



FEDERATION OF PROTESTANT WELFARE AGENCIES

# **Grandparents as Primary Caregivers: Ensuring Needed Supports and Services**

By Jillynn Stevens, Ph.D., MSW  
Director of Policy, Advocacy and Research

Jennifer Benedict, MSW  
Project Intern

Stephanie Clemente, Esq.  
Consultant

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## Foreword

Dear Friends and Colleagues:

The challenges that surround caregivers who are raising children for the second, and sometimes third time, can be daunting. Sacrifices grandparents make to care for their children's children are myriad – they are deeply personal and life-altering ones, and can affect their health, finances and emotional well-being. When we consider the issues around families headed by grandparents, we must realize that access to appropriate community resources are key to improving the quality of life for these caregivers and the children they raise.

This report about grandparents, all women of color who survive on low incomes, illustrates how they experience barriers and limited access to support services. The Federation of Protestant Welfare Agencies (FPWA) is committed to ensuring the needs of grandparents and grandchildren living in their homes are recognized as an integral part of the social service system, and that appropriate resource allocation decisions support these critical services. Grandparent caregiving can be for the short- or long-term, but whatever the circumstances, FPWA believes it is time for the public to hear the voices of these courageous, and sometimes vulnerable, grandmothers who make such a valuable contribution to the well being of families.

Fatima Goldman  
Executive Director/CEO  
Federation of Protestant Welfare Agencies

## Executive Summary

The Federation of Protestant Welfare Agencies, Policy Advocacy and Research Department undertook a small exploratory study to learn about the challenges facing grandparents who are raising their grandchildren. Nine grandmother caregivers were interviewed, ranging in age from 54 to 79. The grandmothers were all women of color, single (by virtue of separation, divorce or death of a spouse), residents of New York. Their average number of grandchildren they were raising was two. Six social service providers were also surveyed.

Study findings identify that substance abuse played a major role as a precipitating factor in all cases for grandmothers obtaining physical custody of their grandchildren and that all but one child entered the grandparents' home while under the age of three. In virtually all cases, each grandmother believed she would be providing temporary, short-term care but that care ended up continuing indefinitely. In only two of the families were birth parents actively involved in their children's life and those parents helped contribute financially to their care. More often, relationships between grandparents and birth parents were strained.

Custody arrangements ranged from informal caregiving to adoption. All of the grandmothers in the study experienced health and financial problems with most living on fixed incomes. Several reported they did not apply for public benefits they were eligible for because of problems they experienced with caseworkers. Social service providers corroborated the findings from the grandmothers adding that the medical complications caregivers experience are often exacerbated by depression, high stress, and the anxiety related to caring for children and adolescents, particularly when they live on scarce resources.

Policy recommendations to address the economic struggles experienced by grandparent caregivers include supporting a subsidized kinship guardianship benefit, increasing the Temporary Assistance to Needy Families, child-only grant. Additional recommendations urge the development of one-stop grandparent resource centers in each county where grandparents can access all the supports they need as well as specialized training for caseworkers who work with grandparents to become sensitive to the needs of grandparents and knowledgeable about available resources.

## Introduction

Grandparents raising grandchildren is not a new phenomenon. What is new is the dramatic rise in grandparent-headed households over recent decades and the parallel demand for social and economic supports to meet their needs. For example, there was a 30 percent increase in grandparent caregivers between 1990 and 2000.<sup>1</sup> Some 6 million American children live in grandparent- or other relative- headed households nationally, and 2.1 million of these children are being raised without their parents present.<sup>2</sup> In New York, more than 143,000 grandparents and other relatives are responsible for meeting the basic needs of 409,000 children, with the vast majority residing in New York City.<sup>3</sup> Immense as this number is, grandparent and other relative caregivers represent an underserved segment of society.

Few of these relative-headed households are receiving the support they need, despite the fact that “[k]inship caregivers provide stable, loving homes for children who might otherwise be lost in a system or on the streets.”<sup>4</sup> Grandparents and other relatives save taxpayers an estimated \$6.5 billion annually by caring for children who would otherwise be in the child welfare system.<sup>5</sup> In addition, these relative-headed homes provide many other, less tangible benefits, such as children who have fewer behavioral problems, are less likely to repeat a grade and are less likely to be in special education than children in traditional foster homes.<sup>6</sup> Studies in this area agree that kinship care is both efficient for the state and in the best interests of the child.<sup>7</sup>

In this paper, The Federation of Protestant Welfare Agencies (FPWA) summarizes existing laws and policies, reviews relevant literature, and reports on an anecdotal survey of grandparent caregivers and service providers in New York. Additionally, specific policy and program recommendations are included to inform decision-makers about essential supports and resources needed by relative caregivers.

## Types of Caregiver Relationships

The issue of guardianship status provides a framework for approaching the subject of relative caregiving. There are five major categories into which grandparents and other caregivers' relationships to their charges fall:<sup>8</sup>

- 1) Informal custody takes place outside the child welfare system and the courts, and generally results from a decision between one or both of the parents and a relative caregiver.
- 2) Foster care occurs when the state, through the child welfare office, takes legal custody of children and places them outside their parents' home.
- 3) Legal guardianship means the court has appointed a nonparent to have authority over a child with regard to health, education and general well being. Parental rights are not terminated in this situation.
- 4) Legal custody is similar to guardianship. The court appoints a person to be the physical custodian of a child and gives that person the right to make decisions regarding the child's care.
- 5) Adoption is the official legal transfer through the court system of all of the parental rights that a biological parent has to a child, along with the assumption by the adopting parent of all parental rights that are being terminated and assumed by the adoptive parents, including the responsibility for the care and supervision of the child, its nurturing and training, its physical and emotional health, and its financial support.

Federal and state laws address these categories of caregiver relationships to various extents.

## Federal Law

The passage of the 1997 Adoption and Safe Families Act (ASFA) had a great impact on the landscape of child welfare. ASFA increased emphasis on permanency planning for children in foster care and intensified pressure on state policymakers to push for adoption. It also raised state interest in kinship foster care and established placement with a fit and willing relative, or with a legal guardian as a permanency option. However, ASFA did not include relative caregivers in its mandate and the federal government makes no funds available for relative caregivers on an ongoing basis. This gap has left this group without a clear source of funding or guidance as to their recognized place in the system.<sup>9</sup>

On November 13, 2000, the National Caregiver Support Program was signed into law as part of the Reauthorization of the Older Americans Act. The Act represents significant federal legislation intended to benefit relative-headed families. It included \$125 million in support for the Program, with 10 percent of these funds earmarked for older relatives raising children. The 2001 renewal of the Act upped the amount to \$137 million.<sup>10</sup> Unfortunately, use of the funding is discretionary and most counties do not choose to use it for kin caregivers.

Senators Hillary Rodham Clinton (D-NY) and Olympia Snowe (R-ME), joined by Senator Thomas Daschle (D-SD), introduced into Congress, “The Kinship Caregiver Support Act” (S.2706), on July 21, 2004. The proposed legislation, if passed, will provide further assistance to families in which children are being raised by a grandparent or other relative caregiver. Specifically, the resolution calls upon Congress to “establish new and expanded appropriate supports and services, such as respite care, housing and subsidized guardianship for grandparents and other relatives who are raising children inside and outside of the foster care system.”

Another major barrier faced by many grandparent caregivers is a lack of affordable and safe housing. Many grandparents spend most of their income on housing costs. Medical attention, prescription drugs, food, and other necessities are often sacrificed in order to provide adequate shelter for the family. Additionally, housing costs limit a grandparent caregiver’s ability to provide their grandchildren with opportunities that many other children receive, such as participation in sports, music or dance lessons. The Living Equitably-Grandparents Aiding Children and Youth Intergenerational Housing Act (LEGACY), was created to address this problem. Signed into law by the President on December 16, 2003, LEGACY will hopefully improve access and increase the supply of housing available to grandparents and other relative caregivers.

Another public benefit program is the federally funded Temporary Assistance to Needy Families, or TANF program, which makes “child only” welfare grants available to caregivers. TANF stipulates that “[a]n allowance may be granted for the aid of such child who is living with a parent or other adult related to him or her by blood, marriage or adoption eligible to receive assistance on his or her behalf pursuant to the federal social security act, the provisions of this chapter and regulations of the department.”<sup>11</sup> TANF is a much-needed resource and FPWA fully agrees with its continued support. However, problems exist with respect to the grants, both in terms of their insufficient amount and difficulty obtaining them.

## **State Law**

The evidence and expert opinions in the child welfare field overwhelmingly point to a single conclusion surrounding the best interest of children: The child should live with a relative or relatives whenever possible.<sup>12</sup> This conclusion has led all 50 states to enact laws or policies requiring that child welfare agencies attempt to place a child with relatives when that child cannot live with a parent or parents.<sup>13</sup>

A number of states have enacted various forms of caregiver laws, generally in relation to subsidized kinship guardianship. At the present time, 34 states and the District of Columbia have subsidized guardianship programs in place.<sup>14</sup> These programs allow for the ongoing distribution of state funds to relative caregivers who have legal guardianship of children as foster parents. New York is not one of these states.

Some states have laws specifically aimed at informal caregivers who do not have legal custody or guardianship of the children. States like New York approach the issue in a variety

of ways, but typically kin caregivers are granted educational and/or medical decision-making rights on behalf of the children. Only a relatively small number of states have such laws in place.<sup>15</sup>

Informal caregivers who do not live in these states often have limited rights regarding the children in their care because the only way parents can designate an official guardian is through the judicial system. This is a lengthy, costly and emotionally difficult process and consequently, many caregivers decline to undertake it. As a result, informal grandparent caregivers who are not legal custodians or legal guardians may not have the legal right to enroll children in school, allow them to attend school activities, or make health-related decisions for them.<sup>16</sup> On the other hand, there are states that permit the delegation of authority so that caregivers can make similar decisions without any court involvement whatsoever.

## **New York Law**

New York State policymakers and the Governor have taken notice of the lack of decision-making authority faced by relative caregivers. A bill signed into law in January 2005, titled “Designation of Person in Parental Relation,” authorizes grandparents and other relative caregivers to enroll children in school, consent to health care treatment, and make school-related decisions for children in their care. The Federation of Protestant Welfare Agencies has worked diligently for several years advocating for passage of this important bill to remove unnecessary barriers in the day-to-day decision-making needs of caregivers.

In addition, legislation has been passed recently that looks promising for expanding grandparents’ rights. “An act to amend the domestic relations law, the family court act and the social services law, in relation to the rights of grandparents with respect to custody of minor children,” was signed on October 7, 2003. As the title indicates, the act amends various sections of existing law to carry out the stated intent of the legislature to recognize and aid grandparents who are raising grandchildren. It requires social service officials—who were already required to seek out relatives when a child is removed from his/her parent(s)—to specifically seek out grandparents. Child welfare workers are now required to inform the relatives, including the grandparents, of the following: legal proceedings are pending; they have the opportunity to become foster parents; they may seek custody or care of the child; and the child may be adopted by foster parents if attempts at reunification with the birth parent(s) are not required or are unsuccessful.<sup>17</sup>

## **A Brief Summary of Existing Literature on Relative Caregivers**

Numerous studies have shown how social problems contribute to the rapid rise in relative-headed households. These problems include poverty, homelessness, addictions, HIV/AIDS and other illness, divorce, incarceration, child abuse and neglect, abandonment, physical/mental illness, teen pregnancy, domestic violence, death, and unemployment.<sup>18</sup> Between 1990 and 2000, census data indicates a 30 percent increase in the number of children residing in households headed by grandparents.<sup>19</sup>

Women are more likely than men to be raising their grandchildren. In 1998, of the 3.7 million single grandparent-headed households, 1.4 million were grandfather-headed families. In comparison to other grandmothers, those who are raising their grandchildren are more likely to be single, unemployed, renting rather than owning a home, a person of color, undereducated, and poor.<sup>20</sup>

Informal custody, where a parent or both parents make arrangements with a family member to care for their child outside of the courts, makes up the majority of kinccaregiver arrangements. Studies reveal that a greater number of relative caregivers do not want to seek legal custody of their grandchildren because the process is time consuming, expensive and emotionally exhausting. Additionally, researchers found that grandparents do not want the legal responsibility of being parents again, even though they may be acting in that regard. Also, formal custody or adoption could potentially result in eliminating any relationship the children have with their birth parents.<sup>21</sup> Without legal custody, however, caregivers often have limited access to financial and supportive resources, as well as the lack of authority to make educational and medical decisions for the children in their care.<sup>22</sup>

A 2003 telephone survey by Cornell University included 320 New York State caregivers of children in relative care. Sixty-six percent of these respondents stated they were in need of special services. The caregivers reported that their main needs were financial assistance, food stamps and childcare. A smaller proportion of the respondents also wanted counseling for the grandchildren.<sup>23</sup>

Multiple other challenges affect relative caregivers. One issue is that younger grandparent caregivers, (under the age of 60), do not qualify for supportive services that are available to seniors. In addition, younger grandparents are more likely to be in the workforce and face daycare and after school supervision problems. Additionally, many of the children in their care have special needs such as physical ailments, learning disabilities and emotional problems. Children cared for by relatives are more likely, for example, to have high levels of behavior problems as a result of prior abuse, neglect and abandonment than children not placed in foster care.<sup>24</sup>

## **Anecdotal Survey**

To explore the ways in which current policies are helping or hindering the efforts of New York grandparents and other kin caregivers, FPWA carried out investigative interviews with both grandparent caregivers and service providers. Relationships between current policies, or a lack thereof, and the experiences of grandparents caring for children were examined through the use of open-ended questions via an exploratory research design.

Participants were chosen using a snowball sampling method, whereby caregivers and providers volunteered to take part in the project and also recommended other potential participants. Recruitment letters were sent to key service providers working with grandparents including FPWA member agencies, members of the New York State Kinship Care Task Force and city and state aging offices. After sending out the letters, staff conducted follow-up telephone calls and communicated via e-mail to answer any questions and encourage providers to find participants.

For caregivers, the only requirement for inclusion was that they were currently financially and physically responsible for grandchildren or other young relatives. This project did not apply to caregivers who attend to children only while their parents were working. Additionally, any professional who had significant experience working on behalf of grandparent and other relative caregivers was eligible to participate.

## **Demographics of Respondents**

Nine New York grandmother caregivers participated in the project; no grandfather caregivers responded. The grandmothers ranged in age from 54 to 79, with two grandmothers under 60 years old. Seven identified themselves as African-American, one grandmother identified herself as half African-American and half Caucasian, and another grandmother identified herself as Latina. Three of the grandmothers were widowed, two had been separated from their husbands for more than 15 years, and two were divorced, and the other two were single. Two grandmothers completed college, five completed high school, and two received less than a high school education. They averaged two children currently being raised per grandmother, though most respondents had cared for other grandchildren in the past.

Six service providers completed questionnaires about grandparent caregiving issues. All had provided direct services to grandparent caregivers over the last one to four years. Two providers were employed by the New York City Department for the Aging Grandparent Resource Center, where they ran support groups, informed grandparents about available services, and worked on other grandparent caregiving issues. The other providers worked in smaller, community-based nonprofit organizations.

## Interviews

Interview questions were designed to obtain information about both the unique and the shared experiences of the families. At the same time, the questions were written to allow for enough flexibility to permit the participants to develop and enrich their responses. For this reason, semi-structured, open-ended questions were used. Interview questions directed at service providers focused on their opinions and experiences relating to the effectiveness of current policies and potential policy changes.

The length and frequency of the interviews depended on the participant's availability. Each interview was conducted in less than two hours, and each participant was interviewed once with follow-up telephone contact where further answers or clarification were needed.

Once the interviews were completed, the responses were organized around common themes that arose throughout the process. Using the personal stories and expert opinions as the foundation of the project, policy recommendations were then developed that were intended to enhance and improve the lives of grandparent families.

## Findings

### Precipitating Factors Leading to Caregiving

In every family, parental substance abuse played a significant contributing factor in the need for grandmothers to care for their grandchildren. The birth parents' substance abuse often developed into other problems, including homelessness, unemployment, HIV, and child neglect.

Resulting from the parents' history of substance abuse, most of the grandchildren came into their grandmother's custody, both formally and informally, at very young ages. Three infants lived with their grandmothers immediately after they were born and only one of the 13 children had been put in the grandmother's care after the age of three. One respondent described her situation as follows: "My daughter-in-law was addicted to drugs. She used drugs the entire time she was pregnant and when she had the baby, she told me, 'You walked me through it all [the pregnancy], so she is yours. If you want her, go and get her at the hospital. She's yours.'"

Most of the grandmothers initially agreed to care for their grandchildren for a limited amount of time, but continued to do so indefinitely. For example, one respondent said, "On the 4<sup>th</sup> of July, my son brought my 3-1/2-year-old grandson to North Carolina to visit me. He asked me to keep him until school started in September and then he would come get him. He never came back." This young man is now an 18-year-old senior in high school, still residing with his grandmother.

A multi-generational cycle of relative caregiving was also evident in three families; one woman's own grandmother raised her, and another grandmother was raised by her aunt. A third grandmother cared for both her grandson and her wheelchair-bound mother

simultaneously. Most of the grandmothers had also raised other grandchildren who are now adults. They put some of these grandchildren through college and many are now successful as professors, teachers, policemen, and doctors, among other professions.

### Parental Involvement

Parental involvement varied among the families. Almost all of the children were out of contact with at least one parent. Approximately half of the children did not know the identity of their father. Only two parents (from different families) were actively involved in their children's lives, and their children spent at least one day a week with them.

One grandmother explained the difficulty of allowing her daughter to visit. "My daughter hasn't visited since January when I told her she couldn't just come and stay the night whenever she feels like it. I used to let her stay a night or two, but I can't trust her. She steals from me. She steals money, clothes, anything that she can use to sell for drugs." The negative relationships between grandmothers and their own children also had an underlying effect on parental involvement, as the grandmothers were often divided between protecting their grandchildren and encouraging parental participation.

### The Issue of Legal Custody

Despite the fact that the grandmothers had raised most of their grandchildren since they were infants, only two grandmothers had adopted their grandchildren and four had legal custody of them. As one grandmother stated, "I have never considered adoption and I don't want to. They aren't my kids." Since caregiving arrangements were initially intended to be temporary, three of the grandparents never sought legal guardianship or adoption. As another grandmother explained, "I don't like adopting. It takes away the parent's ability to be a parent. It takes away the opportunity for parents to care for their children. It also changes the relationships in the family and with my kids. If I adopted one of my granddaughters, for example, my son would now be her uncle and her brother. That is just too confusing for them."

Most of the grandmothers in the study hoped the parents would eventually be able to care for the children. One grandmother said, "I never thought to get legal custody because I hoped that she [her daughter] might straighten out her life one day."

In at least one family, refraining from adopting the grandchildren, or great-grandchildren in this case, was a good decision because the birth mother stopped using drugs and was able to care for her children again. "My great-grandchildren, who are now 11 and 16, are back with their mother. They are doing great now. Before, I would have to tell them to walk with their mom and hold her hand. She would be walking behind us, and now guess who walks behind! Me," said this great grandmother.

The survey found that some of the informal caregivers did not encounter problems when making educational or medical decisions for their grandchildren. Two of the three grandparents without legal custody had the parents write notarized letters specifying which school and medical decisions they were authorized to make on behalf of their grandchildren.

However, one grandmother did experience difficulties getting health care for her grandchild, even though she had a notarized letter: “Before my daughter died, she got a piece of paper notarized saying that I was the guardian to my grandchildren. After she died, that’s all that I had. When my granddaughter was eight years old, she was having some dental problems. I took her to get dental x-rays at a health clinic. They wouldn’t let her see a doctor because I didn’t have legal custody of her. They wouldn’t accept the paper I had, so I ended up here [at a senior center] and they helped me go to court to get custody of her.”

### Financial Burdens

Although all of the grandmothers had worked for most of their lives, only one of the youngest grandmothers was still working at the time of the interviews. She was employed full-time and earning \$18,000 a year at a family resource center. Most of the other grandmothers had stopped working because of health problems. Excluding one grandmother who had worked only seasonal jobs, the respondents had all held full-time positions with one employer for many years, yet only two grandmothers were receiving a pension.

Although they were all eligible for the TANF “child-only” grant, only four of the nine grandmothers were receiving it. Six received Social Security and/or SSI benefits. Three grandmothers received food stamps and two grandmothers were receiving disability payments. Another grandmother lived off her pension and was not receiving any entitlements. Only two grandmothers received financial assistance from a child’s parent, but all received Medicaid for the children.

Three grandmothers lived in public housing; the others had to worry about rent, as well as other bills, such as electricity, heat, food, and clothing. Moreover, allowing their grandchildren to participate in extracurricular activities was almost impossible, as most of the programs imposed fees they could not afford.

The respondents were also struggling with expensive medical bills, as they all suffered from health problems. High stress, asthma, high blood pressure, as well as breast cancer, heart attacks and strokes were health issues the grandmothers had dealt with in the previous few years. Prescriptions, co-pays and other medical necessities sometimes forced the grandmothers to choose between food and medications. In the words of one respondent: “I have so many hospital bills and doctors’ bills, but I can’t pay them. They keep riding me and calling me. That bothers me because I don’t like getting behind on my bills, but I just don’t have the money. I get the same amount of money every month and that isn’t going to change.”

### Social Service Experiences

Experiences with government social service agencies were generally negative among the grandmothers. Misinformation was common, as they were told different things depending on whom they talked to. One grandmother described her experience: “I adopted them in 1997; ACS threatened me. They told me they would put the kids back in the system if I didn’t adopt them. There were a lot of kids in the system and they wanted to get some of them out, so

they pushed for adoption. My caseworker pushed for it, and even provided me with a lawyer to help me with the paperwork. They paid for the lawyer and everything.” Even though this respondent did not want to adopt the children in her care, she did so to keep them in her family.

Unprofessional and rude government caseworkers were another common complaint. Some of the grandmothers stated that they did not apply for services or supports they were eligible for because they did not want to interact with the caseworkers. Additionally, the caregivers often became frustrated with the system, especially since they had worked most of their lives and contributed taxes that fund these programs. One grandmother described a conversation she had with a caseworker: “You know, there is a thin line between where you are at and where I am at. I worked all of my life, and one day my health just wouldn’t let me work anymore. It could happen to anyone.”

### Summary of Service Provider Results

Most of the service providers’ statements enhanced and supported the responses given by the grandmothers. Four of the six service providers responded that between 70 and 100 percent of their clients had legal custody of their grandchildren. The other two providers, who worked at the Department for the Aging Grandparent Resource Center, said that less than 15 percent of their clients had legal custody. This discrepancy could exist because other service agencies required legal custody for most of their programs, while that was not necessarily the case for the Department for the Aging. Providers indicated that the majority of their clients thought the caregiving situation was only temporary, yet they ended up caring for the children for an extended length of time.

Most of the providers responded that affordable legal representation was greatly needed to assist the grandparents with custody and entitlement issues. They stated that unknowledgeable and disrespectful staff was a significant problem at many government social service agencies and that having an attorney could counteract some of these obstacles.

Two of the six service providers stated that issues associated with a lack of education were prevalent among their clients. The providers opined that their clients came from a generation that did not emphasize education, especially for women from low-income families. Finally, service providers supported the fact that grandparent caregivers face medical complications that are exacerbated by depression, high stress, and anxiety related to caring for children and adolescents, particularly when they are living on scarce resources.

## Policy Recommendations

This paper identified a systematic failure of both policy and practice to meet the best needs of New York's children living in grandparent and other relative caregiver homes. Despite the generally accepted notion that children are best raised within their own families, there remains determined resistance to creating and implementing needed policies to facilitate this. The Federation of Protestant Welfare Agencies calls upon lawmakers, service providers, advocates, and legal professionals to make a positive difference in the lives of children and their relative caregivers. It is critical to ensure that resources and supports, as well as the appropriate legal rights and authority for children, are in place to meet the specific needs of these families. The following recommendations come from a review of current law and literature on relative caregiving, service providers' experiences, and the real life experiences of grandparents struggling to provide a loving and nurturing home for the children in their care.

### *Establish A New York Subsidized Kinship Guardianship Care Benefit*

A large number of relative caregivers live on a fixed income or otherwise lack the financial resources to meet the needs of children in their care. In fact, poverty is the principle hardship grandparent caregiver families face.<sup>25</sup> Subsidized kinship guardianship would allow for the distribution of funds to grandparent caregiver families with the hope of easing some of this financial strain.

Federal Title IV-E waiver dollars, available through the Social Security Act, have been used by some states to provide financial support to family caregivers involved in the foster care system. While not available to caregivers outside the child welfare system, Title IV-E dollars are an important first step in recognizing the need for economic relief for grandparents and other kinship caregivers. New York State must apply for Title IV-E waiver dollars and use them expressly for this purpose. Although Senators Clinton and Snowe have introduced federal legislation to make this funding available, New York families cannot afford to wait for the federal government to take the first step.

### *Increase the Child-Only TANF Payment*

Establishing subsidized kinship guardianship is critical to families involved in the child welfare system. However, twelve times as many children are cared for through informal caregiving relationships nationally than in the foster care system.<sup>26</sup> An increase in the TANF child-only payment would provide the financial assistance needed to adequately meet the needs of children, especially for those caregivers living on a fixed income.<sup>27</sup> Child-only grants are based solely on the income and resources of the child because the caregiver, unlike a parent, has no legal obligation to support the child. Providing needed financial support is the right thing to do.

### Create “One-Stop” Grandparent Resource Centers in Each County and Borough and Conduct Outreach Efforts to Educate Grandparents

A “one-stop” grandparent resource center is needed in every county and borough of New York. A consistent theme in the research to date is the need for information on supports and services available to grandparents of all ages, including those still in the workforce. Miscommunication and a lack of knowledgeable staff often result in grandparent caregivers failing to get the services they need and are eligible for. Navigating through confusing documents and traveling to several government agencies to obtain necessary services are time-consuming and costly activities, and for grandparent caregivers with health problems and fixed incomes, almost impossible to do. Clear information and knowledgeable staff are necessary to provide outreach, accurate information, and assistance to grandparents applying for cash assistance, medical insurance, housing, food supports, child care, youth programs, mental health services, tutoring, respite care, and transportation.

Other resources should include affordable legal information and representation, as well as referrals to caregiver support groups. The current lack of affordable legal services means that grandparents do not get assistance with entitlement or custody issues. Establishing One-Stop Centers for grandparents of all ages in each county and borough would increase accessibility to and availability of all of these various services, thus helping to resolve many of the problems that grandparent caregivers face.

### Require Government Caseworkers and Supervisors to Be Knowledgeable About the Needs of Caregivers and Provide Services with Sensitivity

An accurate assessment of barriers to program access and implementation in the current service delivery system available to kin caregivers is needed. This assessment must include a meaningful review of how services are experienced by caregivers and a commitment to systematically address barriers. Many government social service providers are not aware of the full range of services to which grandparent caregivers are entitled. Training front line staff and supervisors to the unique needs of grandparent and other relative caregivers, as well as an appreciation of all available resources could make a tremendous difference in the lives of these families. To limit costs, the use of specially trained staff members as dedicated intake personnel would alleviate some of the confusion and redundancy in the provision of services to relative caregivers.

## Conclusion

New York State has a responsibility to ensure that its children are financially, physically and emotionally cared-for. The facts and recommendations contained in this paper are presented by the Federation of Protestant Welfare Agencies out of the desire to capture the hearts and minds of lawmakers, government workers, service providers, and the public to help them see the extraordinary contributions grandparents and other caregivers make to the children of America and to our communities at large. The time has come for our society to honor these remarkable people and to make available the supports they need to provide safe, stable and loving homes.

## ENDNOTES

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