

GRANDPARENTS RAISING GRANDCHILDREN: SUPPORT AND RESOURCE-RELATED
ISSUES

by

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Abstract

Currently in the United States there are 2.7 million grandparent caregivers caring for 5.4 million grandchildren, with 883,386 of these grandparents caring for their grandchildren without any assistance from the child's biological parent. These grandparents have unique needs and require support services that understand and recognize those needs. However, many of the resources currently available are not designed to assist this population. This report explores many of the issues grandparents face when taking over as the primary caregiver for their grandchild. Specifically this report highlights the financial, legal, and medical issues, as well as the need for respite care and housing. These particular issues were selected because they are commonly cited as difficult areas to navigate for grandparent caregivers, and also because there are crucial resources in each of these areas that allow grandparents to successfully raise their grandchild. Without these tools, the process of raising the grandchild can prove extremely difficult for grandparents, which can have negative consequences on the grandchildren. In addition it offers suggestions for grandparents seeking assistance regarding these issues, also providing several resources. This report also offers guidance for grandparent caregiver advocates and encourages future research and scholarship to explore programs assisting this population.

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Dedication

I dedicate this work to my grandmother, Eula Fern, whose vision for my future has encouraged me to continue my education while striving to change young people's lives.

Preface

In September, 2011, more than six hundred men, women, and children from all across the United States gathered on the west lawn of our nation's capitol, not in protest but as a peaceful reminder of a growing issue in our country. These individuals came to Washington D.C. in support of the fourth national Grand Rally, an event designed to promote awareness, educate policy makers, foster connections among attendees, and draw attention to the rising number of kinship caregivers in the United States, most of them grandparents. Those who attend are asked to do more than just visibly represent the issue. They discuss kinship care issues and problems with both houses of Congress. The Grand Rally event is sponsored by organizations considered to be the forerunners of grandparent caregiver activism: American Association of Retired Persons (AARP), Child Welfare League, Children's Defense Fund, Generations United, Grand Families of America, and National Committee of Grandparents for Children's Rights.

This gathering represents a population of grandparent caregivers that are actively seeking answers and support for the problems they face while raising their grandchildren. This group chose to take their questions and concerns to the people making policies because their needs were not being fully met within their own cities through social service agencies or state offices. For some of these grandparents this was a final effort at getting attention to their struggles and efforts, and for others, a chance to advocate for future grandparent caregivers, hoping they will not have to struggle as they did.

Chapter 1 - Introduction

My work experience in the field of early childhood and community youth development has afforded me the opportunity to become involved with grandparents and the grandchildren they raise. Many times, but not always, these grandparents struggle to provide for their children's needs because they lack economic means, do not know where to look for assistance, or simply do not know what questions to ask. These grandparents are unprepared for a second round of raising a child and they are caught off guard when faced with doing so. Being caught off guard is very common among grandparent caregivers, considering they are now parenting off-time, or parenting at a time that is usually seen by society as reserved for later life activities (Waldrop & Weber, 2001). Myer & Newman (2004) similarly describe this second round of parenting as lacking role-fit at a time when grandparents should be involved in developmental scenarios associated with later adulthood such as spending leisure time with family members, casually assisting adult children with caring for their children, and retirement.

Within large cities and small towns across America, grandparents provide primary physical and emotional necessities for their grandchildren, including shelter, food, and clothing. Many times grandparents have primary responsibility for their grandchildren due to issues with their own children including incarceration, drug/ alcohol abuse, teenage pregnancy, and economic hardships (Hayslip & Kaminski, 2005). These grandparents are known by many labels including: custodial grandparents, off-time parents, encore parents, or kinship caregivers. Throughout this report I use the term *grandparent caregiver* to mean someone who is the primary caregiver for his or her biological grandchild, at least one generation removed from his or her adult child. At times I will use (G1) to represent the grandparent caregiver, (G2) for the adult child (son or daughter of (G1)), and (G3) to represent the grandchild. Grandparent caregivers are responsible for supplying resources for the educational and medical needs of their grandchildren, as well as for emotional support. These tasks are all carried out at a time when economic cuts limit assistance to those who need it now more than ever. Both grandparents and grandchildren face hardships now and in the future while living in this unique situation; however, as a student of human ecology with experience working in the field of youth

development, as well as early childhood, I feel that by researching and highlighting key issues grandparent caregivers face, including legal problems, financial struggles, housing concerns, need for respite care, and grandparent health issues, I can better inform grandparents and advocates of grandparent caregivers about the need for improvements, and in some cases, creation of programs that aim to help caregivers with the needs they face.

The primary purpose of this report is to identify the difficult obstacles grandparent caregivers face while trying to raise their grandchildren, in addition to highlighting resources that could assist them in overcoming these obstacles. Further, it is hoped that this report will stimulate the reader's awareness of the topic and allow them to better understand what grandparents are facing, but also provide them with the necessary tools to advocate for this population. At the forefront of those currently advocating for custodial grandparents are researchers and the grandparent caregivers themselves. Researchers are crucial because they explore the issue, collect findings, and make their findings known to policy makers and the communities supporting grandparent caregivers (Britnall-Peterson, Poehlmann, Morgan, and Schlafer, 2009). One limitation of this report is that it does not attempt to examine the potential benefits of the relationship between the grandchild and the grandparent because it would require isolating a variety of variables over an extended period of time.

Grandparents raising their grandchildren in this situation are often unprepared for a second round of child rearing and find themselves ill-equipped to perform this task. Very few support systems are reported by grandparent caregivers (Hayslip & Kaminski, 2005). These supports, both formal and informal, allow the grandparent caregiver access to much needed information and resources surrounding their new role, and they are also "crucial to the physical and mental health of custodial grandparents, as well as to their ability to cope with the demands of parenting" (Hayslip & Kaminski, 2005, p.265). Besides lack of support, not having information on topics like child development can be overwhelming (Brintnall-Peterson, Poehlmann, Morgan, & Schlafer, 2009). An understanding of child development would provide the grandparent with a template in which to view developmental problems, something grandparents may be struggling to understand. Problems such as Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder, depression, and autism can all make the parenting task more difficult for grandparents (Dolbin-MacNab, 2005).

Compounding the lack of knowledge about these problems is a lack of information on how to navigate the legal process of caring for a grandchild. Many grandparents are attempting to raise their grandchildren without assistance from the legal entities, or cannot gain access because they are not legal guardians (The Urban Institute, 2002). The primary legal system involved in this scenario is the “formal” child welfare system, which provides financial and social supports for those within the system, but does little for those who are not. One such group that does not receive assistance is grandparent caregivers because they lack legal status. The services available through legal foster care can range from health and education related benefits, Medicaid, food stamps, housing and childcare allowances, and assistance to children with special needs (Geen & Berrick, 2002). Further, grandparents may find that they need to catch up on current educational practices, especially when technologies are involved. It is fair to say that education has changed since grandparents raised their own children, that is, since (G1) assisted (G2) with schoolwork.

Aside from struggling to attain resources for their grandchildren, grandparents themselves face problems. Studies have shown that grandparent caregivers have poorer mental and physical health that can include anxiety, depression, hypertension, and diabetes, when compared to non-caregivers (Emick & Hayslip, 1999). Most, if not all, of these issues are related to the stress involved with parenting a second time around (Kaminski & Hayslip, 2004). These stressors include the adult child’s unpredictable behavior, concerns about well-being of the grandchild, and marital problems within the grandparent’s relationship. Grandparents may also feel socially isolated because of their perception that they are experiencing different problems than their peers, possibly creating a source of shame and embarrassment (Waldrop & Weber, 2001).

For this report I will focus on grandparents who provide primary care for their biological grandchildren, 18-years old or younger, who also live in the same household. Recent data show that these individuals are found within every ethnic group and socioeconomic class throughout the United States. According to the 2011 census, nearly 55% percent of grandparent caregivers are between the ages of 35 and 59, with 45% being 60 years or older. Of these caregivers, 64% are Caucasian, 22% are Black or African American, 20% are Hispanic or Latino, and 3% Asian. The ethnicity of grandparent caregivers is further broken down in Table 1 of the appendix.

Regardless of age or ethnicity, all groups shared the job of caring for their grandchildren; nearly 36% of all grandparent caregivers had been the primary caregiver for five years or more. According to the 2011 census, the median annual income level for a grandparent run-household, with no parent present was \$33,627 (U.S. Census Bureau, 2011). Grandparent caregiver incomes levels can be further explored through Table 2 of the appendix.

The phenomenon of grandparents providing primary care for their grandchildren is not a new practice in our country but has attracted the attention of policy makers in the last decade due to an increase in the number of grandparents and grandchildren involved. The 2000 census was the first time questions about grandparent caregivers were included, stemming from a 1996 congressional act designed to reveal more about primary grandparent caregivers and the temporary or permanent relationship they have with their grandchildren (Simmons & Dye, 2003).

According to the U.S. American Community Survey from 2011, more than 2.7 million grandparents are raising 5.4 million children under the age of 18, with 883,386 of these cases being grandparents caregivers (G1) raising their grandchildren with no parent (G2) present (U.S. Census Bureau, 2011). This is an increase from 2.4 grandparents caring for 4.5 million grandchildren in 2000. It should be noted that from 2000 to 2011 the U.S. census did identify a decrease in the number of grandparents caring for their grandchildren without a parent present, from 964,579 in 2000 to 883,386 in 2011. This decrease could be caused by natural economic difficulties of the last decade, which triggered a rise in multigenerational families living in a single household, that is, grandparents (G1) living with both their grandchildren (G3) and their adult children (G2) in one household.

Chapter 2 - The Issues

Introduction

Grandparents undoubtedly take on many new roles when they attempt to raise their grandchildren, primarily playing the role of caregiver—a role either forfeited or unwanted by the adult child (G2), many times because of premarital pregnancy, drug use, incarceration, death, and divorce (Edwards & Daire, 2006). All these statuses represent a parental situation that proved too difficult, or impossible in the case of death and incarceration, for the adult child (G2) to continue the care of their child (G3), many times resulting in the untimely forfeiture of their parental duties, rights, or both.

With this new responsibility there are many difficulties grandparents face. Grandparents must overcome any legal issues that might stand in their way including the legal or non-legal care-giving status they have over the grandchild. Besides legal issues grandparents now shoulder the burden of any medical issues their grandchildren might have, regardless of whether those conditions existed before they took over parental responsibilities. Further, grandparents becoming financially responsible for their grandchildren must be prepared to do so, meaning they must understand what impact raising a grandchild could have on their wallet, but also know where to look for financial assistance. When thinking about financial security, grandparents also need to consider the cost of education, child care, respite care, and housing, all of which can prove to be financially straining if not prepared for. The following takes a look at some of the most common issues grandparent caregivers face when they take parental responsibility of their grandchild. Following these issues we look at assistance programs and entities set up to help resolve the issues grandparents face.

Financial Burden of Raising Grandchildren

Briefly, before diving into some of the other issues grandparents face, it is important to talk about financial concerns that grandparents face when raising their grandchildren. Financial problems take precedent over all other issues because they are present at every stage when grandparents become caregivers to their grandchildren. The 2011 census data tells us that the average income level for a grandparent caregiver household with no parent present is \$33,627

(Table A.2.), while the national average for a single household is \$50,502 (U.S. Census Bureau, 2011). This means that grandparents across the nation are raising their grandchildren in an environment where expenditures might easily become an issue. Some grandparents might have experienced financial burdens before raising grandchildren, but now find themselves overwhelmed with the new financial expenses associated with their grandchildren, including education, medical, legal, and child/ respite care costs. To compensate for these costs, a grandparent who is retired may attempt to reenter the job market, a task many find difficult because their skills are out of date for good paying positions (Waldrop & Weber, 2001). Grandparents that are currently working may be forced to cut down on hours due to their role as caregiver, furthering the need for financial resources. Also grandparents may have to tap into savings or retirement money to pay for financial needs (Generations United, 2005), making the possibility of dealing with future financial obligations difficult.

Legal Issues that Grandparent Caregivers May Experience

Regardless of race, income, and age, grandparent caregivers have concerns when first taking primary responsibility for their grandchild, especially when thinking about what type of legal authority they will need in order to provide adequate care. Most, if not all, grandparent caregivers begin caring for their grandchildren without assistance from legal authorities, including the fore mentioned child welfare system (Generations United, 2005). Informal care giving is also called physical custody, consisting of any type of arrangement where the courts have not legally assigned custodial rights. It is fitting then that grandparents without any legal status over their grandchild are sometimes labeled Informal Grandparent Caregivers (IGC) (Leticq, Bailey, & Porterfield, 2008).

In many situations, the IGC does not seek legal status because he or she does not want to cause anymore friction in an already fractured family (Toremann, 2007), often because they are fearful of losing the child if becoming involved with the child welfare system (Leticq, Bailey, & Porterfield, 2008), or they are unaware of where to look for assistance. Further, Hayslip and Kaminski (2005) found that many grandparents would rather remain informal caregivers as opposed to legally adopting their grandchildren because the process of doing so can be invasive to grandparents' privacy, as well as extremely time consuming.

Without employing an attorney and seeking out some kind of legal status over the grandchild, power of attorney still lies with the biological parent regardless of their current location or status. Without question, the grandparents have their grandchildren's best interest in mind; however, lacking legal status means the grandparent caregivers must look to their adult children (G2) for permission to pursue medical or social assistance and to engage the child in educational opportunities (Waldrop & Weber, 2001). Many grandparents who are providing primary care for their grandchildren are doing so because of an informal verbal agreement made with their adult child. The grandparent's legal authority, or lack of, can also determine what happens in the future should the adult child attempt to assume primary responsibility of his or her child. The fear of the adult child coming back and removing the grandchild against the grandparent's wishes is a legitimate fear, primarily because it is the adult child's (G2) legal right to do so (Waldrop & Weber, 2001; Letiecq, Bailey, & Porterfield, 2008).

A common assumption is that grandparents seeking legal status over their grandchildren can do so with relative ease because the courts will see that it is in the best interest of the child, however this is not the case. Courts will take all aspects of the child's and the grandparents' environment into consideration before making a decision, including the grandparents' ages, their financial status, physical health, and the grandparents' parenting history with their own children (Glass & Huneycutt, 2002). In fact "in the majority of states, the court starts out presuming the parent (G2) should have custody. The burden is on the grandparents to overcome that presumption" (Glass & Huneycutt, 2002, p. 240). Two significant legislative bills passed in the last 30 years have increased the likelihood that a grandparent will be granted some type of legal status over his or her grandchild, but they certainly do not guarantee it. The Child Welfare Act of 1980, and later The Adoption and Safe Families Act of 1997 (ASFA), both focus on placing children with family members should the children be removed from their parents. These bills are important because they recognize the need for family support and assistance in times of crisis as opposed to placing a child in the care of a non-family member. Both bills recognize that children being placed with family members are in a more stable environment, as opposed to being placed in the foster care system. Children placed in the care of a family member are more likely to remain in the same town and school system that they were in previously; further, they will be less likely to experience multiple placements as they would if in the foster care system (Center for Law And Social Policy (CLASP), 2007; Generations United, 2005).

One way a grandparent caregiver can provide a more stable environment for the grandchild he or she is raising, while also making sure the child receives the resources he or she deserves, is to attempt some sort of permanent parenting arrangement for the grandchild. Different options are available to grandparents depending on the child welfare and custody laws in their particular state, as well as the grandparents' wishes and the needs of the children they are raising. Grandparents can seek formal care giving through legal arrangements, the most common being guardianship, kinship foster care, full legal custody, and adoption.

Guardianship

Guardianship comes in two forms, the first being temporary guardianship, a legally recognized form of caring for a child that is typically only given if the parent is found to be an unfit caregiver, more often than not due to substance abuse, prior physical abuse, and mental instability (Brandt, 2004; Gibson & Singh, 2010). Although temporary guardianship must be ordered by the courts and is a legal form of custody, it is still only a temporary legal relationship until the courts feel the adult parent is capable of taking the child back (Grandfamilies.org). If the parent is unable to comply with the court's requests in a pre-decided amount time, then the grandparents may be approached for permanent guardianship or full custody of their grandchild. One benefit to grandparents seeking temporary guardianship is the decision-making power it gives them while the child is in their custody. For the duration of temporary custody, grandparents have the power to make any decisions they see as in favor of the health and well-being of the child (Waldrop & Weber, 2001).

The second form of guardianship is permanent guardianship, which in most cases is only awarded to a grandparent caregiver if the parent is without question unable to care for the child for a longer period of time, usually due to incarceration, substance abuse, physical/ mental impairment, or death. Guardianship gives the grandparent the ability to make important decisions regarding the child's needs, but also allows for the adult child (G2) to remain active in the life of their child (G3). The child's parents (G2) may still be allowed to have regular visits, contribute financially through child support, and may even ask the courts to regain custody if their situation changes (Testa, 2004). After the passing of the Adoptions and Safe Families Act (1997) states began enacting placement policy that looked to reunite children with their biological parents when possible. Guardianship is ideal because according to Testa (2004) it best

serves the child, state, and parent (G2). The grandchild benefits from a less traumatic transition from the parents' home to the grandparent's home, still allowing him or her to see his or her parent (G2) on a regular basis. Parents (G2) benefit because they can continue to visit their children while they attempt to sort out their own lives. The state benefits because it does not have to continually update licensing that would come with a foster care arrangement, but also because it does not have to pay for fees or assistance payment, something the parent (G2) handles through childcare payments (Testa, 2004). The exception to the biological parent (G2) being allowed to see their child (G3) would be those states that require a legal termination of birthparents rights before a grandparent guardian can seek assistance for their grandchild (Brandt, 2004).

Guardianship is unique because there are two levels of legal custody involved (Ferrer-Chancy, Forthun, & Falcome, 2009). In the first, the grandparent caregiver has legal authority to make decisions regarding the grandchild, including where the child will live with the grandparent, the child's medical needs, and all choices regarding the child's education. In the second, the grandparent caregiver may be given control of all the property and inheritances, including child support payments belonging to the child, possibly due to the death of a parent, and also any financial compensation the child has been awarded due to injuries sustained in previous abusive situations, known as personal injury settlements. The grandparent caregiver may have legal guardianship of the grandchild but not the grandchild's property, meaning the grandparent would still be responsible for providing financially for his or her grandchild. In the opposite scenario the grandparent would have legal guardianship of the grandchild and the child's financial assets, hopefully making the transition easier for the grandchild and grandparent by using the child's financial assets to pay for the cost associated with raising a grandchild.

Kinship Foster Care

Similar to guardianship, the grandparent can choose to become the formal foster parent of their grandchild, sometimes called kinship foster care or permanency planning. The arrangement allows the grandchild to live with the grandparents in the grandparents home for an indefinite amount of time, granted "relatives must meet the same licensing/ approval standards as non-relative foster family homes." (The Urban Institute, 2002, p.4). This relationship allows the child to remain with the grandparent until the courts feel as though, if possible, the biological

parent (G2) can regain custody. This relationship may be only temporary, but is one that is legally recognized for the duration of the process by the courts, child welfare services, and state entities that protect children's rights (Fostering Connections to Success and Increasing Adoptions Act, 2008; The Urban Institute, 2002).

This relationship also comes with several state-by-state allowances. First, it allows the grandparent and grandchild to receive payments similar to those received by non-family foster care families, as long as they continue to meet the state's licensing regulations (CLASP, 2007), but does not provide the grandparent with legal authority over their grandchild. The legal custody of the child either still remains with the biological parent (G2), or is held by the child welfare agency (Generations United, 2005). Secondly, it allows grandchildren to live with grandparents for an undetermined amount of time, without the biological parent (G2) having to formally and legally terminate parental rights, something that must be established in a pre-determined amount of time in non-kinship foster care scenarios (The Urban Institute, 2002).

To become a kinship foster parent, grandparents must meet all the training and licensing agreements put forth by the foster care system, which include home licensing checks and extensive background checks. In some cases, grandparents may now be able to move around housing regulations and licensing because of new updates made to the Child Welfare Policy Manual, issued by the United States Department of Health and Human Services. The Fostering Connections to Success and Increasing Adoptions Act of 2008 saw to it that the manual was revised to include room for state licensing entities to waive certain non-safety licensing standards when evaluating a relative caregiver's home. The most common standard that was waived was the square footage requirements as defined by the Department of Health and Human Services.

Full Custody

Custody is a term used to describe the legal relationship and status a grandparent has over their grandchild. Full custody is when a grandparent caregiver takes over as the primary guardian for their grandchild, as recognized by the legal system. This relationship may be lasting, or legally binding until the grandchild turns 18, however it may only last until the courts feel as though the parents (G2) have changed their circumstances, allowing them to regain legal custody (Ferrer-Chancy, Forthun, & Falconez, 2009). Custody is very similar to guardianship, but the grandparent caregiver has even fewer rights as a caregiver (Gibson & Singh, 2010). Also

similar to guardianship, custody has two distinct areas of care giving: legal and physical custody. Legal custody grants the grandparent decision-making rights over issues like medical needs and education. Physical custody allows the grandparent to make decisions about the grandchild's day-to-day existence including housing, clothing, social interactions, and food.

The term "De Facto Custody" or "De Facto Custodian" is an important element in grandparent caregivers acquiring legal custody of their grandchildren (Brandt, 2004). This term is used when grandparents seeking legal custody, attempt to do so by providing the courts a detailed account of their care history, in regards to the grandchild they are currently, and have been caring for. Grandparents seeking custody through this process must prove to the courts, without question, that they have been successfully providing for their grandchildren on a daily basis in the absence of the adult parents (G2) (Gibson & Singh, 2010). This is an important legal option for grandparents because it provides them with an opportunity to acquire custody without seeking traditional methods, which can be costly and time consuming, but also because it allows the grandchild to stay in the care of the grandparent throughout the process (Gibson & Singh, 2010).

Adoption

Adoption is one of the most difficult and time consuming permanent parenting relationships a grandparent can seek. In most states, a grandparent seeking adoption would have to completely sever ties with his or her adult child for the duration of the adoption, or until the child turns 18 years. This action on the grandparent's part would essentially be a "divorce" from the adult child (G2), further disrupting an already fragile family structure. Although challenging, adoption is the only permanent legal action that would grant the grandparents full parental rights over their grandchild. These parental rights include the power to negotiate medical situations and acquire social security for the child. Further, they allow for the grandparent to easily navigate the child through the educational system, while also preparing for the child's future, something that would be difficult, if not impossible, if they were relying on permission from the adult child. Once the adoption has been finalized through the courts there is no reversing the decision; that is, the biological parent (G2) will never regain custody of the child (Gibson & Singh, 2010).

With the passing of the federal Adoption and Safe Families Act (ASFA) of 1997, grandparents may be able to adopt with fewer legal difficulties than before. The Act's primary

focus is to first make sure children are living in a safe environment, with permanency as the goal. If possible, state entities handling foster and adoption services must “make reasonable effort to reunify families” (Adoption and Safe Families Act, 2007, p. 3). The family in this scenario is the child’s (G3) biological parents (G2). However, if the child was removed from the parent’s home for reasons including chronic physical abuse, sexual abuse, abandonment, or other reasons involving the safety of the child, then the Department of Health and Human Services (DHHS) may file a termination of parental rights (TPR) petition (Adoption and Safe Families Act, 2007). Also parental rights may be terminated if the child has been living outside the home of their biological parents (G2) for more than 15 of the last 22 months. If during that 15-22 month period the child has been living with a grandparent in a formal foster or kinship care situation, then that grandparent would be in the position to adopt much faster than if the child was just recently being removed from the home (Fischer, 2003).

The Need for Respite Care

Undoubtedly one of the hardest parts of re-entering the role of a caregiver is adjusting to the constant needs of the grandchild. The routine of the grandparent’s life before caring for a grandchild has now been altered, if not removed completely. It is important for grandparent caregivers to still have time to themselves for work, leisure, or simply to be without the burdens of the care-giving arrangement for a few hours or a few days. In a study by Dolbin-MacNab (2005) health issues and a general lack of energy by the grandparents did not allow the grandchildren to frequently leave the home or participate in activities. The same study found that this was a source of stress and anxiety for grandparents. Respite care is a program or agency that provides a family member relief from their care-giving duties by offering short-term relief, and is a powerful tool grandparents can utilize as they see fit. According to a Policy Brief by the Family Strengthening Policy Center (2007), the availability of quality respite care services is important for the sustainability of the grandparent-headed household, for the grandparent and grandchild alike. Further, respite care can reduce the incidence of neglect and abuse within the home by providing much needed stress relief (The Special Kids Network, 2006).

The need for quality respite care is such that in 2006 The Lifespan Respite Care Act was passed, making funding available to each state for improvement of current respite services for

both adults and children. The foundation of the Act was to provide a coordinated system of respite care services that were easy to access (Lifespan Respite Care Act, 2006). The Act provides funding to each state to be distributed by eligible community-based human service agencies. The funding itself is used to improve the quality of care provided by ensuring that respite workers are properly screened and trained. Also the funds are used to better communicate information about available respite care services to those needing them, while allowing for easier access to those services. Aside from the funding provided annually to each state through the Lifespan Respite Care Act, other government agencies have made strides to assist those needing respite care services. In 2010 the Health and Human Services budget included funding for counseling services, peer support groups, and training for caregivers of adults or children involved in respite care services.

As mentioned above, respite care allows the grandparent temporary time apart from their care-giving roles. This may be simply a time for grandparent to relax, but also might be time grandparents use to seek out legal or financial assistance, attend functions on behalf of their grandchild, or attend support groups for grandparents. Respite care can be out-of-home or in-home, depending on the needs of the grandparent. Also from the Policy Brief by the Family Strengthening Policy Center (2007) comes the idea that a prepared grandparent should plan for three major types of respite care; regular, planned, and emergency.

Regular respite care is care that may be only several hours a week, but persist on a regular schedule. Examples of regular respite care may be programming offered through local community youth development organizations. Programming offered through organizations such as Boys & Girls Club, Big Brother Big Sisters, 4-H, Research and Extension Offices, and the YMCA can all be viewed as regular respite care, most offering programming before and after-school, on weekends, and during school breaks, including summer. This type of care allows grandparents to routinely place their grandchildren in an environment that engages youth through educational or recreation activities.

Planned respite care shares many similarities with regular care but usually allows the grandparent more time away from their role as primary caregiver. This may be time used by the grandparent to strengthen their own ties with family and friends, even if they have to travel to do so. Also, because 73% of grandparent caregivers ages 30-59 and 36% of grandparent caregivers 60 years and older are still in the work force (U.S. Census Bureau, 2010), this type of care also

allows time for work and work-related travel for grandparent caregivers. Planned respite care could come from a family member, friend, faith-based organization, licensed daycares, or a neighbor willing to care for the grandchild for a small stretch of time.

The third type of respite care is equally as important as regular and planned care because it allows for situations that may occur unexpectedly. Emergency respite care is just that, a pre-planned place that the grandchild can go if a situation occurs that the grandparent must deal with suddenly, such as possibly leaving town for a few days. Because this type of care would be needed at a moment's notice, it is important to establish this connection as soon as the grandparent takes primary responsibility for the grandchild. Emergency respite care should be set up with someone living in close proximity to the grandparents such as a neighbor, friends, or family. In some communities there are respite care centers or crisis centers that specialize in caring for young people in emergency situations. For a list of respite care resources see Appendix A.

Housing Issues for Grandparent Caregivers

When a grandparent takes over as the primary caregiver for their grandchild they may immediately be faced with housing issues. Grandparents need to take into account the amount of space they are currently living in, but also make sure they can remain in that space financially and legally, after the addition of a grandchild. Rent and mortgage payments may be difficult now that they are financially responsible for their grandchild. Housing is a very important component to successfully raising grandchildren because it provides the staging ground for all other activities.

Statistics taken from the American Community Survey 2008-2011 (U.S. Census Bureau, 2011) show that one-third of grandparents responsible for their grandchildren are living in rented housing. This population needs attention because they are at risk of losing their current housing because of the parenting role they have taken on. Many grandparents spend a good sum of their income on obtaining housing or paying for the housing they currently live in. Fuller-Thompson & Minkler (2003) found that of the grandparents who lived in rented housing, one-third of this population was spending 30% or more of their annual income on rent. Also, this same population of renters could face eviction for bringing in additional tenants, violating the rental agreement or lease. Grandparents living in housing structures specifically designed for older

adults may also face eviction if a child is brought in. Further, when a grandparent caregiver takes on a child they may be in violation of child welfare housing requirements, which takes into consideration the number of rooms available and the square footage of the home, the same qualifying fields used to define overcrowding in the United States Census (National Low Income Housing Coalition (NLIHC), 2012). One exception to these licensing standards is grandparents who are identified as kinship foster parents, who are granted leniency under the Fostering Connections for Success and Increasing Adoption Act of 2008. Overcrowding is another issue faced by grandparents who live in rented housing. Nearly 25% of grandparent caregivers were living in overcrowded conditions (Fuller-Thompson & Minkler, 2003). The Census Bureau (2010) and the Housing and Urban Development (HUD) (2010) use the term “overcrowded” if a housing structure has more than one person per room.

Of this same population of grandparent renters, over 25% were receiving some sort of housing assistance though Section Eight, Housing Subsidy, or both (Fuller-Thompson & Minkler, 2003). The Housing Choice Voucher Program (Department of Health & Human Services, 2012), often referred to as Section 8, is a housing assistance program run by Housing and Urban Development (HUD). The voucher program’s aim is “assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market” (Department of Health & Human Services, 2012). Housing subsidies are simply monies provided by the government to low-income renters or landlords.

One major housing issue is the difficulty grandparent caregivers have in accessing housing assistance programs. According to Fuller-Thompson & Minkler (2003), many grandparents may simply not have access to information on housing assistance, or do not know where to look. Another explanation is that grandparent caregivers who lacked legal custody thought they would not qualify for assistance programs, many times because they had been given faulty information “by housing officials who often unwittingly misunderstand or misapply the relevant laws” (Generation United, 2005, p.12). Although grandparent caregivers may be told otherwise, they are entitled to all the rights and privileges of housing assistance programs, regardless of their legal status over their grandchild. The Fair Housing Amendments Act (1988) prohibits any type of discrimination from private sellers on the basis of race, color, national origin, religion, sex, familial status, and disability, specifically naming HUD as one of its main

counterparts (justice.gov). Housing demographics for grandparent caregivers can be seen in table A.3 of the appendix section.

Medical Issues for Grandparents

Grandparents already dealing with their own unique medical needs now face an increased risk of further medical issues. That is grandparents, especially grandmothers, who take on the role of caregiver to their grandchild, increase their risk for mental, physical, and emotional problems, due to the stress and burden involved in the process (Bluestein, Chan, Guanais, 2004; Hayslip & Kaminski, 2004; Kolomer, 2008). Taking on the role of primary caregiver can cause grandparents to spend little time caring for their own needs, including healthy eating, exercise, social interaction, and making regular visits to the doctor (Hughes, Waite, LaPierre, & Luo, 2007). In a study done by Musil & Ahmad (2002), stress was the main factor affecting a grandparent's health, stemming from the general difficulties involved in raising grandchildren. This study also showed caregivers had higher levels of depression than non-caregivers. The same study found that grandmothers had elevated levels of both stress and depression when compared to grandfathers. In another study done by Waldrop & Weber (2001) grandparents that had serious health conditions, including diabetes, elevated blood pressure, and cardiac disease, prior to taking over as caregiver, made these conditions worse through the stress accompanying the role.

Chapter 3 - Assistance Available to Grandparent Caregivers

Grandparents who become parents once again face a difficult and unique set of problems. Many of these problems revolve around financial and emotional strain caused by raising their grandchildren. Grandparents in this situation may also find themselves without support systems guiding them in the right direction. Assistance programs are available to make this difficult transition a little easier, however many grandparents do not know where to look. This section will highlight many of the programs specifically aimed at easing the burden grandparent's face when raising their grandchildren.

Kinship Navigator Programs

When it comes to raising their grandchildren, the Center for Law and Social Policy (CLASP) found that lack of information about assistance services is the most cited issue. In the last decade, agencies concerned about the well-being of children, and the grandparents who raise them, have attempted to create reliable databases responsible for providing much-needed information. These databases, known as kinship navigator programs, are easy to access and helpful in guiding grandparents toward services. These programs serve grandparents, regardless of their legal status over their grandchild. All in one place, grandparent caregivers can find information regarding financial assistance, emotional support systems, respite care programs, non-profit and government services, as well as community specific assistance programs (Generations United, 2005). They are a place where information regarding kinship care groups, including grandparent caregivers, can be freely shared by connecting government policies with local agencies responsible for assisting community members in need (Generations United, 2005). These programs would also allow the state and community agencies running them to better assess the needs of the population using the services, because all service agencies would function as one group as opposed to multiple organizations (CLASP, 2007).

With the introduction of the Kinship Caregiver Support Act (2005), each state is eligible for navigator grant funding through the Secretary of Health and Human Services, and must apply to qualify for these funds. Also, cities with populations exceeding 1 million can apply for grants

to set up their own navigator programs. In order to qualify for these grants, applicants must illustrate how they will be able to meet the following criteria if they receive the funding: A) create information and reference systems that aim to connect kinship caregivers, support groups for this population, and local organizations providing services; B) provide information on enrollment, and clearly state all the benefits eligible from federal, state, and local agencies including where to receive training and benefits, but also where to connect with legal services and assistance; C) maintain and update outreach materials, which may include distributing pamphlets, or making sure informational websites are up to date and relevant; and D) foster partnerships between public and private entities including schools, faith-based organizations, and government agencies, to ensure that everyone is aware of the needs of kinship families, including grandparents raising grandchildren (childrensdefense.org). According to the Act, the grant funding lasts for three years, with 100% of the funding coming from the federal government the first year, 75% the second year, and 50% in the third. During the last two years, any additional funding will be provided by the grantee. Grandparents looking for kinship navigator programs in their state or local community can start with the resources provided in table A.3 in the appendix section.

Financial Assistance

Grandparents seeking financial assistance should first look toward Temporary Assistance for Needy Families (TANF), which is provided by the United States Department of Health and Human Services (HHS) and strives to make available financial assistance for either the child or both child and caregiver, including grandparents. The TANF grants come in two forms: 1) child only grants; and 2) family grants. The reason grandparents should first look to TANF grant assistance is child-only grants are usually easy to obtain, and “virtually all children being raised by relatives are eligible” (CLASP, 2007, p.10). According to a 2004 press release from Health and Human Services, roughly 30 percent of those families receiving child-only funds were households headed by relative caregivers. Another reason child-only grants are desirable for caregivers, especially those not working, is they do not require the caregiver to provide income statements or meet work requirements. One downside to child-only grants is that they are typically smaller than family grants. The Center for Law and Social Policy (2007) found child-only grants provided as little as 60 percent of the annual cost of raising a child, which was

defined by the United States Department of Agriculture (USDA) (2010) as \$7,000 to \$13,000 annually, depending on the housing and parenting demographic.

The second TANF grant option is the family grant, which takes into consideration the income level of the household applying for the grant. This type of grant also has work requirements which require single caregivers to work 30 hours a week, 20 hours if they are caring for a child under 6 years old. For a household with two caregivers they, as a family, are required to work at least 35 hours a week. Failure to meet these work requirements can lead to a reduction in payments or termination of the eligibility (hhs.gov). TANF family grants could be difficult to secure and maintain for grandparent caregivers due to the work requirements for several reasons. If grandparents are already retired or living on disability they may find it difficult to re-enter the workforce due to out-of-date skills (Waldrop & Weber, 2001). Also, re-entering the workforce may cause a grandparent to lose much needed benefit through programs they are currently enrolled in such as Medicaid or Medicare

One additional issue that should be taken into consideration when applying for TANF assistance is that it expires after 60 months. When the assistance cycle has ended, states may elect to continue a small amount of the payments to those they see as still needing help. In other cases, the state may continue to help families whose TANF funds have expired by providing them with assistance from state funds including Social Service Block Grants (hhs.gov). Another issue grandparents should explore before applying for benefits is what that might set in motion in terms of child support payments. A grandparent who applies for assistance through public supports like TANF will be forfeiting their right to independently seek child support payments, or to pursue those payments at all (Generation United, 2009). After applying for the assistance, grandparents hand over all their legal rights to seek payments from the adult children (G2), allowing the state to pursue these payments as they see fit. This could be an issue for a grandparent caregiver who does not want to interfere with the financial status of the adult child (G2), possibly leading to economic hardships, incarceration, loss of employment, or loss of housing for the adult child. Further, if the long-term goal was to reunite the grandchild (G3) with their parent (G2), this could delay that process. Grandparents seeking TANF child-only grants must also take into consideration their future legal status over their grandchild. If a grandparent were to become a legal guardian through adoption during the payout period, he or she would immediately become ineligible for TANF support (Wallace, 2001).

Social Security provides assistance in the form of pay outs to more children, and the parents or grandparents that raise them, than any other federal assistance program, including TANF (Brookdale Foundation, 2011). Several different Social Security insurance benefits are available, depending on the circumstances of those receiving them. Disability insurance is available to children if they live with a grandparent who is disabled and unable to work. Secondly, survivors insurance assists families, including children, of a deceased parent. Also, through Social Security, grandparents may be eligible for Supplemental Security Income (SSI), a program designed to assist low income grandparents with monthly cash allotments. Supplemental Security Income aims to assist children under 18 living with low income guardians, including grandparents. If a grandparent chooses to seek Supplemental Security, he or she immediately becomes ineligible for TANF assistance for the duration of SSI assistance.

In recent years financial assistance has become available through the Internal Revenue Service (IRS) in the form of tax credits. Tax credits are the amount subtracted from the sum of taxes owed to the state. Before applying for tax benefits the grandparent must make sure their grandchild meets the requirements of a “qualifying child” as defined by the IRS. According to irs.gov a qualifying child will satisfy four fields to be eligible for benefits: 1) relationship to taxpayer must be the child or stepchild, foster child, sibling or step-sibling, or a descendant of one of these; 2) residence has to be the same as the taxpaying residence for at least half of the most recent taxpaying year; 3) the child must be under the age of 18 at the end of the tax year; and 4) the child did not pay for more than half of his/ her own support for the year. If the grandchild meets these requirements then the grandparent is illegible for benefits including the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC). The Earned Income Tax Credit targets working, low income taxpayers, with a qualifying child. The tax credit allows the taxpayer to receive a refund that is income based, even if they did not pay federal income taxes. The Child Tax Credit focuses not on working families in need, but rather families that are raising grandchildren or other qualifying children. According to irs.gov the Child Tax Credit reduces the amount paid back in federal taxes by as much as \$1,000 per qualifying child, even if you paid little or no federal income taxes. Also, if the amount of Child Tax Credit exceeds the amount of income taxes the person owes then they might qualify for the additional tax credit which provides for a larger credit amount.

According to the United States Department of Health and Human Services a growing trend in assisting kinship caregivers financially is to make payments available to them through subsidized guardianship programs. The aim of these programs is “to make legal guardianship a legal option, when it is appropriate, by providing financial supports and services that strengthen and support the kinship care family” (The Children’s Defense Fund, 2004, p. 1).

These programs recognize that placing a child with a relative is far more beneficial than placement with a non-relative (CLASP, 2007). In some ways the requirements to receive subsidized guardianship payments are very similar to that of long term foster care, with similar financial payouts (The Urban Institute, 2002). Each state is responsible for deciding how guardianship benefits will be paid out and who will receive these payments. According to The Urban Institute (2002), the most common standards for guardianship were: 1) children in care exceeded the age of 12; 2) the child had been living with caregiver for six months or longer; and 3) all other permanency options have been explored and ruled out, including adoption and reunification with biological parent (G2). Actual guardianship subsidy payments are made through several programs, once again depending on the state. The majority of payments are made through TANF funding, but may also come from IV-E funds which are federally regulated funding that are specifically geared towards foster care and other planned arrangements for children (hhs.gov).

There are some issues that should be discussed regarding the sustainability and adoption of guardianship subsidies on a larger scale throughout the United States. First, although subsidized guardianship payments are a growing option for states who want to better assist kinship care givers, including grandparents, they are not considered to be an economical form of assistance, especially if a state is trying to cut down on spending. Unlike other assistance programs, states do receive reimbursement from the federal government for the funds paid out under guardianship subsidies (The Urban Institute, 2002). Aside from reimbursement, states were having a difficult time navigating the complex financing regulations that were established by the federal government, before funding could be acquired for use in programs that provided guardianship subsidies or similar payouts (Casey Family Services, 2008).

Medical Assistance

Aside from providing medical care for themselves through insurance programs like Medicare, grandparents are now responsible for providing medical care for their grandchildren. Grandparents may find it difficult to acquire insurance for their grandchildren under their current policy because many companies require the grandparent to have legal custody of the child, either through adoption or guardianship. Also, grandparents may have a difficult time producing the necessary legal documents the insurance company requires because they lack legal status or financial means to do so (Generations United, 2005). According to grandfamilies.org, even if the grandchild has insurance, they are not guaranteed medical treatment while under the care of their grandparents. Due to liability and malpractice issues, medical care providers may not treat the child without consent from a legal guardian.

However, following the signing of the Patient Protection and Affordable Care Act (ACA) in 2010, many grandparents and the children they raise will have a much easier time accessing affordable medical insurance because of the changes ACA plans to implement by 2014. These changes include providing low premiums on all available health insurance programs for adults and children, allowing for low-cost prescriptions, designing insurance programs that will specifically target children living with grandparents or other family members, and providing easier access to the insurance programs (Generations United, 2005). Part of the ACA's gradual implementation includes bettering programs that are already in place and providing many current needy individuals, including grandparent caregivers, with medical assistance. The major programs that will be positively affected by ACA are Medicaid and Children's Health Insurance Program (CHIP). Medicaid provides medical coverage to those adults who cannot afford private coverage, while CHIP provides medical coverage to children whose family income is too high for Medicaid but too low to afford private coverage (Medicaid.gov). According to Generations United (2005) another provision of the Affordable Care Act is that beginning in 2014 people who make less than \$14,000, or a family of four who earns less than \$29,000 annually will be eligible for Medicaid. Further, the ACA will make sure CHIP programs are fully funded through the year 2019, also making it illegal to cut current Medicaid and CHIP members or to make the application process more difficult before 2019. A variety of factors influence the type of care grandparents may be eligible for, making it necessary for grandparents to research the option that

best fits their situation. Below I will explore the three major types of medical assistance programs available to this population.

Medicare

Medicare is an insurance program that assists low income Americans 65 years and older. The program is federally funded and is the largest insurance provider for this population in the nation. According to Centers for Medicare and Medicaid Services (cms.gov), Medicare has several forms of insurance coverage: 1) hospital insurance, which covers inpatient care, hospice and some home care arrangements, and skilled nursing facilities up to 100 days; 2) medical insurance, covering doctor's services, outpatient care, physical therapists, occupational therapists, and preventative services; and 3) prescription drug coverage, assisting with the cost of medications. While Medicare will not benefit the grandchild, this type of medical insurance would benefit grandparents and their own care needs.

Medicaid

While Medicare is a federally funded insurance program, Medicaid is a state run assistance program that operates under federal guidelines. Medicaid has benefits for both the grandparent and the grandchild. The primary purpose of Medicaid is to provide medical assistance for low-income seniors, non-elderly low-income parents, care-taker relatives, and pregnant women (Medicaid.gov). Medicaid offers a wide variety of benefits including, but not limited to: dental, vision, hearing, mental health services, home health services, physical therapy, and hospice (Generation United, 2005; Medicaid.gov). For non-elderly parents Medicaid uses the federal poverty level (FPL) to determine eligibility. The Patient Protection and Affordable Care Act (2009-2010) set the minimum eligibility level for Medicaid at 133% of the FPL (\$14,500 for an individual and \$29,725 for a family of four, in 2011), allowing for adults 65 years of age and under to qualify if they meet this income threshold. Also, medical coverage is available to relative caregivers, including grandparent caregivers, who have dependent children and who are currently living on small incomes. Access to health care is much easier to attain for this population because as a family they only need to be 41% of the FPL to qualify for Medicaid (Medicaid.gov).

With concern to low-income seniors, Medicaid provides assistance to more than 4.6 million seniors who are 65 or older, the majority of them also receiving Medicare. Medicaid can

help to fill in the gaps in coverage and other medical expenses that Medicare does not cover (Medicaid.gov). For this population Medicaid can help pay premiums and also expand services, such as skilled nursing care, beyond the 100 day limit covered by Medicare. It should be noted that all expenses will first be covered by Medicare, and then the remaining portion will be paid for by Medicaid, up to the state's limit, as determined by that state's Medicaid program.

Children are also included in the assistance available through Medicaid. Generally, Medicaid is provided in every state to children under the age of 19 with family incomes above 100% of the FPL (\$22,350 per family). Further, every state provides Medicaid to infants and children under 6, who have family incomes of 133% of the poverty level (\$14,500 for an individual and \$29,725 for a family of four, in 2011) and is provided to children if the family income is above the minimum of 100% of the FPL (Medicaid.gov). Children receiving assistance from Medicaid are entitled to all benefits available to adults, with the addition of services such as immunizations and preventative care known as Early Periodic Screening Diagnosis and Treatment (EPSDT). Some states choose to serve children separately through Medicaid services, while others pair Medicaid with another national assistance program, the Children's Health Insurance Program (CHIP). Just like Medicaid, CHIP is a state run assistance program that receives funding from the federal government.

CHIP

The Children Health Insurance Program (CHIP) was created in 1997 to assist children who were in need of health insurance, but who were not currently receiving assistance through Medicaid. The CHIP program closely resembles the assistance provided by Medicaid but allows a broader group of families to access their program. CHIP allows for families with incomes too high to qualify for Medicaid, but who lack the economic resources to pay for private medical insurance, to enroll their children (Children's Defense Fund, 2001). Coverage through CHIP can vary depending on the state, but most states cover Early Periodic Screening Diagnosis and Treatment (EPSDT), routine check-ups, dental care, hospital care, lab services, x-ray services, and immunizations.

As mentioned, many states combined Medicaid and CHIP services into one assistance program. According to medicaid.org, 7 states, the District of Columbia, and 5 territories have chosen the Medicaid expansion option, which combines Medicaid and CHIP to allow families

easier access to these programs by making resources readily available through one central office. The remaining states have separate CHIP programs or have programs that are considered to be a combination of the separate and combined model (Georgetown University Health Policy Institute, 2009).

Legal Assistance

Though previous sections explored the legal issues that grandparent caregiver's face, including issues surrounding adoption, custody, and guardianship, where grandparents can find assistance has not yet been identified. Here we will take a look at the where grandparents can go when seeking assistance for legal issues that arise when caring for their grandchildren. One of the first resources that a grandparent caregiver should seek out is a support group for grandparent caregivers in their local community. These social networks connect them with individuals currently experiencing similar scenarios, but more importantly, they allow the grandparent caregiver the opportunity to ask questions to those who have previously experienced difficult issues with raising their grandchild, especially regarding legal resources.

Aside from support groups, grandparents should look toward state run Area Agencies on Aging (AAA) and local law school clinics for legal assistance, as each agency should have readily available information for grandparent caregivers. According to Hayslip & Kaminski (2005), several agencies blanket the nation and provide support information through their websites and newsletters. The agencies listed below represent those with the most inclusive databases for legal resources.

The Grandfamilies State Law and Policy Resource Center

The Grandfamilies State Law and Policy Resource Center is an organization created through the collaboration of three of the nation's leading advocates for children and families: the American Bar Association's Center on Children and the Law, the Casey Family Programs, and Generations United, and it "serves as a national legal resource in support of grandfamilies within and outside the child welfare system" (grandfamilies.org). The website includes a searchable database of laws and legislation, summaries and comparisons of laws and legislation, personal stories, relevant resources and publications, and technical assistance.

AARP

As a member of the American Association of Retired Persons (AARP), grandparents would be entitled to free attorney consultations and 20% off of attorney's fees. The legal services network provides a directory of attorneys, resource articles for common legal issues, and a "Tips" section with practical advice for preparing for an attorney meeting. Although AARP provides a directory for finding legal assistance, the organization itself does not provide a legal plan or legal advice.

Legal Services Corporation

The Legal Services Corporation is "the single largest funder of civil legal aid for low-income Americans in the nation" (lsc.gov). This corporation distributes a large part of its funding to non-profit legal aid programs such as state wide legal service agencies. The most frequent cases seen by Legal Services entities involve family law, including assisting family members in obtaining guardianship for children without parents. Over 900 of these legal services offices exist nationally and are staffed by licensed attorneys who will provide individual representation when necessary, and who will also provide advice or referrals to other social services.

Housing Assistance

Before grandparents take their grandchildren into their home it is important to know what resources are available to assist with any issues that might come up. Housing resources are important because, as mentioned earlier, one-third of grandparents caring for their grandchildren are renters (U.S. Census Bureau, 2010). From this population of renters nearly one third is spending 30 percent of their annual income on rent (Fuller-Thompson & Minkler, 2003). On top of financial needs, grandparents may be at risk of losing their current housing if rental agreements do not allow for an additional child, especially if the grandparents are living in senior housing. Further, children may not be able to legally reside with the grandparent if the housing structure does not meet space regulations set forth by the United States Department of Housing and Urban Development (HUD) and United States Department of Health and Human Services.

LEGACY

In 2012 the National Low Income Housing Coalition created the Advocates Guide to Housing and Community Development Policy, which along with many other links can be found in the appendix section under A.4. According to the guide, one of the most important laws ever passed in regards to grandparent caregivers and their housing needs is the Living Equitably: Grandparents Aiding Children and Youth (LEGACY) Act of 2003. The program is unique for grandparent caregivers because unlike any other housing assistance programs, it specifically targets their needs, especially when it comes to affordable housing. The LEGACY initiative is run by the United States Department of Housing and Urban Development, but requires funding from federal resources to accomplish objectives. The program goals as defined by LEGACY have three provisions: 1) develop grant funding and distribute this funding to programs that create housing specifically for grandparents and their grandchildren; 2) make sure that HUD personnel are trained on the needs of relatives raising children, especially educating personnel about the rights of this group in relation to housing; and 3) work closely with the Census Bureau to conduct a study on the housing needs of grandparents raising grandchildren, then provide Congress with the findings and make recommendations to assist the population accordingly. Unfortunately, since 2004, when the program had 4 million dollars earmarked by the federal government for use, it has failed to acquire additional funding (NLIHC, 2012).

HOME Rent Waivers

The HOME program is a block grant program run through HUD housing. The goal of the program is to assist medium to low-income families in finding affordable housing (Kolomer & Lynch, 2007). According to the National Low Income Housing Coalition (2012) the funding through the HOME program is spent in a variety of ways including: 1) purchasing land or buying current structure to be turned into affordable housing, including all hidden cost that may be needed to make this a reality; 2) helping people purchase or renovate a home by providing loans or helping to pay make a down payment; and 3) assisting tenants with security deposits or other rental fees that require them to spend greater than 30 percent of their income. The overseer of the program, HUD, encourages the local communities to use the block grant funding to “develop types of housing that best suit their region” (Kolomer & Lynch, 2007, p.69).

Section 8 Vouchers

The Section 8 program is designed to assist individuals currently living on very little income and who are in need of affordable housing for themselves and their family. Besides low-income families, the program was created to assist older individuals and those who are disabled (Kolomer & Lynch, 2007; Generations, 2005; NLIHC, 2012). The program provides affordable housing to those who qualify by allowing the tenant to pay only 30% of their income towards rent, while the rest is paid through HUD. Although this option provides renters with an affordable renting option, many times the waiting list is long and can take years before a property becomes available (Kolomer & Lynch, 2007).

ECHO Housing

The Elder Cottage Housing Opportunity Program (ECHO) is different than other housing programs because it does not focus on current or future renter, but rather on aging individuals who have recently taken children, especially grandchildren, into their homes. This program aims to provide grant money to these individuals so they can relocate closer to family. The money would be spent by the caregiver for “the initial purchase and placement costs of small, free standing, and barrier-free housing units for older persons” (Generations United, 2005, p.11).

Section 202

The Section 202 program run by HUD focuses both on raising money for the creation of subsidized rental housing specifically designed for the elderly, and rent assistance for those in need (Generations United, 2005). Section 202 housing is unique because although the money and operations cost are raised by HUD, the actual labor and construction are done by non-profit organizations. Preference for the 202 program units is first given to those families with at least one member who is 65 years or older. Besides being geared towards elderly individuals, these housing structures aim to assist those families who are very low-income, a term used by HUD to identify those individuals who have incomes less than 50% of the area median income (AMI). The term “area medium income” is used by HUD to identify the median level of income in a particular geographic area. The AMI of a particular area is calculated annually by HUD, with adjustment for family size. These readings are in turn used to qualify applicant for federal and local housing benefits (NLIHC, 2012). The second part of Section 202 is rental payment assistance which, like Section 8, allows renters to pay only 30% of their income towards rent.

The remaining portion is paid through Project Rental Assistance Contracts (PRAC) (NLIHC, 2012). According to an article by the National Low Income Housing Coalition (2012) nearly one third of all Section 202 housing units have their own Service Coordinators, responsible for accessing resident needs, connecting residents to needed resources, and making sure those services are covering all the needs of the renters.

Summary

Some of the larger websites listed in the assistance appendix have a comprehensive list of available assistance programs on a state-by-state basis. Many of the issues highlighted in this section require state-specific resources, and GrandFactsheets.org has state fact sheets offering contact information for local agencies regarding all of the aforementioned issues. “AARP, The Brookdale Foundation, The Casey Family Programs, Child Welfare League of America, Children’s Defense Fund, and Generations United have partnered to produce state and national GrandFacts fact sheets for grandparents” (GrandFactsheets.org), which include: census data, key programs and resources, foster care policies and services, public benefits and financial assistance, education assistance, and state laws. For many grandparents who are unsure where to start, these fact sheets would provide information on a variety of assistance needs related to most of the major issues these grandparent caregivers face.

Chapter 4 - Implications

The steady increase of grandparents raising their grandchildren has sparked a national interest in this group; however, for the children and grandparents involved, accessing services and much-needed assistance can still prove difficult. Caregivers have been advocating for themselves in the last few years through events such as the GrandRally in Washington D.C., an event designed by grandparent caregivers to promote awareness for their cause, but also to inform policy makers about the needs of this population. By exposing some of the barriers grandparents are facing to accessing services, advocates for this population can know where to focus their energy and attention, and solutions can be created.

Existing Barriers and Problem Areas

Currently those seeking financial assistance through entities such as temporary assistance for needy families (TANF) can expect very small monthly payments, as low as 60 percent of the annual cost of raising a child (CLASP, 2007). Further, those seeking a slightly larger amount can apply for the TANF family grants, but have to adhere to work requirements. These work requirements may work for many families, but could be very difficult for a grandparent caregiver to maintain due to age, care giving time constraints, or disruption of current assistance the grandparent is getting through entities such as Medicaid and Medicare. Also, if a grandparent applies for assistance through TANF funding, he or she is forfeiting the right to seek child support payments from the adult parent (G2), payments that could exceed the amounts received through TANF.

With regards to TANF assistance in each state, it would be interesting for further research to be conducted to find out what each state does with the funding that is federally granted for TANF, but not distributed. According to the Center on Budget and Policy Priorities (2012), the federal government gives states \$16.5 billion in block grants each year for TANF use, only requiring that \$10- \$11 billion of that funding be used for TANF. This necessary level of spending is known as the maintenance of effort (MOE) requirement. Some states use the funding outside the MOE amount to assist needy families; however, some states use this money for needs unrelated to children or families in need. In some instances “states redirected a

substantial portion of their TANF and MOE funds to other purposes, with some funds being used to substitute for existing state spending and thereby help plug holes in state budgets or free up funds for purposes unrelated to low income families or children” (Center on Budget and Policy Priorities, 2012). If this is what is happening on a state level, then there could be an incentive for states not to assist all those in need, or to pay out very low amounts, reserving the rest for other state needs.

Access to and availability of information is another problem grandparents may face, especially if they are not familiar with the internet or lack access to the internet. Currently much of the information regarding assistance is located online through websites such as medicaid.gov, hud.gov, and hhs.gov. Each of these websites offers detailed information about the particular programs they offer, while also offering links to other services. If a grandparent does not have access to this information online, then he or she is at a disadvantage for receiving assistance. Further, studies have shown that very little has been done to help caregivers navigate the complex system of available services, even if they are not online (Generations United, 2005). In many instances, caseworkers are not properly trained to assist this population or guide them to appropriate services (Letiecq, Bailey, & Porterfield, 2008).

Solutions: What Should Be Done

Pursue Kinship Navigator Programs

With the great number of issues that may arise when grandparents take over as the primary caregiver of their grandchild, one of the most effective ways to assist this population is through the collaboration of state and local entities in charge of housing, legal services, respite care, financial assistance, medical support, and child care. The purpose of these programs would be to direct caregivers to resources that are knowledgeable of their needs and committed to helping grandparent caregivers. These programs would be federally funded through an agency such as the United States Department of Health and Human Services, but services would be administered on a state level through kinship navigator programs. Each state would be responsible for pooling resources for their navigator programs, in accordance with the needs of that particular state. Needs would be determined through research projects conducted annually, possibly conducted by state institutions and colleges through grant funding. Each organization or program involved in these kinship programs would be connected to a database where

information and resources could be shared, including detailed information on those receiving services.

When a grandparent who has just recently started taking care of their grandchild begins looking for assistance services, he or she would simply access their state's kinship navigator program. The program would not only offer advice on services that assist with medical, financial, housing, and legal needs, it would also have the resources available to enroll a grandparent in those services. From the beginning, the grandparent's use of services would be tracked to see if they were receiving the assistance they needed.

As previously mentioned, these kinship programs would be funded through the federal government, ideally through the Department of Human Services. Further research should explore the time and money these kinship navigator programs could save government agencies. This is possible because the navigator programs would more efficiently connect caregivers with services, wasting less time and resources, while also allowing grandparents to efficiently care for their grandchildren. When grandparents get much needed assistance it allows for the children to stay in their care, and out of the foster care system. According to Pruchno & McKenney (2002), without the care of kinship caregivers, 2 million grandchildren could end up in the foster care system, significantly raising the funds states spend annually. Generations United (2005) found that keeping children out of the foster care system, and placing them with grandparents or other relatives, could be saving taxpayers as much as \$6.5 million each year.

Rethink TANF assistance for grandparent caregivers

Temporary Assistance for Needy Families (TANF) would be one of the programs housed under the assistance for grandparent caregivers offered by kinship navigator programs. To better assist grandparents, temporary assistance for needy families (TANF) cash payouts need to increase, while work requirements should disappear or be drastically reduced. Current payouts and work requirements support the idea that the individuals receiving the assistance monies need some time to find work and get back on their feet. This is not the case with grandparent caregivers, many of whom are either currently working but not making enough money to support a child, are disabled, or are retired. Regardless of their work status, many of these grandparents were unprepared to take their grandchildren into their home (Waldrop & Weber, 2001). One of the first tasks a grandparent faces when taking their grandchild is how they will pay for the needs

of the child. It is because of this initial need for financial resources that grandparents would be better served through TANF if financial assistance was greater in the beginning, possibly tapering off as time went on. Also grandparents would not receive TANF funds for the current duration of 60 months, but as little as 30 months. During this 30 month period the grandparent would have the opportunity to access other services provided through the kinship navigator program provided by the state. The increase in payments made to grandparents may actually save federal and state funding in the long-run. Funding may be reduced if grandparents, because of the increased assistance amount, do not apply for multiple assistance programs such as subsidized guardianship programs.

Follow through with LEGACY

With the creation of Living Equitably: Grandparents Aiding Children and Youth (LEGACY), the federal government empowered the Department of Housing and Urban Development (HUD) to not only assist grandparents in finding appropriate housing, but to raise grant funds to build these housing units, train HUD personnel about the unique housing issues grandparent caregivers face, and finally, to partner with the Census Bureau to research the housing needs of this population and advocate those needs to Congress. However, as of 2012 there is little progression towards these goals and very few, if any, conversations coming from HUD or other government agencies regarding the LEGACY program. It is as though the program has gone into hiding, or dissolved entirely. The National Low Income Housing Coalition (2012), found that shortly after its creation in 2003 HUD had not taken the steps needed to get the program off the ground. Although Generations United managed to raise nearly \$4 million in funds to get the programs started, as of 2005 LEGACY remains in the beginning phases of implementation.

The LEGACY model needs to be revisited by federal policy makers, state and local governments, and human service organizations. The LEGACY program, in theory, should serve as a model for other assistance programs that aid grandparent caregivers because it contains 3 important provisions: 1) develop and effectively distribute grants 2) provide training to personnel on how to deal with the needs of a specific population, paying special attention to those needs that are inherently unique to that population; and 3) work with the Census Bureau to conduct a study of the population to determine who they are, what their needs are now and in the future,

and how they can be assisted. In the last decade several successful communities have sprung up throughout the United State that model how a community specifically designed for grandparent caregivers can be successful, including the Grand Families House in Dorchester, MA, the Grandparent Family Apartments in Bronx, NY, the Grandparents House in Baton Rouge, LA, and the Pemberton Park in Kansas City, MO.

Summary: What People Can Do to Help

Future researchers and those advocating for grandparent caregivers attention must focus on programming offered to grandparents. Three questions must be asked: 1) Are these programs adequate in fulfilling the needs of the grandparents, and to what degree? 2) Are these programs accessible, especially to the primary caregiver, and is the information easy to find? 3) Are these programs sustainable and can they maintain if funding becomes scarce or dries up entirely, can these programs be transplanted to other government agencies?

While compiling the information for this report I noticed that most of the services available to grandparent caregivers were funded through only a few social service organizations. My question and concern to future researchers is what happens when these social service organizations lack funding to run future programs? Who, if anyone, will carry the burden of making sure those who care for children, including grandparents, have housing, medical care, food, and other services they need? Research is needed to better understand how the needs of this population can be met now, and in the future, and especially in regard to how grandchildren are positively or negatively affected by the relationship with their grandparent caregiver. Considerations for the future funding of social services need to be taken into about when thinking about grandparent caregivers because if these supports are not available to this population it could have serious consequences for both grandparents, grandchildren, and the communities they live in.

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Appendix A - Tables

Table A.1

Ethnicity of Grandparent Caregivers

	Percent of Grandparents Responsible for Grandchildren	Margin of Error
Living with own grandchildren under 18 years	2,732,099	+/-36,004
One race	98.00%	+/-0.2
White	64.20%	+/-0.6
Black or African American	22.20%	+/-0.4
American Indian and Alaska Native	2.10%	+/-0.1
Asian	3.00%	+/-0.2
Native Hawaiian and Other Pacific Islander	0.30%	+/-0.1
Some other race	6.20%	+/-0.3
Two or more races	2.00%	+/-0.2
Hispanic or Latino origin (of any race)	20.50%	+/-0.5
White alone, not Hispanic or Latino	51.00%	+/-0.6

Note. Taken from the U.S. Census Bureau, 2011 American Community Survey

Table A.2

Household Income Levels of Grandparent Caregivers

	Median family income in the past 12 months	Margin of Error
Grandparent householder responsible for grandchildren under 18 years (dollars)	45,526	+/-544
Grandparent householder responsible for grandchildren under 18 years and no parent present (dollars)	33,627	+/-793

Note. Taken from the U.S. Census Bureau, 2011 American Community Survey

Table A.3

Housing Demographics of Grandparent Caregivers Providing Primary Care for Grandchildren

	<u>Total</u>	<u>30-59 years</u>	<u>60 years and over</u>
Grandparents living with grandchildren	2,732,099	1,817,649	914,450
<u>Units in Structure</u>			
In 1 unit structure	76.70%	75.00%	80.20%
In 2 or more unit structure	13.70%	14.80%	11.50%
In mobile Homes and all other types of units or All	9.60%	10.20%	8.40%
<u>Housing Tenure</u>			
In owner occupied housing units	69.10%	64.40%	78.40%
In renter occupied housing units	30.90%	35.60%	21.60%

Note. Taken from the U.S. Census Bureau, 2011 American Community Survey, Table

Appendix B - Resources

Figure B.1

Current Resources for Grandparent Caregivers

Agency	Contact
AARP Grandparent Information Center	(888) 687-2277 www.aarp.org/grandparents
AARP Legal Services	(866) 330-0753 www.aarpls.com
Adoption Information Clearinghouse	(888) 251-0075 www.naic.acf.hhs.gov
Advocates Guide to Housing and Community Development	www.nlihc.org/library/other/guides/2012
ARCH National Respite Network and Resource Center	www.archrespite.org
Benefits for Adults	(202) 479-1200 benefitscheckup.org
Child Welfare League of America	(202) 638-2952 www.cwla.org
Children's Defense Fund	(202) 628-8787 www.childrensdefense.org
Generations United	(202) 289-3979 www.gu.org
Grandfamilies of America	(866) 272-3761 www.grandfamiliesofamerica.com
GrandsPlace	(860) 763-5789 www.grandsplace.com
KINship Information Network	(772) 501-0502 www.kinsupport.org
Laws and Legislation	www.grandfamilies.org
Legal Services Corporation	www.lsc.gov
Medicaid and CHIP for children	(877) 543-7669 www.insurekidsnow.gov
Medicaid and Medicare resources	www.cms.gov
Medicaid resources	www.medicaid.gov
National Aging Information Center	(202) 619-0724 www.aoa.dhhs.gov
National Committee of Grandparents for Children's Rights	(866) 624-9900 www.grandparentsforchildren.org
Resources for Grandparents	www2.grandfamilies.org
The Brookdale Foundation Group	(212) 308-7355 www.brookdalefoundation.org
U.S. Dept. of Housing and Urban Development Headquarters	(202) 708-1112 www.hud.gov