy assistance to children who meet federal eligibility criteria.

Family First Prevention Services Act (Family First) of 2018: A landmark child welfare law, Family First builds on long-standing federal law stating a preference for placing children with kin by providing for the possible ongoing funding for kinship navigator programs and services to prevent children's entry into foster care, along with facilitating the licensure of kin as foster caregiver/parents.

Indian Child Welfare Act (25 U.S.C. § 1901 et al.) (ICWA): A federal law passed in 1978 to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of, or eligible for membership in, a federally recognized tribe, including hearings focused on foster care placement, termination of parental rights, and adoption. State child welfare proceedings must apply ICWA even if the tribe does not intervene in the case. ICWA places preference for placement in the following order unless there is good cause to place the child elsewhere or the

tribe has a different placement preference order:

1. Member of the child's extended family
2. Foster home licensed, approved, or specified by the child's tribe
3. Indian foster home licensed or approved by the state or other non-Native licensing authority
4. Institution for children approved by an Indian tribe or operative by an Indian organization that meets the child's special needs.⁸⁸

Child Welfare System: The child welfare system is a complex group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families. Child welfare systems typically receive and investigate reports of possible child abuse and neglect; provide services to families who need assistance with the safety and care of their children; arrange for children to live with kin or non-kin foster families when they are not safe at their parents' home; and arrange for reunification, adoption, or other permanent family connections for children and youth leaving foster care. Government agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families, such as in-home family preservation services, child protective services, foster care, residential treatment, mental health care, substance use treatment, parenting skills classes, domestic violence services, and employment, financial or housing assistance. While the primary responsibility for child welfare services rests with the states and tribes, the federal government supports them through program funding and legislative initiatives. Specific procedures vary widely by tribe, territory, state, and county.⁸⁹

Child Protective Services: Child Protective Services (CPS) are provided as an element of the child welfare system and are generally housed in a state's social services or child and family services department. The name of the department varies among jurisdictions, such as Department of

Family Services, Department of Social Services, Department of Youth and Family Services (DYFS) or Department of Children and Family Services (DCFS). The department that administers CPS is responsible for the assessment, investigation, and intervention regarding cases of child abuse and neglect, including sexual abuse. In all its procedures, CPS must follow local and federal laws. CPS typically takes cases where a child has been abused or is believed to be at risk of abuse by someone who has caregiving responsibilities for that child.⁹⁰

Foster Care System: The foster care system is a component of the child welfare system. Foster care (also known as out-of-home care) is a temporary service provided by states and tribes for children who cannot live with their parents because it is not safe. Children in foster care may be formally placed with unlicensed or licensed kinship foster caregivers or with non-kin foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.⁹¹

Kinship Foster Care (or Kinship Foster Caregiver or Kinship Foster Parent): When children cannot live safely with their parents and must enter the custody of the state, territory, or tribe, child welfare law and policy prioritize placement with extended family or "kin". These formal placements are known as kinship foster care, whether the kin caregivers are licensed as foster parents or unlicensed. The child remains in the custody of the state or tribe when in kinship foster care.

- **Licensed Kinship Foster Care:** When children who are in the custody of the state or tribe are placed with kin caregivers, in most states the kin caregivers have the option of becoming licensed. Licensing generally involves completing training and meeting the same home requirements as non-kin foster parents, with federal law allowing for exceptions/ waivers for non-safety-related standards that could be barriers to a kin caregiver becoming licensed. Some states have separate standards for kinship foster care licensing that they may

be designated by a different "tier" or as "child-specific." Each state and tribe establish their requirements for becoming licensed.

- **Unlicensed Kinship Foster Care:** When children who are in the custody of the state or tribe are placed with kin caregivers, the kin caregiver may be "approved" to be a placement for that child through an abbreviated licensing process; they may never be put on the path to become licensed, or the jurisdiction may not tell them of the possibility of becoming licensed. Unlicensed kinship foster caregivers generally do not receive foster care maintenance payments, and in some states, they would be ineligible to adopt the child from the state if the parent's rights are terminated. Policies around unlicensed kinship foster caregivers vary across the nation.

Diverted Kinship Care (also known as Kinship Diversion, Hidden Foster Care or Voluntary Placement):

These terms refer to situations where the child welfare system removes a child from the parents' home, places the child with a kin caregiver, and does not take the child into its legal custody. These children and families typically do not receive services or supports from the child welfare system.

Informal or Formal Kin Caregiver or Kinship Family:

The terms "informal" and "formal" are frequently used by the child welfare system and other networks that work with grandparents. When kin caregivers do not have a legal relationship with the child in their care, and/or they are not formally involved with the child welfare system through foster care, they are often referred to as informal kin caregivers or informal kinship families. When a child comes to the attention of the child welfare system and is diverted (see definition above) to the care of a kin caregiver without a formal foster care agreement or designation, that kin caregiver may also be known as an informal kin caregiver or informal kin foster caregiver. Alternately, kin caregivers who have a legal relationship with the children or who are caring for children in the legal custody of the child welfare system may be referred

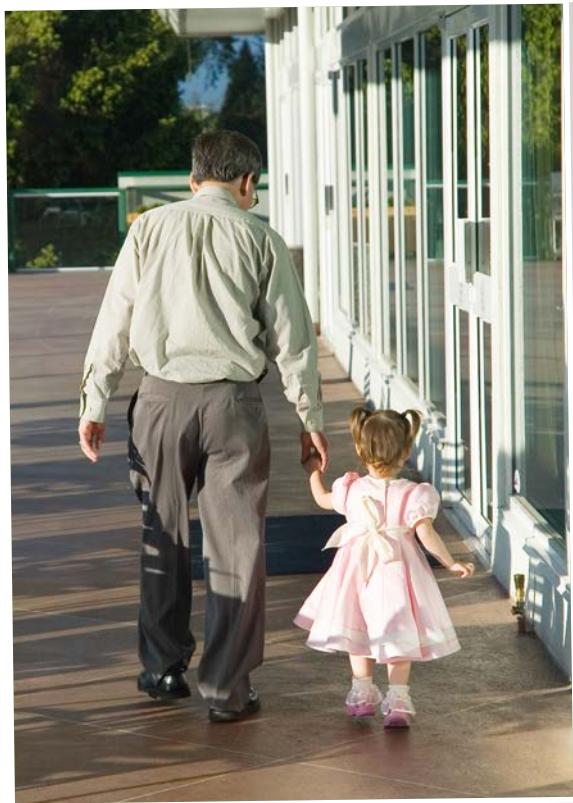
to as “formal” kin caregivers. Please note: While these are widely used terms in the child welfare system and other networks; these terms can be offensive to kin caregivers because “informal” seems to connote a designation that is less important or stable than “formal”. They rightfully feel that theirs is a very important role as they provide a stable and solid home for the children in their care. We agree and try to avoid using the term whenever possible. However, because it is a widely used term, there are some circumstances in which we do use the term when referring to systems that use them.

Legal Relationship:

- **Pro se:** Representing oneself pro se means a person is acting in their own behalf without the assistance of professional legal counsel.
- **Legal custody:** When a kin caregiver obtains legal custody, a legal relationship is formed between the child and the kin caregiver. When a child is in the foster care system, the state has legal custody of the child. Whoever has legal custody has the right to make decisions for the child. The person or entity that has legal custody has the ability to enroll the child in school, obtain health care, and give other legal consents. For example, if a child is in kinship foster care, the child is in the legal custody of the state, therefore the state makes most of the decisions for the child although the child is living with kin. In other cases, a kin caregiver may have legal custody of the child and has the ability to make decisions. In cases of legal custody, parental rights have not been terminated.
- **Physical Custody:** This type of custody refers to where the child lives. Having physical custody does not necessarily mean a kin caregiver has legal custody. A kin caregiver, a parent, or the state may have legal custody even when the kin caregiver has physical custody.
- **Guardianship:** When a kin caregiver obtains guardianship (sometimes called permanent guardianship), a legal relationship is formed between the child and the kin caregiver. Guardianship is generally intended to be a

permanent legal relationship without the necessity of terminating the birth parents' rights.

- **Kinship or Relative Adoption:** When kinship caregivers adopt children in their care it is often referred to as kinship adoption. Adoption means a permanent home for a child. Kin caregivers outside the foster care system may privately adopt children if the parents agree to relinquish parental rights or if the judge determines those rights should be terminated. Licensed kinship foster caregivers sometimes adopt children when parental rights are terminated and the state relinquishes custody to the adoptive parents. Unlicensed kinship foster caregivers may not be able to adopt children in their care in some states. In some cases, kin who adopt children who have been in the foster care system may be eligible for adoption financial assistance payments (or subsidy) after the adoption is final.



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About the National Center on Grandfamilies

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 and www.grandfamilies.org.

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References

- 1 Generations United. "Children Thrive in Grandfamilies." 2016. www.grandfamilies.org/Portals/0/16- Children-Thrive-in-Grandfamilies.pdf
- 2 Generations United. "In Loving arms: The Protective Role of Grandparents and other Relatives in Raising Children Exposed to Trauma". 2017. <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>
- 3 Generations United. "Children Thrive in Grandfamilies." 2016. www.grandfamilies.org/Portals/0/16- Children-Thrive-in-Grandfamilies.pdf
- 4 Ibid.
- 5 Generations United. "In Loving arms: The Protective Role of Grandparents and other Relatives in Raising Children Exposed to Trauma". 2017. <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>
- 6 U.S. Census Bureau. "Table S0901 - Children Characteristics, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=S0901&g=0100000US&tid=ACSST1Y2019.S0901&hidePreview=false>; and Annie E. Casey Foundation, and unpublished Kids Count racial and ethnic data analysis of 2016, 2017 and 2018 Current Population Survey Annual Social and Economic Supplements (CPS ASEC). Estimates represent a three-year average. 2019.
- 7 Bertera, Elizabeth M., and Sandra Edmonds Crewe. "Parenthood in the Twenty-First Century: African American Grandparents as Surrogate Parents." *Journal of Human Behavior in the Social Environment* 23, no.2, (2013): 178-192. 2013.
- 8 U.S. Census Bureau. "Table S0901 - Children Characteristics, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=S%200901&tid=ACSST1Y2019.S0901>
- 9 Annie E. Casey Foundation Kids Count Data Center. "Kinship Care in the United States." 2019-2021 averages of CPS (Current Population Survey) data from the U.S. Census Bureau. Retrieved November 2021. <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/2097,1985,1757/any/20160,20161>
- 10 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "The AFCARS report, Preliminary FY 2020 estimates (No. 28)." October 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf> There are limitations with AFCARS data. Children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; and some states do not distinguish between licensed relative foster parents and non-related licensed foster parents
- 11 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "The AFCARS report, Preliminary FY 2010 estimates (No.18)". June 2011. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport18.pdf> and "The AFCARS report, Preliminary FY 2020 estimates (No. 28)." October 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf> There are limitations with AFCARS data. Children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; and some states do not distinguish between licensed relative foster parents and non-related licensed foster parents.
- 12 The Imprint. "Who Cares: A National Count of Foster Homes and Families." 2019. <https://www.fostercarecapacity.com/stories/who-cares-2019-executive-summary> The Imprint combined the number of children living with relatives or non-relatives where \$0 is noted; in other words, no official foster care payment is being made on their behalf. They include non-relatives under the assumption that the majority of those taking \$0 are fictive kin, such as family friends and neighbors.
- 13 Generations United calculated this figure based on the following two data sources: Annie E. Casey Foundation Kids Count Data Center 2019-2021 averages of CPS (Current Population Survey) data from the U.S. Census Bureau and U.S. Children's Bureau AFCARS (Adoption and Foster Care Reporting System) Report #28- Preliminary FY 2020 estimates. October 2018.
- 14 U.S. Census Bureau. "Table S0901 - Children Characteristics, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=S0901&g=0100000US&tid=ACSST1Y2019.S0901&hidePreview=false>, and unpublished Kids Count racial and ethnic data; and U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "The AFCARS report, Preliminary FY 2020 estimates (No. 28)." October 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf> There are limitations with AFCARS data. Children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; and some states do not distinguish between licensed relative foster parents and non-related licensed foster parents.
- 15 U.S. Census Bureau. "Table S0901 - Children Characteristics, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=S%200901&tid=ACSST1Y2019.S0901>; unpublished Kids Count racial and ethnic data; and U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "The AFCARS report, Preliminary FY 2020 estimates (No. 28)." October 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf> Both U.S. Census Bureau data and AFCARS data contains self-identified race data and does not specify whether children are members or eligible for membership in a federally recognized tribe. The available data also does not include AI/AN people that include more than one race, which would likely increase the numbers significantly. Please note that there are further limitations with AFCARS data. Children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; and some states do not distinguish between licensed relative foster parents and non-related licensed foster parents.
- 16 Edwards, O.W., and A. P. Daire. "School-age children raised by their grandparents: problems and solutions". *Journal of Instructional Psychology* 33 (2006): 113-120. 2006. <https://www.semanticscholar.org/paper/School-age-children-raised-by-their-grandparents%3A-Edwards-Daire/>

17 a378e17068bf304d9db9bcf334a166b32ee2efb9?p2df
The San Diego Foundation. "What is the Digital Divide?". September 2020. <https://www.sdfoundation.org/news-events/sdf-news/what-is-the-digital-divide/>

18 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false>
Similar data not publicly available for other relatives and family friends.

19 Bank of America. "2019 Workplace Benefits Report". September 2019. <file:///Users/amygoyer/Dropbox/3%20BUSINESS/1%20CLIENTS/GU/2021%20GU%20-%20Grandfamilies%20Report/Resources/2019WorkplaceBenefitsReport.pdf>

20 Bipartisan Policy Center. "State Paid Family Leave Laws Across the U.S.". Updated February 2021. <https://bipartisanpolicy.org/explainer/state-paid-family-leave-laws-across-the-u-s/>

21 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false>
Similar data not publicly available for other relatives and family friends.

22 Lino, M., Kuczynski, K., Rodriguez, N., and Schap, T. "Expenditures on Children by Families, 2015". Miscellaneous Publication No. 1528-2015. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. 2017. https://fnsprod.azureedge.net/sites/default/files/crc2015_March2017_0.pdf

23 Ibid.

24 Generations United. "Fact Sheet: Grandfamilies Strengths and Challenges". May 2020. <https://www.gu.org/app/uploads/2020/05/Grandfamilies-GeneralFactSheet.pdf>

25 Ibid.

26 Ibid.

27 Generations United. "How Grandparent and Relative Caregivers Can Access Support Through the TANF Program". Published on American Bar Association website May 2014. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-33/may-2014/how-grandparent-and-relative-caregivers-can-access-support-thro/

28 U.S. Department of Agriculture. "The Cost of Raising a Child". February 2020. <https://www.usda.gov/media/blog/2017/01/13/cost-raising-child>

29 Grandfamilies.org. "Subsidized Guardianship - Summary and Analysis". Retrieved November 2021. <https://www.grandfamilies.org/Topics/Subsidized-Guardianship/Subsidized-Guardianship-Summary-Analysis>

30 Generations United. "A Place to Call Home: Building Affordable Housing for Grandfamilies". 2019. <https://www.gu.org/app/uploads/2019/11/19-Grandfamilies-Report-APlaceToCallHome.pdf>

31 Center for American Progress. "The True Cost of High-Quality Child Care Across the United States". June 2021. <https://www.americanprogress.org/article/true-cost-high-quality-child-care-across-united-states/>

32 Health Resources and Services Administration. "The Loneliness Epidemic". January 2019. <https://www.hrsa.gov/eneews/past-issues/2019/january-17/loneliness-epidemic>

33 Science Daily. "Social isolation, loneliness could be greater threat to public health than obesity". August 2017. <https://www.sciencedaily.com/releases/2017/08/170805165319.htm>

34 Sampson, D. & Hertlein, K. GrandFamilies: The Contemporary Journal of Research, Practice and Policy, 2(1), 75-96. "The experience of grandparents raising grandchildren." March 2015. <http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1020&context=grandfamilies>

35 Centers for Disease Control and Prevention. "Healthy Aging at a Glance 2011". May 2011. <http://stacks.cdc.gov/view/cdc/22022>

36 Ray, Rashawn. "Why are Blacks dying at higher rates from COVID-19?" Brookings, April 9, 2020, <https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>.

37 Hillis SD, Blenkinsop A, Villaveces A, et al. Pediatrics. "COVID-19-associated orphanhood, and caregiver death in the United States". 2021. doi: 10.1542/peds.2021-053760. As reported by the U.S. Centers for Disease Control and Prevention: <https://www.cdc.gov/media/releases/2021/p1007-covid-19-orphaned-children.html>. At the time of publishing this report, a direct link to the report was not available.

38 Rabin, C. R. The New York Times. "Overdose Deaths Reached Record High as the Pandemic Spread: More than 100,000 Americans died from drug overdoses in the yearlong period ending in April, government researchers said". November 2021. <https://www.nytimes.com/2021/11/17/health/drug-overdoses-fentanyl-deaths.html>

39 Feeding America. "Facts About Hunger in America". Retrieved November 2021. <https://www.feedingamerica.org/hunger-in-america>

40 Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. "Household Food Security in the United States in 2020". September 2021. <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf?v=2169.7>

41 Feeding America. "The Food Bank Response to COVID, By the Numbers". March 2021. <https://www.feedingamerica.org/hunger-blog/food-bank-response-covid-numbers>

42 Food Research and Action Center and American Academy of Pediatrics. "SCREEN AND INTERVENE: A Toolkit for Pediatricians to Address Food Insecurity". January 2021. https://frac.org/wp-content/uploads/FRAC_AAP_Toolkit_2021.pdf

43 Food Research and Action Center. "Obesity and Health". Retrieved November 2021. <https://frac.org/obesity-health>

44 Ziliak, J., and C. Gundersen. Feeding America. "The State of Senior Hunger in American in 2017". May 2019. https://www.feedingamerica.org/sites/default/files/2019-05/state-of-senior-hunger-2017_full-report.pdf

45 Ibid.

46 Generations United. "Hunger and Nutrition in America: What's at Stake for Children, Families and Older Adults". 2012. <https://www.gu.org/app/uploads/2018/05/SignatureReport-Hunger-and-Nutrition.pdf>

47 Ehrle, J. & Geen, R. The Urban Institute. "Children Cared for by Relatives: What Services do They Need?" June 2002. <http://webarchive.urban.org/publications/310511.html>

48 Child Welfare Information Gateway. "Kinship Caregivers and the Child welfare system". May 2016. https://www.childwelfare.gov/pubpdfs/f_kinshi.pdf

49 Food Research and Action Center (FRAC) and Generations United. "Support the CARE for Kids Act of 2021". May 2021. <https://frac.org/wp-content/uploads/CNR-Casey-Grandfamilies-2021.pdf>

50 Ibid.

51 U.S. Government Accountability Office. "Report to The Special Committee on Aging, U.S. Senate: Child Welfare and Aging Programs, HHS Could Enhance Support for Grandparents and Other Relative Caregivers". GAO-20-434. July 2020. <https://www.gao.gov/assets/gao-20-434.pdf>

52 Generations United. "Policy Brief - State Educational and Health Care Consent Laws: Ensure that children in grandfamilies can access fundamental services." October

2014. <https://www.grandfamilies.org/Portals/0/Documents/Archive/GU%20Policy%20Brief%20October%202014.pdf>

53 Generations United calculated this figure based on the following two data sources: Annie E. Casey Foundation Kids Count Data Center. 2019-2021 averages of CPS (Current Population Survey) and data from the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "The AFCARS report, Preliminary FY 2020 estimates (No. 28)." October 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf>

54 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. "The AFCARS report, Preliminary FY 2020 estimates (No. 28)." October 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport28.pdf>

There are limitations with AFCARS data. Children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; and some states do not distinguish between licensed relative foster parents and non-related licensed foster parents.

55 Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. 104-93. Retrieved November 2021 <https://www.congress.gov/104/plaws/publ193/PLAW-104publ193.pdf>

56 Indian Child Welfare Association. "A Guide to Compliance with the Indian Child Welfare Act". 2016. https://www.nicwa.org/wp-content/uploads/2016/11/Guide_ICWA_Compliance.pdf

57 The Imprint. "Who Cares: A National Count of Foster Homes and Families." 2019. <https://www.fostercarecapacity.com/stories/who-cares-2019-executive-summary>

58 Generations United. "Children Thrive in Grandfamilies." 2016. www.grandfamilies.org/Portals/0/16- Children-Thrive-in-Grandfamilies.pdf

59 Generations United. "Frequently Asked Questions: D.O. v. Glisson". 2020. <https://www.grandfamilies.org/Portals/0/DO%20v%20Glisson%20-%20GU%20FAQ%20final.pdf>

60 Ibid, as compared to U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2010. "The AFCARS report, Preliminary FY 2009 estimates (No. 17)." July 2010. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport17.pdf>

61 Centers for Disease Control and Prevention. "About Rural Health". August 2017. <https://www.cdc.gov/ruralhealth/about.html>

62 Feeding America. "Facts About Hunger in America". Retrieved October 2021. <https://www.feedingamerica.org/hunger-in-america>

63 First Kids First. "Tribal Leadership Series Funding Child Welfare Services". 2018. <https://www.nicwa.org/wp-content/uploads/2018/11/Funding.pdf>

64 Generations United and National Indian Child Welfare Association. TOOLKIT - American Indian and Alaska Native Grandfamilies: Helping Children Thrive Through Connection to Family and Cultural Identity. 2020. <https://www.gu.org/app/uploads/2020/07/AIAN-Toolkit-WEB.pdf>

65 Casey Family Programs. "What Are Kinship Navigator Programs?". November 2018. [Https://caseyfamilypro-wpengine.netdna-ssl.com/media/sf_kinship-navigator-programs.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/sf_kinship-navigator-programs.pdf)

66 National Conference of State Legislatures. "Disproportionality and Race Equity in Child Welfare." Jaunary 2021. <https://www.ncsl.org/research/human-services/disproportionality-and-race-equity-in-child-welfare.aspx>

67 Ellis, Krista. American Bar Association. "Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners". December 2019. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/

68 Ibid.

69 Generations United. "Toolkit: Latino Grandfamilies: Helping Latino Children Thrive Through Connection to Culture and Family". 2021. <https://www.gu.org/resources/latino-grandfamilies-helping-children-thrive-through-connection-to-family-and-cultural-identity/>

70 Ellis, Krista. American Bar Association. "Race and Poverty Bias in the Child Welfare System: Strategies for Child Welfare Practitioners". December 2019. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/race-and-poverty-bias-in-the-child-welfare-system---strategies-f/

71 Hillis SD, Blenkinsop A, Villaveces A, et al. Pediatrics. "COVID-19-associated orphanhood, and caregiver death in the United States". 2021. doi: 10.1542/peds.2021-053760. As reported by the U.S. Centers for Disease Control and Prevention: <https://www.cdc.gov/media/releases/2021/p1007-covid-19-orphaned-children.html>. At the time of publishing this report, a direct link to the report was not available.

72 While Asian Americans are not overrepresented among grandfamilies in terms of national data, and are therefore not included in our definitions for the purposes of this report, it is possible that they are overrepresented in certain parts of the country.

73 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." Retrieved November 2021. <https://data.census.gov/cedsci/table?q=q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> Similar data not publicly available for other relatives and family friends.

74 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." <https://data.census.gov/cedsci/table?q=q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> Similar data not publicly available for other relatives and family friends. Parent data is from National Council on Disability. "Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and their Children". September 2012. https://www.ncd.gov/sites/default/files/Documents/NCD_Parenting_508_O.pdf

75 A Second Chance. "Disability Does Not Equal Incompetence: Removing Biases Against Parents and Caregivers with Disabilities in Child Welfare". November 2020. <https://www.asecondchance-kinship.com/disability-does-not-equal-incompetence-removing-biases-against-parents-and-caregivers-with-disabilities-in-child-welfare/>

76 Ibid.

77 Population Reference Bureau calculated this figure based on analysis of data from the Current Population Survey Annual Social and Economic Supplement (ASEC) samples, 2015-2017.

78 National Indian Child Welfare Association. "American Indian and Alaska Native Disproportionality in Child Welfare". October 2021. <https://www.nicwa.org/foster-care-adoption/>

79 Hill, R. B.; Casey-CSSP Alliance for Racial Equity in Child Welfare. "An Analysis of Racial/Ethnic Disproportionality and Disparity at the National, State, and County Levels". <https://assets.aecf.org/m/resourcedoc/aecf-AnalysisofRacialEthnicDisproportionality-2007.pdf>

80 First Kids First. "Tribal Leadership Series Funding Child Welfare Services". 2018. <https://www.nicwa.org/wp-content/uploads/2018/11/Funding.pdf>

81 Association on American Indian Affairs. "A Survey and Analysis of Select Title IV-E Tribal-State Agreements

including Template of Promising Practices". 2014. <https://www.indian-affairs.org/uploads/5/4/7/6/54761515/fulltitleiv-report.pdf>

82 Ibid.

83 Administration for Children and Families. "Information Memorandum: Log No: ACYF-CB-IM-20-08; Use of Title IV-E Programmatic Options to Improve Support to Relative Caregivers and the Children in Their Care". December 2020. <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2008.pdf>

84 Ibid.

85 Food Research and Action Center (FRAC) and Generations United. "Support the Care for Kids Act of 2021". May 2021. <file:///Users/amygoyer/Dropbox/3%20BUSINESS/1%20CLIENTS/GU/2021%20GU%20-%20Grandfamilies%20Report/Resources/CNR-Casey-Grandfamilies-2021.pdf>

86 Anderson, M. and A. Perrin. "Tech Adoption Climbs Among Older Adults." Pew Research Center. May 17, 2017. <https://www.pewresearch.org/internet/2017/05/17/tech-adoption-climbs-among-older-adults/>.

87 Generations United. "Policy Brief: State Educational and Health Care Consent Laws: Ensure that children in grandfamilies can access fundamental services". 2013. <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-State-Ed-and-Health-Care-Consent-Laws-Brief.pdf>

88 Indian Child Welfare Association. "A Guide to Compliance with the Indian Child Welfare Act". 2016. https://www.nicwa.org/wp-content/uploads/2016/11/Guide_ICWA_Compliance.pdf

89 Child Welfare Information Gateway and Children's Bureau. "How the Child Welfare System Works". October 2020.

90 Stop It Now. "What is Child Protective Services?". Retrieved November 2021. <https://www.stopitnow.org/ohc-content/what-is-child-protective-services>

91 Child Welfare Information Gateway. "Foster Care". Retrieved November 2021. <https://www.childwelfare.gov/topics/outofhome/foster-care/>

92 United Way of Greater Atlanta, "Child Well-being Methodology". Accessed 11/10/21. www.unitedwayatlanta.org/child-well-being-methodology/

93 State of Georgia Department of Human Services, The Georgia Division of Family & Children Services (DFCS). "Kinship Navigator Program". Accessed 11/10/21 <https://dhs.georgia.gov/kinship-care-portal/kinship-navigator-program>.

