



Grandparents Raising Grandchildren

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Jeff Kim, The California Wellness Foundation

Steven Wallace, University of California, Los Angeles Center for Health Policy Research

Angie Schwartz, Alliance for Children's Rights

Pat White, The New York Community Trust

Barbara Graves-Poller, MFY Legal Services' Kinship Caregiver Law Project

Jeff Kim

Program Director

The California Wellness Foundation





Health Policy Brief

The High Cost of Caring: Grandparents Raising Grandchildren

D. Imelda Padilla-Frausto, Steven P. Wallace

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1200>

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UCLA Center for Health Policy Research



How much is enough?

- Many public programs use the Federal Poverty Guideline (FPL) in their eligibility criteria or in evaluating effectiveness
- Is this an adequate measure for grandparents who have the primary responsibility for minor grandchildren?

Where did the FPL come from?

- Based on 1950's standard of living when 1/3 of *family* expenses spent on food
- Minimal food x 3 = poor (same for whole nation)

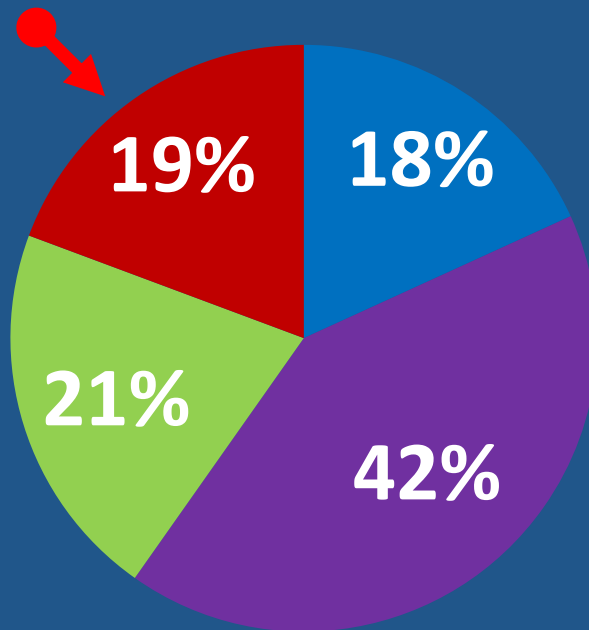


See

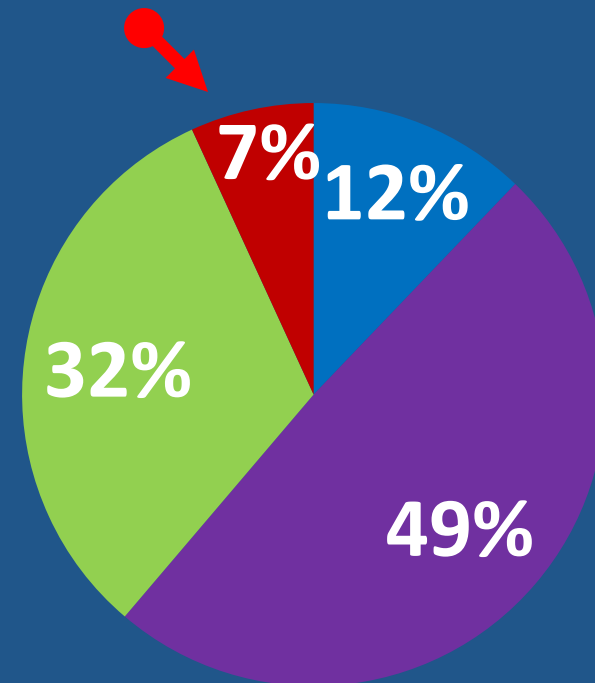
<http://aspe.hhs.gov/poverty/papers/hptgssiv.htm>

Today: Consumption Patterns Differ

Age 65+, core expenses



Under age 50, core expenses



■ food ■ shelter/utilities
■ transportation ■ health care

Housing Costs Vary Geographically

HUD Fair Market Rents, 2013 1-br apartment

- **San Francisco, CA** **\$1,425**
- New York, NY \$1,243
- **Los Angeles, CA** **\$1,101**
- Miami, FL \$ 876
- Chicago, IL \$ 815
- Houston, TX \$ 765
- St. Louis, MO \$ 663
- El Paso, TX \$ 572



Alternative: Elder Economic Security Standard™ Index (Elder Index)

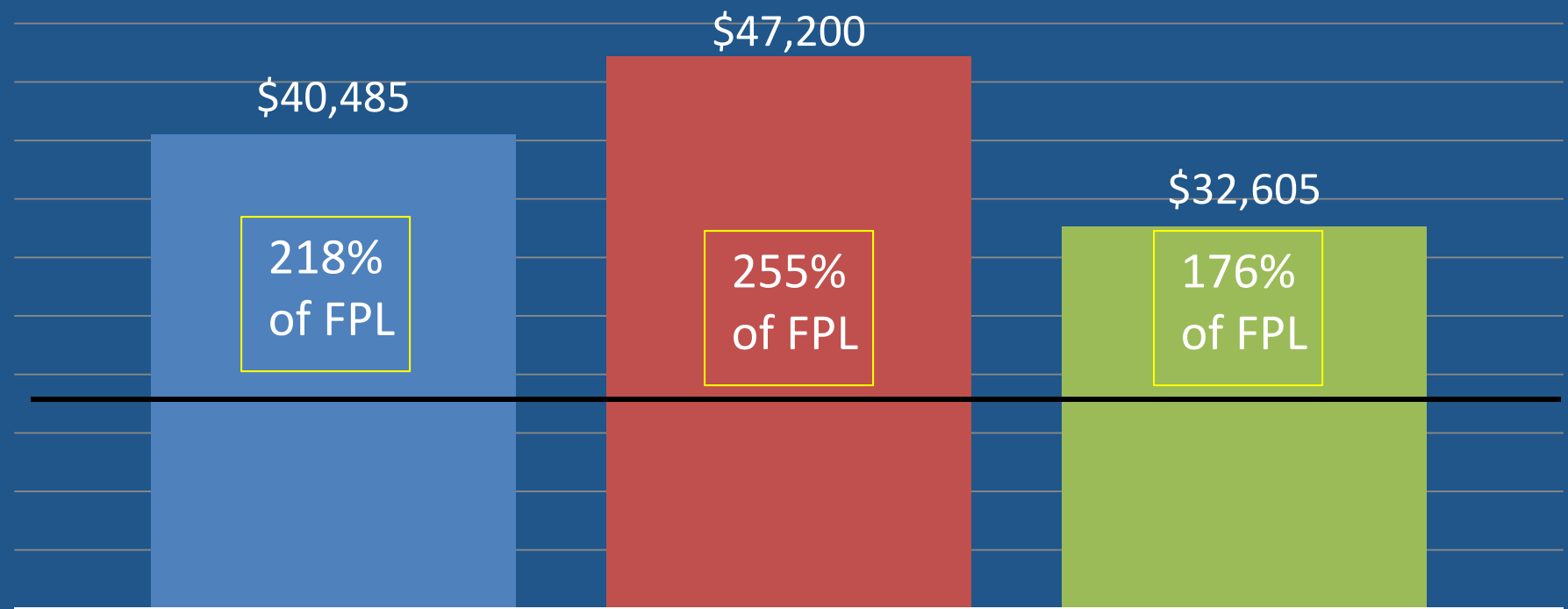
- Health care costs [assumes Medi-Cal for grandchildren]
- Housing [extra space only to keep <2/room]
- Food (at home) costs
- Transportation, local
- Misc. (phone, clothing, home repair, etc.)

Additional Monthly Expenditures for One Grandchild, older couple renter, California 2011

	Housing	Food	Health Care	Transportation	Misc Costs	Total
Older Couple Only - Renter	\$864	\$479	\$667	\$335	\$379	\$2,725
One Grandchild - Add	\$205	\$206	\$0	\$129	\$112	\$651
Total	\$1,069	\$685	\$667	\$464	\$491	\$3,376

Housing is the additional cost of a 2-bedroom from a 1-bedroom base.
Misc. costs is a fixed percent of all other costs.

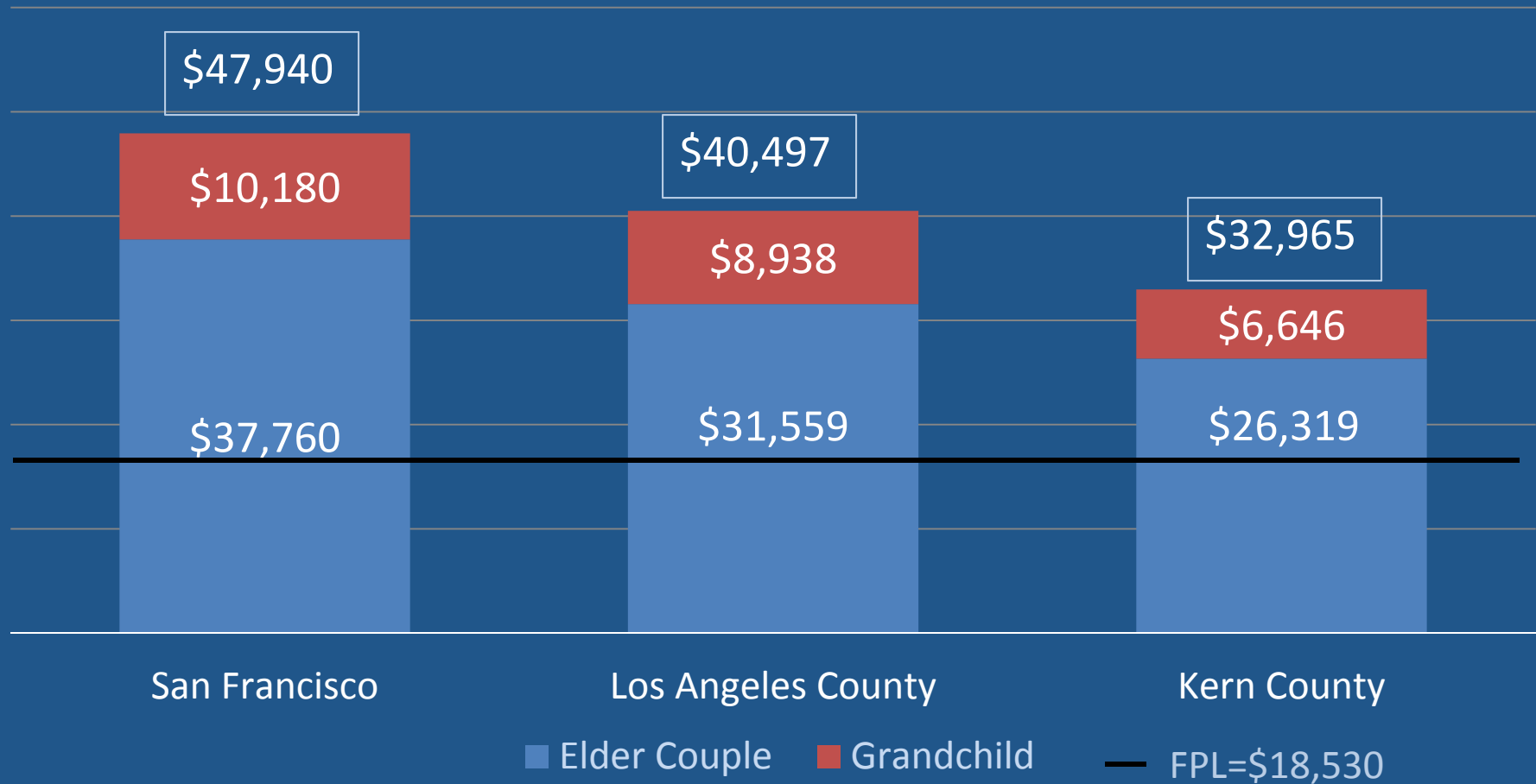
Total Income Needed to Raise Grandchildren & Elder Index as a % of the Federal Poverty Level for a Family of Three, California, 2011



Older Couple with 1 Grandchild

- Renter
- Homeowner with a Mortgage
- Homeowner No Mortgage
- FPL 3 persons (\$18,530)

County Variation in Income Needed to Raise Grandchildren, Family of Three, California, 2011





Numbers in California

- 305,000 grandparents with primary responsibility
 - 125,000 are in households with parents absent
 - 25,000 of the grandparents w/o parents = age 65+
 - about 50% w/income under the Elder Index

Policies impacted

- Housing
 - Lack of affordable housing
 - Senior housing often not allow minors
- Food (SNAP)
 - Benefit rate at 100% FPL
- Cash assistance
 - Complex rules often disadvantage grandparents compared with nonfamily; benefits are too low



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Thank You!!

www.healthpolicy.ucla.edu/ElderIndex

swallace@ucla.edu



The Kinship Care Paradox: How the Disconnect Between Our Social & Fiscal Policies Impacts Our Foster Children

Angie Schwartz
Policy Director
Alliance for Children's Rights
www.kids-alliance.org
a.schwartz@kids-alliance.org

The Story of Two Foster Children



Lola

- Aspires to be a chef.
- Removed from home at 12 due to severe abuse and neglect.
- Now age 15 and **placed with her grandmother.**



Naomi

- Aspires to be a chef.
- Removed from home at 12 due to severe abuse and neglect.
- Now age 15 and **placed with a family friend who is not a relative.**

Benefits to Care for Lola and Naomi

If Lola and Naomi are **federally eligible**, they receive the same level of support

Naomi: placed with a Non-Relative Foster Parent	\$820 (federal foster care)
Lola: placed with Grandma	\$820 (federal foster care)

**The foster family home rates are based on a report from the Center for Public Policy Research at UC Davis that calculated the Minimum Adequate Care Rates for children in foster care

Benefits to Care for Lola and Naomi

If Lola and Naomi are **not federally eligible**, their caregivers receive different benefits based on whether they are related to the child

Naomi: placed with a Non-Relative Foster Parent	\$820 (state-only AFDC-FC)
Lola: placed with Grandma	\$351 (CalWORKs aka TANF)

NOTE: Many other states use TANF to support relative foster parents. See Chapter 3, “Non-Parent Caregiver TANF, A Foster Care Substitute” in <http://www.cfpic.org/pdfs/TANF-Child-Only-Cases--The-Report-12-19-2012.pdf>

Federal Foster Care Benefits: Eligibility

To receive **federal** foster care benefits, the youth must meet the 1996 AFDC criteria **in the home of removal** in the month of removal or one of the six months prior to removal

- In 1996, income limit for a family of 3 to qualify for AFDC was \$723**
 - **BY CONTRAST:** The income limit for the same family to qualify for cash assistance today is \$1,169**

What that means: a child can be removed from a parent receiving welfare benefits and STILL not qualify for federal foster care benefits

IMPORTANT: Federal test has **nothing** to do with the needs of the child or the needs of the relative where the child is placed

** California income eligibility limits

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Inequities Exacerbated for Relatives Caring for Siblings

If Lola and Naomi are siblings who are placed together and are **not federally eligible**, the inequities are even greater

Naomi and Lola: placed with a Non-Relative Foster Parent	\$1,640 (state-only AFDC-FC)
Naomi and Lola: placed with Grandma	\$577 (CalWORKs aka TANF)

Relatives Struggle to Support Youth with Special Needs

When relative foster parents care for youth with special needs who are **not** federally eligible, the relatives do **not** receive:

- Specialized Care Increments to provide for the special needs of the youth
- Dual Agency Rates for youth with developmental disabilities
- Infant Supplement for youth who are parenting

	Naomi (placed with non-relative)	Lola (placed with grandma)
If the youth has severe emotional disturbance and qualifies for Specialized Care Increment in LA County	\$1,220	\$351
Youth with autism who is a regional center consumer	\$2,162 - \$3,162	\$351
Youth who is parenting	\$1,210	\$577

Relative Caregivers Are the Preferred Placement for Children in Foster Care

- Federal law requires states to “consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant State child protection standards”
- Research has shown that children in kinship care have:
 - fewer prior placements
 - more frequent and consistent contact with birth parents and siblings,
 - felt fewer negative emotions about being placed in foster care than children placed with non-relatives

Amount of Funding to Kinship Foster Parents Impacts Child Outcomes

- Children who grow up in poverty are likely to have
 - Lower earnings
 - Less education
 - Poorer health as adults
- These risks are compounded for children who experienced abuse or neglect
- The current TANF grant in CA for a single child is equal to 37% of the poverty line. ***In many states, it's even lower.*** See <http://www.cbpp.org/files/10-14-10tanf.pdf> and <http://www.gao.gov/assets/590/585649.pdf> (appendix III)

Group Home vs. Foster Home Annual Costs

- Group Home Annual Costs
 - \$88,728/year for 1 youth at RCL 10
 - \$95,508/year for 1 youth at RCL 11
 - \$102,348/year for 1 youth at RCL 12 (**52% of youth in group homes placed in this level**)
 - \$116,028/year for 1 youth at RCL 14
- **BY CONTRAST** – it costs \$9,840/year for a 15-year old to be supported in a non-relative home or a federally-eligible relative's home
 - **Relative foster parents caring for the same 15-year old who is non-federally eligible child receive a maximum of \$4,212/year**

Support for Kin Is Relevant to Current State and Federal Child Welfare Reform Efforts

In California - Continuum of Care Reform Workgroup (which was created pursuant to state legislation) working to develop recommendations to ensure:

1. Children live with a committed & permanent family.
2. Congregate Care is a short-term, high quality, intervention.
3. Services and supports are tailored to meet the needs of the individual child and family

At federal level - S. 1518 seeks to assist at-risk foster youth by:

1. Eliminating federal funding for group home stays that exceed prescribed time periods
2. Redirecting funds from the Social Security Block Grant to child welfare services

What Can We do?

- Get involved in state and federal reform efforts
 - Ensure caregivers are included in the discussion
 - Engage elected leaders
 - Develop materials and publications
 - Coalition building
- Need more information to inform policy decisions
 - Are child welfare outcomes different among youth who receive different levels of benefits and support?
 - Which youth are ending up in our group homes?
 - Could we stabilize children in a family home and avoid placement into group care if we were willing to invest some of those group home dollars in the kinship families?

In Sum...

“Kinship caregivers are often required to provide the same nurturance and support for children in their care that non-kin foster parents provide, with fewer resources, greater stressors, and limited preparation. This situation suggests that kinship care policies and practices must be mindful of and attentive to the many challenges kin caregivers face.”

-- Rob Geen, “The Evolution of Kinship Care Policy and Practice”

Pat White

Program Director, Children, Youth & Families

The New York Community Trust



MFY's Legal Services, Inc. Kinship Caregiver Law Project

JEANETTE ZELHOF
Executive Director
BARBARA GRAVES-POLLER
Supervising Attorney

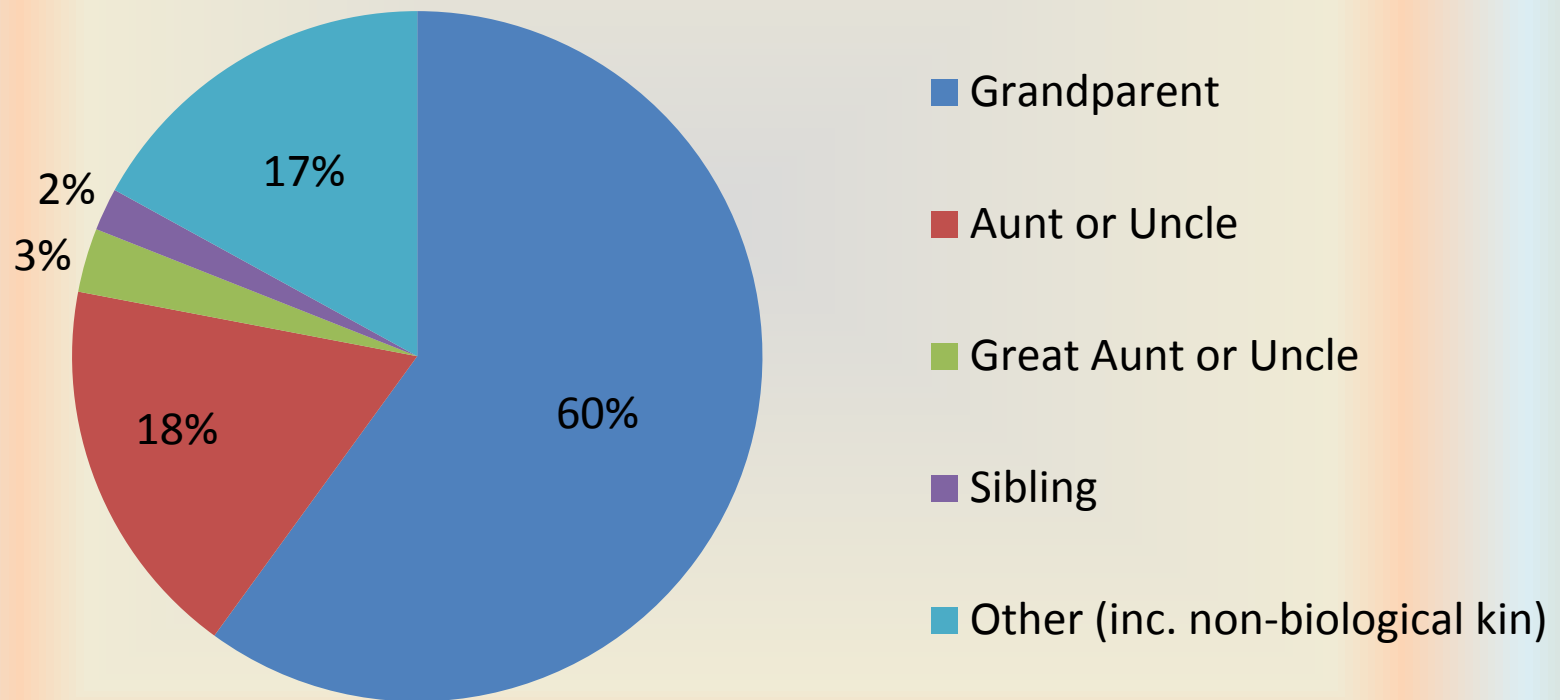
MFY's Kinship Caregiver Law Project



- Adoption
- Assistance with Public Benefits and Community Resources
- Custody & Guardianship
- Grandparent Visitation
- Kinship Foster Parent Issues
- Special Immigrant Juvenile Status

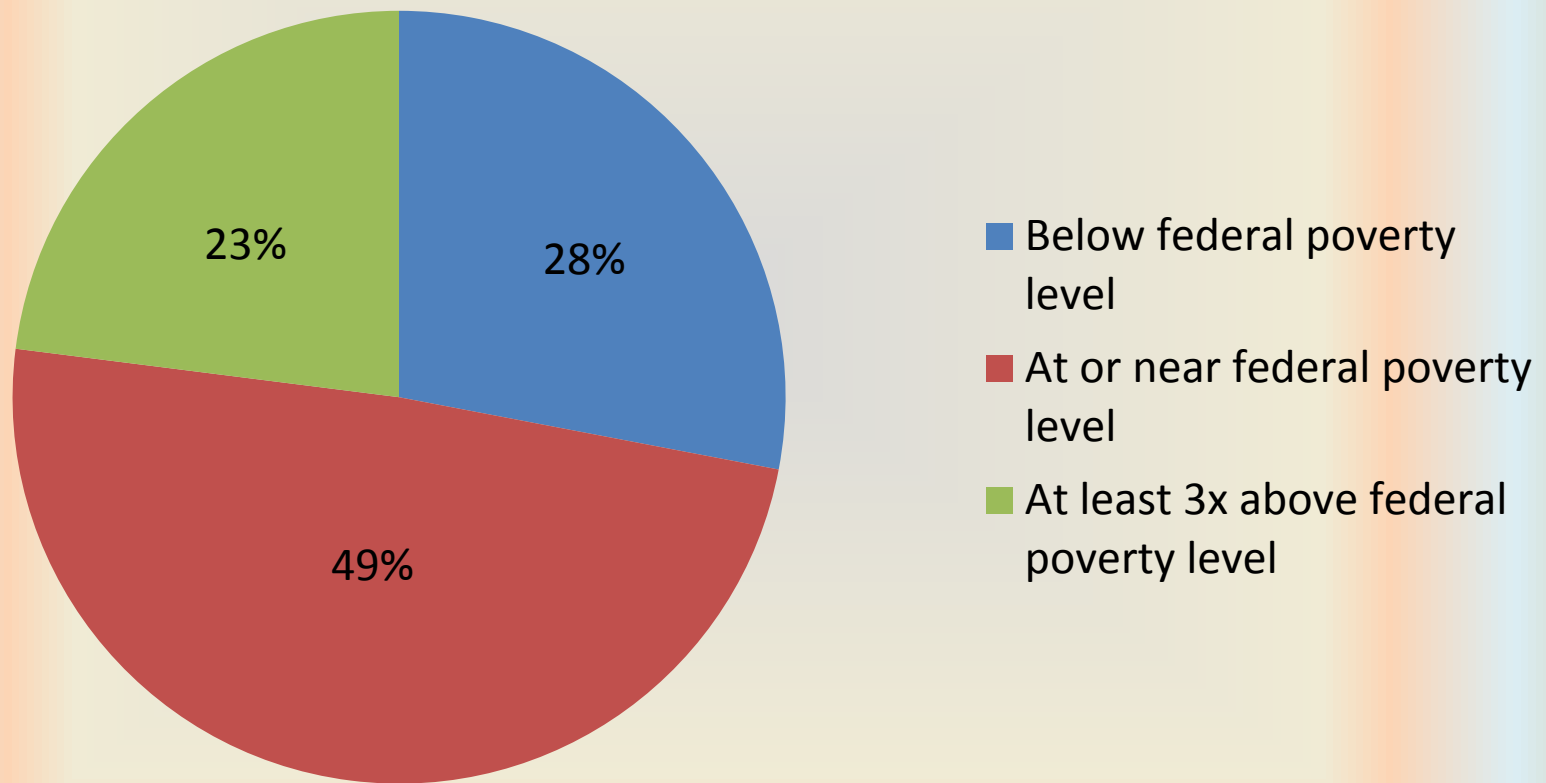
Types of Kinship Caregivers

New York State Caregiver Distribution



Source: *At Grandmother's House We Stay, One-in-Ten Children Are Living with a Grandparent*, Pew Research Report available at <http://www.pewsocialtrends.org/2013/09/04/at-grandmothers-house-we-stay/>

Poverty Profile of Kinship Households



Source: *At Grandmother's House We Stay, One-in-Ten Children Are Living with a Grandparent*, Pew Research Report available at <http://www.pewsocialtrends.org/2013/09/04/at-grandmothers-house-we-stay/>

Other Caregiver Characteristics

- 80% African American or Latino (statewide)
97% African American or Latino (NYC clients)
- 64% unmarried (statewide)
- 85% receive no financial support from the child's biological parents (statewide)
- In 2008, only 18,647 nonparent caregivers received child-only TANF benefits (statewide)

Sources: Rachel Dunifon and Catherine J. Taylor, *Characteristics of relative Caregivers and Children in their Care in New York State*, available at www.human.cornell.edu; U.S. Gov. Acc't. Office, available at <http://www.gao.gov/assets/590/585650.html>.

Kinship Care v. Foster Care

Estimated Number of Children in Informal Kinship Placements	Children in Foster Care
126,000 – 300,000 (statewide, as of 2011)	23,884 (statewide, as of Sept. 30, 2012) 12,126 (New York City, as of July 1, 2013)

Sources: U.S. Children's Bureau, available at <http://www.acf.hhs.gov/programs/cb/resource/fy2003-2012-foster-care-entries-exits>; Stepping Up for Kids: What Government and Communities Should Do to Support Kinship Families, The Annie E. Casey Foundation, available at <http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={642BF3F2-9A85-4C6B-83C8-A30F5D928E4D}>; New York City Administration for Children's Services, available at http://www.nyc.gov/html/acs/html/statistics/statistics_links.shtml; Kinship Care in New York: Keeping Families Together, available at assets.aarp.org/www.aarp.org/_cs/.../aarp_kincarekeepingfamilies6.pdf

2011 New York City Foster Care Placements

Location	Total Number of Placements	Population (based on 2010 data)
Bronx	1,739	1,395,108
Brooklyn	1,685	2,504,700
Queens	928	1,585,873
Manhattan	915	2,230,722
Staten Island	370	468,730

Sources: *Keeping Track Online: the Status of New York City's Children*, available at <http://data.ccnewyork.org/data/table/27/foster-care-placements#27/47/9/1/u> and NYC.gov, <http://www.nyc.gov/html/dcp/html/census/popcur.shtml>

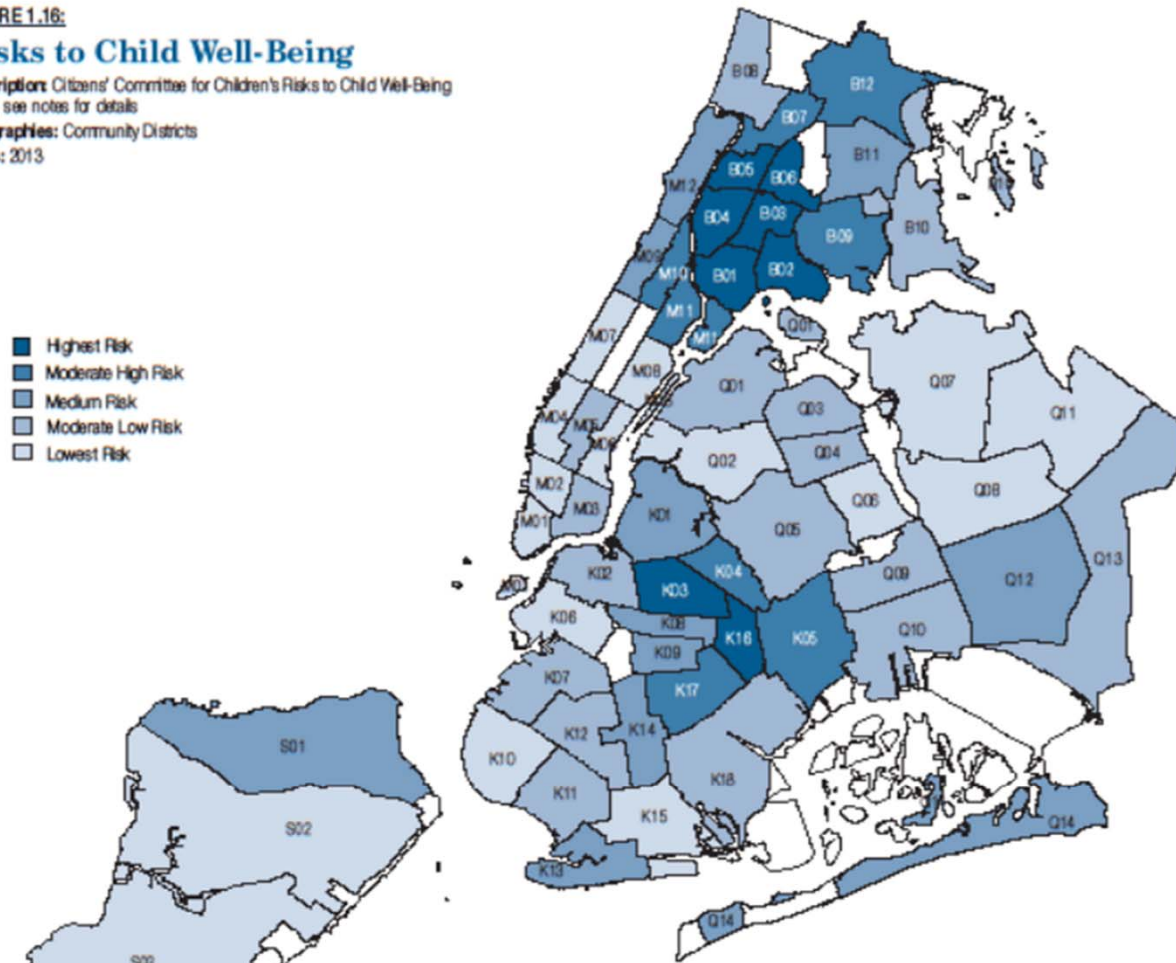
FIGURE 1.16:

Risks to Child Well-Being

Description: Citizens' Committee for Children's Risks to Child Well-Being Index; see notes for details

Geographies: Community Districts

Years: 2013



Neighborhoods of Greatest Risk

- Hunts Point (Bronx)
- Mott Haven (Bronx)
- Brownsville (Brooklyn)

BRONX
Mott Haven (B01)
Hunts Point (B02)
Morrisania (B03)
Concourse/Hightbridge (B04)
University Heights (B05)
East Tremont (B06)
Bedford Park (B07)
Riverdale (B08)
Unionport/Soundview (B09)
Throgs Neck (B10)
Palmer Parkway (B11)
Williamsbridge (B12)
BROOKLYN
Williamsburg/Greenpoint (K01)
Fort Greene/Brooklyn Heights (K02)
Bedford Stuyvesant (K03)
Brooklyn Heights (K04)
East New York (K05)
Park Slope (K06)
Sunset Park (K07)
Crown Heights North (K08)
Crown Heights South (K09)
Bay Ridge (K10)
Bensonhurst (K11)
Borough Park (K12)
Coney Island (K13)
Flatbush/Midwood (K14)
Sheepshead Bay (K15)
Brownsville (K16)
East Flatbush (K17)
Canarsie (K18)
MANHATTAN
Battery Park/Tribeca (M01)
Greenwich Village (M02)
Lower East Side (M03)
Chelsea/Clinch (M04)
Midtown Business District (M05)
Murray Hill/Stuyvesant (M06)
Upper West Side (M07)
Upper East Side (M08)
Manhattanville (M09)
Central Harlem (M10)
East Harlem (M11)
Washington Heights (M12)
QUEENS
Astoria (Q01)
Sunrise/Woodside (Q02)
Jackson Heights (Q03)
Elmhurst/Corona (Q04)
Ridgewood/Glendale (Q05)
Rego Park/Forest Hills (Q06)
Rushing (Q07)
Fresh Meadows/Briarwood (Q08)
Woodhaven (Q09)
Howard Beach (Q10)
Bayside (Q11)
Jamaica/St. Albans (Q12)
Queens Village (Q13)
The Rockaways (Q14)
STATEN ISLAND
St. George (S01)
South Beach (S02)
Tottenville (S03)

Caregiver Health Challenges

“Even after adjusting for age and education, the grandparent caregivers had more depressive symptoms, worse health, and a tendency toward more chronic conditions than those who never became grandparent caregivers.”



Source: Carol M. Musil, *Health of Grandmothers as Caregivers: A Ten Month Follow-Up*, 12 *J. Women & Aging* 129, 132 (2000).

Caregiver Health Challenges

“Health assessments by registered nurses indicate that 25% of the custodial grandmothers were diabetic, 54% had hypertension, and 80% met the criteria for obesity with many markedly obese. In addition, many of the grandmothers scored significantly worse in the areas of physical functioning, bodily pain, social functioning, role functioning, and general health than national norms on a standardized self-report measure of health.”

Source: Susan J. Kelley et al., *Results of an Interdisciplinary Intervention to Improve the Psychosocial Well-Being and Physical Functioning of African American Grandmothers Raising Grandchildren*, 5 J. Intergenerational Relationships 45, 48 (2007).

Caregiver Health Challenges

“The consequences of caregiving can compromise the treatment of illness and chronic disease of custodial grandparents because they do not interrupt their caregiving responsibilities to seek health care for themselves.”

Source: Sheila G. Bunch, *et al.*, *Examining the Perceptions of Grandparents Who Parent in Formal and Informal Kinship Care*, 15 *J. Hum. Behav. Soc. Env't.* 93, 96 (2007)

Caregiver Health Challenges

“The stressors related to caregiver burden disproportionately affect women since they overwhelmingly assume care for their grandchildren.”



Source: Sheila G. Bunch, *et al.*, *Examining the Perceptions of Grandparents Who Parent in Formal and Informal Kinship Care*, 15 *J. Hum. Behav. Soc. Env't.* 93, 95 (2007).

Core Project Concerns

- Children in kinship care have suffered multiple adverse childhood experiences, and providing holistic assistance to their caregivers helps protect them from additional harm.
- Caregiving is an important, but frequently overlooked social determinant of health, particularly for African American and Latina grandmothers.

For more information contact:

Barbara Graves-Poller

Supervising Attorney

MFY Legal Services, Inc.

299 Broadway, 4th Floor

New York, NY 10007

Telephone: (212) 417-3724

Fax: (212) 417-3890/3891

bgravespoller@mfy.org

www.mfy.org

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