

The State of Grandfamilies in Louisiana



2009-2010



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Acknowledgements

This project came about from the leadership of Dot Thibodeaux, Co-Founder of Grandparents Raising Grandchildren Information Center of Louisiana and Project Director Pat Robinson who believed that the “story” of grandfamilies throughout Louisiana had not been adequately told to the public, policymakers and legislators. They asked Dr. Linda Rhodes, Director of the Hirtzel Institute of Health Education and Aging if the Institute would be willing to research and tell their story and facilitated the resources to bring the project to fruition.

In turn, Dr. Rhodes enlisted the volunteer services of students studying for their Masters in Public Health degree from the Mailman School of Public Health, Columbia University to come to Louisiana during their spring break to interview grandparents raising grandchildren so that their experiences could be told in their words. Thirteen students paid for their own airfare to spend a week interviewing grandparents for the project: Lauren Bailey, Anne Bozack, Carolina Bravo, Kirby Bumpus, Tsega Araya Gebreyesus, Monique Hedmann, Chelsey Leruth, Irene Nsiah, Francesca Okolie, Brennan Rhodes, Brenda Senyana, Sejal G Vashi, and Tianne Wu. Students from the Social Work Department at Mercyhurst College, Erie, Pennsylvania under Professor Peggy Black’s mentorship also assisted.

Thanks also goes to the Louisiana Children’s Trust Fund for underwriting the costs of the project and this report; Dr. Gary Brown, Vice-President of Mercyhurst College North East for authorizing the pro-bono work of the Hirtzel Institute to produce the Grandfamilies Survey and oversight of the Columbia University student’s work in Louisiana; Howard Rodgers, Executive Director of the New Orleans Council on Aging and Teleshia Brimmer, National Family Caregiver Support Program Manager at the New Orleans Council on Aging for recruiting grandparents for the study in New Orleans and assistance with hosting a luncheon for interviewing; Priscilla Edwards, Director of the Central City Senior Center, New Orleans who gave the students access to computers and grandparents to interview; Arthemese Melancon, Director of the Black Elderly Crisis Counseling Intervention Program for hosting a seminar at SUNO with the Columbia University students on the issues facing grandfamilies; Todd Hamilton, Deputy Director of Catholic Charities and Gerrie Baker-Allen, Foster Parent Program for their work in hosting a luncheon for sixty grandparents in Baton Rouge as a venue for survey interviews.

We'd also like to recognize the staff of the Department of Social Services who provided technical assistance, program guidance and data: Pamela Rosette, Lynn Farris, Frank Broussard and Joseph V. Keegan; Rosemary Davis, Governor's Office of Elderly Affairs for information on the Family Caregiver Support Program; Susan Freundlich, Director of the Grandparents As Parents (GAP) Program sponsored by the Volunteers of America, Central Louisiana for facilitating interviews of grandparents for the survey; Attorney Sandra Riebes, family court lawyer for her insights on legal issues facing grandparents raising grandchildren and Senator Sharon Weston Broome, President Pro Tempore for hosting a briefing at the state capitol on grandfamily legislation and issues with the Columbia University students and advocates.

In addition to assisting with the grandparents survey, the Columbia University students also spent a day painting and decorating the GRGICL office and computer room for grandchildren at Grand House in Baton Rouge. A special thanks goes to AARP Louisiana and the Urban Restoration Enhancement Corporation for paying for paint and materials and the Baton Rouge Chapter of the LINKS, Incorporated and YouthBuild volunteers who also assisted with the office "makeover."

And most of all, we want to thank the 200 grandparents raising grandchildren who took the time to allow us to better understand the daily challenges they face so that the hundreds of children under their wing may have a promising future.

1. GRANDFAMILIES: AN INVESTMENT WORTH THE RETURNS

The demand

Today, more than 2.5 million children nationwide are being raised by their grandparents without the biological parents present in the household. This is a stunning 55 percent increase since 1990. Among states, Louisiana heralds the fourth largest percentage of children living with grandparents in the country. Nearly ten percent of all children in Louisiana (117,859) live in grandparent-headed households of which nearly 65,000 of them live there without either parent present.¹



Most researchers, advocates and social workers who work with grandfamilies believe these numbers are under reported because a sizable number of grandparents worry that if they let authorities know they are raising their grandchildren, they may intervene and take the children away. Or they think that if they apply to government agencies for benefits, then child support enforcement will be imposed causing family friction. They fear this will jeopardize their grandchild's safety resulting from threats made by parents suffering from substance abuse and mental illness to take the grandchild back. These beliefs are especially widespread among grandfamilies in the southern states of the nation.²

The overwhelming majority of grandparents who choose to raise their grandchildren do so because of their sense of duty to family and their love for their grandchildren. The most common circumstances that require their intervention in raising grandchildren arises from drug and alcohol addiction and poor physical and mental health among the parents. As a result, "the vast majority of relative headed families are not involved with the formal welfare system. Only about one fourth nationwide of the children being raised by grandparents and other relatives are in formal foster families."³ In Louisiana, 1,528 children were in relative foster care as of June 30, 2008.

Grandparents raising grandchildren cuts across racial, geographic and socio-economic lines: In the United States, nearly half are White, 30 percent African-American, and 17 percent Hispanic/Latino while 1:5 live in poverty. In Louisiana, 38 percent are White and 57 percent African-American and, in terms of poverty, they are significantly poorer in that nearly 1:3 live in poverty.⁴

The number of grandparents raising grandchildren – 67,058 in Louisiana -- is not expected to decline anytime soon.⁵ The continuing effects of the recession on unemployment, reports of the rise of mental illness, drug addictions (illicit and prescription) and alcohol abuse along with significant numbers of teen pregnancies all portend that grandparents will continue to play a dominant role in caring for and rescuing children from unhealthy environments with fragile biological parents.

The returns

Numerous studies cite the benefits of children being placed with their kin – the greatest number being with their grandparents. The Center for Law and Social Policy (CLASP) recently issued a paper, “Is Kinship Care Good for Kids?” highlighting the results of nearly two dozen such reports on the “return on investment” that grandparents raising grandchildren yield. Here is what they found:

Children in kinship care experience greater stability and life satisfaction as indicated by:

- They have fewer placement changes than children assigned to non-kin foster parents.
- They are much more likely to remain with their siblings, something that many children desire.
- They are less likely to change schools as opposed to 80 percent of children in non-relative foster care.
- They have a greater chance of being reunified with their birth parent(s) and are less likely to re-enter foster care.
- They feel more “normal” and loved living with their relatives and feel more positively about their living arrangement than children placed with non-relatives.
- Teachers and caregivers tend to rate children in kinship care as having fewer behavioral problems and faring better in school than do their peers in other out-of-home placement settings.

In a seminal study led by Dr. David Rubin of The Children’s Hospital of Philadelphia among a national sample of 1,309 children entering out-of-home care following a maltreatment report, his team found that: “children placed into kinship care had fewer behavioral problems three years after placement than children who were placed into foster care. Children who move from one home to

another had substantially more behavior problems than children who had a stable placement. In contrast, nearly two-thirds of the children in kinship care were in long lasting settings with family three years later while only one-third of children in foster care achieved similar stability.” Thus, these findings support efforts to maximize placement of children with willing and available kin when they need out-of-home care.⁶

“We need to support these families as much as we would a foster care family.”

“There is something innate about the family that provides a sense of stability to the child,” and according to Rubin, the magnitude of this effect should be reassuring to child welfare specialists aware of the growing trend toward kinship

placements in recent years. “We understand it is not a simple fix and that’s why we need to support these families as much as we would a foster care family. The data speaks to the value of kin in providing permanent homes for children; such value needs to be nurtured by our public programs.”⁷

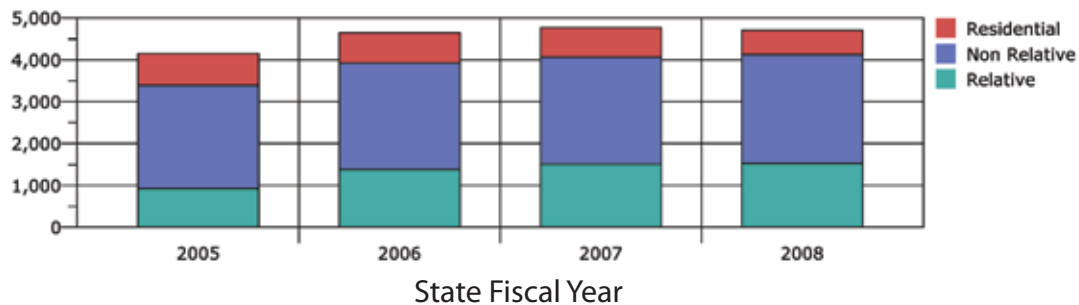
How Taxpayers Benefit and the State Saves Money

The cost savings in both human and financial terms of the care provided by grandfamilies is enormous. Approximately two million children living with grandparents or other relatives with no parent present are being cared for outside of the child welfare system by caregivers who often do not have access to support services or financial assistance. “If even half of these two million children were to enter the formal foster care system, it would cost U.S. taxpayers approximately \$6.5 **billion** dollars each year and completely overwhelm the system.”⁸

Beyond the benefits to children and families, kinship care “represents an opportunity for states to provide federally required safety and permanency to a greater number of children who come into contact with the child welfare system.”⁹ Without the thousands of grandparents willing to become custodial parents amidst significant personal financial hardship, the state, just as the nation, would also be overwhelmed to adequately meet the demands, if half of the 65,000 children being raised by grandparents without a parent present in Louisiana were to enter the state’s foster care system. In addition, “placing children with relatives who can safely and permanently care for them avoids costly child protection investigations, court hearings, foster care licensing, caseworker visits, administrative expenses and other costs.”¹⁰

To gain a better appreciation as to how the grandfamily “child welfare system” produces a substantial contribution and savings to Louisiana, it would be helpful to review the costs of the foster care system. The chart below identifies the distribution of foster care children in three different settings: residential (facility-based care), non-relative foster care and relative foster care. The most predominate foster care placement type is among non-relative foster care homes. This pattern is also seen nationally, as most grandparents raising grandchildren do not pursue the legal process of becoming a foster care parent.

**Distribution of Foster Care Children
by Placement Type as of June 30 of the SFY
per Payment Authorizations**



Note: Payments that were pending as of June 30th and thus, not categorized, are not included.

Among all three placement types, on June 30th 2008, payments had been made for 4,706 children who were in the state’s foster care system (1,528 in relative; 2,602 non-relative and 576 residential) with comparatively stable distribution of placement type over the past three years. The number of children in the foster care system on June 30, 2008 is actually higher at 5,044 due to the fact that the above figures do not include payments pending.

The most costly of all placements are for those children who are in residential care shown in the chart on the following page.

Core Costs of Non-restrictive Care Compared to Restrictive Residential Care

SFY	Non-restrictive Relative & Non-Relative Care	Residential Facility Care
2005	14,614,529	33,226,809 (+56 %)
2006	14,735,622	31,416,047 (+53 %)
2007	13,999,519	31,731,794 (+56 %)
2008	16,588,362	32,468,632 (+49 %)

Thus, in 2008 the budget for core services known as the “board rate” for all children in the foster care system was over \$49 million dollars. This does not include “special board” rates paid per child for extra effort services provided by a caretaker to cover the additional costs of addressing a child’s medical or behavioral condition of \$2.7 million dollars in 2008.

Nor does it account for the \$1.2 million in subsidies given to residential care providers accepting children with special medical or behavioral conditions in addition to the regular per child board payments.¹¹ Overall, nearly \$53 million was spent on the basic provisions of caring for children in foster care and this doesn’t include the costs of administering the program or case management services.

The state also incurs costs every time a child is placed in another setting, for example, if a child is redirected to another foster care home or goes in and out of residential care.

When reviewing the chart on the next page, it should be noted that the data available from the Department of Social Services’ system is “point-in-time and exit” group data. These two types of data give greater weight to those children who enter the foster care system and stay for longer periods of time.

Thus, children for whom a permanent plan is found quickly tend to be under-represented. As a result, the Foster Care Placement trends show higher numbers of placements for children than would be reflected in an entry group analysis. Similarly, costs and days in foster care tend to be higher for point-in-time groups than for entry groups.

FC PLACEMENT TRENDS						
FY	One	Two	Three	Four	Five	Total
2008	815	1,308	956	562	1,440	5,081
2007	834	1,294	928	596	1,477	5,129
2006	865	1,281	867	556	1,475	5,044
2005	687	1,067	737	481	1,442	4,414
	3,201	4,950	3,488	2,195	5,834	19,668
4-Year Average	16.28%	25.17%	17.73%	11.16%	29.66%	100.00%

As shown by the chart above, between the State Fiscal Years of 2005 – 2008, nearly 30 percent of children in foster care experienced an average of five placements within a twelve month period. Costs of conducting re-evaluations of the child, transportation, home site visits of caseworkers, and processing case records become additional costs for the foster care system. The state of Wisconsin, for example, conducted an analysis of how much each placement costs and found it to be \$4,600 each.¹²

In an average year between the period of 2005-2008, sixty-five percent of the children who were part of the foster care system were discharged. On average, nearly three out of four of those discharges occurred after a short-stay with the foster care system. In forty-five percent the cases, the child was returned back to the caretaker they were removed from (e.g. biological parent or relative) and in twenty-seven percent of the cases they were awarded to relatives of the child. The remaining group was discharged for a variety of reasons such as the child “aged-out” of the system; they were discharged to non-relatives; they were emancipated, ran away or became incarcerated.¹³

The bottom line? Caring for children who require out-of-home placement for reasons that have placed their safety and well-being at risk requires a substantial investment of state funding and community support. Keeping these children out of harm’s way, finding them safe and permanent homes and giving them the tools they need to become well and thriving citizens of Louisiana is both worthy and costly. The grandparents who are caring for an estimated 65,000 children who – without their intervention would be at-risk for foster care – are making a stunning economic contribution. If only 8 percent (5,000) of these children entered the foster care system, it would likely double the state’s \$53 million expenditure on just the basic core services spent for the estimated 5,000 children in the foster care system on any given day.

Not only does the state save in terms of fewer children entering the foster care system, it saves the state and taxpayers from all the indirect costs caused from the fall-out of children being poorly cared for, abandoned, neglected or abused. Countless studies have shown that children raised under such circumstances are more likely to suffer from learning disabilities, drop out of school, become pregnant during their teens, engage in abusing drugs and alcohol, are susceptible to mental illness and psychological disorders, enter the juvenile justice system and become homeless. The economic costs of providing even the most basic set of services resulting from any of the aforementioned situations is far more than what any state budget could sustain in today's economy. Even if a state chose not to fund any supportive services; incarceration costs which couldn't be ignored would be prohibitive. And that's not counting the lost productivity of wages and taxes that the child could have earned when he or she became an adult.

Strengthening and supporting grandparents by offering them modest financial support and preventive services is a sound economic investment yielding a return that's no less than priceless.

2. UNDERSTANDING THE ISSUES: EVERYDAY CHALLENGE

This question and the underlying assumption that grandmothers are supposed to raise their grandchildren when their own children can't, has led an estimated 67,000 grandparents in Louisiana to abandon their retirement, forsake jobs, deplete their savings, and risk their own health to raise their grandchildren.

"But isn't that what grandmothers are supposed to do?"

Ask, if they would do it again, they'll say yes. After all, there are rewards: their life has new-found meaning and purpose, they gain a deep sense of satisfaction knowing that they are keeping their grandchildren out of foster homes, and they enjoy the pleasure of watching their grandchildren grow.

But is it what they imagined for themselves in their later years, what they hoped for or what they planned on? Not really. For most, this is a decision made out of necessity and love. It really isn't a choice.

The everyday challenges of grandparents raising grandchildren:

Struggling Children

Children who are being raised by their grandparents frequently experience some sort of trauma in their young lives. Most often it involves a parent suffering from some type of drug and alcohol addiction, a mother sick with HIV/AIDS, a father who has been incarcerated, a death of a parent or a mom or dad grappling with an untreated mental illness. Leading up to the separation from their homes, the child is often exposed to an environment of emotional and physical upheaval, neglect and in some cases physical harm.

Once the child is separated and taken to his grandparents, he or she will face a barrage of emotions: grief, relief, anger, confusion, uncertainty and guilt. It is no wonder that it becomes difficult for these children to trust and feel secure in developing relationships with other adults. Nor is it unusual to see these effects spill over into the child's life at school evidenced by behavioral problems, inability to trust teachers, make friends and grapple with learning difficulties.

Everyday, grandparents cope with the consequences of their grandchildren's troubled childhoods. To make this even more complicated, they have to navigate their way through a tenuous and potentially volatile relationship with their adult children – the biological parents. As one grandparent describes it, "My grandchild lives such a chaotic and sad life that I get chest pains and anxiety symptoms."¹⁴

Nationally, children taken in by grandparents tend to be young. Nearly one third of children living with grandparents are under the age of six years demanding a great deal of parenting energy for people in their sixties and seventies.¹⁵ This trend is also illustrated among the 200 respondents of the Grandparents Raising Grandchildren survey conducted for this report. Even though children will fare better being raised by their grandparents, studies show that they have a higher incidence of health problems, physical limitations, emotional and behavioral challenges and low levels of school engagement than the average child.¹⁶

Child rearing at any age and in the best of circumstances is demanding but it is especially so among grandfamilies who are raising children that need twice the attention and, in many cases, double the resources.

Financial Strain

A grandparent's decision to become the primary caretaker of a grandchild bears far-reaching economic consequences. The fixed retirement income they had planned on sustaining them through retirement was never intended to support raising a second family. As a result, 1:5 grandfamilies in the United States live in poverty and in Louisiana, it is significantly higher with nearly 1:3 living in poverty. Half of Louisiana's population fifty years of age plus – representing at least 85 percent of the grandparents raising grandchildren age cohort -- are living at 150 percent or below the poverty level.¹⁷

Given these figures, it's very clear that grandparents start “out of the gate” financially strapped before they even begin to incur the costs of raising a child estimated at \$7,000 per year, according to the U.S. Department of Agriculture.¹⁸ This is especially troubling given that a sizable number of grandparents are raising more than one child. For example, among the 200 grandparents interviewed for this study, 60 percent are raising more than one child and 30 percent are raising three or more children. It has forced grandparents to continue working, deplete their savings, and/or spend most of their retirement income on the expenses of child rearing in deference to their own needs.



Even though there are financial assistance programs that grandparents raising grandchildren may seek; acquiring the benefits is fraught with eligibility criteria that often lead grandparents to forgo applying. For example, rarely does a grandparent go through the onerous process of the state child welfare system to become a foster care parent. The legal requirement that grandparents sign papers allowing the state to seek child support enforcement against the biological parent to receive guardianship subsidies and child-only grants is often cited by grandparents as too confrontational placing the child at risk of being taken back by the parent.

When it comes to the Food Stamp program, many lament that food stamp income guidelines are too restrictive and offer too little in defraying the costs of feeding growing children. More than half of grandfamilies nationwide with food

insecurity who are income eligible, are not receiving the benefit.¹⁹ This explains why more than half of grandfamilies who qualify for food stamps, do not receive them.

The vast majority of children living with relative caregivers are eligible for the Temporary Assistance for Needy Families (TANF) child-only grant. However, 70 percent of relative caregivers do not access TANF or any other public financial assistance.²⁰ Even when caregivers access TANF child-only grants, this assistance amounts to, on average, just over \$4,000 per year—or about 57 percent of the anticipated cost of raising a child.²¹ Children being cared for by their grandparents are “less likely than those in nonkin foster care to receive public assistance of Medicaid even though most of the children would have qualified.”²²

The income of most grandfamilies is consumed with merely “making ends meet” – paying the rent, utilities, food, clothing and out of pocket medical expenses. As a result, grandparents interested in pursuing formal custody arrangements to raise their grandchildren can’t afford the legal fees of paying for a lawyer along with all of the additional costs (such as placing ads in newspapers, filing papers) to gain custody.

Nor can they afford child care so they can make their own doctor’s appointments, pay for their prescriptions, hire a tutor to help a learning disabled child with homework, buy school supplies or the equipment required if their grandchild wants to join a club, school band or sports team. If the grandparent doesn’t own a car (1:4 do not among the survey sample for this project) then they must use public transportation and cabs to meet the varied needs of raising children. It’s another contributing factor as to why children in grandfamilies are less involved in their schools and less socially engaged hampering their development of social skills.

Though many grandparents would like to see their grandchildren receive some counseling to help them cope with their separation from their parents and the circumstances surrounding it, few can afford to pay for therapy and waiting lists provided by public benefits are far too long. On the other hand, if they chose to become foster care parents – many of the expenses just cited such as transportation to doctor’s appointments, mental health counseling, some school expenses, food and clothing, and support for special needs children – would be covered.

Lack of health insurance among grandparents who are not eligible for Medicare and of grandchildren who have not been enrolled in Medicaid or LaCHIP compromises the health of both grandma and her grandchildren. Nationally, according to the National Survey of American Families, despite the fact that “all children in relative care are eligible to receive Medicaid, either through the foster care system or through a child-only grant made in their name, more than half (53%) do not receive Medicaid.”²³

Given the financial status that most grandfamilies face, it is no wonder that sixty percent of the 200 respondents of the survey conducted for this report confide that they are “very worried about making ends meet” and 1:5 live with the fear “that they could become homeless.”

Health Conditions of Grandparents and Grandchildren

Grandparents:

More than half of children nationwide living with grandparents “has a caregiver with a health condition.”²⁴ Many of these health conditions are age related: diabetes, high blood pressure, heart disease, arthritis, high cholesterol, eye disease and osteoporosis. Research has shown that the demands of child rearing can negatively affect an older person’s health. One study showed that, “among women who were caring for their grandchildren, even moderate involvement in child care (e.g. 9 hours per week) increases such persons’ risk for coronary heart disease over time.”²⁵

The daily activities of raising grandchildren can exacerbate age-related conditions and decline. Custodial grandparents are more likely to report physical health problems and a decline in their physical and mental health over the previous year than traditional grandparents. This turned out to be especially true for 45 percent of the Louisiana grandparent survey respondents who reported that their health “had gotten worse over the past year.” Because of child-rearing over one-third missed their doctor appointments and 40 percent did not schedule one though they should have done so. “Depression, diabetes, hypertension and insomnia are greater among grandparent caregivers, and they experience more difficulty in performing the tasks of adult daily living (ADL).”^{26 27}

The daily stress of raising grandchildren also affects the mental health of grandfamily heads of household. In a review of over a dozen studies on the subject, Whitley and researchers found that grandparent caregivers exhibited:

significantly high levels of emotional distress measured by parental stress inventories, reported feeling depressed, found that pre-existing health conditions prior to raising the grandchildren had worsened. Single grandmothers appeared to have more health problems and were more vulnerable than those who were married.²⁸ Those who enjoy higher-socioeconomic status, higher education, and are married have less health problems and tend to have more social supports to assist them.²⁹

Recent analysis of the National Survey of Families and Households (NSFH) multicultural sample revealed that 25 percent of all grandparent caregivers had clinically relevant levels of depression.³⁰ The difficulties in raising young children who face emotional distress on incomes at or near poverty levels while dealing with their own health problems and an oftentimes, volatile relationship with their adult child clearly takes its toll. It must also be disheartening to watch their friends enjoy their retirement with the financial freedom and leisure they had planned on. Respondents of the Louisiana Grandfamily Survey also report feeling depressed (40 percent) while 64 percent “feel overwhelmed” and 37 percent confide that “some days, I don’t know how I’m going to go on.” Nearly, three quarters said they feel tired either “a lot” or “sometimes.”

Even if they are in good health, many older grandparents recognize that their health status could change very quickly and compromise their ability to raise their grandchildren. African-American grandparents are especially vulnerable given that they are affected by higher health risks than their white counterparts.³¹ An unexpected surgery or illness destabilizing the family structure is an underlying worry that plagues nearly all grandparents raising grandchildren.

The Health Care Financing Administration captures their status quite succinctly: “Children in kinship care (grandparents raising grandchildren) are being cared for by older, single grandmothers who are in poor health, less likely to receive public programs and live in poverty.”³²

Grandchildren:

The grandchildren also present their own host of health problems. National studies report, that twenty percent of children living with grandparents have “either a limiting condition or are in fair or poor health. One in ten exhibit high levels of behavioral or emotional problems and one-quarter show low levels of school engagement.”³³ Nearly twice the percentage of children raised by relatives suffer limiting physical health conditions (14 % vs. 8 %) and are in fair or poor health as compared to children being raised by their parents (7% vs. 4%). Despite

their need for health care, one-third does not have health insurance and more than one-quarter under the age of six years did not see a nurse or physician for a well child care exam during the past year.³⁴

Among the 200 grandparents surveyed for this report, one-third report that their grandchildren had a learning disability and 36 percent have behavioral problems, some of which have been caused by post-traumatic effects of Hurricane Katrina. One-quarter have been diagnosed with a chronic health problem and 12 percent with a mental illness, mental retardation or autism. In terms of the children having health insurance, almost half stated their grandchildren do not have health insurance as compared to one-third nationally.

Coping with School

As is stressful for most families, getting children up for school, assisting with homework, transporting children to activities, attending parent teacher meetings, buying supplies, finding child care for a child who is sick when parents need to work -- are all exacerbated for a grandparent raising grandchildren. The children they are raising are likely to need greater attention because of their higher incidence of behavioral problems, learning disabilities and health conditions. The children, as a result of living with their grandparent, may have left their old school and neighborhood and now must go through the stress of making new friends at a time when they feel most vulnerable.



Grandparents are also at a disadvantage. Many find it difficult to pay for all of the ancillary expenses associated with going to school such as buying clothes, school supplies, extra books, purchasing materials for extracurricular activities and the costs of transporting the children to school events. Nor can they afford a computer or internet

service which places their students at a great disadvantage. Having been educated in a very different era, most grandparents aren't aware of how to help even their youngest of grandchildren with homework. They may also find the demands of interacting with teachers, understanding test scores, negotiating

Individual Education Plans and trying to find tutoring support overwhelming. Grandparents surveyed for this project additionally reported that since Hurricane Katrina and the state take-over of some schools, the school system in New Orleans has become complicated for them to navigate.

In the New Orleans Public Schools District (NOPS), students can attend any school or charter schools. In addition, there is the Recovery School District (RSD) for underperforming schools upon which the state has intervened and operates the schools. Within each of these school districts, there are also charter schools available for children to enroll. So for a grandparent raising grandchildren, determining what school their grandchild belongs, whether or not they should pursue a charter school and how to apply can become a daunting task – particularly when they have two to three children in school.

Among the 200 grandparents interviewed for this report, the most overriding need they identified with regard to children and schools is assistance with helping their grandchildren learn. Here is what

grandparents said they need to help their grandchildren do well educationally: after-school activities that includes transportation, counseling to grandparents on how to

assist with homework, how to interact with teachers, more tutoring programs, easy access to securing Individual Education Plans (IEP) for their special needs grandchildren, more Head Start and Pre-kindergarten and summer programs.

“I need to go back to school just to help my grandkids get through school.”

Grandfather raising five grandchildren

According to Generations United, a national non-profit advocacy organization addressing the needs of grandfamilies, public policies and programs in many areas of the country have not kept pace with the increase in the number of grandfamilies and their diverse needs for supports in the public school system.

Grandparents raising grandchildren need assistance in:

- Accessing educational enrollment
- Obtaining necessary immunizations to enroll the children
- Securing special education services
- Accessing parental activities
- Offering support groups for grandfamilies at school facilities³⁵

In terms of a grandparent's legal standing with the schools, "Louisiana is one of twenty-one states that enable grandparents and other relatives to consent to a child's enrollment in school and extra-curricular activities by way of an affidavit that is eligible for one year. Louisiana is also one of twenty-nine states that have enacted legislation that enables grandparents and other relatives to consent to a child's medical care. The state combines its medical consent and school enrollment statute; thus, the same rules regarding time limits (one year) and immunity (civil, criminal, and professional disciplinary procedures) apply."³⁶ A school district, however, may require "additional reasonable evidence" that a grandchild living with a custodial grandparent without legal custody lives at the address provided in the affidavit. Most grandparents are appreciative of being allowed to use an affidavit rather than acquire formal legal custody to attain school enrollment and medical care for their grandchildren.

Lack of Social and Community Support

The majority of grandparents raising grandchildren are older single women who are economically disadvantaged. More than half are managing on low incomes (at 200 percent and below poverty). Without a husband for economic and emotional support to help with the everyday tasks of child rearing, these women often find themselves becoming socially isolated from family, friends, and adult activities. Their entire life centers around caring for the children.

Regretfully, "many see themselves as having to manage their caregiving situation alone and report feeling judged, (e.g. having raised irresponsible adult children) criticized, and abandoned by their families, communities, and society."³⁷ They believe that the stigma derived from the old adage, "The apple doesn't fall far from the tree," plays a crucial part, even if subliminally, as to why they don't receive support from society and even among their closest friends.

"The apple doesn't fall from the tree" proverb is commonly used to assert that a child is just like one of their parents but it is meant in a derogatory way. It's a failing that a child has inherited or developed in response to how they were raised. This



might have been easier to assert in days where families grew up together in close-knit communities but today, that “apple” can land right next to the tree and be exposed to a world of “bad apples” through television, the Internet, drugs being sold on the corner, violent video games, harmful lyrics on popular songs and music videos, and falling into the wrong crowd at the local neighborhood school. Blaming grandparents for having raised irresponsible parents and thus, holding back on preventive and supportive services to help them raise their grandchildren only punishes a new generation of children.

Neighborhood has often played a strong role in providing social support to families as they raise their children. However, since Hurricane Katrina, the support of long-standing neighborhoods, affordable housing, life-long friendships, the neighborhood store, church, school and local doctor has in many communities, been scattered to the winds. Now, more grandparents are worried about rising crime rates and the overall quality and safety of their neighborhoods. Grandparents in the Louisiana survey report that they “worry about crime in their neighborhood making it unsafe to raise their grandchild (50 percent) while 40 percent worry that their grandchildren will “fall into the wrong crowd.” The majority, however, were comfortable with the school environment as being safe.

Rural grandparents are faced with a lack of social support and another type of social isolation: “Rural custodial grandparents may also experience more social isolation due to remote geography and the vast physical distance between neighboring families.”³⁸ In addition, these grandfamilies often encounter a lack of health care services, ill-equipped or sparsely staffed social service agencies, and lack of transportation.

It is clear from grandfamily research and the results of the Louisiana survey that grandparents would greatly benefit from a robust support system that follows two basic functional lines:

- *Instrumental support.* These programs provide information and referral, assistance with navigating government and non-profit benefit programs, access to legal services and understanding custodial rights and responsibilities, financial assistance, negotiating the school system, processing paperwork, and care management services.
- *Emotional Support.* These programs provide: support groups, mentoring, mental health counseling for grandparents and grandchildren, parenting and coping skills training, and respite care.

Human service agencies would do well to address both levels of need: emotional and instrumental. Local Councils on Aging and senior centers are in prime position to facilitate partnerships to arrange for these types of programs.

Legal Obstacles

Grandparents raising grandchildren face a wide array of legal issues when they take their grandchildren into their homes to raise. In the beginning, most hope that caring for the child will be a transitional step until their adult child is able to resume parenting. But for many, time moves on and it becomes more evident that they will be raising their grandchildren for years to come. At this point, they begin looking for legal remedies that validate and secure their custodial relationship to the child.



Schools, doctors and hospitals need and expect some type of legal document that verifies the child's relationship to the grandparent so they can legally impart services and render care. Prior to awarding government public benefits, grandparents are required to meet basic eligibility criteria and must verify their

relationship to the child and so begins the grandparents' entry into the legal maze of custodial relationships.

It is not within the scope of this report to address the many legal issues and obstacles that grandparent's face, however, it's helpful for policymakers to know three core issues that impede grandparents from seeking formal legal custody of their grandchildren.

First, the circumstances surrounding how the grandparents came to raise the child are often fraught with difficult emotions and strained relationships with their adult child – the biological parent of their grandchildren. In many instances, the mental health of the parent isn't stable due to drug and/or alcohol addiction, an undiagnosed mental illness or emotional stress caused by a volatile divorce, domestic violence or loss of job. A teenaged parent overwhelmed with caring for an infant may hand her baby over to her grandmother or an incarceration of an adult child may force the grandparent to intervene.

Initiating legal proceedings against the parents is seen by most grandparents as a lengthy and drawn-out affair that will only make matters worse. Their greatest fear is that taking legal action will spur the parent to take back the child using him or her as a bartering chip. For those grandparents who have managed to create a truce with the children's biological parents by informally agreeing to raise the children, they would rather forgo applying for public benefits or seek a more secure legal relationship in order to simply "keep the peace." By not going to court, grandparents believe they are preserving the hope that the family, in time, can mend itself and the children can reunite with their mom and dad when they are well and able.

Second, the costs of hiring a lawyer and paying for all the ancillary expenses involved in filing for custody are too prohibitive for the majority of single grandmothers who live at or near the poverty level. Though legal assistance clinics are available, far too many grandmothers are unaware of their services, don't have the transportation to get there or they find the bureaucratic and legal process too confusing to understand and pursue.

Third, many grandparents believe that the courts will not rule in their favor. In their view the status of "biological parent" trumps all and they have little recourse to convince a judge otherwise. Proving that a parent is "unfit" requires a great deal of evidence and is very difficult to gather and prove. Not only is it a complex process, it is an extremely damaging course of action that often irrevocably destroys their relationship with their adult child.

Until, grandparents believe that the "best interest of the child" consistently prevails over "biological rights" of parents will more grandparents feel secure in using the court system to acquire formal legal custody to raise their grandchildren.

Focus on Cultural Diversity

The growing phenomenon of grandfamilies cuts across racial, geographic and socio-economic lines. National figures, however, show that African American families play a more dominant role in what is known as kinship care. This can be explained on several fronts: "Cultural norms strongly influence the extent and type of care provided by family members. Extended family models are common among African-American families, whose system of kin and quasi-kinship

network is defined not only by blood ties, but also by a complex system based on proximity, shared values, and functional affiliations."³⁹ Thus, African American grandparents are two to three times as likely as their White counterparts to assume the parenting role."⁴⁰

Nationwide, 29 percent of grandfamilies are African-American, 47 percent White (non-Hispanic) and 17 percent Hispanic of any race. In Louisiana, 57 percent are African American, 38 percent White and 2 percent Hispanic.⁴¹

To better understand the cultural context of grandfamilies and how race factors into their perception of social support, researchers Steven Kohn and Gregory Smith, through a grant from the National Institute of Mental Health, interviewed 733 grandmothers raising grandchildren from 48 states equally represented between Black and White respondents. The following findings are presented: ⁴²

- White grandmothers reported feeling significantly lonelier and more rejected than Black grandmothers.
- Black grandmothers reported significantly lower satisfaction with support from both the school system and the medical community.
- Black grandmothers rated their neighborhood less favorably than Whites in terms of being a safe and clean environment for children.
- Black grandmothers reported feeling less lonely and rejected taking on the role of custodial grandparents. Other major studies concluded the same because they found that:
 - Black grandmothers were more likely than their White counterparts to: have friends who also live with their grandchildren, report that it is not unusual for multiple generations to live together, have been raised by grandparents themselves, feel that caregiving responsibilities had less of a negative impact on their social life.
 - Blacks feel less stigmatized and more in tune with their social peers within the custodial grandparenting role than Whites due to traditions of kinship caregiving within the Black multigenerational structure.⁴³

Geographic differences between grandfamilies living in Southern states and non-South states reveal the following:

- Grandparents in the South “used fewer instrumental services within the past year and reported less satisfaction with the legal system, the medical community and the mental health community in meeting their needs as caregivers. This is especially troubling because the greatest number of grandparents raising grandchildren reside in the South and the South’s overall population of children has increased to a point where their numbers are larger than other regions in the country (US Bureau of the Census 2002).
- “It is anticipated that this population increase will raise the consumption of important services related to child care, place a financial strain on the formal service system, and thus reduce the ability of southern states and municipalities to adequately deliver these services in a high quality manner.”⁴⁴

Even though there are differences between Black and White grandfamilies, the reasons that bring both groups to assume custodial roles of grandchildren are beginning to merge. The “experience of many of today’s Black grandparents who assume care for grandchildren as a result of drug addiction, incarceration, teen pregnancy, or parental incapacity due to AIDS, differs from that of their ancestors who assumed caregiving under much different socio-historical circumstances. Thus, custodial grandparents from diverse ethnic backgrounds may now be *more alike* than before because they are raising their grandchildren due to social necessities rather than to personal choice or historical customs.”⁴⁵

Age, too, is beginning to change the landscape: Older grandmothers who were socialized during an era where caregiving was seen as a lifetime role may no longer find their daughters with grandchildren willing to do the same. Instead, they are opting for a more independent and less involved role with their grandchildren.⁴⁶

3. UNDERSTANDING THE ISSUE IN THEIR WORD: RESULTS OF THE GRANDFAMILIES SURVEY

During March through June of 2009, two hundred grandparents raising grandchildren throughout Louisiana were interviewed in person or by phone using a 40 question survey designed by the Hirtzel Institute on Health Education and Aging. In addition to the survey, five home visits were conducted with grandfamilies and key informant interviews were held with human service, government, academic and legal professionals who work with grandfamilies in Louisiana.



Three different events provided the venue for the bulk of the interviews: a luncheon sponsored by the Hirtzel Institute in New Orleans with the Council on Aging's Grandparents Raising Grandchildren Support Group, a luncheon hosted by Grandparents Raising Grandchildren Information Center of Louisiana (GRGICL) and Catholic Charities of Baton Rouge,

and attendees at the annual GRGICL conference on May 1, 2009.

Masters students from the Columbia University Mailman School of Public Health interviewed half of the sample during their 2009 Spring Break while volunteers from Catholic Charities of Baton Rouge and others completed another sixty at the GRGICL conference. The remaining surveys were finished by volunteer interviewers by phone.

The grandparents were recruited by GRGICL, the New Orleans Council on Aging, Catholic Charities of Baton Rouge, and Grandparents as Parents (GAP) sponsored by the Volunteers of America serving Central Louisiana. This is *not* a randomized or scientifically designed sample. It is a survey of grandparents raising grandchildren who had contact with the three organizations previously cited and were willing to be interviewed. Geographically, 40 percent of the survey respondents are from Baton Rouge, 20 percent from New Orleans, 17 percent from Rapides, 6 percent from Ascension and 17 percent from a mix of rural and suburban parishes. This geographic distribution does provide Louisiana policymakers with a range of respondents rather than focusing on just one particular area. It also portrays experiences beyond the urban center of New Orleans illustrating the national and statewide phenomenon of grandparents

raising grandchildren affecting all races living in urban, suburban and rural settings with varied socioeconomic backgrounds.

The survey's intent is to tap the personal stories and quantify the everyday experiences that grandparents raising grandchildren face so that policymakers and civic leaders can better understand the "state of grandfamilies" in Louisiana. The survey became the vehicle to tell their story.

So, in their words, this is what we learned...

Most of the grandparents are raising more than one child (60 percent) and the majority of the children are six years and younger. The grandparents see themselves raising the children until they finish high school – at least for another ten years. For many, this will mean they will be raising children well into their seventies and eighties. One out of three respondents is already 65-years and older and one-in-four are great-grandparents. Nationally and statewide, 72 percent of grandparents raising grandchildren are *under* the age of sixty years whereas, this sample was sizably older in that less than half are *under* the age of sixty years. Similar to national trends of grandparents raising grandchildren being more common among families of color, 75 percent of the respondents are African-American and 24 percent are White.

Most are single grandmothers heading up the household and they own their home (70 percent). Despite this asset, they are struggling financially. They live on fixed incomes and though many qualify, the majority do not receive financial benefits to help them with the everyday expenses of raising children. As a result, over forty percent delayed paying a utility bill and sixty percent say they are "very worried about making ends meet." A troubling twenty percent are worried that they could actually become homeless.

Poverty is no stranger to grandparents raising grandchildren and the elderly population, in general. According to the AARP Public Policy Institute, half of those 50 years and older in Louisiana are 150 percent at or below federal poverty guidelines. When it comes to children, more than one quarter (28%) of children in Louisiana are living in poverty – much higher than the national average of 18 percent. This child poverty rate has remained this high since 2000.⁴⁷

Despite needing financial resources and benefits (especially given the likely incidence of poverty among the respondents) 80 percent do not receive Kinship Care Subsidy payments, 88 percent do not receive child-only grants (many of whom would qualify), 80 percent do not receive food stamps though many

report food insecurity and nearly half of the children are not covered with health insurance.



When it comes to making trade-offs between “the kids or me,” the grandparents choose the children. One-third report not buying prescription medicines for themselves because they spent the money to meet the children’s needs. One in four skipped buying over the counter drugs like ibuprofen to help ease their arthritis pain in deference to the children.

They even missed doctor’s appointments (40 percent) or not schedule them, at all, because they don’t have the time or the child care to make them. Making this even harder, one in four respondents does not have a car and must rely on either public transit or friends to meet the myriad of transportation demands of raising children or getting to clinics and doctors to care for themselves.

Both the health of the children and the grandparent are at risk. Over half of all the grandparents report that at least one of their grandchildren has a special need: one in three has a learning disability, thirty-six percent exhibit behavioral problems and one in four is diagnosed with a chronic illness. Grandparents, on the other hand, have their own health problems: Sixty percent report arthritis and osteoporosis making it hard to keep up with their grandchildren, one-third suffers from diabetes which places their overall health at serious risk, sixty-five percent have high blood pressure and one in four suffer from heart conditions. Nearly half of those with health problems admit that their health has “gotten worse over the past year.”

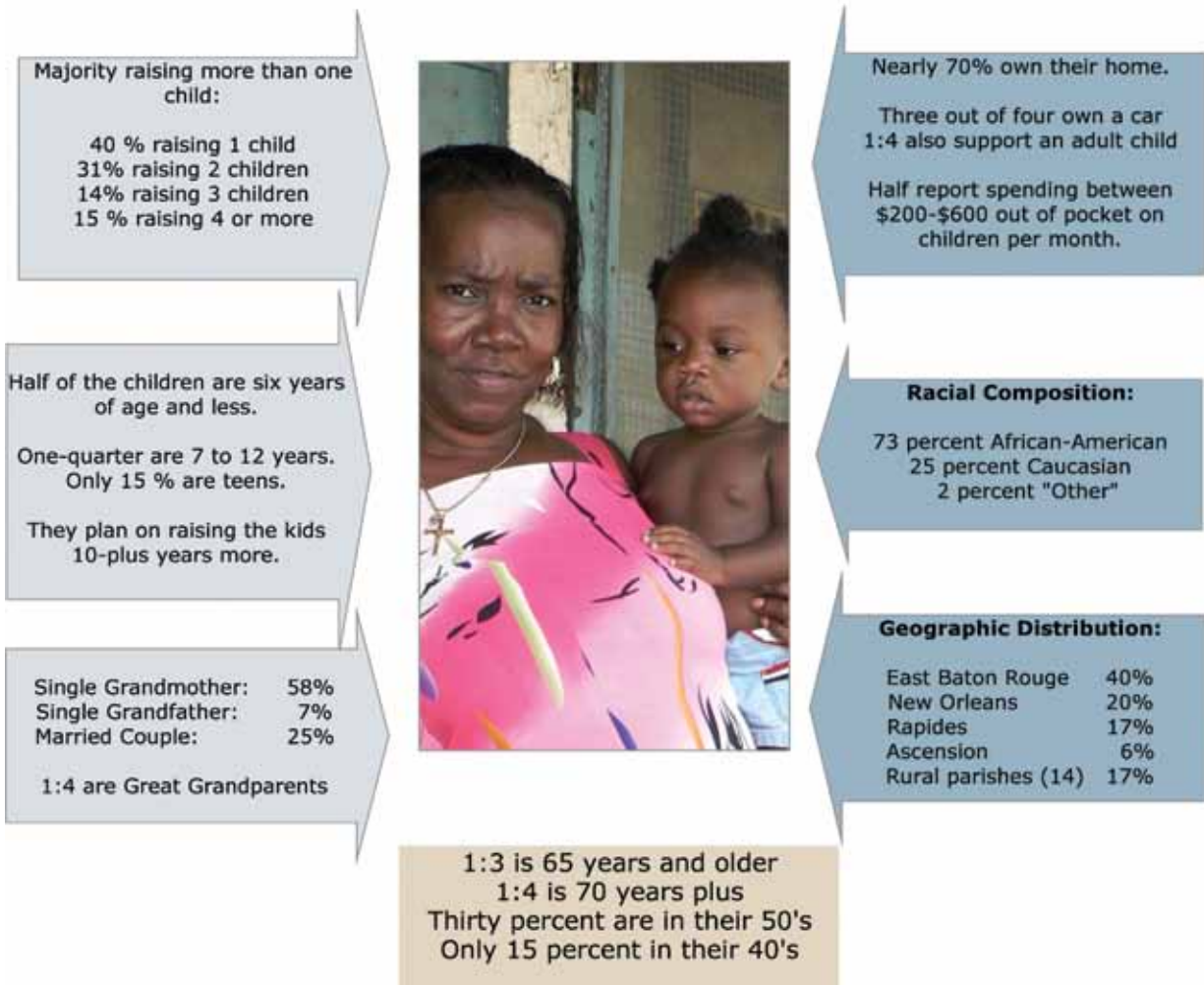
Though they love their grandchildren and will do anything for them, sixty-four percent said that they “feel overwhelmed,” so much so that 40 percent admitted feeling “depressed” and half disclosed that they really need a break.

Many face the anguish of watching their adult children suffer from substance abuse compromising their inability to care for their children and, for some, leading to incarceration. Most of the reasons causing grandparents to raise grandchildren involve some sort of family trauma such as mental illness, domestic violence, abandonment, or death, all of which endanger a child’s emotional health. As one grandmother put it, “The hardest thing for me to watch

is my own child hurting her very own children. I didn't raise her this way. It breaks my heart when I see my grandkids hurt so bad."

The charts on the following pages reveal a portrait of a resilient yet, overburdened generation of 200 Louisiana elders who among them are raising 433 children. It is their overwhelming sense of duty to family and love for their grandchildren that has given these children safe, permanent homes and out of the state's foster care system. It is a safety net, however, with threads that are wearing thin.

Profile of 200 Grandparents Raising Grandchildren Survey Respondents in Louisiana



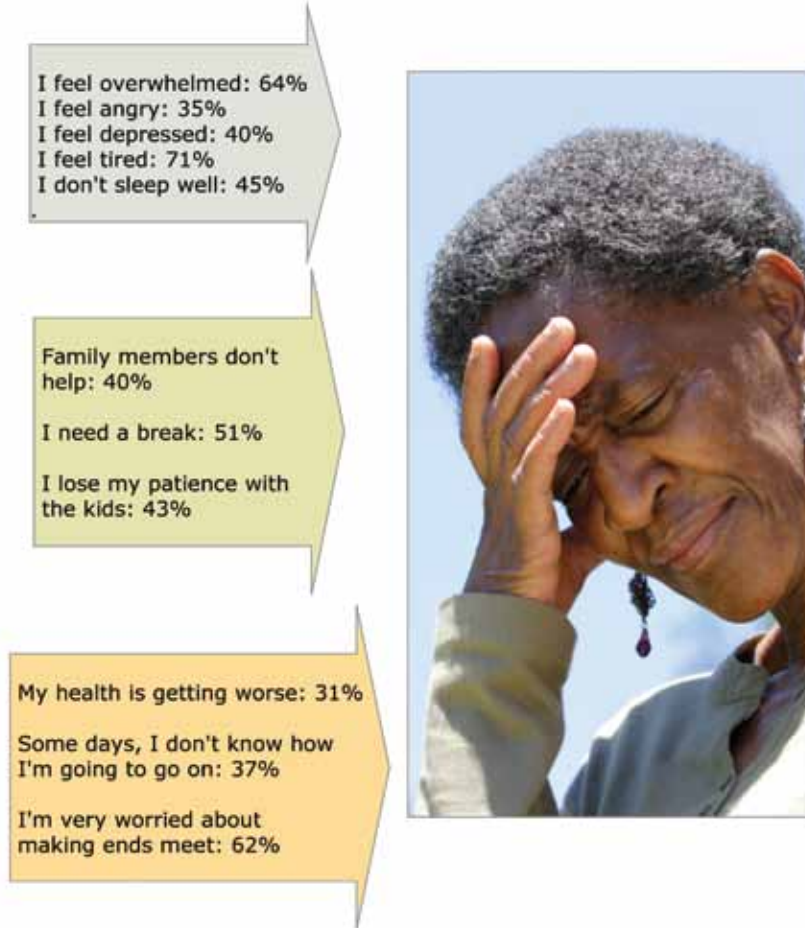
A couple of points regarding the "Profile Chart:" First, the phenomenon of grandparents raising grandchildren is frequently thought to be a "New Orleans" kind of issue affecting mostly African-American families. So, we reached out to parishes that are more suburban and rural accounting for 40 percent of all respondents and another 40 percent being from Baton Rouge. What we learned from these 200 respondents is that no matter where they live or what race, they contend with very similar issues and hardships when raising grandchildren.

Secondly, this sampling of grandparents also indicates a significantly older group as it reflects twice the national average among grandparents raising grandchild who are 65 years and older.⁴⁸ Policy-makers and service providers should take note that 25 percent of these children are being cared for by grandparents who

are already in their seventies, many of whom, plan on raising the children for another ten years.

Nearly all of them will tell you that they are up to the task and wouldn't have it any other way, but they also need support -- just like the kind given through the national Family Caregiver Support Program to middle aged people who care for an aging loved one in their home. It's based on the same principle: give a family preventive services and support and you'll keep a loved one at home rather than placing them in expensive facility-based care requiring state and national taxpayer dollars.

How Grandparent Respondents Describe Stress



Grandparent respondents were asked whether or not they felt the above stressors at four different levels: "A Lot," "Sometimes," "Don't feel this way," or "Not sure how I feel." The responses reported above indicate those who either felt this way "a lot" or "sometimes." Grandparents also report that they worry about the grandchildren on a number of other fronts:

- Half worry about crime in their neighborhood making it unsafe to raise their grandchildren.
- Forty percent worry that their children "will fall into the wrong crowd."
- One third is worried about finding safe and affordable housing and this is especially hard for the thirty percent who do not own their own homes.
- Twelve percent report that they lost their rental housing when they took in their grandchildren.
- Twenty percent worry about becoming homeless.

Open-ended Responses of 200 Grandparents Raising Grandchildren to Three Key Questions

What's the hardest thing about raising grandchild?



Learning how to handle the younger generation, disciplining them, dealing with their emotional problems.

Juggling finances, constant trade-offs on what to buy between health care items, school supplies, clothes and food.

Hard to maintain a job and afford child care.

Need for respite care, "No life of my own," "It's a 24/7 job that I can't keep up with." "I gave up my church activities."

Ongoing conflict with biological parent.

How can government help?



Provide financial assistance without going after child support.

Financial help for day care.

Help with home repairs.

More generous food stamp support in terms of eligibility and amount awarded. Very hard to make "food last" with children.

Allow WIC support beyond 5 years of age.

Make it much easier and streamlined to apply for benefits and social services.

Provide help with legal assistance.

How can schools help?



Provide after-school programs and transportation.

Provide counseling to grandparents on how to help with homework and parenting classes.

More communication between teachers & grandparents.

Help with school supplies, provide where possible.

More Head Start and pre-K programs.

Summer programs. Can't afford summer camps or day care.

Tutoring programs & mental health counseling for the kids.

During interviews and home visits, grandparents portrayed their lives as very purposeful deriving great satisfaction in knowing that because they've intervened and have chosen to raise their grandchildren, the kids will have a better life and will remain out of the foster care system. For them, "it's about family," and "you just do what you have to do." But they admit that they could really use some help.

The answers to the "Three Key Questions" indicate the most frequently entered responses of the 200 grandparents interviewed. The overarching message is they want to learn parenting skills to deal with the younger generation and children who have experienced emotional trauma; they want to learn how to help them with homework and find them tutors; they would like to have their grandchildren attend after-school programs and summer programs; they need easy access and less restrictive eligibility rules to programs and services offered by the Department of Social Services and the Department of Health and Hospitals; they need free or affordable legal assistance; they absolutely need a

break through respite care; and the children need mental health counseling – nationally about 28 percent of children being raised by grandparents are reported to be in fair or poor health and suffer behavioral problems.⁴⁹ In this sample, 50 percent had some sort of physical or mental health need.

Factors Related to Custody Arrangements and Reasons for Grandparents Raising their Grandchildren Among 200 Respondents



The reasons for custody and not seeking custody arrangements shown by this survey are very similar to findings from national studies. The majority of children throughout the country are being raised by grandparents due to drug and alcohol abuse, mental illness, neglect, abandonment and incarceration of the biological parents. However, in this survey sample the second most frequent reason was the death of the parent. Most of the arrangements to take care of the children are done privately within families. Very few seek-out becoming relative foster care parents as a means to receive more financial support to raise the

children. Many will not take the foster care route because of the legal costs and the process of taking their own children to court.⁵⁰

During interviews for this study, a significant number of older grandparents confided that they fear pursuing child welfare services because they think that their age may be considered a liability to care for the children by caseworkers and they could lose the children. This fear has lead experts to believe that the number of grandparents raising grandchildren is significantly under-reported.

When asked whether or not Hurricane Katrina was a contributing factor as to why they are raising their grandchildren, ten percent responded, yes, mostly due to the loss of the parent's home, the parent's relocation to another state for work, or because of the parent's trauma from the storm affecting their ability to parent.

Vulnerable Grandparent Caregivers: Health Status and Stressors



- 1:3 report diabetes; 1:4 heart conditions and 65% high blood pressure.
- Sixty percent report arthritis & osteoporosis resulting in reduced mobility.
- 1:5 report high cholesterol; 1:10 report eye problems; 8 percent asthma.
- Of those with health conditions, 45% report their health has gotten worse over the past year.
- 1:5 between 50 to 64 years are without health insurance.
- Thirty-five percent missed doctor appointment & 40 percent did not schedule one though they needed to.

Vulnerable Grandparent Caregivers: Parenting Challenged Children



Nearly half of all grandparents report raising children with special needs of which:

- One-third grapple with a learning disability (e.g ADHD, speech, dyslexia).
- Thirty-six percent are faced with behavioral problems dealing with difficult family circumstances and emotional stress of post-Katrina.
- One in four diagnosed with chronic physical health conditions or physical handicaps (e.g. asthma, chronic sinus infection).
- Twelve percent diagnosed with mental illness, mental retardation or autism.
- Thirty percent report receiving an accommodation or "Individual Education Plan" at school.
- Most grandparents report that children struggle emotionally with biological parent's absence.

Vulnerable Grandparent Caregivers: Lack Financial Resources



- 1:3 could not fill a prescription; 1:4 could not buy over the counter drugs because of costs of raising grandchildren.
- Sixty percent are "very worried about making ends meet."
- Forty-two percent report delaying paying utility bill; 1:5 delay rent payment.
- **Benefits for the child:** 1:5 receive Kinship Care Subsidy, 12% receive FITAP child-only grants, 1:10 receive SSI, 6% Social Security due to death of parent. 1:5 receive food stamps and 54% of children enrolled in LaCHIP.
- **Benefits for grandparent:** 40% receive Social Security and 15% SSI, 1:4 on Social Security Disability, 37% receive Medicare, 1:10 receive FITAP.
- 1:4 work full or part-time and 1:4 receive Income from a pension.
- Twenty percent worry that they could become homeless.
- Statewide, 28 % or 1:4 children live in poverty -- the second highest rate in the nation and ranked 49th for Child Well-Being by annual *KIDS COUNT* rating.
- Half of those 50 years-plus in LA are 150% at or below federal poverty level.

(Source: AARP Public Policy Institute Quick Health Facts 2008.)

4. WHO DOES WHAT FOR GRANDFAMILIES: A BRIEF OVERVIEW

STATE GOVERNMENT



The Department of Social Services offers two major programs that most commonly intersect with the needs of grandfamilies in Louisiana: Relative Foster Care and Kinship Care Subsidies. The department offers other programs and benefits that parents and relatives raising children can receive given they meet the eligibility criteria of that particular program. In addition, grandparents raising grandchildren can approach other state agencies to receive supportive services such as health insurance and medical assistance (Medicaid) administered by the Department of Health and Hospitals.

The following briefly captures the major highlights of each program:

1. Kinship or Relative Foster Care provides services and benefits to those grandparents who have gone through the formal licensing process to become a foster care parent as approved by the state. Relative foster care parents must meet the same licensing standards as non-kin foster parents.

Foster care is a “protective service for children and their parents who must live apart because of child abuse, neglect or special family circumstances requiring the need for out-of-home care. Foster care is intended to provide temporary/short-term care for a child. The goal of the foster care program is to maintain the child in a safe and nurturing environment, which is supportive of his development while assisting his parents in resuming responsibility and custody or until an alternative permanent placement for the child is found. The first goal of foster care is to reunite the child with his or her biological family.”⁵¹

Grandparents who are licensed foster care parents receive the same foster care payments as non-relative foster parents. They may also tap other benefits available to all non-relative foster parents and foster care children such as cash assistance through the Family Temporary Assistance Program (FITAP), food stamps, special education services, health insurance through LaCHIP or Medicaid and other child care subsidies. A relative who has been granted legal custody or guardianship of a child is **not** eligible to participate in kinship-foster care for the purposes of receiving financial assistance and other public benefits.

Foster care and adoption services are administered by the Office of Community Services. On average payments to foster care parents are about \$450 per child⁵² known as the “board rate” intended to help with clothing, food, personal hygiene products, a personal allowance for the child and gifts for the child for occasions like birthdays. This is not viewed as a payment to foster parents for raising the child; rather, it is totally directed towards meeting the costs associated with caring for the child and meeting his or her needs. In addition, the agency provides for the medical needs of each child, therapy expenses, and evaluations. Foster care parents may also be reimbursed for travel expenses to take children to medical appointments.⁵³

The new federal law “Fostering Connections to Success and Increasing Adoptions Act of 2008” requires agencies to exercise due diligence to notify all grandparents and other adult relatives within **30 days** of a child’s removal from his or her parent’s custody.⁵⁴ The intent of the law is to assure that relatives, especially grandparents, are aware that their grandchildren have been taken into state custody so that they have the opportunity to advise the state that they may be willing to care for the child either formally or informally. Currently, state law in Louisiana requires that the Office of Community services make “reasonable attempts” to place the child with a relative when they have been removed by the state from their home, however, there is no 30-day rule.

2. Kinship Care Subsidy Program. Louisiana is in the forefront of offering “preventive” subsidized guardianship by being first in the country to do so. Since 1999, six other states have followed suit: Kansas, Kentucky, Nevada, New Jersey, Ohio, and the District of Columbia. Most states provide “subsidized guardianship” whereupon payments are offered to guardians who take in a child who is currently part of the state’s foster care system. It allows the state to remove the child from the foster care system into a home of a relative who will act as the legal guardian of the child with the intent of raising him or her.

Preventive subsidized guardianship programs reach out to relatives caring for children who are at-risk of *entering* the foster care system. In most instances, grandparents have worked out an informal agreement with the biological parent to raise the child but it is a tenuous compact, at best, and most suffer financial hardships doing so. By taking a front-end approach to preventing foster care placement, the state offers qualifying relatives a financial subsidy to care for the children. Extending payments to children living with low-income guardians who are willing to gain legal custody allows thousands of children to by-pass the foster care system.

ChildFocus, a public policy consulting group on children's issues, studied preventive subsidized guardianship programs across the country and found that these programs:

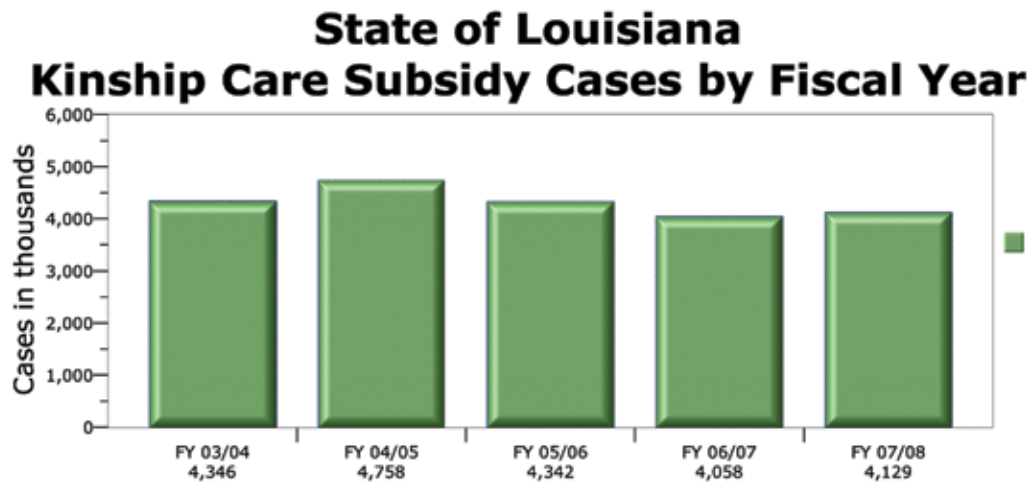
- Avoid out of home placement of children who are abandoned or neglected, but can live safely with relatives or other caregivers;
- Assist caregivers who are overwhelmingly female, low-income, working or are on fixed incomes;
- Reduce the disproportionate number of children of color entering foster care; and
- Achieve permanency for older youth by maintaining critical family connections.⁵⁵

Louisiana's Kinship Care Subsidy Program (KCSP) provides cash assistance of \$280 per month for each eligible child who resides with a qualified relative other than a parent. This subsidy is about 40 percent less than the board and care rate provided to foster care parents. The Office of Family Support oversees the Louisiana's Kinship Care Subsidy Program (KCSP) and it is funded by Louisiana's Temporary Assistance to Needy Families (TANF) Block Grant. A child may be eligible for cash assistance from both the KCSP and the FITAP program; however, they may only receive assistance from *one* of the programs. The FITAP grant is about half that of the Kinship Care Subsidy. To qualify for a subsidy under KCSP, kinship caregivers must meet these eligibility criteria among others:

- Possess or obtain, within one year of enrolling in the program, legal custody or guardianship of the minor relative;
- Have an annual income of less than 150% of the federal poverty threshold;
- Have neither of the minor relative's parents residing in the applicant's household; and
- Agree to pursue the enforcement of child support obligations against the parents of the minor relative with the assistance of the Department of Social Services. This provision is mandated by federal law, however, a grandparent can ask the state to waive this provision if "good cause

is established” meaning that it is not in the best interest of the child to pursue child support enforcement.⁵⁶

One of the more unique and well received aspects of Louisiana’s preventive subsidized guardianship program is the provision that allows grandparents to begin receiving a kinship care subsidy without having legal custody or guardianship prior to being enrolled in the program. They must, however, acquire legal guardianship within the year.



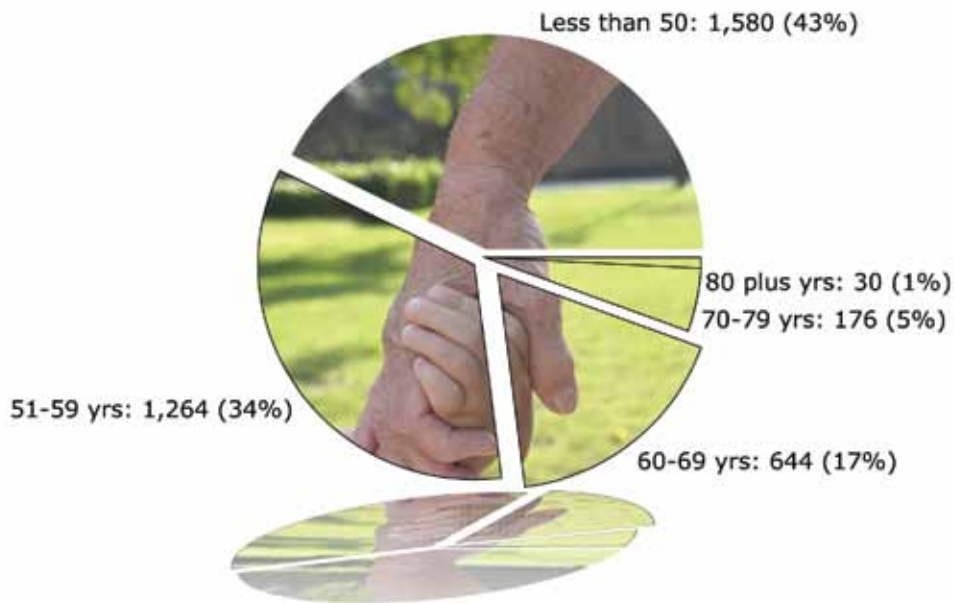
The above chart shows the number of kinship care cases since 2004 based on the State Fiscal Year. Over the past five years, an average of 4,300 children receive kinship care subsidy payments each year.

To gain a better perspective on the age breakdown among relatives who care for children receiving kinship care subsidies, the Office of Family Support captured the current active caseload for the month of April 2009 for this report.

As shown by the pie chart on the following page, the majority of Kinship Care Subsidy recipients are less than 50 years of age and three out of four are under sixty years. On average each payee among all age groups is caring for two children. This population is much younger than the grandparents raising grandchildren surveyed for this study wherein among those respondents over one-half (53 percent) are sixty years and older and one-third is 65 years and older.

Kinship Care Subsidy Payees Caregiver Age Breakdown

(April 2009 Active Caseload)



3. Adoption Services: A grandparent may adopt their grandchild if the biological parents voluntarily surrender their parental rights, has died or in the case of parents refusing to do so, a grandparent can petition the courts for an independent adoption. Grandparents who are petitioning for adoption against the parents wishes may seek legal assistance through their local Legal Assistance Corporation, sometimes referred to as the “Legal Aid Office” or a private attorney.

Grandparents who want to adopt a grandchild who is in the foster care system can go to their local area regional Office of Community Services (OCS) and seek adoption petition services upon which OCS staff will: conduct investigations to determine the availability of the child for adoption; assess the suitability of the adoptive home, issue reports to the courts as to the findings of these investigations and assist the grandparents in obtaining revised birth certificates. Grandparents who are awarded adoption may be eligible for “adoption subsidy”

payments to help them meet the needs of the child until 18 years of age. This may include: an allowance for room and board as well as clothing and personal items; funds for special healthcare needs, special board rates when a child requires a high level of care and one-time adoption expenses such as attorney fees, court costs for finalizing an adoption and costs associated with acquiring a revised birth certificate.

4. Income-based eligible services are individual programs and benefits that a resident of Louisiana can apply for on behalf of themselves and/or their dependents by meeting certain income thresholds and other eligibility requirements. Most of these programs are administered through state agencies, the bulk of which are between the Department of Social Services and the Department of Health and Hospitals.

Programs that grandfamilies may potentially qualify for are: food stamps, Women, Infant & Child Program (WIC), LaCHIP children's health insurance, LaHIPP adult health insurance, Medicaid, cash assistance through FITAP such as "child-only" grants that are directed solely towards the child's needs or "family-grants" for no more than 60 months to assist needy families to care for children so that they may remain at home, housing assistance, Social Security, SSI and disability benefits, School Breakfast and Lunch program, Individual Education Plans (IEP) for children with learning disabilities in the public schools, and the Early & Periodic Screening, Diagnosis and Treatment Program (EPSDT) providing health screenings and treatment. Programs related to health insurance and medical assistance are administered through the Department of Health and Hospitals.

5. The Louisiana Children's Trust Fund is a fund dedicated to the prevention of child abuse and neglect and was enacted into law in 1983 by the Louisiana Legislature. The state was the fourth in the nation to create such a trust fund and now all states throughout the country have created Children's Trust Funds. Dedicated funds are generated from surcharges on requests for duplicate birth certificates and by a voluntary donation designation by individuals when they file their state income tax. The Children's Trust Fund also receives state general and federal grant revenues. The program is administered by the Office of Community Services (OCS) of the Department of Social Services. To advance the cause and address the needs of grandfamilies, The Louisiana Children's Trust Fund has awarded grants to the state's lead advocacy organization, Grandparents Raising Grandchildren Information Center of Louisiana (GRGICL)



to offer their annual conference providing workshops and training sessions to custodial grandparents. Over one thousand grandparents have attended the conferences over the last eleven years. The Children's Trust Fund also provides funds for the organizational and administrative costs of GRGICL, and most recently awarded funds for the research, writing and production of the "State of Grandfamilies in Louisiana" report by the Hirtzel Institute for Health Education and Aging.

COMMUNITY-BASED SERVICES

There is a wide array of community services that grandfamilies can tap to assist them in raising their grandchildren, however, for many grandparents the task of finding services, meeting a myriad of eligibility rules and finding transportation to the services can be overwhelming while they care for young children. In addition to services that help them in their custodial parenting, there are also aging services for those 62 years-plus that may also benefit them directly. But again, this requires negotiating another human services system. For these reasons, there is a national movement encouraging the passage of pending legislation in the U.S. Congress to create a 2-1-1 helpline where consumers call one resource to help them navigate the community services network for all ages and all needs.

In Louisiana, there are several programs and organizations that offer programs directly supporting grandfamilies:

Councils on Aging funded through the Governor's Office of Elderly Affairs with federal Older Americans Act funding and state funding provide aging services in their designated parishes ranging from senior centers, congregate and home-delivered meals, care management to information and referral services. Many grandparents raising grandchildren utilize the services offered at senior centers to assist them with their needs, which, in turn, aid them in raising their grandchildren (such as participating in health screenings, educational programs, information and referral, and daily lunches).

One program relevant to grandfamilies is the nationally funded Family Caregiver Support Program (FCSP) authorized by federal law in November of 2000. This program assists families in caring for an older relative, oftentimes a spouse or parent living in their home who is at risk of being placed in assisted living or a nursing home.

Recently, the federal office of the Administration on Aging (AOA) added a new provision to the program allowing 10 percent of a state's allocation of the FCSP to assist a caregiver grandparent 55-years and older raising a grandchild in their home. The local Council on Aging may provide such services as information and referral, counseling, workshops, respite care and support groups to assist the grandparents in their parenting and caregiving role.

The funding for this program, however, requires a Council on Aging to redirect a portion of its FCSP budget away from supporting families caring for a frail elderly loved one in the home to a grandparent raising a grandchild, also faced with caregiving needs. Only one of the thirty-seven Councils on Aging uses the funds for grandparents raising grandchildren.

Currently in 2008/2009, the GOEA does not collect specific data from the Councils on Aging as to whether or not they are using any of the nearly \$2.2 million dollars budgeted for the FCSP (State & Federal funding for 2009) for grandfamily caregiving.⁵⁷ Thus, the degree and extent to which these funds are being directed to assisting grandparents raising grandchildren is not known at this time. The state, however, does have the authority to direct ten percent of the FCSP budget or \$202,000 towards grandfamily caregiving. Only the New Orleans Council on Aging uses the funds to offer workshops, information and referral, individual counseling and monthly support groups for grandfamilies in their service area.

Grandparents as Parents (GAP) is provided by the Volunteers of America serving Central Louisiana. They provide: a toll free information line, monthly support groups, day camps for kids, monthly "Morning and Nights Out" for grandparents including child care, individual counseling sessions to create a personalized plan addressing legal, parenting, school and guardianship concerns, referrals to other agencies, and advocacy.



Non-profit agencies and faith-based organizations such as Catholic Charities, United Methodist Church & Family Services, Legal Services Corporations, Family Counseling Agencies, the Black Elderly Crisis Counseling Intervention program, the LSU

Ag Center Nutrition Programs, and Public Housing Offices address the needs of grandparents raising grandchildren as part of their overall system of social services. The grandparents receive assistance on an as needed basis as part of the organization's continuum of programs and services not necessarily part of a specific program geared only towards grandfamilies.

ADVOCACY ORGANIZATION



The Grandparents Raising Grandchildren Information Center of Louisiana (GRGICL) is the lead advocacy program in Louisiana. The center offers information and referral services for grandparents raising grandchildren, training and seed money to start support groups in local communities⁵⁸, a newsletter and an annual statewide conference. Well over 1,000 grandparents raising grandchildren have attended the annual event during its eleven year history.

The annual conference offers workshops, presentations and panel discussions on a wide-range of topics and issues facing custodial parenting.

GRGICL has engaged in several partnerships with philanthropic foundations to address the needs of grandfamilies. Among them are: The Partnership with Louisiana Public Broadcasting is a literacy project funded by the Barbara Bush Foundation to improve the reading, writing and computer skills of grandparents so they can better educate and assist their custodial grandchildren with their homework.

The Casey Family Program provided funding for GRGICL to offer training programs in advocacy, financial literacy and repairing credit. The Louisiana Relatives as Parents Project (LaRAPP) Task Force provided funding from the Louisiana Children's Trust Fund and the Brookdale Foundation to enable GRGICL to offer seed money and training to local communities to create grandfamily support groups. In addition, a statewide task force was formed during the two years of the grant to identify ways to improve present systems, policies regulations and laws to meet the needs of grandparents and other relatives raising children.

The Center collaborated with the Urban Restoration Enhancement Corporation (UREC) in Baton Rouge to create "Grandparents' House" providing affordable housing of 30 two-bedroom apartment units located in north Baton Rouge at reduced rates to grandparents raising grandchildren. One of the units is dedicated to GRGICL office space and a computer lab for children to allow for student mentoring, computer classes for grandparents and a small library.

In its advocacy role, GRGICL associates meet with policymakers, legislators and community leaders to advance the cause of grandparents raising grandchildren informing them of legislative and program initiatives nationwide that can be of benefit to grandfamilies in Louisiana.

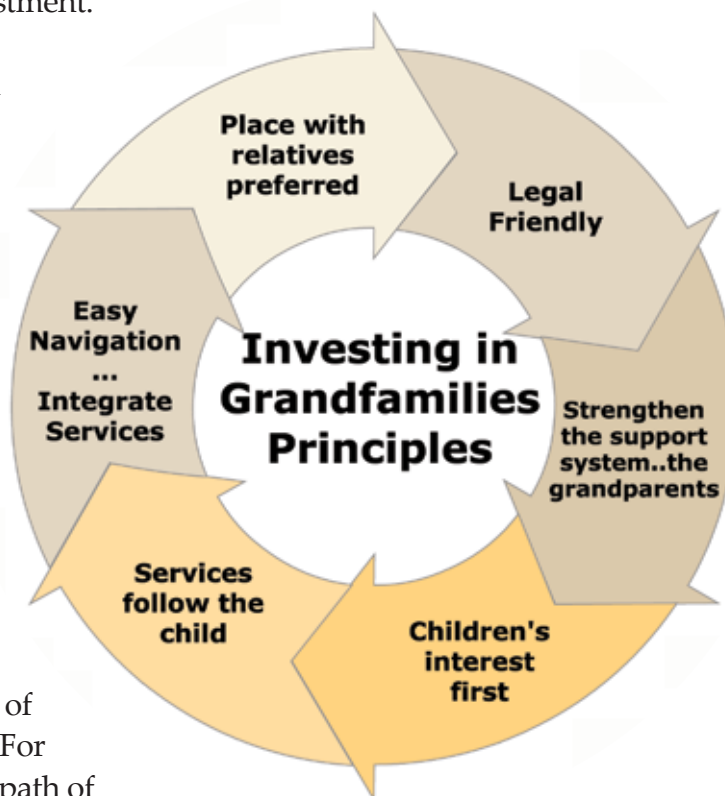
Through programs, workshops, support groups, conferences, and advocacy efforts, GRGICL has reached thousands of grandparents throughout the state assisting them in their quest to raise their grandchildren amidst difficult circumstances.

5. OPTIONS FOR A GRANDFAMILY INVESTMENT STRATEGY

The state of Louisiana on all fronts – state government, the legislature, the judicial system, community organizations and academe – have a striking opportunity to invest in grandparents raising grandchildren. By building upon the support currently afforded grandfamilies, Louisiana can enhance its efforts for a greater return on investment.

Children who have been removed from their biological parents either formally by the state or informally by grandparents have greater needs and face more risks than other children.

Ignoring them yields higher drop-out rates in high school, teen pregnancies, unemployment, a life of poverty, and greater risk of drug and alcohol abuse. For some, this leads down a path of crime and eventual incarceration.



It is far less costly to invest in these children now rather than later.

The menu of options on the following pages presents investment strategies that can complement current efforts or implement new ones among three sectors: state government, the legislature and community organizations through a proposed “Intra-governmental Council on Grandfamilies and Kinship Care.”

The “Grandfamilies Principles” illustration above suggests the basic principles that would do well to under grid all grandfamily policy initiatives.

A. State Administrative, Policy, Regulatory and Programmatic Initiatives⁵⁹

1. Grandfamily Data Collection and Analysis

Consider developing a “Grandfamily Kinship Data Group” to identify what data on grandfamilies would be helpful to collect and analyze to guide policy and programmatic decisions in the kinship care arena and create the data collection protocol and IT infrastructure to do so.

Background: Programs that interact with grandparents raising grandchildren collect basic information on individuals who receive services and benefits that require meeting certain eligibility standards required by each funding source. The emphasis on data collection is to validate the recipient’s eligibility and for the state office administering the program to account for its expenditures.

Thus, data for planning purposes such as forecasting, picking-up trends, identifying patterns in program utilization or analyzing data across state programs is limited. For example, there are four state departments that interact with grandparents raising grandchildren: the Department of Social Services (Office of Community Services via Foster Care and Adoption, and the Office of Family Support via Kinship Care Subsidy Program), the Department of Health and Hospitals (LACHip, child-only grants, food stamps, Women Infants and Children Program and EPSDT), the Governor’s Office of Elderly Affairs (Family Caregiver Support Program through Councils on Aging and senior centers), and the Department of Education via of interacting with custodial grandparents who have children enrolled in the school systems.

Currently, there is no cross-fertilization or analysis of the data each entity collects on grandparents raising grandchildren. And within each department and division that provides services to kinship caregivers, there is a need to collect more robust data on grandfamilies. For example, it would be helpful to know:

- *How many applicants for the Kinship Care Subsidy Program request waiving the child support enforcement provision for good cause? What percent is granted? Can they categorize the reason?*
- *What is the “relative” status (e.g. aunt, uncle, grandparent, great-grandparent) of relative foster care guardians? And Kinship Care Subsidy Program recipients?*
- *When children are discharged from the foster care system to relatives, how many are grandparents? What is the grandparent’s age? The children’s?*

- *What Councils on Aging are using the 10 percent allowance of their allocation for the Family Caregiver Support Program towards grandparents raising grandchildren? For what services?*
- *How many children in the school system cite grandparent or great-grandparent as their guardian? Of that group, how many of the children they raise have been granted an Individual Education Plan and/or receive free school lunches? Any information on the special needs of children raised by grandparents?*

As of now, many of the above cited data points are not collected. For example, “discharges to relatives” in the foster care system does not identify type of relative, nor is it directly collected in the Kinship Care Subsidy Program (it is deduced from the child’s relationship to the guardian). It would be helpful to know among the relative classification, how many are grandparents or great grandparents (for example, 26 percent of a sample of 103 grandparents surveyed for this project indicated that they are great-grandparents), their age, the number of children they are raising and the ages of the children.



In terms of a data collection and an analysis infrastructure, it appears that each program office has its own internal team collecting and analyzing data, the purpose of which is targeted mostly towards meeting program reporting needs rather than policy analysis. The Information Technology division of DSS submits data to the

national AFCARS (Adoption and Foster Care Analysis and Reporting System), however, there is no cross-fertilization of data among different programs and it is difficult to extract data for policy analysis. AFCARS “is a federal data collection effort that provides child-specific information on all children covered by the protections of Title IV-B and Title IV-E of the Social Security Act.

On an annual basis, all states submit data to the U.S. Children’s Bureau, concerning each child in foster care and each child who has been adopted under the authority of the state’s child welfare agency. The AFCARS databases have been designed to address policy development and program management issues at both the state and federal levels. The data are also useful for researchers interested in analyzing aspects of the United States’ foster care and adoption programs.”⁶⁰

Assembling a data team that could meet twice a year for the purpose of identifying what information is needed to guide sound policy and programmatic decisions would be extremely helpful. The team could determine what data should be collected at which points of contact, by whom and decide how it is reported, analyzed and distributed to policymakers. It should include administrative staff from each division cited throughout this section, advocates, legislative staff, caseworkers and other stakeholders involved in developing programs and services affecting grandfamilies.

Since Louisiana represents the fourth largest number of grandfamilies in the country with a substantial number of them older than the national average; state policymakers, advocates, judges, social service agencies, academics and lawmakers would benefit from a thorough understanding of who they are serving and the nature of their needs. It begins with informative data. The group would also benefit from reviewing the AFCARS state and national data and consider ways to further apply the data in the context of policy analysis and program planning.

2. Kinship Care Subsidy Program (KCSP)

2.1 Consider implementing a presumptive policy that assumes that it is not in the best interest of the child to automatically impose child support enforcement when a grandparent applies for kinship care subsidy. Instead, if the grandparent believes that it will not be harmful to seek child support, then they will authorize the state to pursue it.

Background: The most significant obstacle reported by advocates and grandparents raising grandchildren in seeking kinship care subsidy is the



requirement that upon application for “Kinship Care Subsidy” the state will automatically pursue child support enforcement. For most grandparents this is akin to “turning their kids in” and subsequently, “stirs up a hornet’s nest.” Many of them have reached an unspoken agreement with the biological parents that the grandchildren should stay with them.

The most frequently reported reasons grandchildren are living with their grandparents is because of alcohol, drug abuse or mental health issues of the parent. As a result, grandparents have learned that direct confrontation or trying

to legally negotiate with a parent wrestling with these conditions, rarely results in a workable agreement that is in the best interest of the child. When money is introduced into the custody equation, a biological parent under the influence of drugs and/or alcohol, will use it as a reason to take the child back thinking they will have access to the money directly or use it as a bargaining chip with a fearful grandparent.

Given the poverty and high unemployment status of most parents whose children have been removed from them – either through the state foster care system or by the family – the benefit of trying to recoup funds from this population should be weighed against the number of grandparents not receiving kinship care subsidy payments to help them adequately meet the costs of raising a grandchild and keeping them out of the foster care system.

Federal law governing the use of TANF block grant funding (Louisiana uses TANF monies to fund the Kinship Care Subsidy) requires that states enforce and pursue child support from biological parents. However, the state is granted the authority to waive the support enforcement requirement for programs funded by Title IV-A (TANF), IV-E and Medicaid (Title XIX), “subject to good cause and other exceptions which.... shall, *at the option of the State*, be defined, taking into account the best interest of the child and applied in each case, by the State agency administering such program.”⁶¹

Currently, the KCSP employs a policy that if a grandparent can show “good cause” that pursuing child support will pose a risk to the child or be harmful to the informal custody arrangement, then the applicant can request DSS to waive this provision. According to key informant interviews and the grandparents raising grandchildren survey respondents, most grandparents are not aware of this provision and those who are, don’t trust it and thus, will not apply.

It appears that the state could take the position that in most cases there is good cause not to pursue child enforcement and thus, child support enforcement will not be pursued *unless* the grandparent indicates otherwise. This would still meet TANF requirements on a case by case basis, in that during the application process a grandparent would indicate whether or not they wanted to authorize the state to pursue child support enforcement.

By removing the burden of proof on grandparents as to substantiating “good cause” for not pursuing child support enforcement, many more grandfamilies will benefit from this much needed program.

2.2 Consider joining other states that offer Kinship Care Subsidy payments and do not impose income eligibility limits on the caregiver guardian.

Background: Grandparents who apply for kinship care subsidy in Louisiana (\$280 per child per month) can not have incomes higher than 150 percent of the federal poverty guideline. This translates into no more than \$455 per week for a grandmother to support herself and raise a child (2009).

Many grandparents report that this income limit is too restrictive and those who have retired and rely on Social Security believe their income should not be a factor since they are not the parent and the income they do receive must last through their retirement.

Over 75 percent of states that provide subsidized guardianship do **not** impose income eligibility limits on guardians as a condition of eligibility for the program. Many of these states, however, only offer this subsidy to a guardian if they take a child into their care who is currently in the formal foster care system. In this instance, it saves the state money to transfer a child from foster care to an informal custody arrangement because it requires no administrative oversight or the costs of ancillary services provided to foster care children.



The funding source for this type of guardianship subsidy is through federal Title IV-E waivers. It is expected that more states, as a result of the *Kinship Care Connections Act of 2009*, will offer this type of subsidy to move more children out of formal foster care and prevent them from entering it in the first place.

All of the states that provide *preventive guardianship* (Louisiana, Georgia, Kansas, New Jersey, District of Columbia, Kentucky and Nevada), however, do impose income eligibility criteria upon the guardian in order to receive a subsidy. *Preventive guardianship* extends a financial subsidy to relatives raising children informally and allows them up to one year to secure guardianship.

2.3 If the state finds that lifting income eligibility criteria for Kinship Care Subsidy is not financially feasible, then consider raising the eligibility cap to 200% of the federal poverty guideline.

Background: Given that the annual costs of raising a child is \$7,000⁶² and that many of the children being raised by grandparents have special needs that incur additional expenses along with the grandparents out of pocket health care expenses averaging \$2,500 per year⁶³; it would seem reasonable and fair to raise the income eligibility threshold to 200 percent of poverty.

Of the six other states that offer preventive guardianship subsidy, half of them use the 200% of federal poverty guideline threshold and Nevada sets it at 275 percent.

For comparison purposes, there are other social service programs that grandparents raising grandchildren can apply for that allows higher income thresholds for eligibility. The Women, Infant & Children (WIC) program, for example, offers supplemental foods, health care referrals, and nutrition education for low-income women who are raising infants and children up to age five years at nutritional risk. WIC allows parents or guardians who are at 185% of the poverty guidelines to apply for benefits. The chart below shows the 2009 HHS Poverty Guidelines at three levels.

2009 Federal HHS Poverty Guidelines by Annual Income

Persons in Family Unit	100 % Poverty	150% Poverty	200% Poverty
1	\$10,830	\$16,245	\$21,660
2	\$14,570	\$21,855	\$29,140
3	\$18,310	\$27,465	\$36,620
4	\$22,050	\$33,075	\$44,100
5	\$25,790	\$38,685	\$51,580
For each additional person add:	\$3,740	\$5,610	\$7,480

Source: Federal Register, Volume 74, Number 14, January 23, 2009

2.4 Consider not including Social Security as income when calculating household income to determine federal poverty guideline eligibility limits for grandparents 62 years and older.

Background: This would help compensate grandparents who are older, retired and possibly disabled who rely upon their Social Security checks as their



main source of income for the rest of their lives. Social Security was never meant to fully sustain an individual or couple throughout retirement; rather, it supplements other income and savings. But for many of the grandmothers

raising grandchildren, Social Security is their major (and for some only) source of income. It seems unfair to calculate retirement income as household income to raise a child. Nevada, partially recognizes this fact by offering its subsidized guardianship program to grandparents who are 62 years and older by raising the federal poverty guideline cap to 275 percent of poverty.

2.5 Consider setting the Kinship Care Subsidy rate equal to the Foster Care payment rate.

Background: Currently, grandparents who keep children out of the foster care system by raising them on their own receive 40 percent *less* in subsidies than a non-relative or relative who cares for the child in the formal foster care system. A growing number of states now acknowledge that this “informal foster care” network is an integral part of the overall foster care system. Without grandparents and other relatives stepping in, the foster care system would be enormously overwhelmed both administratively and financially. In response, these states acknowledge the investment value of informal guardians by awarding them subsidies equal to that of formal foster care payments.

States that currently provide subsidized guardianship payment levels equal to Foster Care are: California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Idaho, Illinois, Massachusetts, Minnesota, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Wyoming, Tennessee, West Virginia and Wisconsin.⁶⁴

3. Relative Foster Care to Permanent Homes via Subsidized Guardianship

Consider using Title IV-E funds to provide subsidized guardianship assistance payments to kin who are currently caring for a child in the state foster care system as provided by the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351).

Background: With the recent passage of the federal *Fostering Connections to Success and Increasing Adoptions Act*, states now have the option to use federal Title IV-E for kinship guardianship payments for relatives who are foster care parents of children currently in the formal foster care system for at least six consecutive months⁶⁵. These guardians must be willing to provide a permanent and safe home for their relative child. The guardian assistance payment can not be more than the foster care rate. It is assumed, however, that states who pursue this option will offer the relative guardian the same rate as they were provided while the child was in the formal foster care system.

Guardianship assistance payments, however, are very restrictive in that they are only available to those children currently in relative-foster care. In Louisiana, approximately 1,500 children would be eligible for this program (SFY 2008).



Though the state will be spending the same amount as it is now for guardianship assistance payments to relative foster care parents (essentially substituting a foster care payment for a guardianship assistance payment) the state will save a significant amount of money in reducing administrative, casework, and court oversight costs of the child. A demonstration project in Milwaukee, Wisconsin, for example, found that using this new provision saved the state an average administrative savings of nearly \$4,600 per child that could be invested in other improvements and programs to find permanent homes for children.⁶⁶

Pursuing this action will require amending the state plan submitted to the Department of Health and Human Services and providing the state and/or local dollars necessary to draw down the federal dollars. At the time this report was being written, DSS was determining the feasibility of taking this action.

4. Kinship Care Navigator Program

The Department of Social Services (or appropriate non-profit agency) apply for a Family Connections grant from HHS to fund a Kinship Navigator program available as a result of the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351).

Background: Family Connection Grants are competitive grants that will allow applicants to create or enhance programs that connect children in or at risk of entering foster care to their families. State, local and non-profit agencies with proven experience in caring for children in foster and kinship care may apply. The new law guarantees \$5 million annually for Kinship Navigator programs between 2009 and 2013 allowing up to 30 new grants each year.

Kinship Navigator programs assist grandparents and other relative caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs. It will also foster effective partnerships among public and private agencies to ensure that kinship caregiver families are served.

Results from key informant interviews and grandparent surveys strongly validate the need for a navigation program that can help grandparents find their way through the maze of social services, health care benefits, mental health services, school enrollment and IEP services, benefit eligibility guidelines and application processes, and the legal system in their quest to raise healthy, well adjusted grandchildren.



In order to meet the grant requirements, a Kinship Navigator program must:

- Coordinate with other state or local agencies that promote service coordination or provide information and referral services, including the entities that provide 211 or 311 information systems where available, to avoid duplication or fragmentation of services to kinship care families;
- Plan and operate in consultation with kinship caregivers and organizations representing them, youth raised by kinship caregivers, relevant government agencies, and relevant community-based or faith-based organizations;
- Establish information and referral systems that link (via toll-free access) kinship caregivers, kinship support group facilitators, and kinship service providers to:
 - Each other
 - Eligibility and enrollment information for federal, state, and local benefits;
 - Relevant training to assist kinship caregivers in caregiving and in obtaining benefits and services;
 - Relevant legal assistance and help in obtaining legal services;
- Provide outreach to kinship care families by establishing, distributing, and updating a kinship care website, or other relevant guides or outreach materials; and
- Promote partnerships among public and private agencies, including schools, community-based or faith-based organizations, and relevant government agencies to increase their knowledge of the needs of kinship care families to promote better services for those families.⁶⁷

The act also provides the creation of a kinship care ombudsman with the authority to intervene and help kinship caregivers gain access to services and obtain benefits to enhance their caregiving.

5. Family Caregiver Support Program, Governors Office of Elderly Affairs

The Governor's Office of Elderly Affairs consider launching an education campaign targeted to Councils on Aging showing them how to use family caregiver support program funding to assist grandparents raising grandchildren.

Background: In 2006, Congress reauthorized the Older Americans Act, which included the Family Caregiver Support Program (FCSP) that offers support services for family members caring for an older relative in their home with serious chronic and disabling illnesses.



These funds are distributed annually to each state and, in Louisiana the state unit on aging is the Governor's Office of Elderly Affairs, who in turn, allocates

funding to 37 local Councils on Aging.

In 2006, Congress allowed up to up 10% of the funds appropriated for the FCSP to be used to assist a grandparent or relative 55 years and older to help them care for a grandchild that they are raising. They must be the primary caregiver and the child must live with them because the biological parents are unable or unwilling to raise their child. The grandparents must have either a legal relationship to the child, such as legal custody, guardianship or they are raising the child informally. The 2009 Fiscal Year Budget for Louisiana's Family Caregiver Support Program is \$2,194,916, thus, nearly \$202,000 could be directed towards caregiver support services to grandparents raising grandchildren.

The kind of support services that a Council on Aging can provide grandparents raising grandchildren are:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to the services;
- Individual counseling, organization of support groups, and training caregivers to assist them in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their Caregiving responsibilities;
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Currently, only the New Orleans Council on Aging uses FCSP funds to address the caregiving needs of grandparents raising grandchildren. Hopefully, with greater awareness of the program's flexibility and the caregiving needs of grandfamilies locally, more Councils on Aging will support these fragile families. One of the most over-riding needs expressed by the 200 grandparents surveyed is respite care which is an integral component and service provided by the Family Caregiver Support program.

It will also be beneficial for the Governor's Office of Elderly Affairs to work with the Kinship Care Subsidy Program to help identify grandparents that would benefit from guardianship subsidies and share program and demographic data within each Council on Aging service area. GOEA should also develop a reporting system that identifies the number of grandparent caregivers served by the Family Caregiver Support Program and kinds of services received.

The GOEA and Councils on Aging could also promote grandfamily initiatives at local senior centers by offering seminars, support groups and intergenerational activities that could assist grandparents who are raising children who are not in school. For example, in Pennsylvania, the Department of Aging developed a partnership with the Department of Health to sponsor child immunization clinics at senior centers so that grandparents could bring their grandchildren in for their immunizations which made it easier for both working parents and grandparents raising grandchildren to keep up with their children's shots. Some senior centers in Pennsylvania also open their doors later in the day so that children can receive tutoring and have access to computers along with their grandparents to assist with homework.

The Family Strengthening Policy Center of the National Human Services Assembly developed a Policy Brief, "Strengthening Grandfamilies through Respite Care," to validate the benefits of offering grandparents raising grandchildren respite care.⁶⁸

The report also showcases several best practice examples of what area agencies on aging are doing throughout the country to promote and offer respite services to grandfamilies that would be of benefit to Louisiana's Councils on Aging. For example, Southwest Michigan Area Agency on Aging trains older volunteers to provide weekly visits to grandfamilies engaging children in recreational and educational activities while the grandparent takes a break.

B. Legislative Initiatives

B.1. Consider proposing and passing “DeFacto Custodian” legislation.

Background: De Facto Custodian laws provide caregivers the same standing as parents in custody cases if they satisfy a state’s definition of de facto custodian. The individual must be the primary caregiver providing financial support of a child who has lived with them for a certain period of time and the biological parent(s) have shown a lack of consistent parental involvement.

The intent of this type of designation is to make it easier for a relative to establish custody when they have informally been raising a child upon which the parent(s) has had little or no involvement. In plain words, the caretaker is, in fact (de facto) the custodian of the child. After the court renders its finding that the caretaker is a de facto custodian, he or she is given the same legal standing in custody cases as a parent and his or her opinions concerning the child is considered by the court. Custody of the child is then decided by the court based on the best interests of the child.

Currently, in Louisiana, there is proposed legislation (Senate Bill 122) to provide for a de facto custodian law. Senate Bill 122 defines a de facto custodian as an individual who “has been the primary caretaker for a child who has, within the twenty four months immediately preceding the filing of the petition resided with the individual without a parent present and with a lack of demonstrated consistent participation by a parent for a period of:

- (a) Six months or more, which need not be consecutive, if the child is under three years of age, or
- (b) One year or more, which need not be consecutive, if the child is three years of age or older.⁶⁹

The language of the bill further defines what is meant by a biological parent’s “lack of demonstrated consistent participation,” what must be included in the petition, notification requirements of the hearing to petition for de facto custodianship, who qualifies as a defacto custodian and a host of other specifications including meeting the test of what is in “the best interest of the child.”

Because the majority of grandparents raising grandchildren in Louisiana do so informally, they would greatly benefit from this type of legal designation. The state advocacy organization, *Grandparents Raising Grandchildren Information Center of Louisiana* (GRGICL) strongly supports the passage of the bill.

At the time of writing this report, the De Facto Custodianship bill (Senate Bill 122) was being studied by the Louisiana State Law Institute.

B.2. Consider proposing and passing “Standby Guardianship” legislation.

Background: Standby Guardianship laws were originally created in response to the AIDS crisis to allow a terminally ill parent to designate a standby guardian to assume the day to day care of a child in the event of a parent’s incapacity. Today, it has become another alternative for a parent or legal caretaker who is ill or may become ill to select a trusted relative or other caretaker to “stand by” and act as a child’s legal guardian immediately upon the parent or legal custodian’s incapacity or death.

Standby guardianship allows grandparents to make long-term plans for the future of the child or to immediately designate a guardian in an emergency.

For a grandparent raising a grandchild who has full legal custody of the child, this type of guardianship can give them the added security that their grandchild will be cared for should they be unexpectedly hospitalized – a fear that troubles many grandparents or if they should die. On the other hand, for those grandparents raising grandchildren informally, the biological parent may be more inclined to give the grandparent stand-by guardianship because they are not forced into giving up their rights as parents.

This can be especially appealing to a parent who is undergoing inpatient treatment for substance abuse, a single parent in the military who is being deployed, or a parent whose cancer has recurred and they can not care for the child during treatment.

Nearly half of all states and the District of Columbia have passed stand-by guardianship legislation. The Child Information Gateway of the Department of

Health and Human Services provides the following description of what most standby guardianship laws provide:

- A parent or legal caretaker may designate a certain person to be guardian for his or her children.
- The guardianship may go into effect during the parent's or legal caretaker's lifetime and may continue in effect after their death.
- The parent or legal caretaker retains much control over the guardianship. He or she may determine when it can begin (although it may commence automatically if the parent or legal caretaker becomes seriously ill or mentally incapacitated) and can withdraw the authority if the arrangement does not work to their satisfaction.
- The parent or legal caretaker shares decision-making responsibility with the guardian. During the parent's or legal caretaker's lifetime, the guardian is expected to be in the background, embrace responsibility when needed, and step back when the parent or legal caretaker is feeling well.
- The court order for standby guardianship is supported by the authority of a court that has examined facts relevant to the particular family.⁷⁰



One of the advantages of stand-by guardianship is that it takes place immediately following a death rather than citing a guardian in a Will which requires legal proceedings and a judge's ruling that is often rendered months after the death. As a result, the child is left in legal limbo that could affect school enrollment, medical care, and place the child at risk for entering the foster care system.

Overall, this form of guardianship can bring peace of mind for grandparents raising grandchildren and the very children for whom they are dedicated to protect.

B.3. Create an Intra-governmental Council on Grandfamilies & Kinship Care.

At first, it might seem that creating another council or commission to address another human services issue is too much of a bureaucratic response that likely results in more studies, more talk, more meetings and all too likely, not enough action.



But if done well, creating a legislatively empowered panel of stakeholders – state cabinet secretaries, legislative and gubernatorial appointees, advocates, consumers, experts, civic, philanthropic, academic and community leaders including representatives from the court system – can offer a powerful nexus to marshal the energies, skills and knowledge needed to meet the demands

and needs of Louisiana’s largest player in the child welfare arena: grandparents. They are caring for over 67,000⁷¹ children, all of whom are at some level of risk requiring services and support to help them through challenging family circumstances.

Beyond the children, the grandparents themselves are at risk as they cope with the stress of raising children in addition to grappling with their own tenuous health status exacerbated by poverty and limited incomes.

An Intra-governmental council would act as a vehicle to provide consistent and focused attention on how the state and the community can harness its resources to effectively invest in the future of thousands upon thousands of children throughout Louisiana. The Council would present an annual strategic action plan to the legislature. Here are some of the agenda items that such a council could address:

- Discuss the data needs from the entire spectrum of services – schools, social services, foster care, kinship care, health services, court system, mental health sector -- to better understand the trends, demands and needs of grandfamilies and identify other partners (e.g. LSU Poverty Center) that collect and analyze data also affecting grandfamilies to provide a robust profile of grandfamilies in the state. This action would be shared with the proposed “Grandfamily Data Group.”

- Identify and discuss best practices in the field of grandfamilies and explore how they can be adapted to programs and services within the state. For example, Kinship Navigator programs such as that offered by Ohio or the Project Healthy Grandparents program in Georgia offer excellent prototypes.
- Commission studies and reports that can enlighten policymakers and service providers as to the needs and issues affecting grandfamilies and how they relate to the delivery system of services or lack thereof. This “State of Grandfamilies” report can be used as a foundation for further study.
- Provide an ongoing public forum for discussion and debate on grandfamily issues and how they can be addressed.
- Discuss the state’s current service delivery system affecting grandfamilies and examine options to streamline it and make it more user-friendly for grandparents raising grandchildren.
- Identify ways to better educate grandparents on ways to access services to help them raise their grandchildren.
- Comment on and make recommendations on regulations and program policies that affect grandfamilies.
- Hold educational exchange forums to identify unmet needs and issues facing grandparents raising grandchildren and discuss how to subsequently address them, such as with Family Court Judges, clergy, school guidance counselors, mental health workers, case workers and teachers.
- Discuss and make recommendations as to proposed legislative initiatives that affect grandparents raising grandchildren.
- Reach out to non-traditional stakeholders such as family planning agencies that offer teen pregnancy prevention programs; drug and alcohol programs and mental health agencies – all of whom indirectly interact with biological parents who find themselves incapable of caring for their children.

Educational needs of grandchildren were of significant concern among the 200 grandparent respondents. The Department of Education as a member of the Council could address the following action options by facilitating the development of:

- Intergenerational tutoring programs held after school with grandparents and their grandchildren so grandparents can learn how to assist their children with homework.
- Educational outreach materials for guidance counselors and teachers that advise them as to the unique needs of grandfamilies. In return, create opportunities to learn from teachers and guidance counselors as to the needs they think should be addressed to assist children being raised by grandparents.
- Easy access and navigation to acquiring Individual Education Plans (IEP) for grandchildren with special learning needs.
- Transportation to and from school activities, so more grandchildren being raised by grandparents can be engaged in extra-curricular activities.
- Foster affordable tutoring and mentoring programs within local neighborhoods with other community-based partners to assist children who are having difficulty in mastering certain subject matter.
- After-school programs, educational summer day-camps that accommodate working grand-parents, along with Head Start and Pre-kindergarten programs that promote healthy early childhood development.
- Create partnerships with local mental health providers to extend mental health and family counseling for both grandchildren and grandparents at local schools.
- Training for public libraries as to how they can offer intergenerational activities in their communities that attend to the needs of grandfamilies and present educational resources to grandparents raising grandchildren.

It would be well advised to provide an annual appropriation to the Council to cover support services for its work and that a state cabinet secretary be

designated as Chair of the Council charged with reporting annually to the legislature on the Council's activities and accomplishments.

Over a decade ago, the Ohio General Assembly formed the "Ohio Grandparents Raising Grandchildren Task Force." They charged the group with identifying the needs of grandfamilies and developing a state action plan to address those needs. The state went on to become one of the most advanced in the nation in terms of programs, services, policies and advocacy dedicated to grandparents filling the role of primary parents to their grandchildren. Ohio's Kinship Navigator program has become a model for the country.

The mission statement of their task force serves as a prototype⁷² for the same type of philosophy that a "Louisiana Intra-governmental Council on Grandfamilies and Kinship Care" can adopt as proposed here:

**A Philosophy Statement for a proposed
Louisiana Intra-governmental Council on Grandfamilies and Kinship Care**

"Grandparents serving as parents to their grandchildren are serving a highly valued, critical role in nurturing children and strengthening family life in Louisiana. Given the older age, limited income, and health status of many of the grandmothers raising nearly 65,000 grandchildren throughout our state, and the problems inherent when the bonds between children and their natural parents are severed or strained; we acknowledge that their parenting task is often difficult and sometimes overwhelming. Our state should do its best to ensure that grandparents assuming this duty have easy access to the same kinds of public benefits and support available to biological and legalized foster parents, and to any public, community or faith-based service that will support and strengthen their efforts in providing their grandchildren a promising future."

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Background of the Hirtzel Institute and Dr. Linda Rhodes, Director Author of the “State of Grandfamilies in Louisiana” Report

The mission of the Hirtzel Institute on Health Education and Aging is to educate policymakers, civic leaders, educators, consumers, providers and the caregiver workforce on strategies to effectively engage the impact of the aging population on health care, workforce preparation, academe, communities and families. The Institute also addresses the continuing health education needs of nurses, nursing students and the allied health workforce. The Institute is affiliated with Mercyhurst College, Erie, Pennsylvania. To learn more go to: www.HirtzelInstitute.org.

Dr. Rhodes is a former Secretary of Aging in Pennsylvania who oversaw nearly two billion dollars in long term care services during her tenure. She created the state’s nationally recognized Family Caregiver Support Program, the first drug utilization review of the nation’s largest state sponsored pharmaceutical program and spearheaded sweeping legislative changes in guardianship and elder abuse reform. The Department of Aging in Pennsylvania is one of the largest state units on aging in the country offering hundreds of programs and services to 2.4 million older people. Today, she provides strategic planning and issue advocacy consulting to a wide range of non-profit and governmental agencies across the country.

Dr. Rhodes has authored two national-selling books on aging and caregiving and holds a doctorate in Applied Human Development from Teachers College, Columbia University and honorary public service doctorate from Drexel University.

Rhodes began volunteering her services in Louisiana within months of Katrina working with Catholic Charities in Baton Rouge to develop senior housing for elderly evacuees. Currently, she is consulting the Louisiana Housing and Finance Administration on creating a senior living community in New Orleans East, known as Village de Jardin.

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This report was researched and written by:

HIRTZEL INSTITUTE

Health Education & Aging

This report was sponsored by:



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This report was funded by:

