

CALIFORNIA'S GRANDPARENTS RAISING CHILDREN:
WHAT THE AGING NETWORK NEEDS TO KNOW AS IT IMPLEMENTS THE
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

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INTRODUCTION

California's grandparents raising children¹ were, until recently, a largely forgotten part of the State's caregiver population. A substantial increase in the number of children being raised solely by relatives, however, along with evidence of their health and social problems, have helped focus needed attention on this growing caregiver group. Substance abuse, the rise in single headed households, HIV/AIDS, sharp increases in female incarceration, teen pregnancy, and policy changes favoring relative placement of children over non relative foster care are among the reasons for the dramatic growth in grandparent caregiving both in California and nationwide (Burnette, 1997; Minkler, 1999).

The last two decades have witnessed a dramatic increase in the number of children living with, and often in the care of, grandparents or other relatives. In California from 1990-2000, there was an increase of almost 50% in the number of children being raised solely by relatives (U.S. Census/C2SS, 2001). California has 625,000 children who live in grandparent-headed households, more than any other state in the nation. Nationwide, more than one in ten American grandparents or other relatives raise a grandchild for at least 6 months at some point in their lives, and typically for far longer periods of time. For almost three quarters of these grandparents, caregiving begins when the child is an infant or preschooler (Fuller-Thomson et. al, 1997).

Relative caregivers often also face a plethora of challenges in accessing needed health and other services for the children in their care. For the great majority of caregivers who do not have legal custody or guardianship of the children they are raising, such problems are particularly acute. That almost 20% of California's children have no health insurance (Children's Defense Fund, 2001) compounds an already complex set of problems that can serve as barriers to care.

While grandparent caregivers exhibit many strengths, they also face numerous challenges, and are at significantly increased risk for depression, functional limitations and financial difficulties. Among grandmother caregivers, close to a third suffer depression, and over half have at least one limitation in an activity of daily living (Fuller-Thomson and Minkler, 2000). Grandparents and other relatives raising children often face many of the problems associated with other forms of caregiving. In addition, they

are raising many of the nation's most vulnerable children. It is therefore both timely and important that states have been authorized to use up to 10% of their National Family Caregiver Support Program (NFCSP) funds to assist older grandparent and other relative caregivers. The Program's stipulation that priority be given to caregivers in the greatest financial and social need also is important, since a sizable proportion of relative caregivers live at or below the poverty line, and many suffer social isolation, depression and other problems. Finally, the fact that the 10% figure applies statewide (USDHHS/AoA, 2001) should be seen as offering California considerable freedom in allocating funds in ways that best serve the greatest number of relative caregivers in need. AAAs serving low-income inner city communities where relative caregiving is known to be disproportionately concentrated (Burnette, 1997) thus could be allocated a greater share of funds with which to address this issue.

Of course, many AAAs and state units on aging had begun responding to the special needs of older relative caregivers well before the creation of the NFCSP. Often beginning with seed grants from the Brookdale Foundation's Relatives as Parents Program (RAPP), these interventions typically involved the creation of grandparent support groups, but also have included a variety of other programs and services such as counseling, resource centers, written guides and newsletters, legal assistance, respite and child focused activities. Both within and outside the aging network, a number of comprehensive programs also have been developed for relative caregivers and their families, which include interventions on multiple levels to assist and support such families.

This monograph begins with a profile of California's grandparents raising grandchildren with special attention to the diversity of this population. Reasons for the increase in grandparent caregiving in California and the nation then are highlighted, as are some of the major challenges and problems confronting such caregivers and their families. The paper then offers an overview of the range of programmatic and related interventions that have been designed to assist grandparent caregivers and their families, as well as efforts to evaluate these efforts. Implications and recommendations then are offered for California's aging network as it attempts to better address the needs of the State's older relatives raising children. The key national resources that may be helpful in this regard then are presented, along with contact information for each.

The paper concludes with a selection of “best practices” on the state and local levels, within the context of the five categories of assistance delineated by the NFCSP. A particular emphasis is placed on sample programs that have been developed by state units on aging and Area Agencies on Aging (AAAs), and the creative partnerships forged to create such programs. Several examples of comprehensive programs which combine services and activities in most or all of the five support categories utilized by the NFCSP also are presented. Although most of this monograph focuses on California’s experience with grandparent caregiving, we include in this section examples of promising programs and other interventions from around the country in the hope that these will help inspire and encourage members of California’s aging network as they develop programs and policies to assist the State’s growing number of grandparent caregivers and their families.

CHARACTERISTICS OF GRANDPARENTS RAISING GRANDCHILDREN

Profile of family caregivers

The median age of grandparent caregivers in the U.S. is 59.3 and over half are aged 60 and above (Fuller-Thomson et. al, 1997). The typical grandparent raising a grandchild is a white married woman living modestly but above the poverty line. Slightly less than three quarters of grandparent caregivers in California are married (73%) almost two thirds (62%) are women. Over half (53%) are in the workforce, and a substantial number (16%) are poor. However, being single, living in poverty, and being an African American substantially increase the odds of becoming a caregiver for one's grandchildren (Casper and Bryson, 1998; Chalfie, 1994; Fuller-Thomson et. al; Harden et. al, 1997).

While the duration of intergenerational residence varies by race, class, region, and other factors, almost 3/4ths (72%) of all children who come into the care of a grandparent do so when they are infants or preschoolers (Fuller-Thomson et. al, 1997), and hence require a particularly intensive degree of care. In California, over one third of grandparent and other relative caregivers are solely responsible for childcare for five years or more. In the face of challenging, long-term, and often unasked-for roles as primary caregivers, grandparents and other relatives exhibit many strengths. They also face numerous challenges, and are at significantly increased risk for depression, functional limitations and financial difficulties. Among grandmother caregivers, close to a third suffer depression, and over half have at least one limitation in an activity of daily living (Fuller-Thomson and Minkler, 2000).

Race/ethnicity

Although the majority of relative caregivers are white, African Americans and Latinos have an increased likelihood of taking on this role (US Census/C2SS, 2001). Children of African-American, Hispanic, and Native American descent are most likely to live with their grandparents (US Census/C2SS, 2001). Nationwide, African American children are more likely than non Hispanic white children to be living in "kinship care" households—those in which children have been formally placed with their grandparents or other relatives (Harden et. al, 1997)--a fact reflecting both current socioeconomic realities and a long history of caregiving across generations in Black families (Burton & Dilworth Anderson, 1991).

Breakdowns by race/ethnicity in the number of children who live with their grandparents suggest that African Americans are not the only over-represented group among grandparent caregivers. In California, White and Asian children, at 5% each, are least likely to live in households headed by relatives other than their parents (US Census/C2SS, 2001). In contrast, 12% of all African-American children, 11% of Hawaiian and Pacific Islander children, and 10% of Native American children live in grandparent headed households, as do 7-8% percent of Hispanic, mixed race, and "other race" children.

In predominantly non-white inner city areas, these rates may be considerably higher. An early survey of the Head Start population in Oakland indicated that one fifth of enrolled children were in the care of grandparents (Nathan, 1990), while health and social service providers in San Francisco estimated that between one third and one half of that City's inner city children lived in the care of grandparents (Miller, 1991). Figures on the number of grandparent caregivers furthermore often fail to take into account undocumented immigrant relative caregivers. Without further research, it will be difficult to determine the characteristics and needs of grandparent caregivers in some areas of California which are heavily impacted by such immigration.

Statewide diversity

The nation's largest state is diverse in culture, race, and ethnicity. While this diversity is one of our most important assets, it poses many challenges in creating statewide policy that will benefit most Californians. The American Community Survey (ACS) conducted by the U.S. Census provides much needed information that will help us in the design of programs and other interventions to help meet the needs of the State's diverse population. Community groups can contribute their expertise, and should be considered valuable resources.

Characteristics of relative caregivers and the children they raise are likely to vary from county to county and town to town. To date, ACS profiles have been released for only a few of the State's counties, with the most detailed data available for San Francisco and Tulare counties. These data are revealing. In urban San Francisco County, for example, which has a total of over 325,000 households, there are approximately 64,500 family households with children under the age of 18. Twenty seven percent of these family households are headed by grandparents, with grandparents solely responsible for

grandchildren's care in over 5,000 family households (8%). Tulare county, which is mostly rural, has just over 109,000 households. Over 50% Tulare county households (55,000) have children under the age of 18, (compared with 20% in San Francisco county), with grandparents heading 17% of the family households and solely responsible for childcare in 8%. As previously mentioned, in the State as a whole, 16% of grandparents raising grandchildren lived in poverty. In San Francisco county, 21% of these grandparents are poor. In Tulare county, almost 34% are below the poverty line. In both counties, almost half of residents above 65 years of age describe themselves as living with a disability. (US Census ACS 2000). As more data from the 2000 census are released, a much more complete, county-by-county picture of the prevalence and demographics of California's grandparent caregiver population should emerge.

REASONS FOR THE INCREASE IN RELATIVE CAREGIVING

Part of the increase in kinship care beginning in the 1980's is attributed to legal mandates and changes in child welfare reimbursement policies and practices that encouraged placement with relatives over non relative foster care (Berrick and Needell, 1999). Kinship care is the fastest growing out-of-home placement funded by child welfare agencies and in many large urban areas, half of the children in out-of-home placements are in the care of relatives. Federal and state laws and policies promoting formal kinship care, however, do not explain the sizable concomitant growth in the number of children who informally have been "going to live with grandma." Indeed, informal estimates suggest that for every one grandchild in the formal foster care system, another six are informally being raised by relatives (Harden et. al, 1997; Needell, 2001).

Key among the social factors contributing to this increase is substance abuse, and particularly the cocaine epidemic (Burnette, 1997; Feig, 1990). The facts that an estimated 15% of American women aged 15-44 are substance abusers, and that almost 40% of these women have children living with them (NIDA, 1997), suggest that drug and alcohol abuse are likely to remain important contributing factors. Overall substance use rates are higher in California than in the rest of the country (California Data Report, 1997). Grandparents who become the primary caregivers for their grandchildren because of the parents' substance abuse may suffer special emotional consequences, in part

because of the shame, fear and uncertainty about the future which this phenomenon may entail (Burton, 1992; Minkler & Roe, 1992).

Divorce, teen pregnancy, and the rapid growth in single parent households also are major factors responsible for the rise in intergenerational households headed by grandparents. At 68.2 per 1000 women aged 15-19, California teenagers' live birth rate is higher than the U.S. average of 54.7, and the rate in California for Hispanics (111.6) and African-Americans (85.2) is higher than the state average (Centers for Disease Control, 1998). Such trends have contributed to the dramatic drop in the number of children living in two parent households, (from over 86% in 1950 to about 70% by the mid 1990's)--a factor which appears to increase the likelihood of children entering relative care (Harden et al., 1997). In the last decade of the 20th century, the number of California grandchildren who reside in relatives' households rose from 417,776 (5.4%) to 866,415 (6.8%) (U.S. Census, 1990, 2000).

The HIV/AIDS epidemic is another growing contributor to the phenomenon of grandparent caregiving. The leading cause of death among African Americans aged 25-44, HIV/AIDS had claimed the lives of the mothers of an estimated 125,000 to 150,000 American children and youth by the year 2000. Although custody data are limited, available information suggests that grandmothers typically are the sole or primary caregivers to children whose primary parent is living with, or has died as a result of AIDS (Joslin and Harrison, 1998).

Grandparents also are primary caregivers to well over half of the children of imprisoned mothers in the U.S. Dramatic increases in the number of incarcerated women, which grew six fold over the last decade and a half, (Dept. of Justice, 1997) suggest that this trend will likely continue to contribute to the growth of intergenerational households headed by grandparents. About 80% of incarcerated women are mothers who have average of two children, and California had almost 12,000 female prisoners in 1999, more than any other state (Petersilia, 2000).

Finally, it should be stressed that most all of the factors discussed above are tied in fundamental ways to the continued problem of poverty in our nation, which itself remains a significant vulnerability factor for grandparent caregiving (Burnette, 1997; Minkler, 1999).

GRANDPARENT HEADED HOUSEHOLDS: SPECIAL CHALLENGES

Intergenerational households headed by grandparents exhibit many strengths, with grandparents who assume caregiving often doing so willingly and with relief that they can "be there for the grandchildren." The children in such families also frequently appear to be doing well. A national study by Solomon and Marx (1995) thus revealed that both in terms of health and school adjustment, children raised solely by grandparents, while not doing as well as those in two parent households, fared better than those in families with one biological parent present. At the same time, grandparent headed families also face a number of problems and challenges:

Health and health care access

High rates of depression, poor self rated health, and/or the frequent presence of multiple chronic health problems have been reported in both national and smaller scale studies of grandparents raising grandchildren. (Burton, 1992; Minkler and Roe, 1993; Burnette, in press; Dowdell, 1995; Minkler et al, 1997; Strawbridge et. al. 1997). Such problems appear particularly prevalent among caregiving grandmothers. One national study thus found that 32% of caregiving grandmothers met the clinical criteria for depression, compared to 19% of non-caregiving grandmothers. Similarly, grandmothers raising grandchildren were significantly more likely to have limitations in Activities of Daily Living (ADL's) such as caring for personal needs, climbing a flight of stairs, or walking six blocks, with fully 56% reporting at least one ADL limitation (Fuller-Thomson and Minkler, 2000). Constrained ability to participate in social activities and limitations on routine activities may make it more difficult for grandparents to meet long-term physical demands of raising children (Whitley, Kelly, Yorker & Sipe, 2001).

As noted above, children in relative headed households may have better health overall than children living with a single parent (Solomon and Marx, 1995). But significant health and related problems have been observed, particularly among those children who came into the grandparents' care having been prenatally exposed to drugs or alcohol, and/or having suffered parental abuse or neglect. High rates of asthma and other respiratory problems, weakened immune systems, poor eating and sleeping patterns, physical disabilities and attention deficit hyperactivity disorder (ADHD) are among the

problems experienced, and which in turn may take a toll on the caregiver's physical and mental health (Dowdell, 1995; Minkler and Roe, 1996; Shore and Hayslip, 1994). Several studies have documented the tendency for caregivers to delay or fail to seek formal help for themselves, particularly with mental or emotional health problems (Burnette, 1999 a & b; Minkler et. al, 1992; Shore and Hayslip, 1994).

Accessing needed health services for the grandchildren in their care also may be impeded by lack of insurance coverage. Many insurance companies refuse to allow grandparents to include grandchildren as dependents on their insurance policies unless the children are in legal custody of the policyholder (Cohon, 2001).

One in three children living in grandparent-headed households in the United States in 1996 were without health insurance (Casper and Bryson, 1998). In California, the number is one in five (CDF, 2001), and most of California's uninsured children are from working families (Pourat, 1997). California's Healthy Families program provides health insurance to children who are not covered by Medicaid and whose family incomes are up to 250% of the federal poverty level. Grandparents and other relative caregivers can apply for coverage for children in their care even if they are not the children's legal guardians. Nonetheless, inconsistencies in local implementation, unnecessary and complicated paperwork, and lack of clear guidance for relative caregivers may reduce their access to the program (Bissel and Allen, 2001).

Social isolation and alienation

Decreased socialization with friends and/or family, and an inability to continue participation in senior centers and church activities as a consequence of caregiving responsibilities has been widely reported among caregiving grandparents (Burton, 1992; Jendrek, 1994; Minkler and Roe, 1993; Shore and Hayslip, 1994). Substantial declines in marital satisfaction also have been noted (Jendrek, 1994).

Intergenerational households formed as a result of parental AIDS or drug addiction may experience special feelings of alienation (Burnette, 1997; Joslin and Harrison, 1999; Minkler and Roe, 1993), with some African American and Hispanic grandparents reporting that the failure of their communities, and particularly their churches, to openly acknowledge the extent of AIDS or crack use in their midst have contributed to the sense of isolation and shame experienced.

Financial vulnerability and the inadequacy of public assistance

Becoming the primary caregiver for one's grandchildren often further exacerbates already difficult economic circumstances. In one study of African American grandmother caregivers, most of whom lived in low-income neighborhoods in Oakland, over 50% described themselves as “doing poorly” financially. None said they were “doing well” (Minkler & Roe, 1992). For older working relatives, the assumption of caregiving frequently means quitting a job, cutting back on hours, or making other job related sacrifices that may put their own future economic well being in jeopardy. Retirement plans may be canceled or postponed as grandparents find themselves raising second families. (Hendrix, 2001). Retired or non-employed caregivers frequently suffer financially, and sometimes report spending their life savings, selling the car, or cashing in life insurance to cope financially with the new role (Minkler and Roe, 1993).

Prior to its repeal under welfare reform in 1996, Aid to Families with Dependent Children (AFDC) was the primary source of public assistance to intergenerational households headed by grandparents, providing both cash assistance and automatic eligibility for Medicaid and other benefits. Under the replacement program, Temporary Assistance to Needy Family (TANF), work requirements, time limits and other restrictions may constrain a low-income grandparent's ability to receive benefits for her family (Mullen and Einhorn, 2000). California's welfare reform plan—the California Work Opportunities and Responsibilities to Kids Program (CalWORKS) thus limits recipients to the national five-year lifetime limit on aid. Similarly, it stipulates that welfare recipients must work 32 hours per week, beginning within 18 to 24 months of the receipt of benefits depending on the county in which they reside. Although exemptions from the 18-24 month work requirement were included for *some* grandparent caregivers, this population was not categorically excluded. An early key informant interview study with California legislative analysts, county and state level program administrators and others, moreover, revealed major concerns over the difficulty non-exempt grandparents may face in finding work, and the financial difficulties they may encounter (Minkler, Deurr Berrick and Needell (1999).

TANF “child only” grants remain an important, albeit often inadequate, source of support for the children in many of California's grandparent headed families. Data are not yet available, however, on a state or national level, indicating the number of such

households that have suffered financial hardship as a consequence of welfare reform (See Mullen and Einhorn, 2000 for a detailed discussion of state level welfare reform/TANF choices and grandparent headed households).

For grandparents who enter formal kinship care arrangements, foster care payments are available, typically at substantially higher rates than TANF. Finally, in approximately 20 states, including California, stipended guardianships are available through which relative who were in the formal foster care system may exit the system and still receive financial support.

In California, a distinction is made between state funded subsidized guardianship for non relatives and "kin gap" payments, through the State's new Kinship Grandparent Assistance Program, for those formal caregivers who are leaving the child welfare system but are unable or unwilling to adopt the children in their care (www.childsworld.org). Kin gap payments, which became available in January 2000, vary by the age of the child in a grandparent's care, but are often almost twice the amount available through TANF. Such new alternatives may be critical to an older relative's ability to cope with the financial demands that come with rearing grandchildren. It should be noted, however, that many grandparent headed households still fail to receive the support for which they are eligible and/or experience considerable delay, red tape, and other difficulties in trying to access needed financial assistance (Burnette, 1997; Generations United, 1998).

Legal issues

Grandparent and other relative caregivers often face a bewildering set of legal issues. Legal authority over the children in their care can take several forms including adoption, custody or guardianship. While such arrangements are helpful in enabling grandparents to access needed services and supports for the children in their care, the legal proceedings involved can be costly, time consuming, and emotionally wrenching. Hopes about the eventual reunification of children with their parents, and fear of antagonizing an adult child by pursuing legal proceedings, also make many caregivers reluctant to take steps formalizing custody or guardianship (Generations United, 2001; Minkler, 1999).

Although informal caregiving frequently is preferred in such cases, it too is problematic, as caregivers without legal sanction may face difficulties in their dealings with schools, health facilities and other agencies that may require proof of legal authority

as a condition of providing services. In the face of this Catch 22, a growing number of states have developed creative options to allow informal caregivers to more easily access needed benefits for the children in their care. "Consent legislation," like that available in California, thus enables parents to transfer authority in particular areas (e.g., involving medical assistance or school enrollment) to caregivers. Similarly, standby guardianship, first developed in New York in response to the HIV/AIDS epidemic, allows terminally ill parents to designate a guardian effective that time when the parent dies or becomes too incapacitated to provide care. Far more movement is needed, however, in the direction of creatively addressing the myriad legal challenges faced by relative caregivers.

Housing

Access to adequate and affordable housing is a major concern for many grandparents and other older relatives who are raising grandchildren. Low-income caregivers in particular may be severely limited in their ability to purchase adequate housing, and state level public housing authorities lack policies that address the special needs of such families. Grandparents in senior housing can be evicted for taking in grandchildren, while in other types of public housing, legal guardianship papers may be required to prevent eviction. Finally, even grandparents who are allowed to have their grandchildren live with them often report that space is an issue, and particularly having an adequate number of bedrooms.

Although some creative approaches to meeting the needs of grandparent headed families have been developed in selected areas (see Grandfamilies House below), broader policy changes are needed. As articulated by Generations United in its Public Policy Agenda for the 107th Congress, such changes should include the creation of a national demonstration project to address the needs of such families. Training of Housing and Urban Development (HUD) personnel in the special needs of relative headed households, and increasing the flexibility of existing housing programs vis a vis space requirements etc. so that they better accommodate the needs of these families (Generations United, 2001).

In sum, and although grandparents raising grandchildren experience many rewards, the challenges and difficulties they face should not be underestimated. The decision to earmark up to 10% of NFCSP funds to provide services to relative caregivers

stands as an important example of the growing recognition of this often neglected caregiving population and its special needs and challenges. In the next section, the broad range of supportive services developed to assist such families is described, as an introduction to the varied ways in which the aging network can –and has already begun to-- address the special needs of grandparent and other relative caregivers and their families.

THE RANGE OF SUPPORTIVE INTERVENTIONS FOR GRANDPARENT CAREGIVERS AND THEIR FAMILIES

The last fifteen years have witnessed the growth of a wide range of supportive interventions for relative caregivers and their families. By far the most common are support groups, which run the gamut from informal weekly or monthly meetings in a grandparent's home to well funded therapeutic support groups providing child care, transportation, counseling, and a host of special programs and activities (Cohen and Pyle, 2000; Roe and Minkler, 1998). AARP's Grandparent Information Center (GIC) described below currently lists approximately 800 support groups for relative caregivers. Such groups can have measurable effects on participants' self esteem and well being (Burnette, 1998). They also can provide an avenue through which many caregivers can "give back" to their communities, by serving as co-facilitators and helping others learn from their experiences. Without external support, however, most such groups come and go as interest and resources vary over time (Roe and Minkler, 1998).

For relative caregivers in rural areas and others either unable to access or uncomfortable with the idea of support groups, special "warm lines" offering emotional and informational support by telephone, and Internet chat rooms and resource-oriented Web sites for relative caregivers also can be critical. On a larger scale, resource centers on the local through the national levels have proven valuable sources of information and referrals for relative caregivers, service providers, educators and other constituents. Local resource centers serve as clearinghouses for grandparents and professionals in need of assistance or referrals, with their larger counterparts offering a full range of integrated resources and services that can assist individuals as well as social service agencies through conferences, town hall meetings, policy forums and advocacy. Some of these resource centers, key among them AARP's (GIC), are able to reach through multiple levels of the social system and stimulate policy and service coordination in support of grandparents raising grandchildren, as well as providing one-on-one information and referral (Roe and Minkler, 1998). A number of AAAs and state units on aging have already developed resource centers on relative caregivers and their families, often with the help of the GIC and the Brookdale Foundation's RAPP (Relatives as Second Parents) program described below. And in Michigan, the state unit on aging indeed now asks that

AAA's use 10% of the funds they receive from the State for relative caregiver activities to develop a grandparent caregiver resource center (Sainer, 2001).

Comprehensive programs for relative caregivers and their families also have been developed, some of which have targeted households facing particular challenges. Programs for grandparents raising the children of imprisoned mothers, for example, have been developed in Boston, Atlanta, and San Francisco, offering legal services, transportation for visitations, and respite care, in addition to support groups and other activities (Dressell & Barnhill, 1994; Minkler and Roe, 1993).

The array of programmatic interventions described above has real potential for improving the well being of relative caregivers and their families. Although the effectiveness of such interventions has been demonstrated in a few carefully designed studies (cf. Burnette, 1998; Cohon et. al, 2000; Kelley et. al, 2001), there continues to be a great need to systematically evaluate the structure, content and outcomes of support groups and other more comprehensive programs. As Roe (2000) has pointed out, "Small programs, clearly the norm for caregiver interventions, have been reluctant to dedicate limited resources to evaluation or research," even though the lack of such data "may limit long term funding opportunities and investment" (p. 301). To help encourage evaluation, even by programs operating on a shoestring, the Brookdale Foundation offers evaluation training as a key component of its annual RAPP (Relatives as Parents Program) Training Conference for representatives of the many programs for which it has provided seed funding. Such technical assistance is critical if small local programs are going to be able to document their successes and problems so that others may learn from their experience.

Among the most ambitious program evaluations to date is one conducted as part of the larger Kin Caregiver Study by Don Cohon and associates (2000). Combining qualitative and quantitative methods, the study examined the effects on African American caregivers in San Francisco of supportive services received from either Edgewood Center for Children and Families' Kinship Support Network (see Best Practices below) or the City's Department of Human Services (DHS). The evaluation demonstrated that Edgewood's Kinship Support Network supportive services improved or maintained the health status of older caregivers when compared to that of relative caregivers receiving services through the DHS. Additionally, Edgewood participants were found to have significantly higher levels of program satisfaction than those receiving only public welfare

services; improved mental and physical health outcomes 12 months after Program completion; and decreased levels of need at graduation from the Program (Cohon et. al, 2000). The Edgewood study provides an excellent model for others in the aging network interested in undertaking detailed evaluations of program outcomes. It also may be cited as evidence of the kind of positive effects such interventions can have on grandparent caregiver participants.

Although programmatic interventions to assist relative caregivers and their families play a critical role on the individual and family levels, broader policy changes also are needed to help address the multiple needs of these intergenerational households. In part toward the end of helping to support needed policy changes, a number of local, state and national relative caregiver coalitions have been established. Groups such as the Wisconsin based National Coalition of Grandparents (NCOG), and the California based Grandparents as Parents (GAP) regularly receive calls from legislators and the mass media, testify on the needs of relative caregivers and their families, and work for changes in state and national policies that would assist such households (deToledo and Brown, 1995; Dunn, 2001; Roe and Minkler, 1998). The NCOG, for example, currently is advocating for laws that would support long-term informal caregivers by increasing their access to medical benefits for the children in their care, educational affidavits and other needed provisions (Dunn, 2001). The passage of a resolution supporting increased assistance to older relatives raising grandchildren at the 1995 White House Conference on Aging; Congress' mandating of data collection on grandparent caregiving as part of the 2000 census; and legislative victories in California and a number of other states all are indicative of the growing visibility and political organization of grandparent headed families and their allies.

IMPLICATIONS AND RECOMMENDATIONS FOR THE AGING NETWORK

Both AAAs and state units on aging often have been in the forefront of developing creative programs to address the needs of older grandparent caregivers and their families. From their experiences and those of health and social service providers; through a rapidly burgeoning research base; and through the voices of grandparent caregivers and their families, a number of implications for practice can be drawn. State

units on aging and AAAs concerned with developing or expanding programs designed to help meet the needs of grandparent caregivers and their families thus may want to consider the following principles:

- *“Start where the people are” before deciding on a new program or activity.* Grandparent caregivers are articulate spokespersons for their own needs and concerns and those of their families and fellow caregivers. New programs that begin with their agenda, rather than that of a funder or provider, are far more likely to achieve success. Relative caregiver town halls and forums, surveys and focus groups and other methods should be employed to help determine the particular needs of grandparent caregivers in a given geographic area. Additionally, however, both AARP's Grandparent Information Center and Generations United have conducted surveys involving hundreds of relative caregivers around the nation. Documents like Generations United's Grandparents and Other Relatives raising children: Grassroots concerns and solutions form across the United States (2001), may provide much useful information in this regard.
- *Identify and address the special cultural, linguistic and other needs and concerns of diverse groups of relative caregivers.* As noted earlier, although grandparent caregiving cuts across class and racial/ethnic group lines, it is particularly prevalent among African American families and also appears more common among Hispanics and some other communities of color. Special attention is needed to the meaning and forms of relative caregiving in diverse communities, so that programs can be developed that are tailored to the specific needs and strengths of different population groups. Working through appropriate cultural institutions in these diverse communities; providing bilingual services, including support groups and newsletters; and holding special cultural pride events for relative caregiver families of different racial/ethnic groups all may be important means of adhering to this principle.
- *Search out and develop creative partnerships.* As indicated above, a major factor responsible for the success of the Brookdale Foundation's RAPP Program may well lie in its insistence that funded entities work collaboratively with other agencies and

organizations, including those outside the aging network. By partnering with voluntary children and youth organizations; faith based entities; public sector programs such as Head Start and Section 8 Housing; and local hospitals and schools, AAAs and state units on aging can vastly increase the resource base, visibility and effectiveness of their NFCSP efforts. Partnering with agencies or programs which are not limited in terms of client age further may enable the programs developed to better meet the needs of the many relative caregivers who are below age 60.

- *Think broadly and creatively.* As noted above, the language outlining the NFCSP was intentionally broad and non specific, to enable members of the aging network to draw on local knowledge of needs and opportunities to make the best possible use of the funds provided. Particularly when considering supplemental services that may benefit older relative caregivers and their families, taking advantage of the non specific language of the Program guidelines should enable aging network members considerable degrees of freedom in best meeting the needs of the relative caregiver populations they serve.
- *Recognize and build on the strengths of grandparent and other relative caregivers* Although this monograph has necessarily focused on the needs of older relative caregivers, such individuals often demonstrate immense strengths in coping with the daunting challenges of “second time around” parenting and contributing to their communities. By providing opportunities for relative caregivers to participate in special trainings and leadership activities; become support group leaders or co-facilitators; or serve as spokespersons with the mass media, policy makers etc., members of the aging network can build on these strengths while simultaneously building the self esteem of older caregivers.
- *Maintain open communication with organizations that can advocate for policy change.* As noted above, achieving substantive improvements in the well being of relative caregivers and their families frequently requires new legislative and policy changes, framed in an intergenerational context, that support, rather than penalize these families (Butts, 2000). Although AAAs and state units on aging generally

cannot advocate directly for legislative changes, they are in an excellent position to help document the need for new policy directions. By providing such documentation, including, for example, stories of grandparents adversely affected by existing housing or welfare policies, and those who have benefited from new programs and services, members of the aging network can help create the knowledge base vital to organizations like AARP, Generations United, the Child Welfare League of America, and the Children's Defense Fund as they work to promote needed policy change.

The wonderful opportunity provided by the NFCSP to develop and expand innovative and supportive programs for relative caregivers and their families must not overshadow the need for coherent public and private sector policies that support the growing number of intergenerational families headed by grandparents and other relatives.

MODEL PROGRAMS

A number of AAAs and state units on aging have been in the forefront of recognizing the rapid growth of older relative caregiver households and developing programs to help address the unique needs of these families in their jurisdictions. As noted above, a number of exemplary programs also are described in A Guide to the National Family Caregiver Support Program and its Inclusion of Grandparents and other Relatives Raising Children published by Generations United (Beltran, 2001).

Although in most cases preceding the inception of the NFCSP, the programs established to date illustrate how AAAs, state units on aging and other entities can help meet the needs of older grandparent caregivers and their families under each of the five categories of support specified in the Program. Below are some model program examples on both the local and state levels, under each of these broad support categories: information; assistance; counseling, support groups and training; respite care; and supplemental services. Although space precludes inclusion of many other excellent programs, those cited have been chosen to illustrate the range and diversity of models developed and collaborative partnerships created to support such models in different parts of the California and the U.S. The reader is referred to both Generations United's A Guide to the NFCSP and its Inclusion of Grandparents...(Beltran, 2001) and to the collected one page descriptions of local and state programs in the 2001 RAPP National Network (Brookdale Foundation, 2001) for many other excellent program models and examples.

INFORMATION

The state units on aging in several states have developed, published and disseminated comprehensive resource guides for relatives raising children. Typically using a simple question-and-answer format, the guides cover topics such as child care, education, custody and other legal issues and also include contact information for a range of programs and resources.

Washington State Unit On Aging:

Washington State's 44 page resource guide, Relatives as Parents: A Resource Guide for Relatives Raising Children in Washington State, was the result of a partnership with Casey Family Programs and the State's AARP. Additionally, and in collaboration with State's University Cooperative Extension Program, Washington's State Unit on Aging established a web site which includes a statewide database of support groups, legal services, links to other relevant resources and special events that may be of interest to relative caregivers and their families. Finally, the state maintains a RAPP resource library including videos, books and other material available to caregivers and professionals working with this population (Beltran, 2001).

Contact:

Hilari Hauptman, Program Manager
Washington State Unit on Aging
Phone: (360) 725-2556
email: haupthp@dshs.wa.gov
Website: <http://parenting.wsu.edu/relative/index.htm>

Grandparents Raising Grandchildren Program of the East Central Illinois AAA.

Information about available services and help in understanding the legal maze confronting many relative caregivers also is a goal of the Grandparents Raising Grandchildren Program of the East Central Illinois AAA. In addition to helping to create 7 support groups in its service area, this AAA partnered with its Human Services Agencies Consortium and the Decatur Bar Association to produce a day long "Legal Seminar for Grandparents Raising Grandchildren." The ECIAA now is working with

new support groups to replicate the seminar in other geographic areas (Brookdale Foundation, 2001).

Contact:

Michael J. O'Donnell, Director
Grandparents Raising Grandchildren
1003 Maple Hill Rd.
Bloomington, IL 61704-9327
Phone: (309) 829-2065
Fax: (309) 829-6021
email: Aginginfo@eciaaa.org

ASSISTANCE GAINING ACCESS TO SERVICES

Ohio Department of Aging

Several state units on aging have developed creative approaches to assisting grandparent caregivers in gaining access to needed programs and services for themselves and the children in their care. Ohio's Department of Aging (ODA) thus funded a kinship care "navigator" to help such caregivers in both negotiating the legal system and accessing needed benefits. The State hopes to eventually make this model available in all of its 88 counties. Ohio's creation of a toll free hot line for kinship caregivers represents another creative approach that state units on aging may wish to emulate.

Contact:

Charles Wilson, RAPP Coordinator
Grandparents Raising Grandchildren
Ohio Department of Aging
50 W. Broad St., 9th Floor
Columbus, OH 42315-3363
Phone: (614) 466-5500/ODA
(614) 466-5390/Charles Wilson
email: Cwilson@age.state.oh.us

KinCare , AAA Big Stone Gap, Virginia

Improving access to services also is a goal of the KinCare program established by the AAA in Big Stone Gap, in Southwest Virginia. Relative caregivers, who may self-refer or be connected to the program through Head Start or other local programs and social service agencies, participate in a comprehensive family assessment conducted by KinCare staff and are referred for appropriate services. The program also publishes a monthly newsletter and distributes children's books, toys and other gifts donated from the local AARP and other agencies (Beltran, 2001).

Contact:

Carole Moore, KinCare Director
KinCare
AAA Big Stone Gap, Virginia
Phone: (540) 523-4202
email: cmoore@meoc.org

COUNSELING, SUPPORT GROUPS, EDUCATION, AND TRAINING

As noted above, developing grandparent and other relative caregiver support groups has been the most common means through which the aging network has assisted such caregivers in their jurisdictions. In some cases, support groups are loosely linked chapters of larger organizations, such as the California based Grandparents as Parents (GAP) Inc., while most are autonomous groups established and led by health or social service providers, or by grandparent caregivers themselves. Many of these groups, especially local groups, are providing expanded services as they see emerging needs.

Children and Families First

Aided by a seed grant from the Brookdale Foundation, and contracting with a statewide non-profit family service agency, Children and Families First, the intergenerational program of Delaware's State Unit on Aging began the Family Circles education and support group program for relative caregivers in 1997. Operating six support groups throughout the state, the program provides an important model in part because of its success in collaborating to insure the sustainability of these groups. Children and Families First thus has been able to maintain support groups at several sites after the termination of state funding, while funding from the State Unit on Aging has enabled a local Head Start and the Latin American Community Center to offer support groups to the families they serve (Beltran, 2001).

Contact:

Carol Boyer, Program Coordinator
 Family Circles
 Delaware State Unit on Aging
 Delaware Division of Services for Aging Adults with Disabilities
 Phone: (302) 577-4791 x15
 email: cboyer@state.de.us

Grandparents as Parents (GAP)

In the past four years, this grassroots organization has grown from one group to eight (with a ninth being formed at the time of this writing) in Los Angeles county. Groups provide advocacy and case management to grandparent caregivers. Volunteers run support groups, provide crisis counseling, make referrals, and help grandparents fill out legal forms. GAP is small and flexible enough to spot emerging needs and to meet them.

(This includes emergency cash assistance on a limited basis). Social events are planned to give grandparents and the children they care for a chance to do things they might otherwise not be able to do on their income (shows, field trips, etc.). Monthly events are planned. Silvie de Toledo, GAP director (and co-author of Grandparents as Parents: A Survival Guide for Raising a Second Family, 1995, Guilford Press), says that GAP's goal is to let grandparents and grandchildren know that there is help available and that they are not alone. GAP is run entirely by volunteers. They have no regular funding (although finding help with fundraising is an emerging priority), and no office space.

Contact:

Silvie de Toledo
1400 Peach Grove St.
Sherman Oaks, CA 94132
Phone: (818) 789-1177 or (310) 839-2548
Fax: (818) 789-1187
email: n/a

RESPITE SERVICES

Catholic Charities of Santa Clara County

While Catholic Charities' Grandparent caregiver resource center provides many services (need-specific support groups, case management, resource library, newsletter, etc.), their respite services merit special note. In addition to children's events that allow grandparents some scheduled time off, the center has an "on demand" respite program. Through special fundraising efforts and a discount contract with a local child care facility, the center can offer grandparents a safe place to leave their grandchildren at a very low hourly rate, for up to 5 hours/week. This is useful for grandparents who need a break "right now!" and also allows grandparents time to take care of themselves if they need medical care, a long, walk, or some quiet time.

Contact:

Catholic Charities Grandparent Caregiver Resource Center
2625 Zarkin Rd.
San Jose, CA 95134-2107
Phone:(408) 325-5164
Fax: (408) 944-0276
Website: ccsj.org

Oklahoma Respite Resource Network

Occasional respite from the demands of 24-hour caregiving has been found to be among the most desired services by grandparent caregivers. To date, however, relatively few programs exist which address the respite needs of relative caregivers. An important exception on the state level involves Oklahoma Respite Resource Network, which was created in part through the Aging Services Division of Oklahoma's Department of Human Services. For over a decade, the ORRN has provided respite to grandparents and other caregivers with low to moderate incomes. Caregivers have wide discretion in the choice of respite care providers (provided they are age 18 or older and not household members), and a Respite Guide for Families and Providers is made available to those wishing assistance in this regard. DHS payments are made directly to the respite care provider, and the State's eleven AAA's are funding partners, whose accounts are charged if an eligible grandparent in their service area participates in the voucher program. Oklahoma's NFCSP funds are being used to expand this program to reach more relative

caregivers aged 60 and over, while other state funds continue to be used to assist younger caregivers in need of this service (Beltran, 2001).

Contact:

Oklahoma Respite Resource Network
Aging Services Division, Oklahoma Department of Human Services
Judy Leitner, Program Director
Phone: (405) 522-4510
email: judy.leitner@okdhs.org

SUPPLEMENTAL SERVICES

The category of “supplemental services” delineated in the NFCSP is particularly broad, and as such can be utilized to provide a wide range of services needed by grandparent and other relative caregivers. Addressing the special mental health and educational needs of children in the care of grandparents and other relatives represents an area of considerable importance to caregivers, for example, and one that can be subsumed under “supplemental services.”

Grandparents Parenting Again

Grandparents Parenting Again assists grandparents in Sonoma County with support groups, family gatherings where grandparents and grandchildren can socialize with their peers, and counseling. When referrals are necessary, the program makes the necessary contacts. With the local Junior College Foster & Kinship Care Program, they hold trainings that give caregivers an insight into the Child Protective Services, Court and Education systems. They also coordinate an innovative legal clinic: With the Superior Court Probate Division, Grandparents Parenting Again provides grandparents with a free guardianship clinic that teaches them how to complete and file guardianship paperwork themselves. In most cases, the grandparents who attend the clinic find that they do not need to hire an attorney for uncontested guardianships.

Contact:

Anne Pierce
 1014 Hopper Ave., #221
 Santa Rosa, CA 95403
 Phone: (707) 566-8676
 Fax: (707) 566-8677
 email:grnyanie@pacbell.net

WestCoast Children’s Center

Grandparent services include two grandparent support groups: Grandparents as Parents (bi-monthly, facilitated by Dr. Leonora Poe), and Grandparent-Grandchild Support Group (weekly, facilitated by Dr. Nancy Ewing.). Both meet on weekday evenings with concurrent programs for children from pre-school through junior high. The groups work together on an annual Halloween party. Grandparents as Parents provides parent

education for “second-shift” parents, serves as advocates for them, and invites local experts to provide resources. Children’s sessions provide organized tutorials on academic and social skills. Grandparents participate in outreach via conferences, seminars, and local media. The Grandparent-Grandchild Support Group is a therapeutic support program for grandparents and grandchildren, focusing on their current roles and also on the complex issues surrounding them. “Program of Hope” is one of two films made about this support group; it serves as a resource for professionals developing support programs and may be obtained through Dr. Ewing. (Brookdale Foundation, 2001)

Contact:

WestCoast Children’s Center
646 Ashbury Ave.
El Cerrito, CA 94530
Phone: (510) 527-7249
Fax: (510) 527-2013

Supplemental services also may include attention to the special needs of particular racial/ethnic groups of relative caregiver families. Project GUIDE in Detroit, Michigan provided an important early example of a model program addressing the special emotional and other needs of African American relative caregivers and their families impacted by substance abuse. In addition to support groups, individual counseling and other assistance to caregivers, a self esteem group for preadolescent girls, tutoring, and family visits to the black rodeo and other cultural events were among the special activities provided (Roe and Minkler, 1998). More recently, Northwestern Washington has begun plans to use its NFCSP funds for a tribal kinship care program. The proposed program would address the needs of relative caregivers and their families belonging to the six tribes in its area, including support groups, referral to attorneys familiar with tribal law, and outreach activities (Beltran, 2001).

Supplemental services support also may be used to nurture leadership among grandparent and other relative caregivers and their providers. The earlier mentioned East Central Illinois AAA thus has established a Grand Leaders Group comprised of support group leaders from across the region who meet quarterly, share experiences and identify barriers and problems confronting relative caregivers (Brookdale Foundation, 2001). Similarly, the Region IV AAA Senior Volunteer Program in St. Joseph, Michigan

provides opportunities for caregivers to serve in its Senior Corp Foster Grandparent and Senior Companionship Program, both sharing their skills and supplementing their family incomes (Brookdale Foundation, 2001). When relative caregivers are provided such opportunities for service and/or receive special training and technical assistance, they not only profit as individuals but often improve their ability to contribute to the grandparent caregiving groups and communities of which they are a part.

Finally, and although many supplemental services may most logically be provided on the local level, statewide activities also should be considered. The statewide trainings and conferences on kinship care being offered in many states, often through collaborative partnerships between several public and private sector agencies, are among the types of activities which may be conducted under the umbrella of supplemental services.

MULTI-COMPONENT SERVICES

The model program examples above have been included to illustrate innovative programs or program components relating to each of the five categories of NFCSP support. In reality, however, the many often interrelated needs of older relative caregivers and their families underscore the importance of developing interventions that are comprehensive and multi-level in focus. Below are three outstanding examples of such comprehensive programs:

Edgewood Center's Kinship Support Program in Northern California

Arguably the oldest comprehensive program in the nation for relative caregiver families is the Northern California-based Kinship Support Network of the Edgewood Center for Children and Families. Serving as many as 225 families daily, the program is designed to fill any gaps in public social services to relative caregivers and their families. One-to-one peer mentoring, parenting education, support groups, case management, and family activities are among the services offered at its three locations in San Francisco and San Mateo Counties. Edgewood's Kinship Support Network has been designated as a model by the State legislature, which has also paid the Center to both write a detailed training manual and provide technical assistance and training to other programs around the state (Cohon, D. 2001).

Contact:

J. Donald Cohon
Edgewood Center for Children and Families
One Rhode Island St.
San Francisco, CA 94103
Phone: (415) 383-2273
email" dcohon@itsa.ucsf.edu

The GrandCare Program for Grandparents and Other Relatives Raising Children in Charlotte, North Carolina

Many comprehensive programs for relative caregivers and their families begin with support groups and expand over time to fill a multiplicity of needs. The GrandCare Program of Charlotte-Mecklenburg Senior Centers Inc. provides an important example. Beginning with two supports groups, the GrandCare Program, which received a seed

grant from the Brookdale Foundation in 1997, has expanded to include case management, advocacy, education, and information and referral to relative caregivers regarding legal issues, housing, respite and other areas. GrandCare also provides educational workshops for school staffs, social service agencies, childcare centers, and other providers working with this population. The development and use of an intake form for coordinating confidential collaboration with other professionals who assist GrandCare caregivers and their families also has been a major contribution of this program. Finally, GrandCare hosts an annual Public Forum and conference which brings together concerned professionals as a means of helping them share information on national and state policy developments, promising replication programs and other matters (Brookdale Foundation, 2001).

Contact:

Sue M. Korenstein, Grandcare Director
 GrandCare Program
 2225 Tyvola Rd.
 Charlotte, NC 28210
 Phone: (704) 522-6222 x126
 Fax: (704) 522-6444
 email: Grandcare@earthlink.net

GrandFamilies House in Boston, MA.

Among the most exciting new comprehensive approaches to meeting the needs of relative caregivers and their families is Boston's GrandFamilies House, a 26 unit complex of two, three and four bedroom apartments built expressly to accommodate the needs of relative caregivers and their families. GrandFamilies House was developed by two local non-profits, Boston Aging Concern's Young and Old United, Inc. (BAC-YOU) and the Women's Institute for Housing and Economic development. Obtaining 100 section 8 vouchers and federal "HOME" housing program funds, these organizations were able to combine public and private financing to create the complex. Physical accommodations to aid both toddlers and seniors, on site programs, and a task force to promote advocacy on behalf of grandparent headed households are among the features offered (Beltran, 2001; Kaufman and Goldberg-Glen, 2000).

Currently, replications of GrandFamilies House are getting underway in eight other locations: Baltimore, Buffalo, Chicago, Nashville, New Jersey, New York City, Ohio, and Philadelphia, and Generations United is closely tracking their progress. In addition to adapting a promising program model, these replication projects are offering important new lessons of their own. The garnering of substantial local and community support in Baltimore thus has led to the City's agreeing to exempt this project from a moratorium on new senior housing construction. Although far more broad ranging policy changes are needed to meet the housing needs of relative caregivers and their families (see above) interventions like GrandFamilies House provide an important example of local level programs that can make a difference. Area Agencies on Aging may wish to consider how they can collaborate with or help to begin a GrandFamilies replication project in their geographic area in part with the support of NFCSP funds.

Contact:

Grandfamilies House, Inc.
67 Newbury St.
Boston, MA 02116
Phone: (617) 226-2257

NATIONAL RESOURCES

Although a number of public and private national programs and organizations provide assistance to those concerned about relative caregivers and their families, several are particularly worthy of mention for the help they may provide members of the aging network. These are:

AARP's Grandparent Information Center

Founded in 1993 with the aid of a grant from the Brookdale Foundation, the AARP's Grandparent Information Center (GIC) maintains a computerized database of some 800 support groups and other resources for relative caregivers in all 50 states. The Center receives 2,500 calls and letters annually from professionals as well as grandparent caregivers facing a range of social, legal, financial, medical, educational, and emotional challenges. (Goyer, 2001). Referrals are made in both English and Spanish, annual needs assessments conducted, and efforts made through focus groups and the like to document the concerns of grandparents from underserved communities. The Center's newsletter, published three times annually, is distributed to approximately 18,000 individuals and organizations. Center activities also include efforts to gather data, provide testimony, and educate caregivers, service providers, policy makers and the mass media about issues such as welfare reform as they effect grandparent caregivers and their families.

Contact:

AARP
Grandparent Information Center
601 E Street, NW
Washington, DC 20049
Phone:(202) 434-2296
email: gic@aarp.org
Website: www.aarp.org

The Brookdale Foundations' Relatives as Second Parents (RAPP) Program.

The New York City-based Brookdale Foundation has been a leading force in grandparent and relative caregiving since the early 1990's, supporting the first national effort to identify and promote the replication of supportive interventions for grandparent caregivers (Minkler et. al, 1993), and providing initial funds for AARP's Grandparent

Information Center. Since 1996, the Foundation's RAPP program has been awarding seed grants to community and state agencies to promote the creation or expansion of services for grandparents and other relatives who have become surrogate parents. By early 2001, 84 local programs and 27 state agencies were participating in the RAPP Network, and providing services to relative caregivers and their families in 37 states (Brookdale Foundation, 2001). Through an annual National Training Conference, a newsletter, and other technical assistance activities the Program provides participants with considerably more than the seed grants of \$10,000 over two years which are competitively awarded to support new programs or enable the expanding of existing services.

Foundation's requirement that grant recipients transcend the boundaries of the traditional aging network and work collaboratively with other state agencies and local communities has led to numerous creative partnerships, as well as new funding streams and opportunities for service institutionalization.

Contact:

Relatives as Parents Program (RAPP)
Brookdale Foundation
125 East 56th Street
New York, NY 10022
Phone: (212) 308-7355
Website: www.ewol.com/brookdale

Generations United

Since its founding in 1986, Generations United has been unique in being the only national membership organization whose agenda is exclusively focused on intergenerational issues, strategies and policy advocacy (Generations United, 1998). Comprised of over 100 national organizations, as well as many state and local coalitions and individual supports, Generations United has become a key player in the area of relative caregiving, and a major spokesperson and advocate on policy issues affecting grandparent caregivers and their families (Butts, 2000). The organization's Grandparents and Other Relatives Raising Children Project convened an expert working group in 1997 which culminated in the publication of an intergenerational action agenda on relative caregivers and their families (GU, 1998). Based in part on the former, Generations United then developed its Public Policy Agenda for the 107th Congress (GU, 2001), making the

case for legislation to address the special needs of relative caregivers and their households in the areas of legal rights and custody issues; financial support; and housing access. The organization currently is working with members of Congress to introduce supportive legislation that would better address the housing needs of relative caregivers and their families.

Finally, it was Generations United that successfully lobbied Congress to include older relative caregivers in the NFCSP. Toward the end of fostering Program implementation in this regard, Generations United has written [A Guide to the National Family Caregiver Support Program and its Inclusion of Grandparents and other Relatives Raising Children](#) (Beltran, 2001). This comprehensive and easy-to-use guide offers considerable background information on relative headed households, as well as on the NFCSP as it relates to this population. It further provides descriptive and contact information on a number of exemplary programs currently offered or being developed through the aging network in different parts of the country to help meet the needs of older relative caregivers and their families.

Contact:

Generations United
122 C Street, NW, Suite 820
Washington, DC 20001
Phone:(202) 638-1263
Email: gu@gu.org
Website: www.gu.org

Other national resources

Several other organizations also are important national resources in the area of relative caregivers and their families and are included below:

Grandparent Caregiver Law Center, Brookdale Center on Aging
The Grandparent Caregiver Law Center at the Brookdale Center on Aging at Hunter College thus provides legal information to caregivers and professionals alike, and conducts policy analysis on topics of direct relevance to kinship care.

Contact:

Grandparent Caregiver Law Center
Brookdale Center on Aging
1114 Avenue of the Americas

New York, NY, 10036
Phone: (646) 366-1000
Website: www.brookdale.org

Child Welfare League of America

The Washington DC based Child Welfare League of America (CWLA) partners in the conducting of innovative research and demonstration activities in the area of kinship care, holds an annual kinship care conference, and also provides consultation and training to kinship care programs around the nation.

Contact:

Child Welfare League of America
440 First Street, NW, Third Floor
Washington, DC 20001
Phone: (202) 638-2952
Website: www.cwla.org

Children's Defense Fund

Children's Defense Fund has increasingly become involved in research and advocacy efforts in this area, most recently developing a survey based report on the special needs of children raised by relatives and ways to improve their access to Medicaid and the new National Children's Health Insurance Program (CHIP).

Contact:

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
Phone:(202) 628-8787
Website: www.childrensdefense.org

Administration on Aging

Finally, and particularly through its role in the implementation of the NFCSP , the *Administration on Aging* is itself an increasingly important resource for those concerned about intergenerational families headed by older relatives.

Contact:

Administration on Aging

330 Independence Avenue, SW

Washington, DC 20201

Phone: (202) 619-7501 (National Aging Information Center)

(800) 677-1116 (Eldercare Locator)

Website: www.aoa.gov

SUMMARY

California leads the nation in the number of grandparents who are raising their children's children. Although such caregiving differs in a number of respects from caregiving for disabled elders and other adult populations, grandparent caregivers face many of the same problems including elevated rates of depression, social isolation, and the economic difficulties that often accompany the caregiving role. When the policymakers crafting the NFCSP agreed to include grandparent caregivers age 60 and above under the provisions of the Program, they offered a critical new means for the aging network to respond to the needs and build on the strengths of this unique and rapidly growing population. The model programs and recommendations offered in this monograph are designed to inspire and encourage members of California's aging network as they seek to design and implement programs and services tailored to the needs of grandparent caregivers in their geographic areas. As this monograph also has suggested, such interventions are particularly timely and important as more and more California grandparents find themselves raising some of the nation's most vulnerable children.

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FOOTNOTES

1. Under the reauthorization of the Older Americans Act which created the NFCSP, states are allowed to use up to 10% of their total Federal and non-Federal share of NFCSP funds to provide support services to older relative caregivers. Caregivers may be grandparents, step-grandparents, or relatives by blood or marriage of children aged 18 or younger with whom they are living and for whom they serve as primary caregiver. Such caregivers must be aged 60 or above, and may either have legal custody or guardianship of the children in their care, or be raising them informally.
2. In programs, policy and research documents, the terms “grandparent caregiver” and “grandparents raising grandchildren” often are used as generic references which include great grandparents, aunts and other relatives raising children, in addition to grandparents. In keeping with this convention, the term “grandparent” sometimes is used in this paper in reference to the broader category of relative caregivers.

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