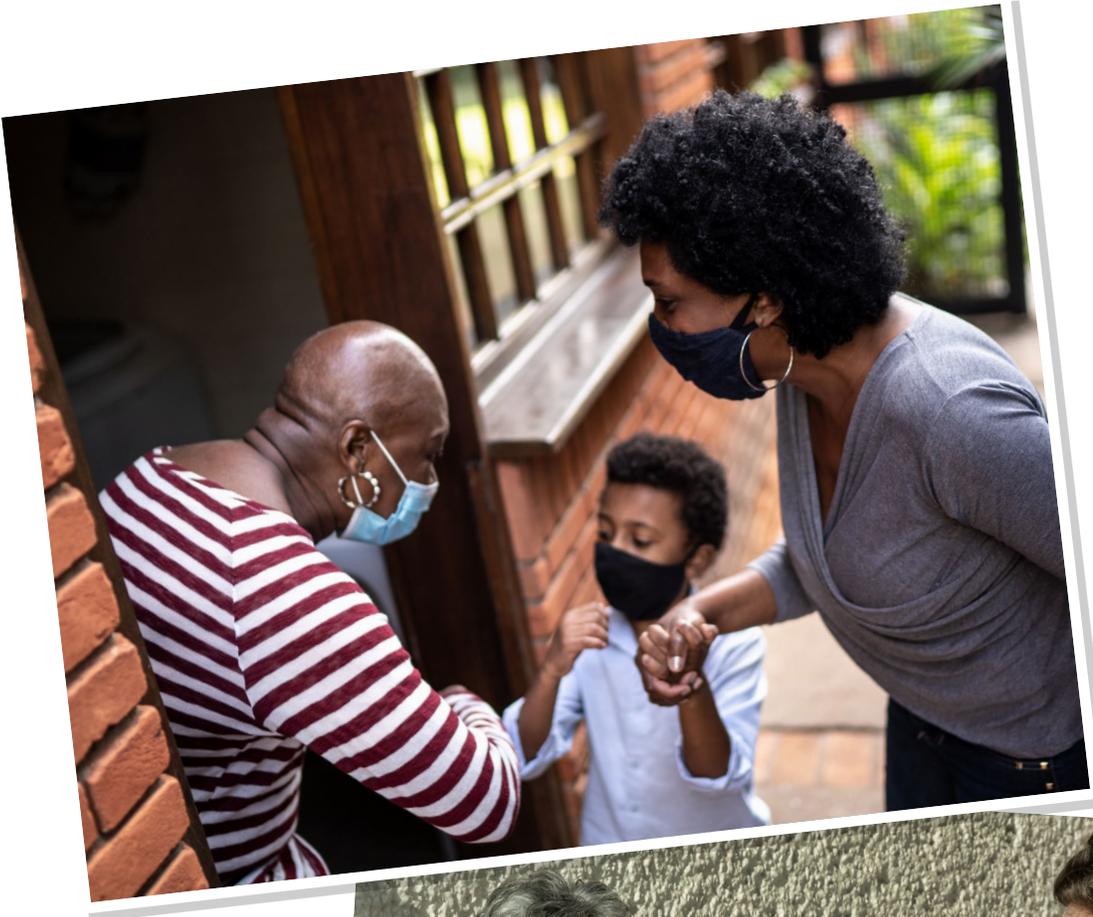


FACING A PANDEMIC: GRANDFAMILIES LIVING TOGETHER DURING COVID-19 AND THRIVING BEYOND



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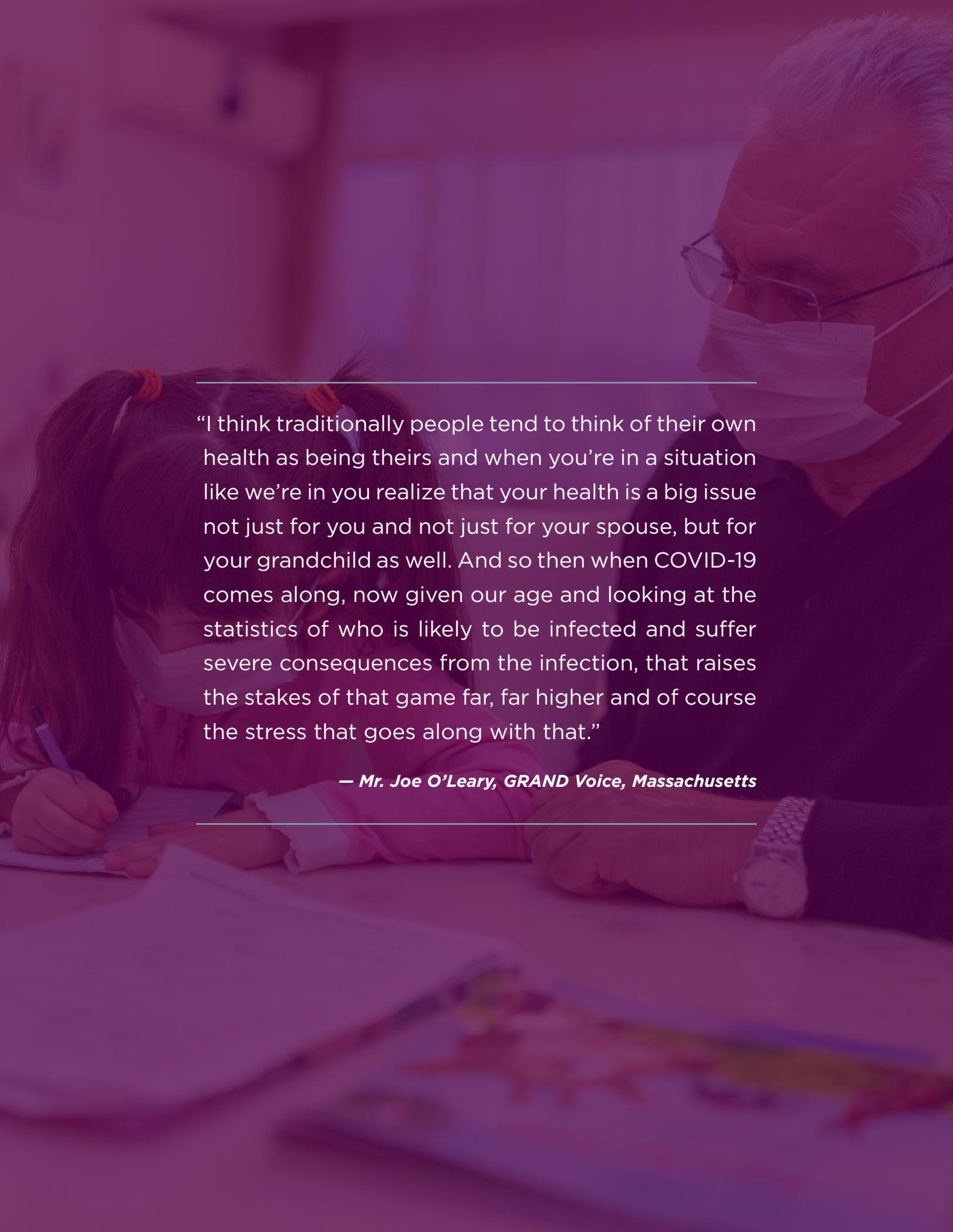


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“I think traditionally people tend to think of their own health as being theirs and when you’re in a situation like we’re in you realize that your health is a big issue not just for you and not just for your spouse, but for your grandchild as well. And so then when COVID-19 comes along, now given our age and looking at the statistics of who is likely to be infected and suffer severe consequences from the infection, that raises the stakes of that game far, far higher and of course the stress that goes along with that.”

— *Mr. Joe O’Leary, GRAND Voice, Massachusetts*

Introduction

Throughout the COVID-19 pandemic, older adults are being told to keep their distance from children, and wave through windows or video call. This is not possible for caregivers like the O’Learys who are among over two million grandparents raising their grandchildren, many of whom are age 60 and older and at greater risk if exposed to the virus.¹ These grandparents spend their days changing their grandchildren’s diapers, helping with virtual learning, and making meals. They are the first line of defense for these children during the pandemic, having stepped in when parents cannot raise children for many reasons, including because parents have died from the virus.

Across the United States, about 2.7 million children live in grandfamilies or kinship families – families in which grandparents, other adult family members, or close family friends are raising children – with no parents in the home.²

Kin caregivers, in addition to being older like the O’Learys, are disproportionately Black or Native American and also more likely to be impacted by the pandemic and die as a result.³ They need help making alternative caregiving plans and accessing services that may only be available to parents or those caregivers who have gone through a formal process to obtain a legal relationship to the children.

COVID-19 is both heightening the challenges of existing grandfamilies and creating new grandfamilies. Parents, such as Ms. Ashley Hannah who is profiled in this report (page 13), are dying due to the virus and leaving behind children who go into the care of their extended family. Despite their tremendous loss, the Hannah boys are blessed to have their grandparents. Decades of research proves that being raised by loving kin is the best option for children whose parents cannot raise them, whether due to death, disability, or any other number of common reasons.⁴ These children have better outcomes than those who live with unrelated foster parents.⁵ Grandfamilies keep children safe, loved, stable, and connected to siblings.⁶

The vast majority of children in grandfamilies, like the Hannah boys, live outside the foster care system and need support to prevent unnecessary entry into that system. About 20 children are with kin outside of foster care for every one child with relatives in foster care.⁷ Without grandparents or other kin stepping forward to raise these children, the foster care system would be completely overwhelmed. Grandfamilies continue to save taxpayers more than \$4 billion each year.⁸

These taxpayer savings are in jeopardy. COVID-19 is causing unprecedented threats to grandfamilies. While trying to overcome new and increased challenges due to the pandemic, grandfamilies are also dealing with longstanding inequities in how they are served and racism across the myriad systems, including child welfare, aging, and housing, that impact them.

Our country is facing a daunting public health emergency and racial reckoning. At the same time, the current situation creates unique opportunities and lessons learned that can help us build more equitable systems of support and services to help all families thrive. Out of necessity, innovative responses are arising to finally create responsive systems that support grandfamilies. Leveraging virtual platforms, more kin caregivers, youth, and birth parents can be served and authentically engaged in all aspects of reform. Members of Generations United’s GRAND Voices caregiver network, FosterClub’s network of young leaders, and the Children’s Trust Fund Alliance’s Birth Parent National Network are elevating their voices and moving the dial separately and as a coalition known as Family Voices United. Effective and fast pandemic responses have better occurred in areas with robust kinship navigator programs that bridge the many systems to link caregivers and children to services and supports. Emerging government flexibility with program rules and restrictions can continue and be maximized.

All of this ongoing reform must be framed through a racial and financial equity lens that holistically examines systems impacting grandfamilies so that grandfamilies of all races and ethnicities can be thoughtfully integrated into relevant programs and supports.

This report seeks to elevate the unique needs of grandfamilies heightened by the pandemic, along with solutions to connect grandfamilies to critical supports during this crisis and to create systems that will continue to serve them well.

Kinship navigator programs help caregivers find and access services to meet their own needs and the needs of the children they are raising. These programs also promote effective partnerships among public and private agencies.

Grandfamilies or kinship families are families in which grandparents, other adult family members or close family friends are raising children with no parents in the home.

KEY FACTS AND FINDINGS

- **Almost half of grandparent caregivers are age 60 and older and at heightened risk for COVID-19.** Over 48 percent of all grandparents responsible for their grandchildren are age 60 and older.⁹ In 2018, the average age of grandparent caregivers was nearly 59.¹⁰
- **More grandparent caregivers have disabilities than parents and are likely at heightened risk for COVID-19.** About 25 percent of grandparents responsible for their grandchildren have a disability, which can be compared to about 6 percent of parents of children under age 18.¹¹ Some of these disabilities are conditions that compromise their immune systems and/or place them at higher risk for COVID-19.
- **Grandfamilies are more likely to have Black or Native American members than the general population.** Nationwide Black people are dying from COVID-19 at 2.5 times the rate of white people, and Native Americans are dying at about 1.5 times the rate.¹²
- **Grandfamilies face heightened needs due to the pandemic that include housing, food security, and alternative care plans for the children.** A new nationwide online survey of kin caregivers revealed:
 - » 38 percent are unable to pay or worried about paying mortgage or rent
 - » 43 percent fear leaving their home for food
 - » 32 percent arrive at food pick-up sites after they have run out of food
 - » 30 percent have no caregiving plan for the children if the caregivers die
- **Grandfamilies face additional and unique challenges that are distinct from parent-headed families.** While some needs are similar, kin caregivers lack an automatic legal relationship to the child. So, unlike parents, they may lack the ability to access services for the children and make alternate caregiving plans for the children in the event of the caregivers' death.
- **Robust kinship navigator programs, health care professionals, and online support groups are crucial supports to grandfamilies during the pandemic,** as reported by the new nationwide online survey.
- **Lessons learned and practices employed during the pandemic,** such as widespread use of online platforms that can reach and serve more grandfamilies, **can better support the families and help them thrive once the public health emergency is over.**

KEY FEDERAL POLICY AND STATE AND LOCAL PRACTICE RECOMMENDATIONS

Federal Policy

- **Fund and establish an independent, nonprofit-based National Grandfamilies Technical Assistance Center** to provide expertise to programs and systems around the country. Help multiple systems coordinate their efforts to ensure the needs of grandfamilies are met during national emergencies and beyond.
- **Increase federal funding for kinship navigator programs during and after the pandemic.** These programs should serve grandfamilies regardless of child welfare involvement and provide case management and person-to-person peer navigation, in addition to direct goods and emergency assistance.
- **Amend Title IV-E of the Social Security Act** to require financially equitable treatment of children who are placed with kin as their caregivers.
- **Require all states use federal child welfare funds to offer Guardianship Assistance Programs (GAP) and remove the requirement that relatives must become licensed foster parents to access GAP.**
- **Increase funding for Temporary Assistance for Needy Families (TANF)** and encourage states, tribes, and localities to increase the monthly child-only grant amount to mirror foster care maintenance payments in each jurisdiction.
- **Allow for child-only Supplemental Nutrition Assistance Program (SNAP)** that does not consider the income of the caregiver and household, and instead are based solely on the needs of the child, such as TANF child-only grants.

- **Support children learning at home during the pandemic** by funding the authorized multigenerational service project grants in the Older Americans Act, and by funding the Corporation for National Service to create solutions such as virtual tutoring.

Practices

- **Authentically engage kinship caregivers, birth parents, foster parents, and young people** in the design and implementation of services that impact them and ensure that they reflect the racial and ethnic make-up of the communities served.
- **Coordinate COVID-19 response efforts across systems** to ensure that grandfamilies can obtain services and support.
- **Establish robust kinship navigator programs** that link caregivers and the children they raise, whether inside or outside the foster care system, with public benefits, direct goods, legal services, and behavioral and mental health supports, including virtual support groups.
- **Improve access to TANF** through simplified applications and more community outreach.
- **License more relatives as foster parents** by responding to delays caused by the pandemic with innovative virtual and other known solutions.
- **Use inclusive language and images in outreach materials.** Do not limit materials to “parents” when other caregivers are included too. Use inclusive language such as “caregiver” or “family member.”

Grandfamilies: Who They Are and How They Are Supported

About 2.7 million children in the United States are being raised by grandparents, other relatives, and close family friends with no parents in their home.¹³ Parental substance use, military deployment, incarceration, disability, and death are a few reasons causing kin to step forward to raise children they did not expect or plan to raise.¹⁴ The opioid crisis, previous drug epidemics like crack cocaine and methamphetamine, and hurricanes, wild fires, and other natural disasters have also caused grandfamilies to come together. COVID-19 is the latest public health emergency to create new grandfamilies. Although these situations and tragedies can happen to any family across the socioeconomic, racial, and ethnic spectrums, data show that Black people and Native Americans are more likely to live in grandfamilies and are more likely to die of COVID-19.

Limited systems support for children in kinship care.

The foster care system relies on kin caregivers more than ever. Of the 2.7 million children, an estimated 133,405 are in legal custody of the foster care system with kin providing care.¹⁵ This number represents 32 percent of all children in foster care in the United States.¹⁶ The number of children in foster care living with kin increased by eight percentage points over the last decade.¹⁷ This is a positive trend: however, the foster care system does not support these children or caregivers as they should. While kinship care plays a critical role in keeping children connected to their family and cultural connections, it is not the answer to systemic racism in the foster care system. Rather, equitably supported kinship care is. Children are often placed with kin as “kinship foster parents” without licensing them or providing the children in their care anywhere near the same level of assistance as children in non-relative or non-kin foster care. Data compiled and analyzed by *The Imprint* show that 108,426 children in foster care do

not receive monthly support, and that these children are primarily, if not exclusively, in unlicensed kinship foster care.¹⁸ If kin were fully licensed, long-standing federal law would require that the children in their care receive monthly foster care maintenance payments, services, and a pathway to supported permanency through Guardianship Assistance Programs and adoption subsidies.¹⁹

For the much larger numbers of children being raised by kin outside of foster care, support is also lacking across the multiple systems that could serve them. Supporting these grandfamilies is vital to preventing the foster care system from being completely overwhelmed. By stepping in to keep children out of foster care and safely with family, kin caregivers save taxpayers at least \$4 billion annually.²⁰ For each child with relatives in the foster care system, about 20 children are with kin outside the foster care system. In many states, that ratio grows dramatically to one digit to three.

Insufficient data available on grandfamilies.

Available data is likely underreporting the actual number of children in grandfamilies. Some children in grandfamilies never come to the attention of any system. Those that do, like children in kinship foster care, are not captured for many reasons, such as some state foster care data systems that fail to report children with relatives or kin as a separate category. Furthermore, a much larger number of children — over 8 million — live with a grandparent or other relative, like an aunt or uncle, who is head of the household, meaning they rent or own the home.²¹ However, parents may also live in these homes and may be the primary caregivers of the children. Because we do not know about the parent’s presence or involvement, we do not elevate this number to represent children in grandfamilies. However, many of these eight million children are also likely being raised by their grandparents and

other relatives.²²

The bottom line is that existing national data is woefully inadequate to represent the actual numbers of children in grandfamilies. The data are even worse when it comes to correlating their race or ethnicity. For example, the Adoption and Foster Care Analysis and Reporting System (AFCARS), the national reporting system for children in foster care, reports race and ethnicity for the overall population of children in foster care, but does not break it down for those children in kinship foster care.

Black and American Indian/Alaska Native children more likely to live in grandfamilies.

What we do know is that Black, American Indian and Alaska Native children are more likely to live in grandfamilies and foster care than the general population of children.²³ While Black children make up 14 percent of all children in the United States, they comprise over 25 percent of all children in grandfamilies and 23 percent of all children in foster care.²⁴ American Indian/Alaska Native children make up one percent of all children in the United States, but comprise over eight percent of all children in grandfamilies and two percent of all children in state foster care systems.²⁵

Black and American Indian/Alaska Native grandparents are similarly overrepresented in grandfamilies. About 20 percent of all grandparents responsible for their grandchildren are Black, whereas Black grandparents are about 17 percent of the overall grandparent population.²⁶ About 2.1 percent of all grandparents responsible for their grandchildren are American Indian/Alaska Native, whereas American Indian/Alaska Native grandparents are about 1.5 percent of the overall grandparent population.²⁷

Grandfamilies are inequitably supported.

There is a long history of inequitable support for children based on who is raising them. If the same children raised by kin were to enter unrelated foster care, they would each receive a monthly foster care maintenance payment, Medicaid, free or reduced-price school meals, Supplemental Nutrition

Assistance Program (SNAP), help enrolling in school and transportation to their home school, and education and independent living vouchers. On the other hand, children who go to live with kin, whether as children in foster care or not, typically do not get any of these supports automatically and often not at all. There are all types of hurdles to accessing supports, and no single federal kinship program.

Typically, the only source of ongoing financial assistance to grandfamilies is Temporary Assistance for Needy Families (TANF). About 25 years ago, Congress enacted TANF to replace Aid to Families with Dependent Children. Since 1996, one of the four primary purposes of TANF has been to keep children in their own homes or in the homes of relatives. Despite this declaration, the vast majority of children in grandfamilies do not receive any TANF support or any other type of ongoing financial assistance.²⁸

Grandfamilies demographic data needs a racial equity lens.

Knowing that there is both a much greater likelihood that Black and Native children and grandparents live in grandfamilies than white people, and that grandfamilies are inequitably supported, the challenges faced by grandfamilies must be examined with a racial equity lens. The purpose of this examination is to remove inequities, address racism, and better support grandfamilies of all races or ethnicities.

No national data is published showing the correlation between poverty, disability, and the race or ethnicity of children or caregivers in grandfamilies. Better data is needed to inform reform efforts.

A 2014 U.S. Census Bureau report gives us a glimpse into the racial inequities. In 2012, almost half (48 percent) of children who lived with a grandmother-only and no parents in the home lived in poverty.²⁹ These children were disproportionately Black (42 percent).³⁰

The Census Bureau further provides some key data points about grandparents who report they are responsible for grandchildren:

- About 19 percent of grandparents responsible for grandchildren live in poverty, which can be compared to 10 percent of adults in the general population.³¹
- 46 percent of all grandparents responsible for grandchildren raise them for at least five years.³² Grandparents are caring for their grandchildren longer than they did in the past. In 2005, about 37 percent of grandparents cared for their grandchildren for 5 or more years, compared to about 46 percent in 2018.³³
- 56 percent of grandparents responsible for their grandchildren are in the labor force.³⁴
- Over 48 percent of all grandparents responsible for their grandchildren are age 60 and older.³⁵ The average age of grandparent caregivers has grown older over the years, having risen from age 55 in 2005 to nearly age 59 in 2018.³⁶
- 25 percent of grandparents responsible for their grandchildren have a disability compared to about 6 percent of parents of children under age 18.³⁷

(similar data are not available for other relatives, like aunts and uncles or “fictive” kin like godparents)



COVID-19 Poses Greater Risk to Grandfamilies than Other Families

The data point to the greater risk COVID-19 poses to grandfamilies than other families. Almost half of all grandparent caregivers are age 60 and older, and grandparent caregivers are much more likely to have a disability than parents of children age 18 and younger.³⁸ Adults age 60 and older and those with disabilities like compromised immune systems are at higher risk for getting COVID-19 and are told to heed warnings to distance themselves from young people and others. That becomes impossible, for example, when one is the sole caregiver to a young child.

Grandfamilies are also more likely to have Black or Native members than white members, and nationwide, Black people are dying from COVID-19

at 2.5 times the rate of white people, and Native and Latinx people are dying at about 1.5 times the rate, according to data collected by the COVID Tracking Project.³⁹ Many states do not report data for American Indians/Alaska Natives and instead report them under the “other” category. The impact on Native Americans is likely much greater.

With this pandemic and its resulting deaths, COVID-19 is not only heightening challenges for existing grandfamilies, but creating new ones. Although the number of new grandfamilies formed due to the pandemic is yet another area where no data exists, anecdotally we know it is happening as illustrated by the profile of the Hannah grandfamily later in this report.

“...[I] was just not really... able to go anywhere. I’m 63. I’m considered high risk for COVID. I had a heart attack when I was 58. I have really bad history with pneumonia. I get it really easily. I really don’t go in any places... I’m using Instacart and different delivery services. You cannot get WIC by delivery service. So I haven’t used it now for three months and I’m probably just going to tell them to close us out because I think it stops when she’s five, anyhow. It is not possible for me to use it.”

— *Ms. Joanne Clough, GRAND Voice, Pennsylvania*

HOW GRANDFAMILIES CAN PROTECT THEMSELVES AND THE CHILDREN IN THEIR CARE IN THE MIDST OF THE COVID-19 PANDEMIC

Generations United solicited questions from kin caregivers around the country who are concerned and fearful about the risks of COVID-19 for themselves and the children in their care. Many caregivers also worried about the mental health impacts of the pandemic on their household. Others raised specific questions about testing, telehealth, and visits with birth parents.

To help provide families with answers, *MedPage Today* reporters Shannon Firth and Elizabeth Hlavinka interviewed Tina Q. Tan, MD, a pediatric infectious diseases physician at Northwestern University's Feinberg School of Medicine and Lurie Children's Hospital of Chicago, and Kristin Moffitt, MD, associate physician in pediatrics in the Division of Infectious Diseases at Boston Children's Hospital.

General Precautions

I've heard that surface disinfecting is becoming less important and wearing masks and keeping ourselves safe from droplets is more important. Is this true? What can we do besides wear masks in public?

"It's true that this virus is primarily spread through the respiratory route from one person to another and that transmission from a contaminated surface is much less of a contributor," Moffitt said.

"However, it is still possible to contract the virus from surfaces. If someone sneezes or coughs on an object, and your child touches it and rubs his or her eyes or nose, transmission is possible," Tan said.

"Anytime you go out in public and you touch something you need to carry hand sanitizer with you and sanitize your hands," Tan said.

I've heard taking Vitamin D and zinc can help increase our immunity to COVID-19. Is this true? Anything else we can do to increase our immunity?

"There really is no good information that shows that ... if you take all these different supplements you basically boost your immune system," Tan said.

That said, for caregivers who feel like they need additional Vitamin D because they don't

spend enough time in the sun, "you can take a multivitamin, and you should get enough Vitamin D from that," she added.

Moffitt agreed that there isn't a lot of convincing data to suggest whether Vitamin D is helpful or not.

"What I would say is that we can decrease our risk of severe infection by having as healthy of a baseline status of health as possible which means eating a nutritious diet that should... hopefully provide the daily recommended doses of vitamins and minerals," Moffitt said.

For caregivers of children who are "picky eaters" or who have pre-existing conditions that elevate their risk of more severe infection, Moffitt recommends talking to the child's pediatrician about whether a vitamin supplement could be helpful and to ensure that it would not be harmful.

Mental Health

What warning signs should I look for in my grandkids about their mental health and anxiety? At what point should we seek help? What type of help is safe to try to get?

"We know that COVID-19 has really increased anxiety in everyone, but especially in children," Tan said.

“I will say for me, dealing with the COVID-19 was really stressful, especially in the beginning because it hit us out of nowhere. I have nine children and eight of them live in the house, so to go from regular school into homeschooling was a lot. To have to prepare meals more often throughout the day when I wasn’t expecting to was a big adjustment. And just trying to make sure that my kids’ mental health stayed in check, being stuck in a house for a situation that they barely were able to understand, at the time was really hard for me.”

— *Ms. Santana Lee, GRAND Voice, Wisconsin*

It’s important to look out for unusual behaviors. For example, if a child is repeatedly washing his or her hands, more than a dozen times in a row; asking the same question over and over; being disruptive; or having difficulty concentrating or sleeping, Tan explained. Families should reach out to their pediatricians or primary care providers.

Another sign of worsening mental health includes children withdrawing from activities they’ve enjoyed in the past, Moffitt explained. “Of course, some of children’s regular activities will be disrupted with pandemic restrictions, but caregivers should monitor whether their child seems more emotionally withdrawn,” Moffitt said.

Signs that a child’s mental health may be suffering include dramatic shifts in sleep schedules, loss of appetite, changes in their willingness to complete school work, or not wanting to spend time with family. If caregivers are concerned, they should reach out to their family mental health provider or primary care provider, Moffitt explained.

Pediatricians can likely determine over the phone the severity of the symptoms and “what the next steps should be,” Moffitt said.

For more information on children’s mental health during the pandemic, visit Boston Children’s Hospital’s resources page, in particular its “Ask the pediatric experts video series” at www.childrenshospital.org

Healthychildren.org, a parenting website overseen by the American Academy of Pediatrics, also offers advice for responding to children’s fears, maintaining healthy routines and engaging in “positive discipline” at www.healthychildren.org

How can I prevent escalating anxiety related to COVID-19 for both the child I raise and me?

Moffitt recommends families be “extra cognizant” of how often they talk about pandemic-related news or other pandemic concerns around children.

“It’s not that we should be hiding things from our children, but our children very much feed off of what they sense from the family, in terms of the family’s overall heightened anxiety,” Moffitt said. “I think keeping that in check as much as possible can be really helpful for kids.”

Although it may be easier said than done, Tan also recommends finding time to do small things that make children and families happy—a silver lining.

“I think you have to find activities or things that you enjoy doing... and not worry so much about everything else that’s going on in the world,” Tan said.

The AAP’s website, www.healthychildren.org, also provides recommendations around helping children to develop resilience during uncertain times.

Ongoing Health Care

How do I make decisions about continuing ongoing health care visits for chronic conditions? I have stage 1 breast cancer, chronic obstructive pulmonary disease and am 80 years old. Should I continue my radiation?

“Absolutely,” Tan said, noting that health care facilities are likely safer than other public places.

“You really should not put off health care that needs to be done, because you’re running the risk of having your condition worsen,” Tan said.

Moffitt recommends caregivers contact their physicians to make individualized treatment plans.

“Nobody should hesitate to call their specialist’s office... to review what it is that they need for care, when that needs to happen, and how that office is able to make that happen safely for every patient,” she said.

How do I make decisions about whether my nephew and I should go to routine health care appointments? How do I prioritize dental visits, eye appointments, and the like?

Routine healthcare preventive visits are “extraordinarily important,” Tan said.

Doctor’s offices, hospitals, and clinics are safer places than for instance grocery stores, because medical facilities have additional protective measures in place for patient safety.

In addition to regular check-ups Tan stressed that caregivers make sure children are up-to-date on routine immunizations, particularly for the flu.

What is telehealth? What types of health care appointments can work by telehealth? Do I need a special computer set-up to do those appointments?

Telehealth or telemedicine is a medical visit where the patient and health care provider meet by phone or on a computer instead of face-to-face in an office, Moffitt said.

Your doctor’s office can make the decision about whether or not a visit can be done through telehealth or whether it’s better to meet in person, she added. When calling the doctor’s office, that’s the best time to ask what kind of technology you’ll need.

“Sometimes you just need a smartphone but sometimes, you do need a laptop or a tablet,” she said.

I have to go to the pharmacy in person to get my medication because it’s a controlled substance. Anything I can do to mitigate my risk?

Here, caregivers will want to take the same precautions they always do when leaving the house, Moffitt said.

Wear a mask and when you’re in the store try to stay 6 feet apart from the other customers. Then, use hand sanitizer as you’re leaving the pharmacy, she added.

Everyday Life: School, Errands, and Socializing

How can I keep myself safe if the child I’m raising is going to school in person? What are the most important things to do to keep us safe?

“Start by being aware of what the school’s plan is going to be,” Moffitt said.

That means knowing what schools are doing to protect kids who ride the bus, what they’re doing to keep kids as safe as possible while in class, and what the school’s plan is in the event that a student or staff member becomes ill with COVID-19, Moffitt suggested.

The school should also have a plan in place for what to do if students are exposed to a person with COVID-19, Moffitt said. In such an event, she would also encourage caregivers to talk to their doctors about whether they or the children should be tested and where tests can be done.

“The only situation that would call for testing in school is if the child has a significant direct exposure to a COVID-19 infected person,” Tan wrote in a follow-up email to *MedPage Today*.

A “significant direct exposure” is one in which a child was within 6 feet of a COVID-19-infected person, for 15 minutes or more. Under those circumstances, the child should be tested within 5 to 7 days of the exposure, according to Tan.

People exposed to someone with COVID-19 should quarantine for 14 days, regardless of whether or not they are tested, Moffitt said.

When the child or children in your care go to school, it’s important to make sure they wear a mask all the time, practice social distancing, and wash or disinfect their hands frequently, Tan said.

A few other tips Moffitt suggested are to have hand sanitizer available in the car so that if a child is being picked up from school, he or she can readily access it. Or, if children ride the bus, having them wash their hands first thing when they come home.

One additional step that some families have taken is to have children change clothes and shower immediately after returning home from school to prevent any exposure from what may be on children’s clothes.

This is “not a bad idea” Tan wrote in a follow-up email to *MedPage Today*, however she noted that the transmission of the virus on clothing would be “very low.”

The key overall is to maintain good hygiene practices, she said.

“And if the child is experiencing any type of symptoms, it’s important for caregivers to get in touch with health care providers right away,” she said.

For more information, Boston Children’s Hospital’s website has a tip sheet: “What families should know for safe return to in-person school.”

www.childrenshospital.org

I’m concerned about letting my grandchild visit with his birth mom. His mom has a substance use disorder and comes in contact with all kinds of unhealthy people who take risks. What should I do?

Any visit with a person who may be engaging in “higher-risk behaviors,” or whose level of exposure to the virus is greater than you own, is a time to be vigilant about protecting yourself, Moffitt said.

She recommends meeting outdoors if possible, wearing a mask, encouraging the birth mother to wear a mask, and trying to maintain 6 feet of distance.

In addition to a socially distanced visit, another option may be to conduct a virtual visit over the computer, Tan said.

The American Academy of Pediatrics recently issued recommendations around family visitation that include screening questions to be assessed prior to an in-person visit, and special considerations for in-person visits involving high-risk individuals.

www.aap.org

Some stores never closed during the pandemic, and other businesses are opening up. If I can go to the store, a restaurant, get a manicure, etc., why am I told not to gather with my friends and family at home? What is the difference?

If someone has the virus in a public space, there is a chance they can transmit it to you.

Before going to any business, you should balance the risks and benefits and make sure they have precautions in place, like requiring masks and following social distance guidelines, Moffitt explained.

“You might be able to go to a store or you might be able to get your haircut ... [or] get a manicure, but a lot of that is with the [understanding] that there are safety measures in place,” Tan said.

“The reason that you really should not be seeing individuals outside of the group of individuals that normally live with you is because if they have been out in the community, they’ve been exposed to other individuals that potentially could have COVID-19 and they would be bringing it home to you,” Tan said.

“It’s still questionable how safe indoor gatherings are in any setting, whether that’s in a business setting or an at-home setting,” Moffitt added.

COVID-19 Testing and Quarantining

How do I decide about getting myself tested for COVID-19? Can I trust the test? Is there a particular test I should ask for? What if someone in the household tests positive? Should all of us in the home get tested? Should everyone in the home quarantine?

If you don’t have symptoms, “it’s probably best not to be tested, primarily because you have an increased risk of false positivity of the test, when you don’t have any symptoms,” Tan said.

If you do have symptoms or believe you have been exposed to COVID-19 — for example, if you have had contact with an acquaintance who contracted COVID-19 — you should get tested.

The best tests are those known as PCR tests (polymerase chain reaction), but even those differ in terms of how reliable they are. “If you’re being tested and you think you have an acute infection with COVID-19, you probably should be getting a PCR test,” Tan said.

If a person in the household tests positive, Tan recommended that everyone in that household be tested, and the public health department should be contacted. Those living in the house should quarantine as best as they can, she added.

What does it mean to quarantine? What does isolation mean?

Quarantining refers to keeping yourself away from people outside your household after someone in the household has been exposed to a person with

COVID-19. The typical quarantine period is 14 days, Moffitt said.

“Basically, if the public health department is telling you to quarantine, what they’re asking you to do is to stay home and ... avoid going out if you don’t have to,” Tan said.

Isolation is the term for “keeping yourself away from others if you’ve developed symptoms,” Moffitt said.

Vaccines

Should the children and I get the regular flu vaccine this fall?

“Flu vaccines this year will be more important than ever,” Moffitt said, for two reasons.

First, getting a flu vaccine can prevent serious complications from the flu that could lead to emergency room visits or hospitalizations. Those resources are going to need to be as available as possible while the pandemic is ongoing, Moffitt said.

Second, the symptoms of flu infections are hard to distinguish from those of COVID-19 infections, and flu spreads readily in schools, Moffitt said.

It’s important to try to keep people from developing symptoms of any respiratory virus so that hospitals can meet the demand for COVID-19 testing and so that disruption in schools can be kept to a minimum.

There’s a lot of talk about vaccines for COVID-19 lately. How will I know if one is safe for the children I raise and me? What questions should I ask before getting a vaccine for COVID-19?

“The vaccines that will be licensed are licensed on safety... So the vaccine that you receive will have been tested and deemed safe to receive,” Tan said.

A vaccine will not be licensed and made available to a doctor’s office outside of the population in which it has been tested and deemed safe, Moffitt noted.

That means vaccines would not be available to children if they hadn’t already undergone some level of safety testing in children, she said.

Moffitt suggested that caregivers can ask their doctor: “How safe is this vaccine for people my age, or for people with potentially underlying medical conditions... [similar to] my own or my grandchild’s?”

Patients can also ask about the potential side effects, Tan said. The answer will typically be “pain, redness, and swelling at the injection site.”

GRANDFAMILY STORY: THE HANNAHS

Mr. Mel Hannah, 82, has served others for most of his life. As an assistant director for the Northern Arizona Council of Governments, he helped local governments provide a wide variety of services within several counties.

He was the first African American elected to serve on the Flagstaff Arizona City Council and was the President of the Flagstaff Chapter of the NAACP and Vice Chairman of the NAACP Arizona State Conference.

After 40 years of making sure those in need could access relevant resources, Mel and his wife, Shirley, are now on the receiving end of that work.

The Hannahs went from helping their daughter, Ashley, raise her three boys to raising them fulltime after she passed from COVID-19 in May. Ashley’s untimely death left the Hannahs raising the young boys, ages 5, 4 and 1.

Even before the pandemic hit, Black children were more likely to live in grandfamilies than the general population of children. Now, with death rates from COVID-19 among Black people at 2.5 times the rate of white people, Black grandfamilies like the Hannahs are coming together. Despite the fundamental threats to health and mortality, Black families retain their commitment and cultural pride in caring for extended relatives.

Mr. and Mrs. Hannah’s commitment to helping family gave Ashley and her boys a place to go when she and their father separated four years ago.

Ashley, a graduate of Northern Arizona University—where Mr. Hannah and his wife also graduated— worked hard and long hours at the Cracker Barrel restaurant. Her generosity with what little she had helped the Hannahs.

“She was very helpful in terms of helping my wife and I with our monthly expenses,” said Mr. Hannah, adding that he and his wife are retired and collecting Social Security benefits. “So, when she was here, it was a tremendous help” when she paid the utilities.

There has been a historic lack of supports and services for Black grandfamilies, particularly supports and services that are culturally appropriate. This absence of supports has become more apparent during the COVID-19 public health emergency.



Photos courtesy of the Hannah family.

GRANDFAMILY STORY: THE HANNAHS *(cont.)*

The supports and services that do exist often depend on whether the children are in the legal custody of the child welfare system with their kin providing the care or whether they are not at all involved with that system.

“At this point,” Mel said, “we’re raising them, but we haven’t resolved or gone through any formal legal process.”

The hardships that come from raising three boys fulltime include the Hannahs stretching their income to cover a \$400-a-month energy bill. Additionally, Mr. Hannah noted that programs for rent assistance are competitive, with lots of paperwork.

Then there’s the issue of resources going online. “For us, unfortunately, we couldn’t afford our internet connection anymore,” Mr. Hannah said. “We don’t have the availability of going online.”

They do get help from the boys’ father, who picks them up on weekends. On the weekdays, their dad picks up the 5-year-old and drops him off at his aunt’s house to use the internet for his virtual kindergarten classes. He got a laptop from the school.

Mr. Hannah noted that his wife will put her experience as a daycare operator to use, watching the two younger boys. There are also relatives nearby to step in when extra hands are needed.

And additional help comes from Generations United’s GRAND Voice member Ms. Victoria Gray, who helped connect the Hannahs to organizations like The Salvation Army and the Area Agency on Aging.

What Mr. Hannah feels are still needed are services to address the mental and emotional impact of he and his wife losing their daughter and coping with the lifestyle changes brought on by the pandemic.

“My husband and I went to the store at 5am for seniors, but the truck was in the back! They hadn’t even unloaded it yet, so we still weren’t able to have access to certain things because the people weren’t there to stock the shelves. I appreciate that they allowed us to go early, but it didn’t help that there was no food on the shelves yet. And the kids weren’t allowed to come in either.”

— *Ms. Victoria Gray, GRAND Voice, Arizona*

Grandfamilies Face Additional Challenges Unique from Parent-Headed Families

Parent-headed families around the country are frequently challenged even in the best of times and their challenges — job loss, virtual schooling, limited special education services, lack of affordable child care, and health and mental health issues to name a few — have also been heightened in the age of COVID-19.

However, kin caregivers face a fundamental hurdle that parents do not. Parents have inherent legal rights and responsibilities for their children, whereas kin lack automatic legal authority to access support and services for the children in their care. Kin cannot consent to health care, enroll children in school or name an adult to take over the care of the children if the caregiver dies. To access services and supports, like school enrollment or health care for the children, kin must first obtain some type of legal authority over the child. It may be as simple as a one-page signed form known as a “power of attorney” from a willing parent or as time consuming and complicated as obtaining legal guardianship or adoption.

The challenges posed by the pandemic are heightening this legal hurdle. Courthouses are closed or operating on a limited basis, and attorneys are in high demand with successor planning and other legal issues caused by the pandemic. Without a legal relationship, caregivers cannot access health care, vaccinations, and remote learning.

Coupled with the legal hurdle, many kin caregivers are raising children at a time they did not expect or plan to be, and consequently may not have space in their homes to accommodate children or extra financial resources to meet their needs. Kin caregivers also report significant challenges with online learning during the pandemic. As GRAND Voice Mercedes Bristol reports based on her extensive experience serving other grandfamilies, “[...]s the children are in the home doing school work with a system that is new to the teachers and children, it has been very difficult for children with learning disabilities and for kin caregivers who have limited knowledge of technology and the different platforms that are being used in schools. This has caused many breakdowns with the grandfamilies.”

GRANDFAMILY STORY: GRAND VOICE MS. MARISA VAN ZILE

GRAND Voice Marisa Van Zile, age 39, knows a lot about crises. She was a foster parent for her adopted son Aidono, age 5, who she later learned is a distant relative (his birth mother is Van Zile’s cousin). Aidono has special needs. Finding medical care and the supportive services he needs has been a challenge from the start. And then COVID-19 hit and complicated things further.

Photo courtesy of Ms. Marisa Van Zile.



GRANDFAMILY STORY: GRAND VOICE MS. MARISA VAN ZILE *(cont.)*

Van Zile is a member of the Sokaogon Chippewa Band of Lake Superior Indians. Compared to all other racial or ethnic groups in the United States, American Indian and Alaska Native children are more likely to live in grandfamilies. There is a long and proud tradition of extended family relationships and kinship care in Native cultures. The disproportionate number of American Indian and Alaska Native grandfamilies reflects that strength.

The challenges of becoming a foster parent were traumatic for Van Zile and her two birth children — Mona, 23 and Creighton, 15 — because Van Zile experienced racial bias during the process. She first felt it after a comment her supervisor at social services made when she tried to secure the foster license.

“She said, “there’s nobody healthy in the family,”” Van Zile recalls. The supervisor’s remarks—which weren’t the first time she made them—to Van Zile, were “just another way of saying you guys are messed up.”

Van Zile’s sentiment comes from the over 200 years of U.S. policies that American Indian and Alaska Natives endure. Those practices, including forced assimilation after removal and genocide, brought a great deal of suffering to many tribes and Native people. Generational grief from these policies are still felt by her and other Native people. Reflecting on her concerns about racial bias, Van Zile explains:

“People in the system look at our families like we’re not good enough. They still look at us the way they did many, many years ago.”

When Van Zile finally got her foster license and adopted Aidono, she thought the hurdles were behind them. Instead, it was only the beginning of a series of challenges made complicated by Aidono’s special needs and compounded by the pandemic.

Before COVID-19, Van Zile was shuttling Aidono, who suffers from Duchenne Muscular Dystrophy, between doctor’s appointments. She lives in Watersmeet, Michigan, just outside of the Lac Vieux Desert Indian Reservation, which has its own clinic. That’s where Creighton and Aidono are both enrolled for their doctor’s visits and behavioral therapy sessions.

But for things like Aidono’s physical therapy, which the clinic doesn’t offer, Van Zile must drive up to two hours round-trip from home to Madison, Wisconsin and Chicago. Mona accompanies them on most of the out-of-town appointments to help care for Aidono.

“I know I’m going to get tired out. I’m going to need a break,” she said.

When COVID-19 struck, it was just the latest crisis to disproportionately impact Native people. The rates of infection and death are staggering.

At the beginning of the quarantine, the shutdown of services meant Van Zile and her children lost their social connections from school, friends, and other family. Some services went

GRANDFAMILY STORY: GRAND VOICE MS. MARISA VAN ZILE *(cont.)*

virtual, which allowed Van Zile and Aidono to meet with a rehab team and physical therapist through telehealth. But Aidono's behavioral and mental health services, such as art therapy, aren't available online. He's gone without those crucial services since the beginning of the pandemic. Likewise, Aidono's outpatient physical therapy can't be done through telehealth, so Van Zile makes those long drives to Chicago and Madison to make sure her son gets what he needs despite the fear of infection from COVID-19.

In Van Zile's county, there are only 142 confirmed cases of COVID-19 and there's been three deaths (at the time this report was drafted). But it's a much different story when the family must travel to the doctors in Chicago and Madison — both of which have over 60,000 COVID-19 cases.

"We're going 'Oh, we're safe up here' to 'now you've got to drive down to Chicago,'" she says.

But Aidono's therapy and the clinical drug trial he's part of there make the drives worth it. Van Zile adds, "this medicine could potentially help my son."

Another challenge COVID-19 presents is a lack of respite. Van Zile could no longer bring Mona to Aidono's doctor's visits due to safety restrictions at the facility.

Then there are hard decisions about what to do when school reopens. Van Zile came to her decision after considering how Aidono's condition limits his life expectancy his mobility. With this school year possibly being his only real time to experience school while being able to walk, sending him back to school seemed the right decision for them.

"I am confident in my son's teachers," Van Zile said. "I trust he will be safe with them." She plans to homeschool Aidono when his condition progresses.

While the clinic at the Lac Vieux Desert Indian Reservation is so close to her, Van Zile wishes it was as resourced as the neuromuscular multidisciplinary center that Aidono attends at the University of Wisconsin-Madison, which is a Duchenne Muscular Dystrophy-certified center. She also wishes they were resourced with pediatric and disability services.

She thinks the state could do more for families like hers. She would like to see culturally appropriate services provided like those offered by the Inter-tribal Council of Michigan for children and parents.

The Council—which represents 12 federally recognized tribes—serves American Indian and Alaska Native children, from birth to five, and their families. Their services include a mother's and babies' curriculum to promote healthy mood bonding and strategies for coping with stress.

GRANDFAMILY STORY: GRAND VOICE MS. MARISA VAN ZILE *(cont.)*

The Council used to offer home visiting services, but Van Zile says that most of those workers were offered better job opportunities out of the area. Home visiting programs in her area were already on hold prior to COVID-19 due to previous home visitors leaving and the lack of resources to train new home visitors — yet one more blow to Van Zile’s efforts to give her children the healthy upbringing they deserve.

“Because where we live is remote, it’s hard for these places to retain workers,” she said. “They didn’t have a home visitor for a while. And we had a great one. We had two of them. I was actually pretty close with them. I used to look forward to the lessons and connecting with an expert. It was a great support to my family.”

Van Zile would like to see continued support for families after adoption, including culturally competent tribal services so her grandfamily can continue to thrive, particularly during this public health emergency. Tribal services closer to Van Zile and her grandfamily would ease the family’s ongoing challenges with long transportation times and needed respite. Closer, culturally competent services would also decrease their collective risk of exposure to COVID-19.

NATIONAL GRANDFAMILIES AND COVID-19 STUDY: GRANDFAMILIES OUTCOME WORKGROUP

Background

Since the beginning of the COVID-19 public health crisis, the Grandfamilies Outcome Workgroup (GrOW)⁴⁰ has been learning about the impact of the pandemic in the lives of kinship families. It quickly became apparent that we needed credible, comprehensive data on the experiences of grandparents and other relatives raising their kinship children across the U.S. to inform our practice. In response, GrOW, together with its collaborative partners Generations United and Collaborative Solutions,⁴¹ designed the first national survey of grandfamilies⁴² during COVID-19 and surveyed caregivers, residing across all 50 states, from May 30 to June 15, 2020. The online survey was distributed to caregivers, with the assistance of kinship collaborative partners in national, regional, and local kinship networks and communities and

was available in English and Spanish.⁴³ The National Grandfamilies and COVID-19 Study survey findings lift up the voices of 600 kinship caregivers raising 1,220 children to share both the needs and resilience of kinship families during the pandemic.⁴⁴

This short summary is designed specifically for Generation United’s State of the Grandfamilies Report 2020 and seeks to answer these questions:

1. How have kin caregiver supports changed during COVID-19?
2. How do kin caregivers prefer to be contacted during COVID-19?
3. What are the concrete needs kin caregivers face during COVID-19?
4. Do these needs differ by whether or not the family is involved with the child welfare system?
5. How adequate are kinship navigator programs compared to other supports and services?

6. What other results help us understand kin caregiver experiences during COVID-19?

Results & Discussion

Demographic Characteristics of Study Participants

The majority of caregivers, or 37 percent (n=600), were between 55 and 64 years old, and 33 percent cared for children aged 6 to 10 years for at least 5 years. 66 percent of study participants identified as Caucasian/White; 18 percent African American/Black; 6 percent Hispanic/Latino; 4 percent Native American; 2 percent Hawaiian or Pacific Islander; and 4 percent Other. 55 percent of caregiver participants were not involved with the child welfare system or were “informal” kinship caregivers.

1. How have kin caregiver supports changed during COVID-19?

Any changes to social supports after the pandemic and shelter-in-place orders were important for our inquiry. We learned that the source of social support most helpful during the pandemic was family (34 percent, n=202), closely followed by friends (27 percent, n=162). Pediatricians (22 percent, n=132) and primary care physicians for caregivers (21 percent, n=123) are the most adequate formal support. The area of greatest change was in the area of support groups for kinship caregivers with a dramatic reduction of in-person support groups (33 percent, n=199 before to 14 percent, n=81 during COVID-19) to an increase in online support groups (12 percent, n=69 before to 19 percent, n=112 during COVID-19). **Overall, all sources of support are reported as less adequate since the pandemic began, except for online support groups.**

The value of virtual caregiver support, as described by a caregiver, illustrates the need for caregivers to have connectivity to the internet and access to technology tools for communication:

“To be able to have at-home connections via internet and phone to strengthen me through calls, videos, and educational opportunities for stress relief, as well as video counseling sessions.”

2. How do kin caregivers prefer to be contacted by friends, family, and providers during COVID-19?

Top 3 preferred communication methods:

Text messaging with phone

Voice call with phone

Email

3. What are the concrete needs kin caregivers face during COVID-19? (includes both formal & informal caregivers)

How Stable is Kin Caregiver Housing During COVID-19?	n	%
My housing plan is stable. I expect to be able to pay my rent/mortgage payments	375	63
I am unable to pay my rent/mortgage or worried about my ability to pay in the future	225	38
What Barriers do Kin Caregivers Experience Accessing Food?	n	%
Fear of leaving the house because of COVID-19 exposure	255	43
Long lines at food pick up sites	120	47
Food pick up sites run out of food when I arrive	81	32
What Alternative Care Plans Have Kin Caregivers Made?	n	%
I have a long-term plan for the children	221	37
I have a short-term plan for the children	190	32
I do not have a plan for the children	178	30
I have a legal document or have made legal arrangements	75	13

4. Do these needs differ by whether or not the family is involved with the child welfare system?

Caregivers were asked whether or not they were involved with the child welfare system. It was left to each respondent to determine if they see themselves as “involved with the child welfare system.” The phrase is not limited to caregivers of

children who are in the legal custody of the foster care system.

This question was used to determine if there were any differences between those caregivers involved with the child welfare system (formal) and those not involved in the child welfare system (informal). This data set contained information about needs of both informal and formal caregivers. Key findings include:

Formal kin caregivers, who participated in the survey, were younger than informal caregivers.

Fifty-four percent (n=145) of formal caregivers are over 55 years of age. Sixty-nine percent (n=225) of informal caregivers are over 55 years of age. Also 9 percent (n=25) of formal caregivers are under the age of 34, and 3 percent of informal caregivers are under 34 years of age.⁴⁵

Formal kin caregivers reported shorter periods of caregiving compared to informal caregivers.

Fifty-eight percent (n=189) of informal caregivers and 28 percent (n=74) of formal caregivers provided care for more than 5 years. Twenty-seven percent (n=70) of formal caregivers provided care for less than 1 year, while only 9 percent (n=30) of informal caregivers provided care for less than 1 year.⁴⁶

Formal kin caregivers were more likely to have alternative care plans for the children.

With increasing health concerns for older caregivers, due to COVID-19 and the impact of caregiver health on the stability of caregiving arrangements for kinship child/youth, caregiver participants were asked about their plans for alternative care. Thirty-seven percent (n=123) of informal caregivers did not have any plan in place to take care of the children if something were to happen to them. Comparatively, only 20 percent (n=55) of formal caregivers did not have any plans for the children in their care.⁴⁷ Not surprisingly, 76 percent (n=249) of informal caregivers did not have a short-term plan for children, and 60 percent (n=161) of formal caregivers did not have a short-term plan for children in their care.⁴⁸

Most informal and formal kin caregivers do not have a legal relationship to the children.

Significantly, 85 percent (n=280) of informal caregivers did not have any legal documents or legal arrangements for the children in their care. Ninety percent (n=245) of formal caregivers reported that they did not have a legal document or made any legal arrangements for the children in their care.⁴⁹ **This illustrates a substantial legal and alternative care planning need for both informal and formal caregivers.**

5. How adequate are kinship navigator programs compared with other services and supports?

Kinship navigator programs appeared to support formal and informal caregivers equally well. **This suggests that kinship navigator programs are successful in connecting with kinship families both inside and outside of the child welfare system to provide both types of kinship families with needed supports.** Although most services and supports were rated as less adequate than informal supports (such as family and friends), kinship navigator programs were rated as more adequate than community-based organizations, Area Agencies on Aging, child welfare, and childcare.

6. What other results help us understand kin caregiver experiences during COVID-19?

Kinship caregivers identified priority areas for further information needed and their top concerns during the pandemic. Hence, these are areas we want to highlight as we listen to the lived experience of caregivers and kinship families during COVID-19 and consider further resource supports.

Three priority information/resource areas for caregivers during COVID-19:

1. Keeping my family healthy and safe
2. Helping the children I raise succeed in school from home
3. Financial assistance during COVID-19 and beyond

Three priority concerns for caregivers during COVID-19:

1. Providing online education to my kinship children
2. Childcare, respite, and time for myself
3. Healthy sleep

Importance of Social Supports

Kin caregivers, who responded to an open-ended item about what has been most helpful during COVID-19, reported that **more time at home with family has been the most helpful to them.**

In their own words, grandparents and other relatives raising children shared the following:

“Knowing that children are with me and safe.”

“Being able to listen to kids more.”

“Getting closer to my kids.”

“Staying home together.”

“My multi-generational home.”

PROGRAM PROFILE: FOSTER KINSHIP

Foster Kinship, an innovative nonprofit organization in Las Vegas, runs Nevada’s Kinship Navigator Program. In partnership with the state child welfare agency and its biggest county (Clark), Foster Kinship provides robust kinship navigation services to grandfamilies across the state, whether the families are child welfare involved or not.

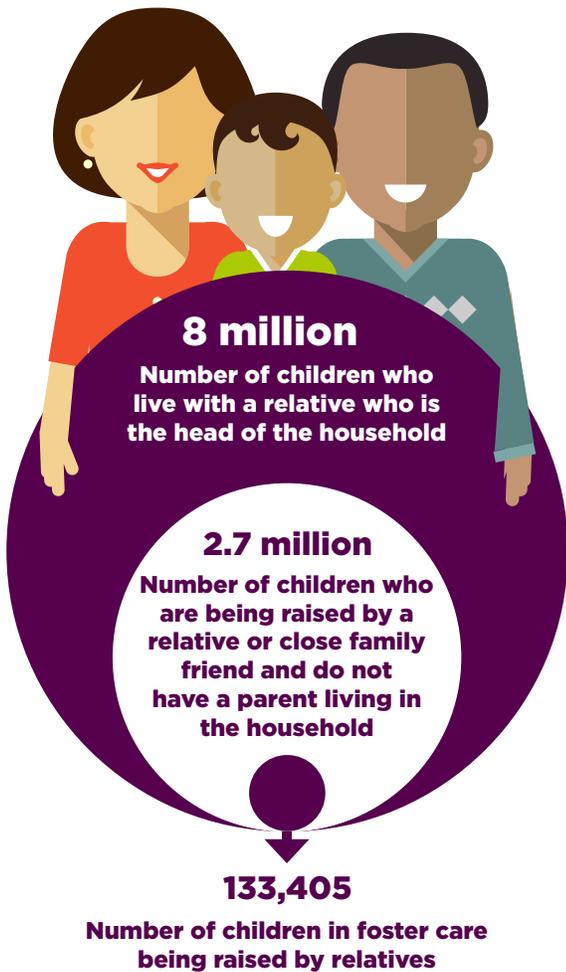
Foster Kinship’s program, and those like it, link kin caregivers and the children they raise to services and supports. They navigate the many systems and silos that impact these families and in their best form, are a true prevention service that helps children stay out of foster care when it’s not needed.

Advocates and Services

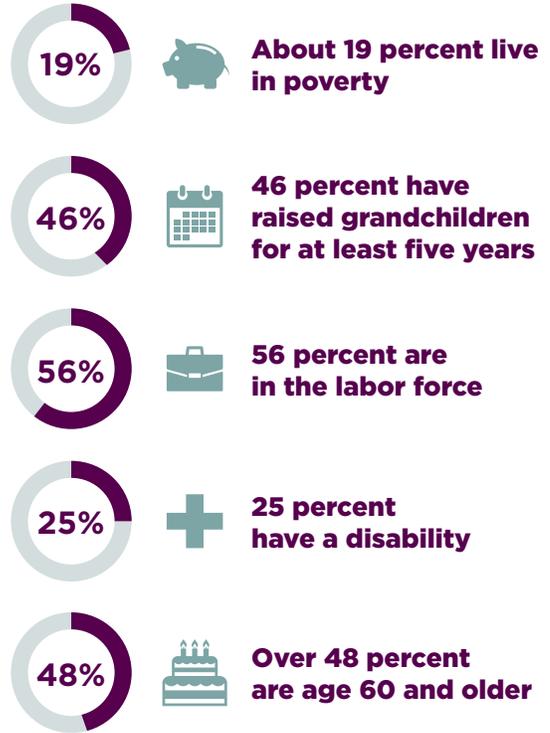
Six full-time “family advocates” at Foster Kinship provide grandfamilies with true wrap around services, starting with case management. All of these staff members have lived experiences with kinship care, which is important in building trust with other families. The “advocates” or “navigators” connect the caregivers and children they raise to TANF child-only benefits, nutrition supports, and other public benefits. A phone helpline and online kinship resource locator tool further helps connect families to services. A behavioral specialist on staff is available to provide needed guidance and support to caregivers and children struggling with behavior and other needs. Children with disabilities, such as autism, are not receiving their special education services during the pandemic, and Foster Kinship is helping with the many issues this creates.



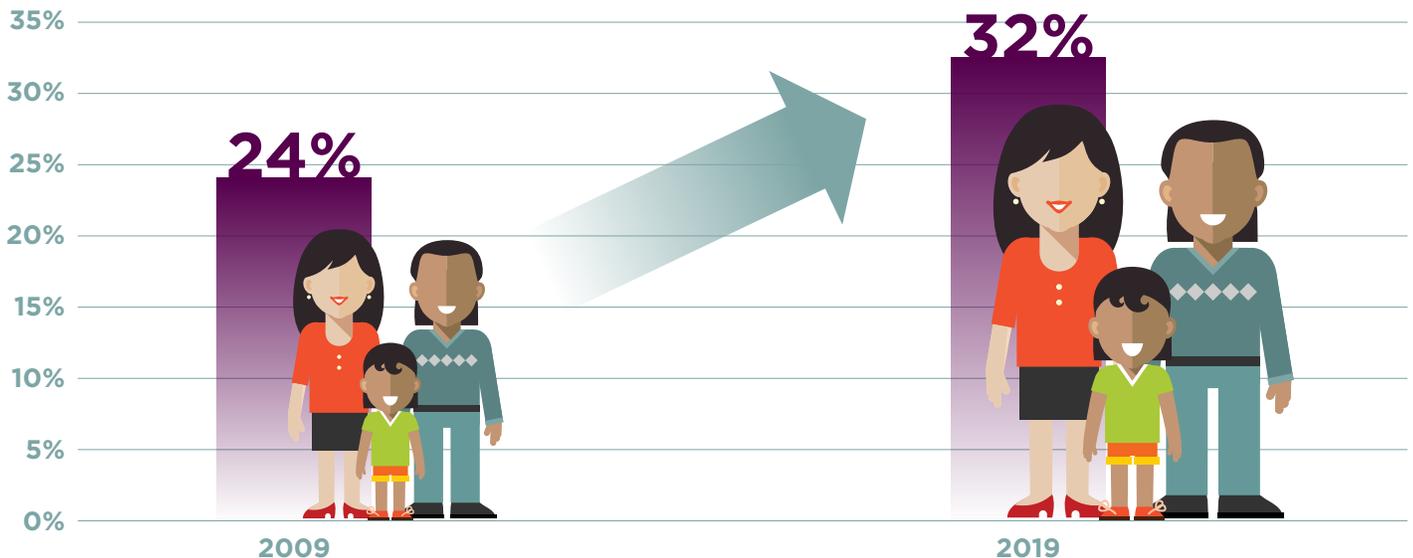
Photos courtesy of Foster Kinship.



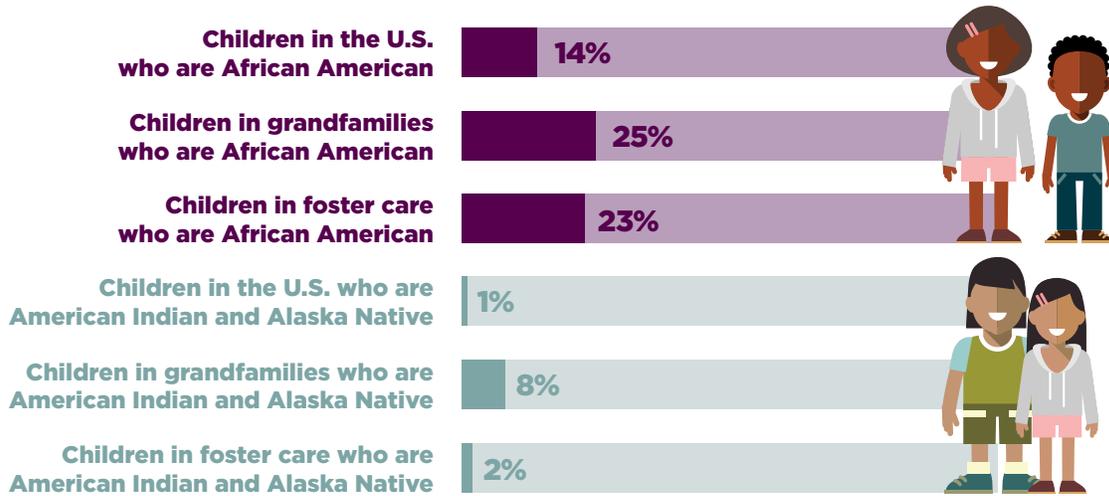
Grandparents Responsible for Grandchildren



Percentage of Children in Foster Care Being Raised by Relatives



Racial Overrepresentation in Grandfamilies



COVID-19 Disparate Impact on Communities of Color



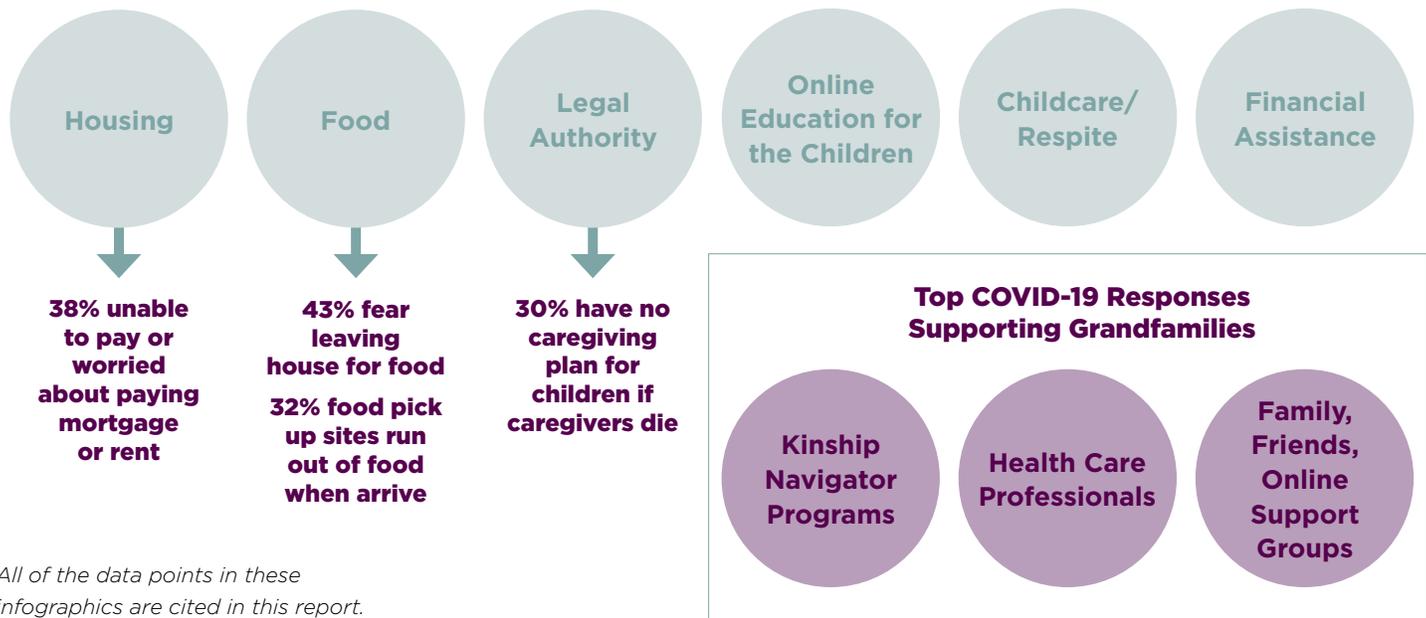
2.5X  **1.5X**

Black people are dying from COVID-19 at 2.5 times the rate of white people, and Native and Latinx people are dying at about 1.5 times the rate



COVID-19 Challenges Facing Grandfamilies

A survey of 600 caregivers showed:



All of the data points in these infographics are cited in this report.

PROGRAM PROFILE: FOSTER KINSHIP *(cont.)*

Additional services provided by Foster Kinship include free respite care to any caregiver and three caregiver support groups, one of which is in Spanish, that connect the families. As they have shifted to virtual meetings during the pandemic, Zoom has proved to be a helpful tool, but the families who were already part of those groups miss seeing and hugging each other. So, Foster Kinship hopes to resume these groups partially in-person after this public health emergency is under control.

Partnerships

Recently, in response to the emergency, Foster Kinship has partnered in creative ways with local restaurants and other private businesses to provide food delivery statewide and curbside food and supplies pick up in Las Vegas. A “Give Together Now” campaign has further provided \$500 per family in COVID-19 relief.

Authentic Constituent Engagement

All of Foster Kinship’s services are informed by the authentic engagement of the constituents they serve. Kin caregivers participated in a statewide survey to share their priorities in moving forward. Foster Kinship’s approach aligns with the “nothing about us, without us” philosophy to providing social services, meaning those served must drive the services and solutions. Many caregivers who are part of the Kinship Foster network are also part of a statewide advocacy group that tackles the myriad issues facing the families, now heightened by the pandemic.

Federal and State Support

Even before the heightened challenges caused by the pandemic, three years of federal funding opportunities helped cover only about one-third of the program’s costs. The U.S. Department of Health and Human Services (HHS), which oversees federal funding opportunities, has been rolling out more flexibility in response to COVID. While many of their policies are positive, more funding is needed, particularly in response to the challenges presented by the pandemic. For example, HHS has explicitly allowed for “brief” legal services using kinship navigator funds, but programs don’t have extra funds, and legal services are expensive. Robust kinship navigator programs, like Foster Kinship, rely on state and private funding sources to function. The federal money is simply not enough. With some states considering cutting their kinship navigator funding due to the pandemic’s devastating effects on state budgets, federal funding is more important than ever.

PROGRAM PROFILE: FOSTER KINSHIP *(cont.)*

One light on the financial horizon is that Nevada's kinship navigator program is currently being evaluated. If the federal Title IV-E Prevention Services Clearinghouse finds that the program meets its evidence-based standard of "promising", the program will be able to draw down 50 percent ongoing federal reimbursement under the Family First Prevention Services Act (Family First Act). That type of year to year support is vital for planning.

With state budget crises and the downturn in the overall economy, ongoing federal support is vital for these critical kinship navigator programs. The vast numbers of grandfamilies who are not child welfare involved must be supported. If they are not, children risk entering the much more costly child welfare system simply due to lack of support. It is in our interest as taxpayers to better serve these families, as they save us billions of dollars each year. But, more importantly, supporting children and families is fundamental to our collective future.

COVID-19 and Beyond

Because of COVID-19, the numbers of kin caregivers coming through the virtual door are growing each day. The program is seeing about 90 new families a month and is serving more than 5,000 families statewide. The fact that Foster Kinship was already a trusted community resource allows outreach to happen primarily through word of mouth. Grandmas trust other grandmas and hearing from a peer that the program is beyond helpful is bringing more families in. Foster Kinship's statewide Facebook group helps with word of mouth outreach. About 700 caregivers share resources and support each other, all under the 24/7 watchful eye of well-trained Foster Kinship staff who monitor the group.

Foster Kinship has found that some aspects of the pandemic have been a blessing in disguise and created opportunities for them to better serve grandfamilies. The virtual solutions that have emerged and become commonplace, such as Zoom, have allowed them to reach more families, particularly in rural areas. Even for those who live in urban areas, transportation and childcare challenges no longer prevent caregivers from accessing support. They can now just log on or call to be connected to the many services provided by Foster Kinship. Even after the pandemic is over, Foster Kinship plans to continue to primarily function as a virtual resource so they can continue to serve families across their vast state.

Grandfamilies Must Be Supported

Child welfare and other state, tribal, and local systems are facing increasing budgetary pressures due to the pandemic. Jurisdictions are having to make important decisions that will impact families and children for generations. At the forefront of their decisions, policymakers must consider that if grandfamilies cannot remain together, state, tribal, and local budgets will be completely in the red.

Decades of research tell us that children should be raised by loving kin when their parents cannot raise them. Comparing the outcomes of children in foster care with relatives to those in foster care with non-relatives demonstrate just how well children do in relative care. Children in foster care with relatives have more stable and safe childhoods with a greater likelihood of having a permanent home.⁵⁰ About 36 percent of all children adopted from foster care are adopted by relatives and 11 percent of children who exit foster care, exit into guardianships.⁵¹ Moreover, children in foster care with relatives are less likely

to re-enter the foster care system after returning to birth parents.⁵² These children also experience fewer school changes, have better behavioral and mental health outcomes, and are more likely to report that they “always feel loved.”⁵³ Children living with relatives keep their connections to brothers, sisters, extended family, community, and their cultural identity.⁵⁴

Research further shows that when caregivers in grandfamilies receive services and support, children have significantly better social and mental health outcomes than children of caregivers who do not receive services and support.⁵⁵ Examples of services and supports that demonstrate improved outcomes include support groups, mental health services, case management, and kinship navigator programs that connect grandfamilies to services and resources.⁵⁶ With the heightened challenges of the pandemic, these services and supports are more important than ever.



“Many of our grandparents rely on the food bank to provide supplemental food for their families, and the nutritional value received through the food bank isn’t always that great, and especially right now due to this crisis. My family decided to go ahead and use the food bank because my husband is out of work. I was really appalled. I got two dozen donuts that were two days old and stale. Just some of the food that I received was not nutritious at all, and it got me thinking: I know that grandparents need to be thinking about the nutritional value, and that the food they’re using to supplement their children is not good enough.”

— *Ms. Gail Engel, GRAND Voice, Colorado*



Lessons Learned: Existing Solutions to Support Grandfamilies During the COVID-19 Pandemic

Authentically Engage Constituents

To accomplish true responsive reform, those who use the services and supports must be engaged from the beginning and throughout the process. The federal government has encouraged this type of engagement for child welfare system reform.⁵⁷ It should also exist across the many systems that serve children and families. Kinship caregivers, birth parents, foster parents, and youth must be meaningfully at the table, exploring and implementing the solutions to help support their families.

Throughout the pandemic, Generations United has relied on its network of caregiver advocates known as GRAND Voices to inform policymakers and system leaders on what the families need. By authentically engaging them, decisionmakers knew of the technology challenges, issues with safely and affordably accessing food and supplies, and the need to plan for the care of the children in case of the caregivers' death or disability. A collaboration known as Family Voices United among Generations United's GRAND Voices caregiver network, FosterClub's network of young leaders, and the Children's Trust Fund Alliance's Birth Parent National Network has elevated collective voices to respond to the pandemic by deploying direct goods like computers and cash assistance to families and youth in need. *See the profile of Generations United's COVID-19 response fund on the next page (page 29) of this report.*

Offer Robust Kinship Navigator Programs

Robust kinship navigator programs bridge the many systems to implement wraparound supports to the children and caregivers in grandfamilies. Like the Foster Kinship program profiled in this report

(starting on page 21), kinship navigator programs that provide case management and help accessing public benefits support caregivers in their efforts to navigate the many systems aimed at "parents." During this pandemic, these programs have been able to rapidly pivot to provide virtual supports and tangible goods. Since good navigators have built trust and know how to reach grandfamilies impacted by various systems, navigators have served as essential workers getting needed resources to these families during the public health emergency.

Implement Flexible Policies and Elevate How Existing Funds Can Be Used to Serve Kinship Families

During the pandemic, the federal government has provided flexibility to states, tribes, and territories in administering federal programs, which has proved invaluable in responding to grandfamilies' needs. For example, HHS generated a Technical Bulletin allowing federal kinship navigator funding to be used for brief legal services.⁵⁸ HHS also made clear through a program communication to all child welfare directors that these navigator funds may be used to provide short-term support, such as bus tokens, gas vouchers, and grocery store gift cards, as well as provide cell phones, tablets, or other technology for kin caregivers.⁵⁹ HHS is also, for the first time, explicitly allowing federal child welfare monies to be used to financially support children in kinship care during the provisional foster care.⁶⁰ The U.S. Department of Agriculture (USDA) has given states flexibility with its administration of SNAP to provide emergency benefit supplements, fill the gap for children missing free and reduced school meals, and ease administration of the program.⁶¹ These are the types of solutions and flexibility that can remain in place even after this pandemic is over.

Inform the Federal Council to Support Grandparents Raising Grandchildren

The Federal Council to Support Grandparents Raising Grandchildren, which began its work six months prior to the pandemic, is now considering the heightened needs of the families and the many other grandfamilies that are forming due to the pandemic. The Council comprising of numerous kin caregivers, federal agency leaders, and subject-matter experts, is seeking to coordinate federal

resources to support grandfamilies from agencies as diverse as the Internal Revenue Service, Aging, Child Welfare, Education, Social Security, and Housing. There are multiple opportunities for public input, and the Council is hearing from grandfamilies impacted by the pandemic. Similar efforts to coordinate systems and agencies at the state and local levels can leverage and maximize resources to better serve grandfamilies.

PROGRAM PROFILE: GENERATIONS UNITED'S COVID-19 RESPONSE FUND

Through partnerships with Casey Family Programs and the Ballmer Group, Generations United has been able to help address grandfamilies' heightened needs caused by this public health emergency. We are providing direct assistance to grandfamilies and nonprofits that work with them.

In addition to providing 39 laptops to grandfamilies, Generations United and partners have provided cash grants to cover educational supports for children, food, utility bills, health care-related costs, legal assistance, rent/mortgage payments, and other housing costs.

The response from grandfamilies has been overwhelming. Caregivers have shared that the funds have helped with concrete needs like transportation costs to get to medical appointments to receive life-saving treatments and tutoring assistance for grandchildren as they enter another year of distance learning. One grandfamily appreciated something as simple as a door installation so they could have much needed privacy and respite, even more important in these days of staying at home.

A caregiver who received a laptop graciously shared, "I was napping when there was a knock at my door. When I opened the door nobody was there but this box.When I opened up the box there was this new laptop. I cried with joy and happiness. I would like to thank my family at Generations United You just don't know what this means to me. As an advocate I can continue to do my work better for grandfamilies and caregivers. I do appreciate this wonderful gift. God bless you all. Thank you."

If you would like to donate to this fund that supports grandfamilies around the country, visit www.gu.org/projects/grandfamilies-covid-19-response-fund/.

Policy and Practice Recommendations

To effectively respond to the heightened needs due to the pandemic, improve inequities and racial disparities, and move forward an anti-racist approach to policies and practices, please begin by considering policy, practice, and data collection recommendations in [Generations United's recently released African American and American Indian/Alaska Native Toolkits](#). These action steps will position systems to better respond to the next crisis.

Federal Policy Recommendations

Even after the public health impact of the pandemic is under control, federal agencies must continue to allow jurisdictions to implement federal programs with flexibility responsive to grandfamilies' needs.

Congress must explicitly consider and include grandfamilies as part of all COVID-19 response legislation aimed at families and take a number of steps to provide specific support to grandfamilies during and after this pandemic. By acting holistically, we can build responsive systems that better serve grandfamilies and are poised to effectively respond to the next crisis.

National Grandfamilies Technical Assistance Center:

Fund and establish an independent, nonprofit-based National Grandfamilies Technical Assistance Center to provide expertise to programs and systems around the country, elevate effective strategies, facilitate learning across sectors and geographic areas, and help multiple systems coordinate their efforts to ensure the needs of grandfamilies are met during national emergencies. This center will bridge the divide between the many systems that impact grandfamilies and provide holistic technical assistance to jurisdictions around the country seeking to improve supports for grandfamilies. According to a 2020 U.S. Government Accountability Office (GAO) report, states want help concerning programs and policies that are

designed to support grandfamilies and are overseen by HHS.⁶² States specifically identified wanting help and tools around model family foster home licensing standards, the National Family Caregiver Support Program, kinship navigator programs, and guardianship assistance programs.⁶³ A National Technical Assistance Center could fill these identified needs.

Kinship Navigator Programs:

Increase federal funding for kinship navigator programs during and after the pandemic by providing additional funds to meet emergency needs of grandfamilies. These programs should serve grandfamilies regardless of child welfare involvement and provide case management and person-to-person peer navigation, in addition to direct goods and emergency assistance.

Authorize and invest in at least five years of continuous funding so that kinship navigator programs around the country can plan, operate, and evaluate their programs for inclusion in the federal Title IV-E Prevention Services Clearinghouse, without the ongoing lapses in federal funding and the uncertainty whether there will be another year.

Child Welfare System:

Amend Title IV-E of the Social Security Act to clearly allow for the use of these federal child welfare funds to provide foster care maintenance payments for children placed with kin during the provisional licensing period, and to require that all Title IV-E eligible children in the legal custody of a child welfare agency, whether with a licensed provider or not, receive a monthly foster care maintenance payment at the same level as other children in foster care. Ongoing financial assistance is critical to ensure children's needs are being met, and this assistance is even more vital during the pandemic.

Increase investments in family support, the child welfare system, and older youth transitioning from foster care. Specifically, authorize and appropriate \$1 billion for the Community-based Child Abuse Prevention Grants (Title II) in the Child Abuse Prevention and Treatment Act (CAPTA) block grant and \$1 billion for the MaryLee Allen Promoting Safe and Stable Families Program. Increase the FMAP rate of reimbursement for Title IV-E Prevention Programs; provide \$30 million for Court Improvement Programs; and \$500 million for the Title IV-E John H. Chafee Program for Successful Transition to Adulthood.

The impacts of COVID-19 are putting stress on families who are attempting to navigate new public health safety protocols, school closures, uncertain childcare arrangements, job losses, social isolation, and significant barriers to many critical support services. Without interventions to support parent-headed families and grandfamilies, the kinds of stress that the COVID-19 pandemic is creating contribute to increased risk of child abuse and neglect and entry into foster care. Strengthening the child welfare system to face these challenges requires a comprehensive approach that addresses the entire child welfare continuum.

Require that all states use federal child welfare funds to offer Guardianship Assistance Programs (GAP) and remove the requirement that relatives must become licensed foster parents to access GAP. As of August 2020, only ten states lack GAP: Arizona, Georgia, Kansas, Kentucky, Ohio, Mississippi, North Dakota, South Carolina, Utah, and Wyoming. GAP provides an important permanency path for children for whom adoption and reunification with their parents are not options. GAP provides ongoing monthly financial assistance up to the foster care rate and is vital to helping grandfamilies meet the needs of children they did not plan or expect to raise.

Additional System and Family Investments:

Implement a federal guardianship tax credit similar to the adoption tax credit. Make both tax credits refundable like the Earned Income Tax Credit so that

children in lower-income households also benefit from the credits.

Increase funding for TANF and encourage states, tribes, and localities to increase the monthly child-only grant amount to mirror foster care maintenance payments in each jurisdiction, and facilitate use of the good cause exemption to the requirement to assign child support to the government.

Allow for child-only SNAP (formerly known as food stamps) that do not consider the income of the caregiver and household but are based solely on the needs of the child, such as TANF child-only grants.

Allow children to qualify for Social Security benefits based on the work record of their aunt, uncle, or other kinship caregiver like they can qualify based on the work record of their grandparent. Social Security is the only federal program to limit benefits to children based on their grandparents and parents only.

Provide \$50 billion in dedicated child care funding to ensure the child care system survives this pandemic and ensure that the system specifically serves children regardless of who is raising them.

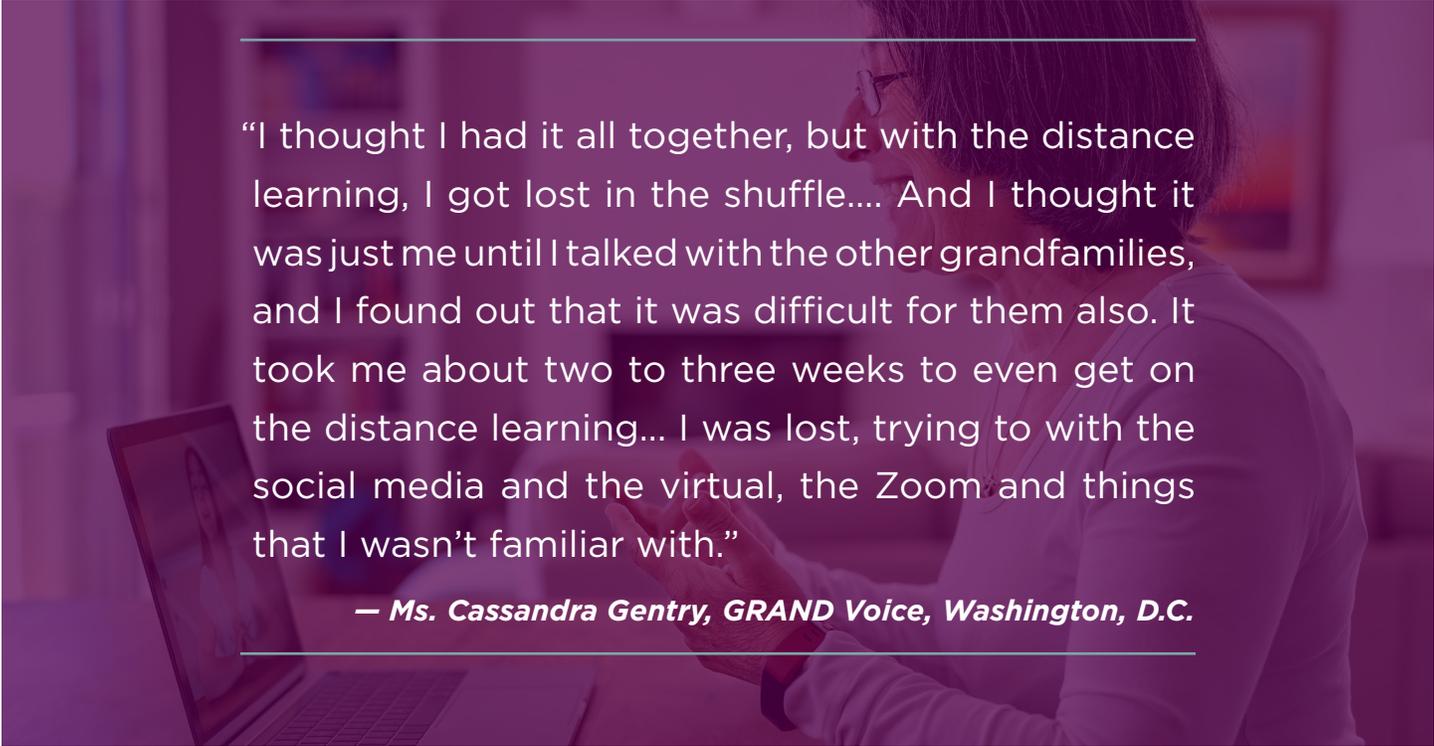
Increase Social Services Block Grant (SSBG) funding and allow for tribal inclusion. This federal block grant provides funding for a range of services including child welfare and senior services, and tribal governments do not have direct access to the funds.

Fund the authorized programs of national significance under the National Family Caregiver Support Program (NFCSP), and focus on outreach, training, and technical assistance to the aging system to serve relative caregivers who are age 55 and older and raising other's children. For 20 years, the NFCSP has provided supportive services such as respite care, support groups, and counseling to older relative caregivers of children, in addition to family caregivers of older adults. These supports are more important than ever. However, according to the GAO, only 23 states used their 2016 NFCSP funds to serve older relative caregivers of children, and only five of these states had spent anywhere

close to the maximum percentage then allowed.⁶⁴ State officials told the GAO that they would like more tools for how to use this program.⁶⁵ Tools similar to trainings and practical publications that Generations United created as a recipient of a federal innovative grant when the NFCSP began in the early 2000s. By funding programs of national significance, states could learn about best practices

and receive the timely information and tools they are requesting to better serve grandfamilies.

Support children learning at home during the pandemic by funding the authorized multigenerational service project grants in the Older Americans Act and by funding the Corporation for National Service to create solutions such as virtual tutoring.



“I thought I had it all together, but with the distance learning, I got lost in the shuffle.... And I thought it was just me until I talked with the other grandfamilies, and I found out that it was difficult for them also. It took me about two to three weeks to even get on the distance learning... I was lost, trying to with the social media and the virtual, the Zoom and things that I wasn’t familiar with.”

— ***Ms. Cassandra Gentry, GRAND Voice, Washington, D.C.***

RAISING GRAND VOICES IN RESPONSE TO COVID-19

Generations United’s GRAND Voices Network is comprised of a select group of grandparents and other kin caregivers from across the country. GRAND Voices serve as strategic partners to inform policies and practices affecting grandfamilies and help reveal family strengths, needs, and service gaps. They provide guidance and feedback on Generations United’s resources and advocacy on behalf of grandfamilies.

Generations United, in partnership with Casey Family Programs, supported members of the GRAND Voices Network to raise awareness in their communities about the importance of explicitly including grandfamilies in federal and local responses to COVID-19.

RAISING GRAND VOICES IN RESPONSE TO COVID-19 *(cont.)*

The GRAND Voices participated in a series of virtual trainings and peer-learning calls on conducting outreach to decision makers, understanding opportunities for grandfamilies in the federal CARES Act, and sharing their story. Each project member connected with local and federal decisionmakers and shared [advocacy materials](#) with their networks about the importance of elevating the needs of grandfamilies.

While participants reported significant challenges in connecting with busy state and local officials during the pandemic, they persisted and their messages resonated with decisionmakers.

GRAND Voice Alice Carter of Wyoming and a member of the Sioux Nation met with eight local and federal officials and explains, “I believe that all the people I spoke with understood and are grateful for the kinship providers who are taking care of family...including family friends that have stepped up to do the job. Some understood from love, some from memory of family doing it, some because of the monetary savings to our state. “

New Jersey GRAND Voice Dolores Bryant connected with federal and local officials, including one legislator whose staff spent more than an hour listening and following up with detailed questions about specific ways they can help the families. Ms. Bryant reported on how learning from peers through the project helped inspire her, “I ... found it inspiring and encouraging to hear from the other GRAND Voices who are still caring for children and hearing them share their advocacy strategies for engaging community leaders.”

Kentucky GRAND Voice Norma Hatfield met by phone with Senator Mitch McConnell’s staff, staff from Congressman Brett Guthrie’s office, and six local decisionmakers about grandfamilies and COVID-19. She plans to continue her conversations with these decisionmakers. Recognized as a strong advocate, Ms. Hatfield was selected to participate in a child welfare virtual town hall hosted in August 2020 by Kentucky Youth Advocates and Casey Family Programs, which included Kentucky’s Lieutenant Governor, an associate Justice of the Kentucky Supreme Court, and other high-level officials and local legislators.

By raising their GRAND Voices, these caregivers have educated key decisionmakers on how to ensure grandfamilies receive the support they need so both they and the children they raise can thrive even in the midst of this national emergency.

Other kin caregivers are encouraged to access the materials developed as a result of this initiative at www.gu.org/covid-19/ and raise their voices too.

State and Local Practice Recommendations

State, tribal, and local governments must deploy the use of COVID-19 response dollars with grandfamilies in mind. These jurisdictions need to consider grandfamilies' unique needs and ensure that they are included in systems-wide pandemic responses, including education, housing, child welfare, and aging support.

Communities should implement the following specific actions:

Authentically engage kinship caregivers, birth parents, foster parents, and young people in the design and implementation of services that impact them and ensure that they reflect the racial and ethnic make-up of the communities served. Authentic engagement includes hiring and training these constituents to provide services and supports to peers.

Coordinate COVID-19 response efforts across systems to ensure that grandfamilies can obtain services and support. For example, ensure that grandfamilies can obtain food and other supplies

from one location or source and do not have to separately access senior and child services. Collaborate across the various systems — including aging, education, housing, and child welfare — to provide legal assistance to make alternative care plans; offer needed child care and respite; provide hardware and technology support; give financial and housing assistance; help with court orders and child welfare case plans mandating visitation with birth parents; and provide caregiver training and other support.

Establish robust kinship navigator programs that link caregivers and the children they raise whether inside or outside the foster care system with public benefits, direct goods, legal services, and behavioral and mental health supports, including virtual support groups.

Create jurisdiction-wide working groups that oversee the navigator programs and ensure that staff from the multiple systems and agencies that impact grandfamilies are included, along with kinship caregivers, birth parents, foster parents, and youth.

“We’ve had the question posed like, ‘what happens if I end up in the hospital and I can’t care for my child? What happens if I don’t survive?’ You’d like to think that we’d all have that planned out carefully, but because there’s always the expectation that the kids will go home at some point, I think we procrastinate on making that final plan. It’s got to be in the forefront for millions.”

— Ms. Bette Hoxie, **GRAND Voice, Maine**

Improve access to TANF child-only grants and increase their dollar amounts so kin caregivers can meet the needs of the children they did not plan or expect to raise. Increase the monthly child-only grant amount to mirror the state's foster care maintenance payment rate. Improve access through simplified TANF child-only application forms; more community outreach and education; and use of the good cause exemption allowing caregivers not to assign child support collection to the state.

Provide prevention services and post-permanency supports to grandfamilies by leveraging Title IV-E federal funding available through the Family First Act. Both tribes and states are eligible for the funding. Provide the full range of prevention services needed to help grandfamilies even if the appropriate services are not currently eligible under the Title IV-E program. Ensure services are culturally appropriate. Do not require kinship caregivers, birth parents, and children to accept services that are not culturally appropriate, especially if they have

concerns that the prevention services being offered will either be ineffective or possibly harmful.⁶⁶

License more relatives as foster parents by responding to delays caused by the pandemic with innovative virtual solutions; addressing ongoing barriers in state licensing standards; providing tailored, virtual training to grandfamilies; using federal authority to grant variances and waive non-safety related licensing standards for relatives; and providing needed items such as beds or fire extinguishers.

Use inclusive language and images in outreach materials. Do not limit materials to “parents” when other caregivers are included too. Instead use inclusive language such as “caregiver” or “family member.” Use images that reflect the race and ethnicity of grandfamilies in the community you serve.



GRANDFAMILY STORY: GRAND VOICE MS. BETTE HOXIE

On a typical day, Bette Hoxie would get up at 5:30 am and was out the door by 7:15 am to drop off her 5-year-old grandson at his preschool program and her granddaughter, who lived with her temporarily, to daycare, then head to work as a kinship specialist supervisor at Adoptive and Foster Families of Maine, Inc.

During the day, she helps families like hers handle complex issues related to the child welfare system through training, guidance, knowledge, and resources.



Photo courtesy of Ms. Bette Hoxie.

Since COVID-19, her days have been anything but typical. On her doctor's advice, she stopped going to the office since she is 74 years old and has a pre-existing medical condition. "My doctor was adamant he didn't want me working... where I would come in contact with a variety of people on a daily basis," said Hoxie. So, her bedroom now doubles as her office.

Her household has also gotten busier and more crowded since the pandemic began. Where it once was just her, her 5-year-old grandson and her granddaughter who was recently reunited with her mom; now it also includes her daughter, son-in-law, their two children, and a grandson Hoxie raised who recently turned 21. Additionally, Hoxie is the legal guardian of her 27-year-old son who has developmental challenges.

Both parents and the 21-year-old lost their jobs because of COVID-19. The 21-year-old worked at a fast-food restaurant that has been closed since the pandemic hit.

Hoxie's son-in-law, who installs commercial type windows, is back at work. "The difficult part there is that he works away and is home on weekends," Hoxie said. "I have no way of knowing who he comes in contact with throughout the week. He does his best to maintain safe distances and to wear a mask."

"For the most part, everyone in my house has been doing a good job isolating themselves," Hoxie said. "We all use masks and follow general guidelines to protect one another." But, despite following best practices, Hoxie worries about keeping everyone safe. With her 5-year-old grandson starting kindergarten, she's gone back and forth on her choices: should he be in school or not.

Hoxie decided to send him back to school since he thrives in structured environments. She saw it at his preschool program.

But she noted that with that decision, there are more opportunities for him to be exposed to someone with the virus and bring it home to her and everyone else. "It's a tough choice. I want to do what's best for him," Hoxie explained. At the same time, "I want to do what's best for the household, and I want to stay safe myself."

GRANDFAMILY STORY: GRAND VOICE MS. BETTE HOXIE *(cont.)*

Prior to COVID-19, she was also raising her granddaughter, who has since transitioned to her mom's home. She lived with Hoxie for almost two years.

The early stages of the pandemic stalled the process of reuniting the granddaughter, who was 3 years old at the time, with her mom. "At first, there were no visits at all," Hoxie explained. "Then there were visits on the phone, Skyping."

An added frustration was that the girl's father, who lives somewhere else, didn't always have a cell phone. So, she couldn't have contact with him.

Eventually, the child welfare department loosened restrictions on visits. If no one at Hoxie's and the mother's homes were ill—running a fever or coughing—the girl could visit her mom's house.

Even with the loosened restrictions, things weren't happening soon enough for the mother, who became angry with the department. "I knew the department was doing a pretty good thing just by allowing the visits because that hadn't opened up for everyone at that point," Hoxie said. "But mom was getting impatient."

So, they went back to court through Zoom. Ultimately, it was decided that the granddaughter would transition back to her mom's home. In the meantime, she'd stay at Hoxie's home four days out of the week and stay at her mom's on the other days until she completely transitioned back to her mother.

Supporting a full house means Hoxie stretches her budget to cover utilities and other bills. She wishes there were more food programs for grandfamilies like hers.

While other families were eligible for the hot lunch program, hers was not and she doesn't know why. That program insured that children would get food through the summer. That neglect is, in part, as Hoxie sees it, a bias on how grandfamilies are portrayed. "The public really does not understand the issues of grandparents and other kin raising children," she explained. Fortunately, for her, another family who got more donated food than they needed shared milk and other products with Hoxie's grandchildren.

"Better supports for all of us grandfamilies would include educators aiding older adults who are homeschooling the children they're raising. Other supports include more food programs for grandfamilies experiencing economic hardships," according to Hoxie.

Hoxie now ends each of her atypical days with the hope that the pandemic will provide an opportunity for the public to learn more about grandfamilies like hers and how to better support them.

She also notes the bright spots in her situation: "I hope it is not lost that I love my family and all that it entails. Keeping family together and maintaining those connections is the best part of kinship care."

Conclusion

Ms. Hoxie's sentiment of love for her family and keeping them together is shared by kinship caregivers around the country. These grandparents, aunts, uncles, godparents, and siblings raise children

whose parents cannot, and they do it with love, safety, and stability. Let this pandemic teach us lessons for the next emergency so that we are better prepared to support all grandfamilies.

A LEADING VOICE FOR OVER TWENTY YEARS

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

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Photo (top) by Pedro Centeno.

Photo (bottom) courtesy of the National Indian Child Welfare Association.

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State	Children in Foster Care Raised in Grandfamilies or Kinship Care 2018 (%) ⁶⁷	Children in Foster Care Raised in Grandfamilies or Kinship Care 2018 (#)	Children in Kinship Care 2018 - 2020 (%) ⁶⁸	Children in Kinship Care 2018 - 2020 (#)
Alabama	13%	759	6%	65,000
Alaska	27%	763	5%	9,000
Arizona	44%	5,823	3%	55,000
Arkansas	22%	920	5%	34,000
California	33%	17,234	3%	263,000
Colorado	25%	1,331	2%	23,000
Connecticut	38%	1,613	3%	19,000
Delaware	9%	63	8%	15,000
District of Columbia	22%	153	7%	9,000
Florida	43%	10,539	5%	214,000
Georgia	28%	3,798	4%	101,000
Hawaii	45%	755	4%	11,000
Idaho	31%	554	2%	8,000
Illinois	46%	7,679	3%	85,000
Indiana	36%	6,705	4%	65,000
Iowa	36%	2,280	2%	13,000
Kansas	29%	2,357	4%	25,000
Kentucky	10%	932	8%	77,000
Louisiana	34%	1,535	6%	61,000
Maine	36%	631	3%	9,000
Maryland	40%	1,602	4%	49,000
Massachusetts	26%	2,762	3%	36,000
Michigan	39%	4,675	2%	54,000
Minnesota	41%	3,796	2%	22,000
Mississippi	36%	1,690	8%	58,000
Missouri	36%	4,591	2%	33,000
Montana	45%	1,768	3%	8,000
Nebraska	31%	1,096	3%	15,000
Nevada	40%	1,799	4%	28,000
New Hampshire	27%	410	2%	6,000
New Jersey	33%	1,834	3%	54,000
New Mexico	22%	554	6%	31,000
New York	24%	3,942	3%	122,000
North Carolina	24%	2,431	3%	79,000
North Dakota	19%	298	4%	6,000
Ohio	21%	3,353	4%	117,000
Oklahoma	31%	2,678	6%	61,000
Oregon	32%	2,462	4%	37,000
Pennsylvania	38%	6,242	3%	68,000
Rhode Island	43%	853	2%	5,000
South Carolina	5%	223	6%	69,000
South Dakota	22%	336	5%	10,000
Tennessee	12%	1,052	5%	70,000
Texas	34%	11,303	4%	286,000
Utah	29%	758	2%	21,000
Vermont	29%	373	3%	4,000
Virginia	7%	340	4%	67,000
Washington	34%	3,879	3%	43,000
West Virginia	21%	1,497	9%	33,000
Wisconsin	40%	3,165	2%	25,000
Wyoming	32%	353	3%	4,000

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- 1 U.S. Census Bureau. "Table S1002 – Grandparents, 2019 American Community Survey 1-Year Estimates." Accessed September 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> *Similar age data not publicly available for other relatives and family friends.*
- 2 Annie E. Casey Foundation Kids Count Data Center. 2017-2019. "Children in kinship care in the United States." Accessed August 2020. <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/1757/any/20160,20161>; U.S. Government Accountability Office. 2020. "Child welfare and aging programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>. *Kids Count reports 2,654,000 children in kinship care, whereas the 2020 report by the U.S. Government Accountability Office reports a higher number – 2,791,000 children. We considered both numbers and chose to report these numbers using the phrase "about 2.7 million children."*
- 3 U.S. Census Bureau. "Table S1002 – Grandparents, 2019 American Community Survey 1-Year Estimates." Accessed September 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2018.S1002> *Similar data not publicly available for other relatives and family friends. Throughout this report, we primarily use "kin" to refer to the caregiver. The term kin is inclusive of all adult caregivers, who are either grandparents, other relatives or close family friends of the children they raise. When the term "relative" is used in the report, it is intentionally reflecting data or program language. In the case of federal Census Bureau data, the term "relative" does not include close family friends, otherwise known as "fictive" kin. Also, the Census Bureau has certain data on grandparents responsible for grandchildren that is not available for other relatives; consequently, in that instance, "grandparent caregiver" is used. The Adoption and Foster Care Analysis and Reporting System (AFCARS) data on "relatives" may or may not include "fictive" kin depending on each jurisdiction. In the case of programs, it also depends on how each jurisdiction defines "relative." States, tribes, and territories have flexibility to define "relative" to either include or exclude fictive kin for most federal programs, including Temporary Assistance for Needy Families, guardianship assistance programs, foster care licensing standards, and kinship navigator programs. The National Family Caregiver Support Program, however, is limited under federal law to relatives age 55 and older who are related to the children by blood, marriage or adoption.*
- 4 Generations United. 2016. "Children Thrive in Grandfamilies." Accessed August 2020. www.grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf
- 5 Ibid.
- 6 Ibid.
- 7 This is a comparison of the ratio between 133,403 children in foster care with "relatives" and 2.7 million children raised by grandparents, other relatives and close family friends or kinship care. See endnote 2; and U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "The AFCARS report, Preliminary FY 2019 estimates (No. 27)." Accessed August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf>.
- 8 *Generations United calculated this figure based on the federal share of the 2011 national average minimum monthly foster care maintenance payment (\$511) for 1.1 million children. The number of children is less than one-half of the children being raised in grandfamilies outside of the formal foster care system. We use this number in our calculation due to a conservative estimate that the others may already receive some type of governmental financial assistance, such as a Temporary Assistance for Needy Families (TANF) child-only grant. We also know that a number of children in grandfamilies have special needs that would warrant higher monthly foster care maintenance payments. The cost of 1.1 million children entering the system would represent all new financial outlays for taxpayers.*
- 9 U.S. Census Bureau. "Table S1002 – Grandparents, 2018 American Community Survey 1-Year Estimates." Accessed August 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2018.S1002> *Similar data not publicly available for other relatives and family friends.*
- 10 U.S. Government Accountability Office. 2020. "Child welfare and aging programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>
- 11 U.S. Census Bureau. "Table S1002 – Grandparents, 2019 American Community Survey 1-Year Estimates." Accessed August 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> *Similar data not publicly available for other relatives and family friends. Parent data from National Council on Disability. 2012. "Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children." Accessed August 2020. www.ncd.gov/sites/default/files/Documents/NCD_Parenting_508_0.pdf*
- 12 Atlantic Monthly Group. 2020. CovidTracking.com. Accessed August 2020. <https://covidtracking.com/race>
- 13 Annie E. Casey Foundation Kids Count Data Center. 2017-2019. "Children in kinship care in the United States." Accessed August 2020. <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/1757/any/20160,20161>
- 14 See page 20, U.S. Government Accountability Office. 2020. "Child welfare and aging programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>
- 15 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "The AFCARS report, Preliminary FY 2019 estimates (No. 27)." Accessed August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf> *Please note that there are limitations with AFCARS data and children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; some states do not distinguish between licensed relative foster parents and non-related licensed foster parents; and some states may include fictive kin in the category of "relative" whereas others do not.*
- 16 Ibid.
- 17 Ibid, as compared to U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2010. "The AFCARS report, Preliminary FY 2009

- estimates (No. 17)." Accessed September 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport17.pdf>
- 18 Kelly, John. "Fewer Foster Youth, More Foster Homes: Findings from the 2019 Who Cares Project." The Imprint. October 10, 2019. Accessed August 2020. <https://www.fostercarecapacity.com/stories/who-cares-2019-executive-summary>
- 19 Youakim v. Miller, 440 U.S. 125 (1979).
- 20 *Generations United calculated this figure based on the federal share of the 2011 national average minimum monthly foster care maintenance payment (\$511) for 1.1 million children. The number of children is less than one-half of the children being raised in grandfamilies outside of the formal foster care system. We use this number in our calculation due to a conservative estimate that the others may already receive some type of governmental financial assistance, such as a Temporary Assistance for Needy Families (TANF) child-only grant. We also know that a number of children in grandfamilies have special needs that would warrant higher monthly foster care maintenance payments. The cost of 1.1 million children entering the system would represent all new financial outlays for taxpayers.*
- 21 U.S. Census Bureau. "Table S0901 - Children Characteristics, 2019 American Community Survey 1-Year Estimates." Accessed September 2020. <https://data.census.gov/cedsci/table?q=S0901&tid=ACSST1Y2019.S0901&hidePreview=false>
- 22 *Moreover, many of these relative-headed homes also likely include an adult of an older generation that the middle generation is caring for, in addition to caring for children. The numbers and challenges of these multigenerational households are also not captured by the data.*
- 23 *Latinx children are less likely to live in grandfamilies than their percentage of the overall population. Latinx children comprise about 25 percent of children in the United States, 20 percent of children in grandfamilies, and 21 percent of all children in foster care.* U.S. Census Bureau. "Table S0901 - Children Characteristics, 2018 American Community Survey 1-Year Estimates." Retrieved September 2020. <https://data.census.gov/cedsci/table?q=S0901&tid=ACSST1Y2019.S0901&hidePreview=false>; unpublished Kids Count racial and ethnic data; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "The AFCARS report, Preliminary FY 2019 estimates (No. 27)." Retrieved August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf> Please also note that Latinx and Asian Americans are more likely to live in multigenerational households with 27 percent of all American Latinx and 29 percent of all Asian Americans living in those households; those percentages however include Latinx and Asian Americans who live in multigenerational households with no children present. Pew Research Center. "A record 64 million Americans live in multigenerational households." 2018. Accessed August 2020. www.pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/.
- 24 U.S. Census Bureau. "Table S0901 - Children Characteristics, 2019 American Community Survey 1-Year Estimates." Retrieved September 2020. <https://data.census.gov/cedsci/table?q=S0901&tid=ACSST1Y2019.S0901&hidePreview=false> unpublished Kids Count racial and ethnic data; U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "The AFCARS report, Preliminary FY 2019 estimates (No. 27)." Retrieved August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf> Please note that there are limitations with AFCARS data and children in relative foster care may be underrepresented: in some states, children must receive foster care maintenance payments to be counted and most children living with relatives do not receive this assistance; some states do not distinguish between licensed relative foster parents and non-related licensed foster parents; and some states may include fictive kin in the category of "relative" whereas others do not.
- 25 Ibid.
- 26 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." Accessed September 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> Similar data not publicly available for other relatives and family friends.
- 27 Ibid.
- 28 Annie E. Casey Foundation. "Stepping up for Kids." 2012. Accessed August 2020. <https://www.aecf.org/resources/stepping-up-for-kids/>
- 29 U.S. Census Bureau. 2014. "Coresident Grandparents and Their Grandchildren: 2012." Accessed August 2020. <https://www.census.gov/library/publications/2014/demo/p20-576.html>
- 30 Ibid.
- 31 U.S. Government Accountability Office. 2020. "Child Welfare and Aging Programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>
- 32 U.S. Government Accountability Office. 2020. "Child welfare and aging programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>
- 33 Ibid.
- 34 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." Accessed September 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> Similar data not publicly available for other relatives and family friends.
- 35 Ibid.
- 36 U.S. Government Accountability Office. 2020. "Child welfare and aging programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>
- 37 U.S. Census Bureau. "Table S1002 - Grandparents, 2019 American Community Survey 1-Year Estimates." Accessed September 2020. <https://data.census.gov/cedsci/table?q=S1002&tid=ACSST1Y2019.S1002&hidePreview=false> Similar data not publicly available for other relatives and family friends. Parent data from National Council on Disability. 2012. "Rocking the Cradle: Ensuring the rights of parents with disabilities and their children" Accessed August 2020. www.ncd.gov/sites/default/files/Documents/NCD_Parenting_508_0.pdf
- 38 See endnotes 36, 37 and 38.
- 39 Atlantic Monthly Group. 2020. CovidTracking.com. Accessed August 2020. <https://covidtracking.com/race>
- 40 *The Grandfamilies Outcome Workgroup (GrOW) is a national network of stakeholders that work across systems of care in support of kinship families. GrOW intentionally integrates the lived experiences of kinship caregivers in the evaluation methods, tools and resources it develops and shares. GrOW's mission is to strategically utilize evaluation tools to identify needs and support best practices in partnership with kinship families. Members include: Lawrence Cooper, MSW, LCSW; Amy Devine, JD; Donna Fedus, M.S.; Deborah Langosch, Ph.D., MSW; Kerry Littlewood, Ph.D., MSW; Abhishek Pandey, MD; & Michelle Rosenthal, Ph.D.*
- 41 *Collaborative Solutions strategically builds the capacity of local communities and organizations through the delivery*

- of training, technical assistance, research, and targeted community initiatives in the areas of housing, health and services to impact the system of supportive housing throughout the United States.
- 42 Participants included grandparents raising grandchildren, as well as other relative and non-relative extended family members raising children.
- 43 The survey was open for a two-week interval in order to capture a specific phase of COVID-19, with additional survey waves planned for the future.
- 44 Two manuscripts are currently under review, based on this study. One of these manuscripts explores the lived experience of intersectional discrimination reported by kinship caregivers during the pandemic.
- 45 $\chi^2=33.67$, (8), $p<.000$
- 46 $\chi^2=68.47$, (6), $p<.0000$
- 47 $\chi^2=20.80$, (1), $p<.000$
- 48 $\chi^2=18.19$, (1), $p<.000$
- 49 $\chi^2=3.82$, (1), $p<.05$
- 50 Generations United. 2016. "Children Thrive in Grandfamilies." Accessed August 2020. www.grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf
- 51 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "The AFCARS report, Preliminary FY 2019 estimates (No. 27)." Accessed August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf>
- 52 Generations United. 2016. "Children Thrive in Grandfamilies." Accessed August 2020. www.grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf
- 53 Ibid.
- 54 Ibid.
- 55 Ibid.
- 56 Ibid.
- 57 The U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "Information Memorandum 20-06, Foster Care as a support to families." Accessed August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/im2006.pdf>; and HHS. 2019. "Information Memorandum 19-03, Engaging, empowering, and utilizing family and youth voice in all aspects of child welfare to drive case planning and system improvement." Accessed August 2020. <https://www.acf.hhs.gov/sites/default/files/cb/im2006.pdf>
- 58 U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "Technical bulletin: FAQs on independent legal representation." Accessed August 2020. <https://www.acf.hhs.gov/cb/resource/technical-bulletin-faqs-legal-representation>
- 59 U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. September 1, 2020. Email posted to kinshippnavigator@lists.childwelfare.gov.
- 60 U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. 2020. "Program Instruction 20-10, Stafford Act flexibility for certain Title IV-E requirements related to extended Title IV-E eligibility, licensing, and foster care placements." Accessed August 2020. <https://www.acf.hhs.gov/cb/resource/pi2010>
- 61 U.S. Department of Agriculture. 2020. "SNAP covid-19: emergency allotments guidance." Accessed August 2020. <https://www.fns.usda.gov/snap/covid-19-emergency-allotments-guidance>
- 62 U.S. Government Accountability Office. 2020. "Child Welfare and Aging Programs: HHS could enhance support for grandparents and other relative caregivers." Accessed August 2020. <https://www.gao.gov/products/GAO-20-434>
- 63 Ibid.
- 64 Ibid. Prior to 2020, states were capped to use only up to 10 percent of NFCSP funds on relative caregivers; the cap no longer exists, thanks to the Supporting Older Americans Act of 2020, Pub. L. No. 109-365 sec. 320.
- 65 Ibid.
- 66 Generations United and the National Indian Child Welfare Association. (2020). "TOOLKIT: American Indian and Alaska Native Grandfamilies: helping children thrive through connection to family and cultural identity." Accessed September 2020. www.gu.org and www.nicwa.org; Generations United (2020). TOOLKIT: African American Grandfamilies: helping children thrive through connection to family and culture. Accessed September 2020. www.gu.org.
- 67 Annie E. Casey Foundation Kids Count Data Center. 2018. "Children in foster care by placement type in the United States." Accessed September 2020. <https://datacenter.kidscount.org/data/tables/6247-children-in-foster-care-by-placement-type#detailed/2/2-53/false/37,871,870,573,869,36,868,867,133,38/2622,2621,2623,2620,2625,2624,2626/12994,12995>
- 68 Annie. E. Casey Foundation Kids Count Data Center. 2018-20. "Children in kinship care in the United States." Accessed September 2020. <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/1757/any/20160,20161>



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