

Grandparents Raising Grandchildren: A Call To Action

Administration for Children and Families, Region IV



INTRODUCTION

The Administration for Children and Families (ACF), in partnership with the Administration on Aging (AoA) in Region IV, has demonstrated its commitment to supporting vulnerable families by undertaking a leadership role to establish a network of services for grandparents raising grandchildren. Beginning in 2002, the southeastern offices of ACF and AoA collaborated with federal, state and local public welfare, academic, and community service agencies in Georgia to form a provider consortium to identify the needs of grandparent-headed families, and to develop and execute a service delivery plan to address their needs. This consortium serves as a model for other localities wanting to design and execute community-based services for inter-generational families.

Participating agencies included the DHHS/Office on Women's Health, Georgia Council on Aging, Atlanta Regional Commission, Georgia Department of Human Resources, the Georgia Division on Aging, and Georgia State University (See the Appendix for a full listing of participating agencies). During a three year period (2002-2005), several town hall meetings and planning groups were held that brought together service providers and administrators, as well as grandparents from the Atlanta metropolitan area, to voice their concerns and needs, and to begin planning an approach to address their issues in a collaborative fashion.

These efforts produced the following results: (1) the joint sponsorship of the *Minority Grandparents Raising Grandchildren Summit – Taking Care of Others: The Balancing Act (2003)* – an information and resource dissemination event for caregivers, service providers and program administrators; (2) the development of resource directories to help grandparents find services in their local communities, such as financial assistance, legal guidance, child care, recreation services, and specialized services for children with disabilities; and (3), the establishment of the Clayton County Kinship Care Resource Center, a local service providing direct and referral assistance to grandparents raising grandchildren. Services offered through the Kinship Care Center include monthly support group meetings for grandparents, child

care, case management, material assistance, parent/child group activities, and transportation to center activities.

As a result of the efforts led by ACF, there are ongoing communication and working relationships with state and local agencies in Georgia, which have been highly successful and demonstrate the promising effects of establishing a collaborative network. But there is more work that needs to occur. Generally, local services for grandparent-headed households continue to be limited, fragmented, uncoordinated, or simply unavailable to many of them, especially for families in isolated communities (Generations United, 2002). As a result, the focus of this paper is to describe the incidence of grandparents raising grandchildren in Region IV, illustrate the collaborative efforts occurring among federal, state and local agencies in the Atlanta community that may serve as a model for other localities, and suggest federal options to build upon past successes, as well as to address ongoing/future challenges for grandparent-headed families within the region.

Box 1

Administration for Children and Families, Region IV

Region IV is one of ten regional ACF offices nationwide and serves eight southeastern states:

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|------------|------------------|
| » Alabama | » Mississippi |
| » Florida | » North Carolina |
| » Georgia | » South Carolina |
| » Kentucky | » Tennessee |

BACKGROUND

When parents are not able to raise their children, it is often grandparents who step in to assume this responsibility. Many take on this role to “keep the family together,” rather than have their grandchildren grow-up in the foster care system. In most cases, grandparents never anticipated the need to raise their grandchildren, and they are often ill-prepared to care for one or more children. Unlike traditional foster parents, many grandparent caregivers who informally assume responsibility for their grandchildren are offered no training to raise traumatized children, and receive limited financial assistance to meet their grandchildren’s basic needs. Regardless of these challenges, many take on the parenting role valiantly, but grandparent caregivers may be financially poor and have little experience navigating bureaucratic systems for specialized services. Ultimately, the grandchildren are at risk for not receiving adequate supports for positive growth and development.

The number of grandparents serving as primary caregivers for their grandchildren has increased nationally in the past twenty years, but the phenomenon is most prevalent in the southern region of the nation. According to the 2005 American Communities Survey, there are an estimated 5.7 million grandparents living with grandchildren in their

households; 2.4 million co-resident grandparents are the primary caregivers for their grandchildren, representing 42% of all grandparents residing with their grandchildren (U.S. Census Bureau, 2006). Grandmothers constitute the largest proportion (63%) of these caregivers, and African American families represent the majority (52%) of all caregiving grandparents (U.S. Census Bureau, 2006). The southern region of the nation has the highest percentage (47.2%) of grandparent caregivers; the proportion of grandparent caregivers living in poverty is also highest in the south (23%). (See map on page 13).

GRANDPARENT CAREGIVERS IN REGION IV

Within Region IV on average, 28% of grandparent caregivers are over age 60, as many as 30% live in poverty, and at least 32% have cared for their grandchildren 5 or more years (U.S. Census Bureau, 2006). Table I presents the distribution of co-resident grandparents and their grandchildren in Region IV. Over 636,500 grandchildren – 13% of all children living in grandparent-headed households nationally – are being raised by their grandparents in the southeast region.

Table I:
Distribution of Co-Resident Grandparents and Grandchildren in Region IV – 2005

Region IV States	Number of grandparents living with grandchildren	Number of grandparents responsible for co-resident grandchildren	Percent of co-resident grandparents responsible for grandchildren	Number of grandchildren living with grandparents	Number of grandchildren under responsibility of grandparents	Percent of grandchildren under responsibility of grandparents
Alabama	111,975	65,719	58.6	105,820	67,708	63.9
Florida	357,729	154,029	43.0	289,610	167,162	57.7
Georgia	193,219	93,189	48.2	170,454	104,355	61.2
Kentucky	82,199	44,172	53.7	67,394	39,726	58.9
Mississippi	89,412	53,564	59.9	86,045	58,699	68.2
N. Carolina	165,345	82,149	49.7	146,875	84,232	57.3
S. Carolina	90,978	47,657	52.4	85,359	51,724	60.6
Tennessee	124,366	68,381	54.9	103,458	62,902	60.7
United States	5.7 million	2.4 million	42.1	4.6 million	2.5 million	54.3

Sources: U.S. Census Bureau, 2005 American Community Survey, Table S1001 – Grandchildren Characteristics; Table S1002 – Grandparent Characteristics.

Based on 2004 population estimates using the American Community Survey, significant growth in the number of grandparent caregivers in the region is expected, particularly in Georgia, Tennessee, and North Carolina, where the estimates range from 7%-15% higher than in 2000 (U.S. Census Bureau, 2004a). Therefore, Region IV currently has the greatest density of grandparent-headed families in the U.S.; a majority of these grandparents are poor and advancing in age. It is anticipated that the growth of grandparent caregivers will continue in the near future, warranting the need for a stronger alignment of existing service delivery systems to meet their needs, and the needs of their grandchildren.

The reasons grandparents are parenting their grandchildren in the region are similar to those of other grandparent-headed families nationally. Placement of children with grandparents can occur abruptly, or after a long and difficult period with the biological parents. There are multiple and oftentimes interrelated reasons children are raised by grandparents. They include parental substance abuse, child abuse and neglect, psychiatric disorders of parents, parental incarceration, and homicide resulting from domestic violence events (Dowdell, 1995; Kelley, 1993; Kelley, Yorker, Whitley, & Sipe, 2001).

The rising incidence of methamphetamine addiction, largely in rural communities, is impacting grandparent caregivers across America. In 2004, the Drug Enforcement Administration recorded a total of 17,170 methamphetamine incidents, including seizures of manufacturing labs, equipment, and dumpsites; 20.8% of those incidents occurred in the southeast region, with Tennessee having the most incidents (1,327) (Drug Enforcement Administration, 2005). In response to this national phenomenon, Georgia enacted a state law making it a felony to manufacture methamphetamine in the presence of children (Perdue, 2006). Similar laws are being considered in other states. As a result, state authorities in Georgia are removing children from homes where methamphetamine laboratories are located, and many are placed under the care of their grandparents.

For families of color, HIV/AIDS is another emerging issue that is contributing to the growing numbers of grandparent-headed households (CDC, 2003). According to research conducted in 2004 by the Henry J. Kaiser Family Foundation (2005), racial and ethnic minorities represent 72% of new AIDS cases, and 65% of all persons living with AIDS. Further, in the same period, the southern region had the highest AIDS case rate per 100,000 (18.7), second only to the northeast region. Certainly, these are indicators that potentially impact grandchildren and their grandparents, requiring collaborative efforts among public health, child welfare and other social welfare providers.

KINSHIP CARE ARRANGEMENTS

There are three main types of kinship placements for children – public kinship foster care, voluntary kinship care and informal/private kinship care. By far, a majority of children in kinship care placements are in informal care. According to the Urban Institute (2003), over 1.7 million grandchildren in the U.S. are living with relative caregivers (mostly grandparents) in informal arrangements, that is, family members made the decision privately about the child's living arrangements. Another 400,000 children are in kinship foster care, and 140,000 children are in voluntary kinship care (Urban Institute, 2003). (See definitions for kinship arrangements in Box 2).

In Region IV, as of 2003, there were 84,200 children in out-of-home placements; 25% of these children were living with relatives in kinship placements (Child Welfare League of America, 2006). Although there is a strong preference among child welfare agencies to use kinship care arrangements rather than non-relative care placements, fewer services and supports are provided to them in comparison to non-relative caregivers. According to several research studies (Chipungu et al., 1998; Barth et al., 1994; Berrick, Barth, and Needell, 1994), kinship caregivers request fewer services, are offered fewer services, and therefore, receive fewer services than non-kin providers.

In some cases, this is due to case workers assuming that the kinship caregiver knows the child and would take sufficient care of them, and that agency assistance is, therefore, unnecessary. But even if a relative caregiver wanted a particular service from an agency, often that service is available only to non-kin caregivers (Jantz, Geen, et al., 2002). So, there is a general fallacy that because the kinship caregiver has a blood relationship with the child, agency services and supports are not a priority for these families. Consequently, children may not receive benefits and services needed to enhance their development, and grandparents are frustrated and distressed because they do not have the necessary assistance to support positive family functioning.



Box 2

Kinship Placement Arrangements

Below are the definitions for kinship care arrangements:

Public Kinship Foster Care: Children are placed in the legal custody of the state, and a child welfare agency (as representative of the state) places the child with a relative, such as a grandparent.

Voluntary Kinship Care: State does not have legal custody of the child, but child welfare may have involvement in placing the child with a relative, sometimes with supports to stabilize family situations for the benefit of the child.

Informal/Private Kinship Care: Decisions about where a child resides are made by family members; there is no formal involvement with child welfare services or the courts, although one or both may become involved after the child has begun living with a relative.

CAREGIVING EFFECTS ON GRANDPARENTS

Evidence has emerged indicating that grandparents raising grandchildren are often negatively affected by their caregiving responsibilities. Across the nation, including Region IV, reported conditions by grandparents after taking on parenting roles draw attention to major areas of need that require designated services and policy considerations.

Financial Needs — Access to stable and sufficient financial resources is a primary need of custodial grandparents. According to the Urban Institute (2003), 54% of all grandchildren, nationally, are raised by grandparents whose incomes are below 200 percent of the federal poverty level. Many grandparents have accumulated some financial assets from years of working, but are now living on fixed incomes. Raising one or more children in their homes stretches their retirement funds to the point where basic needs can not be met for all family members. While many grandparents are eligible for public welfare benefits (TANF, SSI), some are hesitant to apply for them because of negative past experiences with the public welfare system. For

others, whose values about self-sufficiency and keeping their family matters private are so ingrained, seeking public welfare benefits is not seen as a viable option. The household assets of some families may put them just above the eligibility level for public benefits. Many grandparents are simply unaware of what resources are available and how to access them. As a result, the financial costs associated with feeding, clothing, and meeting medical costs for grandchildren become a private burden.

Housing — A majority (77%) of caregiving grandparents in Region IV own their homes as opposed to renting them (U.S. Census Bureau, 2004b). Even though this is considered a financial asset, consideration must be given to the structural condition of the home, the number of persons residing in the home, and one's ability to pay all costs associated with homeownership (e.g., utilities, repairs, local taxes). The structural condition of the homes of some low income families may not be appropriate for housing multiple children. Some seniors "downsize" their homes when they retire, but when one or more grandchildren are brought into their care, the living space can become overcrowded (Macomber & Geen, 2002). Most grandparents cannot afford to add more space onto their present dwellings. Ultimately, overcrowded living conditions affect all family members, contributing to increased mental stress and tension in the household.

In some cases, grandparent caregivers residing in senior-citizen designated facilities are forced to relocate to another residence because children are prohibited from living in the facility. This can be an expensive undertaking or a nearly impossible task for low-income families trying to find a residence based on current housing market rates because timely access to public housing units is extremely limited.

Food Insecurity — Providing adequate food for family members is a source of worry for low-income grandparents when grandchildren come to live with them. According to a report by Macomber & Geen (2002) based on the 1999 National Survey of American Families (NSAF), 48% of 770 grandchildren living with grandparent caregivers experienced some level of food insecurity (i.e., insufficient food to last an entire month in the household, or some adults eating small portions or skipping meals to stretch available food supplies). As noted earlier, many grandparents are reluctant to utilize public assistance programs, including food stamps. Based on the same NSAF study, less than half (43%) of the grandchildren living in grandparent-headed families received food stamps (2002). While the need for food assistance is clear, developing strategies to reach out to grandparents about the benefits of utilizing public food resources must become a priority.

Mental Stress – When grandparents assume the role of primary caregivers for their grandchildren, it can take a toll on their emotional state. Many grandparents have mixed emotions about raising their grandchildren. They often describe the joys of having their grandchildren live with them (Burton, 1992). For some grandparents, caregiving provides a purpose in life; other grandparents may see it as a second chance to raise a child. While they enjoy having them in their homes, some grandparents also are angry with their adult children who caused them to be in the parenting role again, with all its consequences. In a study of grandparent caregivers living in the southeast region, Kelley, et al., (2000) found that lack of economic resources, poor physical health, and, to a lesser extent, lack of social supports predicted higher levels of psychological distress. The level of stress may be exacerbated when grandchildren have medical or developmental problems that require extensive supports, but grandparents are uncertain how to access needed services.

Other studies noted a majority of grandparents (55%) are raising their grandchildren alone, without the support of a spouse; isolation from friends and family can occur as a result of caregiving responsibilities, giving grandparents few social outlets (Jendrek, 1994; Ehrle, 2001). Parenting due to AIDS or drug abuse can sometimes isolate caregivers because they are ashamed or embarrassed to publicly acknowledge these issues, cutting them off further from necessary social networks (Roe and Minkler, 1999). In a national study on the needs of children in grandparent care by the Urban Institute (Scarcella, et al., 2003), nearly one-third of the grand-

children were raised by grandparents experiencing poor mental health, and 23% lived with a “highly aggravated caregiver” (p.4). The level of mental strain associated with raising their grandchildren is noteworthy, suggesting the necessity for mental health support services for grandparent caregivers.

Physical Health – Another consequence of raising grandchildren is the deterioration of the grandparent’s physical health. In a study of 100 grandparents residing in the southeast, Whitley, Kelley and Sipe (2001) found that 23% had diabetes, over one-half (54%) had high blood pressure, 22% had high cholesterol levels, and 80% met the criteria for obesity. Usually, it is not a question of grandparents not having access to health care; access to medical services through public health insurance (Medicare and Medicaid) or private insurance is a resource held by many grandparents. But grandparents younger than retirement age and working part-time with no medical benefits may have very limited access to health services, causing them to rely on emergency rooms or community-based free clinics for their primary health care.

For the majority of grandparent caregivers, utilizing primary care health services for their own care is problematic because of the extensive time commitments related to raising their grandchildren. Minkler and Roe (1993) found that 38 percent of grandparent caregivers in their study reported their health had worsened since assuming full-time parenting responsibilities for their grandchildren. But despite deteriorating physical health, half of the caregivers reported breaking medical appointments during the past year because of child care responsibilities, and one-third had not been to a doctor in three years or more.

Parenting an infant or toddler may present additional physical strain for some grandparents because they are not able to lift and carry their grandchildren, participate in play activities, or accompany them on outings away from home. Researchers have reported that children being cared for by grandparents go on fewer outings than children living with other relatives (Scarcella, et al., 2003; Ehrle, & Moore, 1999). In addition, these researchers found grandparents are more likely to have physical difficulty attending school activities/meetings, or after-school or week-end recreational activities as compared with other relative or non-relative caregivers.

In summary, reported studies and their findings suggest specific areas of concern that are commonly experienced by grandparent-headed families across Region IV. Identifying support services to address grandparent needs for financial support, housing, health, food assistance and mental stress will be essential to any program design.



CAREGIVING EFFECTS ON GRANDCHILDREN

Placing a child with grandparents has positive effects for the child, as well as the whole family. Keeping children with family members sustains their connection to their family roots; usually they are in close proximity to other relatives, including siblings, which allows them to receive family support that is unavailable or infrequent with non-kin placements (Chipungu, et al., 1998). This is important for children who may experience separation anxiety and attachment disorders following traumatic events with their parents. But little research has described the distinct needs of grandchildren living in grandparent households, or explored how these children are coping. What is known about these children is largely based on information extrapolated from general research on traumatized children, or is derived from health and social data about grandparent caregivers and inferences about how grandparent caregiving impacts the well-being of grandchildren (Scarcella, et al., 2003).

Young Grandchildren – The incidence of maternal substance abuse raises concerns about the developmental status of young grandchildren being raised by grandparents. An unpublished study by Whitley, Kelley & Campos (2006) explored the developmental status of 74 young African-American grandchildren being raised by their grandparents in Georgia. Fifty-seven grandchildren, ages 1-5 years, were ultimately evaluated by a team of child development specialists.

Based on the evaluation results, 40 (70.18%) grandchildren had a verified developmental disability, including fetal alcohol syndrome (full or partial) (32.5%), cognitive delay (12.5%), gross motor, communication, and social/emotional delays (7.5%, respectively), and fine motor delay (2.5%). The magnitude of disabilities that is exhibited by these young children warrants targeting early intervention screening and evaluation services to them. Without appropriate early intervention services, the risk for educational and social failure among these children is very clear, and certainly avoidable.

Adolescent Grandchildren – The early trauma experienced by adolescent grandchildren has multiple effects on their social/emotional functioning. Physical abuse, neglect, sexual abuse, and abandonment by the biological parents are common events in their lives. In addition, many grandchildren have been exposed to homicide, rape, assault, robbery and other crimes associated with substance abusing parents or other family members (Jendrek, 1994; Minkler & Roe, 1993). Consequently, these youth are at risk for expressing anti-social emotions and behaviors. Emotions such as anger and frustration due to feelings of abandonment, parental



confusion, and attachment disorder may be manifested in early sexual activity, gang activity, drug use, poor school performance, and violent behavior toward peers and/or family members (McGuigan & Pratt, 2001; Herrenkohl, Guo, et al., 2001; Brendgen, Vitaro, et al., 2000).

Current literature suggests grandparent stress is often related to teenage children exhibiting behavior problems, truancy, and unaddressed physical and mental health problems (Robbins, et al., 2006). Estimations derived from the 1999 NSAF survey suggest that nearly 10% of grandchildren between the ages of 6 and 17 and living with their grandparents experience high levels of behavioral or emotional problems (Scarcella, et al., 2003). Grandparents are sometimes at a loss as to how best to interact and discipline their grandchildren, sometimes intensifying existing attachment disorders.

In a study by Peterman (2005) of grandmothers raising grandchildren, suggested factors associated with negative attachment among adolescent grandchildren included lack of exhibited warmth and closeness by grandmothers, little involvement with their grandchildren, and little or poor supervision. As a result, these grandchildren are at risk for poor social functioning. Certainly, not all grandchildren exhibit negative behaviors when living with their grandparents, but there is enough evidence that raises concerns and suggests specialized mental health intervention for grandchildren is a vital support service for these families.

Therefore, in summary, too little attention has been given to the needs of grandchildren living with grandparents. A number of child welfare researchers and practitioners suggest that unaddressed developmental and socio-emotional effects among grandchildren can increase risks for poor outcomes related to education and peer interaction, and contribute to negative family functioning.

CURRENT RESOURCES

A growing number of agencies in Region IV provides services for grandparent caregivers and their grandchildren. The current public and private service system offers various supports to any family in need, and most of these services are available to grandparent-headed families; however, they are sometimes not interconnected, requiring individuals to negotiate several bureaucratic mazes in order to receive benefits. Informal caregivers tend to have less access to public services because their grandchildren are not involved with the child welfare system, although their needs are just as critical as those of any family in the system. Many community-based services provide information and referral services, or support group meetings for grandparents; few provide comprehensive services to address the multiple, interrelated issues facing grandparent caregivers.

Financial Assistance – Traditional public assistance benefits available to meet basic family needs are available to grandparent families. Generally, all grandparent-headed families can receive TANF – child only grants; food stamps, Medicaid, WIC, and child support payments are also available according to certain eligibility criteria. However, grandparent caregivers do not represent a market group that is consistently targeted by public welfare administrators. Therefore, grandparents are not fully aware that they too are eligible for certain services and benefits.

Ehrle and Geen (2002) suggest that outreach materials about public welfare benefits are presently marketed to “parents,” which may be ignored by other caregivers. The stigma of receiving public benefits is a barrier that welfare agencies must continue to address when designing service delivery strategies that facilitate access to grandparent caregivers. Broadening relationships with diverse organizations and public offices (e.g., aging, Social Security, school systems, faith-based organizations) to develop outreach approaches to grandparent families may help to facilitate greater access to public assistance programs.

As of 2004, state subsidized guardianship is available in 35 states and the District of Columbia, including Florida, Georgia, Kentucky and North Carolina in the southeast region (Children’s Defense Fund, 2004). Each program provides ongoing financial support to relative caregivers who accept permanent legal guardianship of related children, when reunification or adoption is not possible or desired. Generally, this option provides permanency for older children, sibling groups, and children who have spent long periods of time in the child welfare system. But understanding and accessing this program can be difficult for grandparent caregivers because the program has different names in different

states and different versions in a single state, with varying eligibility criteria, and different subsidy amounts for children. For grandparents with informal arrangements, this program may not be an option since the children must be in state custody at some point (ranging from 6 months to one year). Only six states provide subsidized guardianship to informal caregivers, and none is in Region IV (Children’s Defense Fund, 2004). Post placement support services are not uniformly available to caregivers across states, placing many children at risk for not receiving needed services such as clothing allowances, school supply allowances, and access to summer camps (Geen, 2003).

Another potential financial resource for grandparent caregivers is Title IV-E Adoption Assistance. If grandparents wish to adopt their grandchildren, and the children are in state custody or involved with a placement agency, financial assistance is available to the family through Title IV-E. But as noted above, many grandparents are informally raising their grandchildren; they are not involved in the child welfare system. These families do not have easy access to the more generous public payments (compared to TANF) that would provide an economic cushion to meet some of their needs. States cannot use Title IV-E funding to support kinship placements outside of the formal foster care system and it cannot be used to support kinship guardianship placements, except through a limited waiver process (Generations United, 2004).

Child support is another financial option open to grandparent caregivers. Services to assist them to obtain child support orders, locate non-custodial parents, and redirect existing child support funds are available. But some grandparents may be hesitant to seek child support due to possible negative repercussions from non-custodial parents. (Generations United, 2004).

Legal Assistance – Determining the legal relationship with their grandchild is a critical area where grandparents need assistance. Too often, grandparents do not have a legal relationship with their grandchildren, largely due to the informal way in which they obtained responsibility for their grandchildren, and their lack of knowledge of its benefits (Yorker, et al., 1998). Some grandparents do not understand the advantages/disadvantages of each legal option. Many would rather not establish a legal relationship because they are hopeful the grandchildren’s parents will resume responsibility for them. Another concern is the cost associated with legalizing their relationship, a financial item that has less priority than immediate needs, such as feeding and clothing their grandchildren. (See Box 3 for definitions of legal arrangements.)

Box 3

Defined Legal Arrangements

Guardianship: Parental rights not terminated, and the grandparent is not financially responsible for the grandchild; allows grandparent to enroll child in school and receive medical care.

Legal Custody: Grandparent petitions for custody if he/she can demonstrate parent is “unfit,” and grandparent retains physical possession of the grandchild.

Relative Foster Care: Child is in the custody of the state, but the grandchild resides in the relative’s home (including grandparents).

Non-relative Foster Care: Child is in the custody of the state, but the grandchild resides with persons not related to the child.

Adoption: Parental rights are severed; grandparent assumes all legal and financial responsibilities for the child.

Other options available in some states:

Stand-by Guardianships: Parent retains custody, but a stand-by guardian is named for the child when the parent dies.

Subsidized Guardianships: Financial support is provided for children in state custody; caregiver becomes the legal guardian, replacing the state.

Educational Assistance – Finding educational services to meet grandchildren’s needs is often frustrating for grandparents. Their expressions of concern may not be addressed by schools in a timely manner, or the grandparents may have difficulty voicing their concerns to teachers or school administrators. Too often, grandparents are left to defend their grandchildren’s rights with little knowledge about or experience with education policies or school systems. For example, many grandparents are unaware of the Individuals with Disabilities Education Act (IDEA) relative to developmental assessment and evaluation, prescribed individual family service plans (IFSP), individual educational plans (IEP), or transition planning. Being unfamiliar with educational policies or services can put any parent at a disadvantage, but the lack of knowledge in this area can present a major challenge for grandparents who may be intimidated by public systems.

As a result, grandchildren may not get the services needed for school success, increasing their risks for school failure and other social consequences that may diminish positive life outcomes. But knowing how to access early education (e.g., Head Start/Early Head Start), or special education programs is critical for any caregiver of a child, and in particular, a child with disabilities. This suggests that formal and informal support networks within schools, early child development programs, health and public welfare systems must work collaboratively to help grandparents access information and services to influence educational outcomes.

7

GEORGIA: A MODEL OF COLLABORATION

Georgia, specifically the work that has begun in the Atlanta metropolitan area, is regarded as a model for developing successful joint ventures among ACF, state and private agencies to address the needs of grandparent caregivers. Since Atlanta is recognized as the center of state leadership in Georgia, it is a reasonable assumption that the foundation for building statewide partners would begin in the Atlanta community. Under the leadership of ACF, a coalition of public and private agencies is working together to address the common needs faced by caregivers by expanding the current service delivery system to target grandparents and the children under their care. In many cases, existing services in Georgia were restructured to ensure grandparent-headed families have easy access to them; in other cases new initiatives were established with support from the ACF regional office, as well as other state and local agencies.





Georgia's Grandparent Caregivers

- » A total of 48.2% of all grandparents co-residing with grandchildren are primary caregivers.
- » Fulton (6,154), Dekalb (5,033) and Clayton (3,622) counties have the highest concentration of grandparent caregivers in the state.
- » A total of 24% of care giving grandparents are 60 years of age or older.
- » A total of 28.7% live in poverty.
- » A total of 32% have parented their grandchildren for 5 or more years.
- » As of 2005, 17,194 children were in state custody foster care services – 4,126 (24%) were placed in relative foster care.

Sources: Simmons, T., & Dye, J. I. (2003). *Grandparents living with children: 2000*. (Census 2000 Brief Report C2KBR-31). Washington, D.C. U.S. Census Bureau; Child Welfare League, (2006). *State Fact Sheets for 2006*. Washington, D.C.: CWLA; U.S. Census Bureau, (2004). 2004 American FactFinder by County. Available at: <http://factfinder.census.gov/home/saff/main.html>; U.S. Census Bureau, 2006, American Communities Survey.

In response to the growing number of grandparent caregivers in Georgia, Governor Sonny Perdue made a commitment to establish 12 Kinship Care Centers across the state. The purpose of these facilities is to provide a central location for grandparents (and other relative caregivers) to obtain information about community services to meet their needs. This initiative collaborates with the Georgia Division on Aging and Area Agency on Aging (AAA) offices in Georgia, where there is at least one caregiver/kinship care specialist working at each of the 12 AAA sites. Currently, Kinship Care Centers operate in metropolitan Atlanta (Clayton

County), Coastal Georgia, and South/Southeast Georgia. A Kinship Care Center opened in Central Savannah River at the Medical College of Georgia in fall, 2006. Each of these centers provides information and assistance, support groups, and public education services, and they serve as the vehicle for initiating partnerships on special projects with other community and public agencies.

In 2005, the Georgia consortium of service providers in child welfare, aging, and other social services worked with the Commissioner for the Department of Human Resources (DHR) to institute grandparent liaisons at county welfare offices. The Georgia Kinship Navigator program provides work training through the Jewish Family and Career Services and Atlanta Regional Commission to train 10 seniors wanting to become grandparent liaisons at the DHR, Division of Family and Children Services (DFCS) offices. Their role is to help grandparents navigate the public welfare system to ensure they are getting all the entitled benefits.

While TANF and the Relative Foster Care Subsidy are necessary public supports for families, they are not specific to grandparent caregivers. As of July, 2006, two new initiatives were announced by DHR to impact grandparent caregivers directly through the expansion of TANF funds from DFCS. Under the leadership of DHR Commissioner B.J. Walker, two cash assistance programs were announced to support grandparents who are 60 years of age and older, and/or disabled:

Emergency/Crisis Intervention Services Payment (CRISP)

is a one time cash payment provided to grandparents raising their grandchildren. The payment may be used for any verified need defined by the grandparent. The amount of cash assistance is up to three times the maximum TANF benefit for a family. The funds are regarded as a support of last resort for families needing to meet an immediate emergency. Examples of emergencies include the purchase of beds and clothing, payment of utilities, legal expenses, and even transitional mental health services to help families adjust to their new arrangements.

Grandparents Raising Grandchildren Monthly Subsidy

Payment is another targeted benefit for grandparents raising grandchildren provided under the Department of Family and Children Services as of July, 2006. Grandparent-headed families can receive \$50/child/month to assist with child care expenses. The advantage of this benefit is that the grandchild does not have to be in state custody in order for grandparents to access it. The goal is to support grandparents as they manage the daily expenses of raising their grandchildren. This is designed to be an ongoing benefit for families (Georgia Department of Human Resources, 2006).

Other strategies to help custodial grandparents in Georgia gain access to services and information include the development and dissemination of community resource directories, the establishment of senior hotlines, and legal outreach services. The Atlanta Regional Commission, aided by AARP, developed a community directory for grandparent caregivers in 2005. The directory contains contact information on primary services needed by grandparents. Macon and Savannah are also developing community resource directories. The Georgia Senior Hotline of the Atlanta Legal Aid Society opened a Relative Caregiver Hotline to help grandparents address legal questions regarding their grandchildren. A toll-free statewide number is available to give caregivers from across the state access to this service.

Finally, the Georgia Legal Services Program established a Kinship Care Project, which also provides legal and outreach services to grandparent caregivers, largely outside the Atlanta metropolitan area. These initiatives highlight the collaborative efforts by public and private providers working to ensure that grandparent-headed families have their immediate needs of financial assistance, service information and referral, and legal guidance addressed through an accessible delivery system.

CONTINUED NEEDS

The major needs/challenges facing grandchildren and their grandparents in all states in Region IV are similar to those of families in other parts of the country. Table II presents the specific needs of grandparents and grandchildren living under their care in the region:

While initial strides to develop a network of services to support grandparents and grandchildren have been made in Georgia, this effort is not reflected across Region IV. Presently, there is little evidence that statewide collaborative initiatives are occurring in other states in the region. However, it is likely that efforts similar to those occurring in Georgia can be replicated. Led by ACE, public and private agencies can establish a service coalition willing to collaborate on planning activities and share resources to meet the needs of grandparents and their grandchildren. Such initiatives may include establishing legal hotlines; instituting grandparent liaisons in state child welfare offices, public health facilities, or school settings; and establishing full service Kinship Care Centers in communities.

Georgia, like other localities, has struggled with providing adequate services to caregivers living in rural communities. Although their needs generally mirror the concerns of all other grandparents, the growing incidence of methamphetamine addiction is likely to exacerbate their needs in the future. Custodial grandparents in these areas have difficulty securing basic resources to meet their needs, in particular, obtaining specialized services. The isolation they encounter resulting from inadequate public transportation, limited health and mental health services, and unavailable specialized child services, as well as the limited number of family-focused agencies in their communities, makes it especially hard to address their needs.

It is imperative that agencies in rural localities are supported to pool their resources to address grandparent caregivers’ needs. The work that is occurring in Georgia’s rural communities is the result of collaborative efforts with

Table II: Service Needs of Grandparent Caregivers and their Grandchildren

Grandchildren’s Needs	Grandparents’ Needs
Early intervention and treatment services (Birth - 5 years of age)	Public financial benefits
Mental health/behavior services	Health care services
Support groups	Support groups
School readiness for young grandchildren	Parent training
Academic resources	Information and referral public benefits
Tutor/Mentor services	Legal assistance
Positive youth development services	Housing assistance
Summer/weekend camps	Respite services
Child care services	Transportation

ACF, the Administration on Aging, Georgia Department of Human Resources, Area Agency on Aging, Georgia Division on Aging, local universities and health organizations. A resource that has not been tapped extensively is faith-based organizations. But with sufficient financial assistance, there is ample room to secure their support to provide space or other resources for group meetings, development of local directories, or transportation to planned events.

NEXT STEPS

Georgia has taken the first steps toward establishing lasting partnerships with relevant agencies and service organizations in the public and private sectors to support grandchildren and their grandparents. But while these efforts are highly successful in one state, they need to be replicated in other parts of the region, as well as the nation.

In most localities, there are independent services in communities that address individual aspects of family needs. However, coordinated efforts that would provide a seamless system by which grandchildren and their grandparent caregivers receive services are lacking. Too often service delivery systems are designed as if “one size fits all.” As this paper illustrates, grandparent-headed families face unique challenges; they need an integrated service environment that will support

their needs. Suggested federal offices that may partner together to initiate or expand existing services include: the Office of Head Start, Office of Family Assistance, Office of Community Services, Child Support Enforcement Office, Food and Nutrition Service, Housing and Urban Development, Administration on Developmental Disabilities, and Center for Faith-based and Community Initiatives. The following are program suggestions to support grandchildren and their grandparent caregivers:

Potential ACF Initiatives

Head Start – Provide funding for specialized training of Head Start/Early Head Start staff on the unique aspects of grandchildren living in grandparent households, in particular recognizing issues related to aging, developing outreach and recruitment strategies for relative caregiver families, identifying community-based service delivery systems designed for grandparents and grandchildren, and learning how to advocate for grandparent-headed families in local communities.

Establish a Head Start/Early Head Start Grandchildren Raised by Grandparents Initiative to include programming that supports child development through parenting classes, grandparent support groups, legal support for establishing legal relationships with grandchildren (e.g., custody, adoption), and early identification and intervention for developmental disabilities.

Children’s Bureau – Provide financial assistance to agencies offering support groups for grandchildren and/or grandparents, including costs for refreshments, child care and transportation.

Expand early intervention outreach services for young grandchildren residing with their grandparents, especially families living in rural communities, to identify and treat developmental disabilities, e.g., establish mobile screening units in partnership with the public health service.

Support collaborations with allied health professional schools to expand early intervention services to families in isolated communities, targeting grandchildren in grandparent families.

Facilitate partnerships among faith-based organizations, youth serving agencies, community social service agencies and school systems to establish after-school programs, tutor/mentoring and summer/weekend camps to meet the social/recreational needs of grandchildren in grandparent households.



Potential Initiatives by Other Federal Partners – Explore with the Food and Nutrition Service, USDA, the potential to develop a pilot program on Food stamp – child only grants.

Coordinate with the Centers for Medicare and Medicaid to develop and pilot specialized community-based mental health services for grandchildren and grandparents. Services should include counseling (individual and family), group support for grandchildren, especially adolescents, support groups for grandparents, and reimbursement for transportation services.

Expand housing services to support grandchildren living in grandparent households. Housing subsidies, furniture allowances, and utility assistance should be targeted to support grandparent caregivers.

Coordinate funding opportunities between ACF and Administration on Aging offices to provide respite care, support groups, transportation, and parenting services for grandparent caregivers, giving special attention to families living in rural communities.

CONCLUSION

The phenomenon of grandparents raising grandchildren impacts multiple ACF programs, as this Call to Action paper demonstrates. As evidenced by the work being conducted in Georgia, ACF regional offices can provide leadership with states, universities, faith-based and community organizations to address the multiple challenges facing grandparent-headed families. The potential effect of this effort is a coordinated service delivery system that promotes strong and stable families.

ABOUT ACF

The Administration for Children and Families (ACF), located within the U.S. Department of Health and Human Services, provides national leadership and direction for the administration of comprehensive and supportive programs for vulnerable children and families. ACF has a strong commitment to supporting initiatives and programs that address the needs and strengths of underserved populations. Through its federal leadership, the Administration brings together a broad range of federal programs that promote the economic and social well-being of families, children, individuals and communities. Major program services include:

- » TANF (Temporary Assistance to Needy Families)
- » Child Care and Development Fund (CCDF)
- » Child Support Enforcement
- » Child Welfare
- » Developmental Disabilities
- » Runaway and Homeless Youth
- » Head Start

APPENDIX

Georgia Grandparents Raising Grandchildren

Consortium – A consortium of federal, state and local agencies and organizations in Georgia that collaborated to establish a network of services for grandchildren and their grandparents.

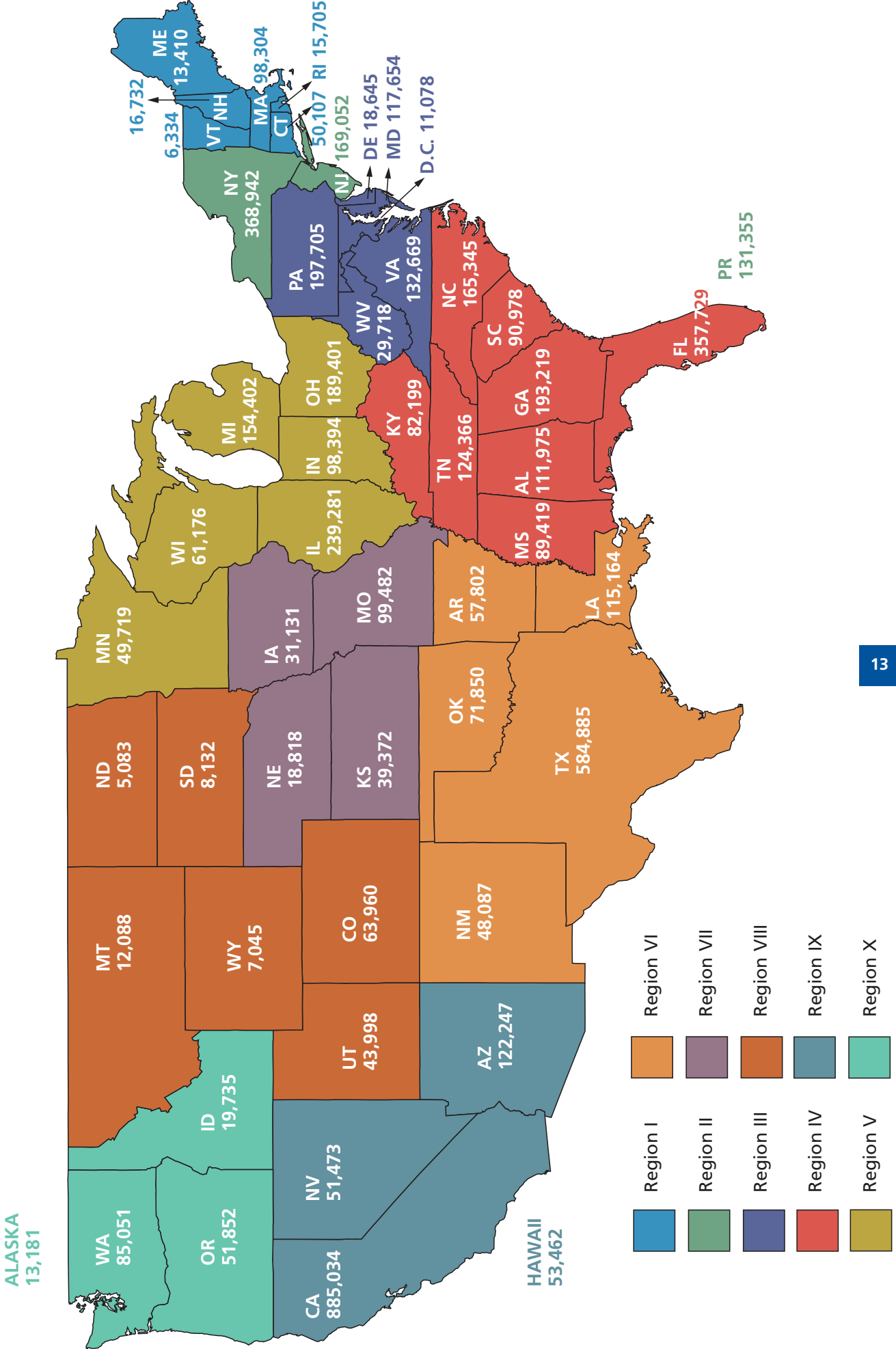
Atlanta Regional Commission/Area Agency on Aging
American Association of Retired Persons (AARP)
DeKalb County School System
DHHS/Administration on Aging
DHHS/Administration for Children and Families
DHHS/Centers for Medicare and Medicaid Services
DHHS/Office on Women's Health
DHHS/Office of General Council
Georgia Consortium for African American Aging
Georgia Council on Aging
Georgia DHR/Division of Aging Services
Georgia DHR/Division of Family and Children
Services/Childcare
Georgia DHR/Division of Family and Children
Services/Foster Care
Georgia State University National Center on Grandparents
Raising Grandchildren
Georgia State University Neighborhood Collaborative
Senior Corps
Georgia State University/Project Healthy Grandparents
Grady Memorial Hospital – Senior Services Department
Georgia State University/Project Healthy Grandparents
Grandparent Relative Caregiver Project/Atlanta Legal Aid
Society, Inc
Quality Living Services, Inc.
Social Security Administration
USDA Food and Nutrition Services
VISTA/GSU Neighborhood Collaborative Senior Corps

Grandparents Raising Grandchildren: Clayton County

Alliance represents the efforts of human services agencies and organizations to provide and identify support for grandparents who are primary caregivers of their grandchildren in Clayton County:

Atlanta Legal Aid Society, Inc.
Atlanta Regional Commission
AARP of Georgia
Clayton County Aging Program/Grandparents Raising
Grandchildren Resource Center
Clayton County Alzheimer's Support Services, Inc.
Clayton County Community Services Authority, Inc.
Clayton County Court Appointed Special Advocates Program
Clayton County Extension Services
Clayton County Library System
Clayton County Department of Family and Children Services
Clayton County Board of Health
DHHS/Administration on Aging
DHHS/Administration for Children and Families
Georgia Center for Adoption Resources and Support
Georgia State University, National Center on Grandparents
Raising Grandchildren
Georgia State University, Project Healthy Grandparents

Census 2005: Grandparents Living with Grandchildren < 18 years



REFERENCES

- Barth, R.P., Courtney, M., Berrick, J.K. & Albert, V. (1994). *From Child Abuse to Permanency Planning: Child Welfare Services Pathways and Placements*. New York: Aldine de Gruyter.
- Berrick, J.D., Barth, R., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implication for kinship foster care as family preservation. *Children and Youth Services Review*, 16 (1-2), 33-63.
- Brendgen, M., Vitaro, F., Tremblay, R., and Lavoie, F. (2001). Reactive and proactive aggression: Predictions to physical violence in different contexts and moderating effects of parental monitoring and caregiving behavior. *Journal of Abnormal Child Psychology*, 29(4), 293-304.
- Burton, L. M. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *Gerontologist*, 32, 744-751.
- Centers for Disease Control and Prevention, (2003). *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States*. Atlanta, GA: Centers for Disease Control and Prevention.
- Child Welfare League, (2006). *State Fact Sheets for 2006*. Washington, D. C.: CWLA.
- Children's Defense Fund, (2004). *States' Subsidized Guardianship Laws At A Glance*. Washington, D.C. Children's Defense Fund.
- Chipungu, S., Everett, J., Verduik, M.J., and Jones, H. (1998). *Children Placed in Foster Care With Relatives: A Multi-state Study*. Washington, D.C.: Department of Health and Human Services, Administration for Children and Families.
- Dowdell, E. B. (1995). Caregiver burden: Grandmothers raising their high-risk grandchildren. *Journal of Psychosocial Nursing*, 33, 27-30.
- Drug Enforcement Administration, (2005). Total Of All Clandestine Laboratory Incidents – Calendar Year 2004. Available at: www.usdoj.gov/dea/concern/map_lab_seizures_2004p.html.
- Ehrle, J. (2001). *Children Cared For By Relatives: Who Are They and How Are They Faring?* (New Federalism: National Survey of American Families, Series B, No. B-28). Washington, D.C.: The Urban Institute.
- Ehrle, J. & Geen, R. (2002). *Children Cared For By Relatives: What Services Do They Need?* (New Federalism, National Survey of America's Families, Series B, No. B-47). Washington, D.C.: The Urban Institute.
- Ehrle, J. & Moore, K. (1999). *1997 NSAF Benchmarking Measures of Child and Family Well-being*. Washington, D.C.: The Urban Institute. *Assessing the New Federalism*, National Survey of America's Families Methodology Report No. 6.
- Geen, R. (2003). *Finding permanent homes for foster children: Issues raised by kinship care*. (New Federalism: Issues and Options for States Number A-60). Washington, D.C.: The Urban Institute.
- Generations United, (2002). *Grandparents and other relatives raising children: Challenges of care for the second family*. Available at: http://www.gu.org/Files/ChallengesSheetfinal10_02.pdf.
- Generations United, (2004). Financial assistance for grandparents and other relatives raising children. Available at: www.childrendefense.org/childwelfare/kinshipcare/FinancialAssistance.pdf#xml=http://childrendefense.org.master.com/texis/master/search/mysite.txt?q=child+support+payments&order=r&id=88a0c822e0e53a14&cmd=xml.
- Georgia Department of Human Resources, (August, 2006). Economic Assistance: Grandfamilies Raising Grandchildren. Available at: http://dhr.georgia.gov/DHR/DHR_CommonFiles/DHR%20Press%20Kit%20Aug%2008.pdf.
- Henry J. Kaiser Family Foundation, (2005). *HIV/AIDS: The HIV/AIDS Epidemic in the United States*. California: Henry J. Kaiser Family Foundation.
- Herrenkohl, T.I., Guo, J., Kosterman, R., Hawkins, J.D., Catalano, R. and Smith, B. (2001). Early adolescent predictors of youth violence as mediators of childhood risks. *Journal of Early Adolescence*, 21(4), 447-469.
- Jantz, A., Geen, R., Bess R., Andrews, C., & Russel, V. (2002). *The Continuing Evolution of State Kinship Policies*. Washington, D.C.: The Urban Institute.
- Jendrek, M.P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist* 34, 206-216.
- Kelley, S. J. (1993). Caregiver stress in grandparents raising grandchildren. *Image: Journal of Nursing Scholarship*, 25(4), 331-337.

Kelley, S., Whitley, D., Sipe, T., and Yorker, B. (2000). Psychological distress in grandmother kinship care providers: The role of resources, social support, and physical health. *Child Abuse & Neglect*, 24, 311-321.

Kelley, S.J., Yorker, B.C., Whitley, D., & Sipe, T. A. (2001). A multi-modal intervention for grandparents raising grandchildren: Results of a pilot study. *Child Welfare*, 80 (1), 27-50.

Macomber, J. E. & Geen, R. (2002). Children Cared For By Relatives: What Services Do They Need? (New Federalism: National Survey of American Families, Series B, No. B-47). Washington, D.C. Urban Institute.

McGuigan, W. and Pratt, C. (2001). The predictive impact of domestic violence on three types of child maltreatment. *Child Abuse and Neglect*, 25, 869-883.

Minkler, M., & Roe, K. (1993). *Grandmothers As Caregivers: Raising Children of the Crack Cocaine Epidemic*. Newbury Park, CA: Sage.

Perdue, S. (January 11, 2006). Prepared Remarks of Governor Sonny Perdue, State of the State Address. State Capitol, Atlanta, Georgia. Available at: www.gov.state.ga.us/speeches/2006_speeches/Jan11_2006.shtml.

Peterman, D. (2005). *Adolescents Raised By Their Grandmothers: Perceptions Of Parenting Style and Attachment Representation*. Unpublished doctoral dissertation, Georgia State University, Atlanta.

Robbins, M. S., Briones, E., Schwartz, S.J., Dillon, F.R., & Mitrani, V.B. (2006). Differences in family functioning in grandparent and parent-headed households in a clinical sample of drug-using African-American adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 12, 84-100.

Roe, K. & Minkler, M. (1999). Grandparents raising grandchildren: Challenges and responses. *Generations*, 22, 25-32.

Scarcella, C. A. Ehrle, J. & Geen, R. (2003). *Identifying and Addressing the Needs of Children in Grandparent Care*. (New Federalism: National Survey of America's Families, Series B, No. B-55). Washington, D.C.: The Urban Institute.

Simmons, T., & Dye, J. I. (2003). *Grandparents living with children: 2000*. (Census 2000 Brief Report C2KBR-31). Washington, D.C.: U.S. Census Bureau.

Urban Institute, (2003). *Assessing the New Federalism: Children in Kinship Care*. Available at: www.urban.org/url.cfm?ID=900661.

United States Census Bureau, (2004 A). 2004 American Community Survey, S1002, Grandparents. Available at: http://factfinder.census.gov/servlet/STTable?_bm=y&-context=st&-qr_name=ACS_2004_EST_G00_S1002&-ds_name=ACS_2004_EST_G00_&-CONTEXT=st&-tree_id=304&-redoLog=true&-all_geo_types=N&-_caller=geoselect&-geo_id=01000US&-format=&-_lang=en.

United States Census Bureau, (2004 B). *2004 American Community Survey*. Selected Social Characteristics:2004. Available at: http://factfinder.census.gov/servlet/MYPTable?_bm=y&-context=myp&-qr_name=ACS_2004_EST_G00_MYP2_15&-ds_name=ACS_2004_EST_G00_&-tree_id=304&-redoLog=true&-all_geo_types=N&-_caller=geoselect&-geo_id=04000US13&-format=&-_lang=en.

United States Census Bureau, (2004). 2004 American FactFinder by County. Available at: <http://factfinder.census.gov/home/saff/main.html>.

United States Census Bureau, (2006). 2005 American Community Survey: Tables S1001 and S1002. Washington D.C.: U.S. Census Bureau.

Whitley, D., Kelley, S. & Sipe, T.A. (2001). Grandmothers raising children: Are they at increased risk of health problems? *Health and Social Work*, 26 (2), 105-114.

Whitley, D., Kelley, S. & Campos, P. (2006). A description of the developmental status of young African American children raised by grandparents. Manuscript submitted for publication.

Yorker, B., Kelley, S., Whitley, D., Lewis, A., Magis, J., Bergeron, A., and Napier, C. (1998). Custodial relationships of grandparents raising grandchildren: Results of a homebased intervention study. *Juvenile and Family Court Journal*, 49 (2), 15-25.

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NOTES

This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook or legal stationery. The lines are thin and light blue, set against a plain white background. There are no margins, text, or other markings present.

Administration for Children and Families, Region IV

