

# JOINT STATE GOVERNMENT COMMISSION

General Assembly of the Commonwealth of Pennsylvania

## GRANDFAMILIES IN PENNSYLVANIA: “THE SECOND TIME AROUND”

April 2019



*Serving the General Assembly of the  
Commonwealth of Pennsylvania Since 1937*

**REPORT**

*Grandfamilies in Pennsylvania  
“The Second Time Around”*

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## JOINT STATE GOVERNMENT COMMISSION

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The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.<sup>1</sup>

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.<sup>2</sup> Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

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<sup>1</sup> Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65 – 69.

<sup>2</sup> Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth of Pennsylvania receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used in determining the intent of the General Assembly.<sup>3</sup>

Since its inception, the Commission has published more than 350 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

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<sup>3</sup> 1 Pa.C.S. § 1939 ("The comments or report of the commission . . . which drafted a statute may be consulted in the construction or application of the original provisions of the statute if such comments or report were published or otherwise generally available prior to the consideration of the statute by the General Assembly").



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April 30, 2019

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**GLENN J. PASEWICZ**  
Executive Director

**YVONNE M. HURSH**  
Counsel

Dear Members of the General Assembly:

House Resolution 390 of 2017 (Printer's No. 3358) directed the Joint State Government Commission to conduct a study of the increasing trend of children being raised by grandparents, extended family members, and adults with whom they have close family-like relationships. The report presents information about children being raised in grandfamilies, their number, the average length of time they remain with grandparents, and the reasons children are placed in the care of grandparents. The children's and families' emotional, social, and legal challenges are addressed. The report also discusses the economic impact raising children has on grandfamilies, including how it affects the earning ability and retirement savings of grandparents. The report also looks at the impact of grandfamilies on the Commonwealth's foster care system, including how much grandfamilies save the Commonwealth in foster care costs.

We thank the many experts, notably among them the many grandparents providing kinship care to their grandchildren, who lent the Commission their guidance and experience in the writing of this report.

Sincerely,

Glenn J. Pasewicz  
Executive Director



## ACKNOWLEDGMENTS

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*The Joint State Government Commission extends sincere gratitude to  
Grandparents and Grandchildren  
who shared their stories with the Commission staff*

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*The Commission gratefully acknowledges the information received from  
the following agencies and organizations:*

*The Pennsylvania Department of Aging Bureau of Aging Services*

*The Pennsylvania Department of Human Services  
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*The Pennsylvania Family Support Alliance*

*The NEPA Intergenerational Coalition of  
Grandparents Raising Grandchildren*

*The Family Advocacy Unit of the Community Legal Services*

*The Family Law Unit of Philadelphia Legal Assistance*





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## INTRODUCTION

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In April 2018, House Resolution No. 390 directed the Joint State Government Commission to study the trends of grandfamilies in Pennsylvania and to report its findings and recommendations to the General Assembly.

The resolution defines grandfamilies, or kinship families, as “families in which children reside with and are being raised by grandparents, other extended family members and adults with whom they have a close family-like relationship, including godparents and close family friends.”<sup>4</sup>

In the past three decades, a growing number of children have found themselves in a position where they reside with their grandparents and are effectively being raised by them. The percentage of children raised by their grandparents has been increasing rapidly and continuously. It has more than doubled between the 1970 and 2010 – from 3.2 percent to 7.3 percent of children nationwide.<sup>5</sup> It has continued growing between 2010 and 2015, reaching 8 percent.<sup>6</sup> In some groups, this percentage is even higher, reaching 12.2 percent of African American children nationally.

The Annie E. Casey Foundation (AECF) estimates that “extended family members and close family friends care for more than 2.7 million children in this country,” an increase of almost 18 percent over the first decade of the twenty-first century.<sup>7</sup> AECF makes a point of emphasizing that “the vast majority of these living arrangements are established informally within families.”<sup>8</sup>

According to the Kids Count Data Center, a project of the Annie E. Casey Foundation, in Pennsylvania, the number of children under the age of 18 living in households where a grandparent provides that child’s primary care, was 98,000 in 2014 and 2015 (4 percent), 89,000 in 2016 (3 percent), and 84,000 (3 percent) in 2017. [Table 1]

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<sup>4</sup> House Resolution No. 390, Session of 2017. Printer’s no. 3358.

<sup>5</sup> Tang, F., Jang, H., Carr Copeland, V. “Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications.” *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2.  
<https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

<sup>6</sup> Wu, Huijing. *Grandchildren Living in a Grandparent-Headed Household. Family Profiles*, FP-18-01. Bowling Green, OH: National Center for Family & Marriage Research, 2018, <https://doi.org/10.25035/ncfmr/fp-18-01>.

<sup>7</sup> The Annie E. Casey Foundation. *Stepping up for Kids: What Government and Communities Should Do to Support Kinship Families*, <http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf>.

<sup>8</sup> Ibid.

| <b>Table 1</b>                                                                    |        |        |        |        |
|-----------------------------------------------------------------------------------|--------|--------|--------|--------|
| <b>Pennsylvania Children (under the age of 18) Living with Grandparents</b>       |        |        |        |        |
| <i>Year</i>                                                                       | 2014   | 2015   | 2016   | 2017   |
| <i>Number</i>                                                                     | 98,000 | 98,000 | 89,000 | 84,000 |
| <i>Percent</i>                                                                    | 4%     | 4%     | 3%     | 3%     |
| <a href="https://datacenter.kidscount.org/">https://datacenter.kidscount.org/</a> |        |        |        |        |

For three-year periods, the number of children living with extended family and close friends is estimated by Kids Count Data Center at 103,000 in 2013-2015 and 2014-2016 (4 percent), 90,000 (3 percent) in 2015-2016, and 77,000 (3 percent) in 2016-2018.[Table 2]

| <b>Table 2</b>                                                                    |         |         |         |         |
|-----------------------------------------------------------------------------------|---------|---------|---------|---------|
| <b>Pennsylvania Children (under the age of 18) Living in Kinship Care</b>         |         |         |         |         |
| <i>Year</i>                                                                       | 2013-15 | 2014-16 | 2015-17 | 2016-18 |
| <i>Number</i>                                                                     | 103,000 | 103,000 | 90,000  | 77,000  |
| <i>Percent</i>                                                                    | 4%      | 4%      | 3%      | 3%      |
| <a href="https://datacenter.kidscount.org/">https://datacenter.kidscount.org/</a> |         |         |         |         |

For comparison purposes, the total number of children in foster care in Pennsylvania is listed at 10,364 in the reporting period from October 2013 to September 2014; 10,387 from October 2014 to September 2015; and 10,567 from October 2015 to September 2016. [Table 3]

| <b>Table 3</b>                                                                    |                |                |                |
|-----------------------------------------------------------------------------------|----------------|----------------|----------------|
| <b>Pennsylvania Children (under the age of 18) Living in Foster Care</b>          |                |                |                |
| <i>Year</i>                                                                       | 10/2013-9/2014 | 10/2013-9/2015 | 10/2015-9/2016 |
| <i>Total Number</i>                                                               | 10,364         | 10,387         | 10,567         |
| <a href="https://datacenter.kidscount.org/">https://datacenter.kidscount.org/</a> |                |                |                |

A detailed Grandfacts State Fact Sheet for Pennsylvania prepared by Generations United lists 103,000 (4 percent) children under 18 as living with a relative with no parent present and 238,598 (8.8 percent) children under 18 living in homes where householders are grandparents or other relatives; 195,216 (7.2 percent) of these children are living with their grandparents.<sup>9</sup>

Experts agree that all available data regarding the number of children raised by their grandparents should be considered with caution and, in most cases, would be an underestimate. There are several reasons for that. One of them is that in many cases such family arrangements are informal. In fact, these private, informal arrangements are vastly prevalent: Generations United, a family research and advocacy group based in Washington, D.C., estimates that for every child in foster care with a relative, there are 20 children being raised by grandparents or other relatives outside the foster care system.<sup>10</sup> Without formal interference on the part of any of the state departments, they are unaware of existing arrangements and do not maintain any record of them. As the Pennsylvania Department of Human Services (DHS) stated in its response to the Joint State Government Commission's inquiry, "no data is collected for any informal placement arrangement through the child welfare system, meaning the agency doesn't have dependency. Additionally, no information or data exists in the child welfare system for those children being raised by grandparents if they have no involvement in Pennsylvania's child welfare system. Many children reside with grandparents through private, informal or family arrangements and are never known by the child welfare system."<sup>11</sup>

Even in cases when a child is placed with relatives by the Commonwealth, statistics are not readily available due to the structure of Pennsylvania's child welfare system. This system is county administered, state supervised. This means that when children are determined to be dependent, the entity that removes them from their homes and obtains physical and legal custody is county children and youth agencies (CCYAs) and dependency courts. "CCYAs provide services and monitor these cases. All specific data related to children and families is maintained by the county."<sup>12</sup> The state agency that supervises CCYAs is the Office of Children and Youth Services (OCYF) of the Department of Human Services. Placement data, along with other data required by state and federal statutes, are submitted by CCYAs to OCYF. The data is child-specific and includes the placement setting for each child removed from home through a dependency order.

One placement setting is foster care (relative); however, the specific relationship to the child is not identified. For placement purposes, the Pennsylvania Department of Human Services defines relative (kin) as any individual age twenty-one or older who is a child's relative to the fifth degree of consanguinity or affinity; a godparent of the child as recognized by an organized church;

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<sup>9</sup> *Grandfacts: State Fact Sheets for Grandfamilies. Pennsylvania*, <http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-Pennsylvania.pdf>

<sup>10</sup> Generations United. *In Loving Arms: The Protective Role of Parents and Other Relatives in Raising Children Exposed to Trauma*. Washington, D.C., 2017, <https://www.grandfamilies.org/Portals/0/17-InLovingArms-Grandfamilies.pdf>.

<sup>11</sup> Information provided to the Joint State Government Commission by Ms. Amy Grippi, Chief of Staff, Department of Human Services, Office of Children, Youth and Families, in a personal e-mail received August 9, 2018.

<sup>12</sup> *Ibid.*

a member of the child’s tribe, nation, or tribal organization; or an individual with a significant positive relationship with the child or family.<sup>13</sup> If a child is removed and placed with anyone falling under the definition of kin, it would be considered a relative foster care placement.

Currently, CCYAs maintain the placement resource relationship in their county case management system or paper case record. The existing statewide child welfare data system has future phases planned, with phase 2 already defined by the agency. Phase 2, which is slated for implementation in December 2019, will include more detailed placement data.

It is worth noting that states are allowed to develop their own definitions of kinship care; in Pennsylvania, it is very broad, which is in the best interests of the child. Kinship care in the Commonwealth is defined in two DHS Bulletins: Office of Children, Youth and Families (OCYF) Bulletin Number 00-03-03 entitled Kinship Care Policy and Bulletin Number 3140-03-08/3490-03-04 entitled Child Placements with Emergency Caregivers. Together, these two bulletins provide a framework and guidance for the placement of children with individuals with whom they already have an established relationship when out-of-home placement is necessary. The Kinship Care Bulletin defines formal and informal kinship care and identifies the objectives, policies and procedures. Both bulletins recognize the importance of kinship caregivers as temporary substitute care resources as well as their role in providing permanent and stable homes for children who cannot be reunited with their parents. The bulletins underscore that “stability and the preserving of connections are essential in promoting timely permanence and the overall well-being of children in substitute care” and encourage a strengthened support system and services to kinship caregivers.<sup>14</sup>

Realizing numerous advantages of placing children with family members, people who are already familiar to them and with whom they already have an established relationship, DHS has made a consistent effort to provide opportunities for kinship care within its foster care system. Of the total number of children in care, the percentage of children in family foster care (relative) has been consistently growing from 22.6 percent in March 2011, to 32.7 percent in September 2015, to 35.0 percent in September 2016.<sup>15</sup> This puts Pennsylvania in line with and even slightly ahead of the national trend, as estimated by the AECF Kids Count Center and by Generations United: the State of Grandfamilies 2017 Report by Generations United indicates that 30 percent of children in foster care are being raised by relatives, which represents a 6 percent increase from 24 percent of children in foster care in 2008.<sup>16</sup>

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<sup>13</sup> Ibid.

<sup>14</sup> Information provided to the Joint State Government Commission by DHS in an e-mail received December 4, 2018.

<sup>15</sup> Data provided to the Joint State Government Commission by Ms. Amy Grippi, Chief of Staff, Department of Human Services, Office of Children, Youth and Families, in a personal e-mail received August 9, 2018. More extensive data on children in care by placement setting are available in Appendix B, page 61.

<sup>16</sup> Generations United. *In Loving Arms: The Protective Role of Grandparents and Other Relatives in Raising Children Exposed to Trauma*. Washington, D.C., 2017, <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>.

In her letter to the Joint State Government Commission, the DHS Secretary Teresa D. Miller states that DHS is cognizant of the unique challenges facing the grandparents who unexpectedly have to raise their grandchildren, and that the department has been working to support these grandparents.<sup>17</sup> Some of these grandparents, however, feel dissatisfied with their interactions with the welfare agencies as they feel the uniqueness of their position remains unrecognized and their concerns are not adequately addressed.

DHS was an active participant in the Grandparents Raising Grandchildren Work Group. As a member of this group, DHS worked with the House Children and Youth Committee to listen to first-hand stories of these families, identify key issues, and determine how the legislature could support them. DHS offered guidance to draft legislation and provided feedback on two key pieces of legislation, regarding standby guardianship and kinship caregiver navigators.<sup>18</sup> Now that these two key pieces of legislation, Acts 88 and 89 of October 23, 2018<sup>19</sup>, have been passed, DHS will be actively involved in their implementation.

DHS is the department responsible for implementing the Kinship Caregiver Navigator Program established by Act 89. A statewide Kinship Navigator Program that DHS is seeking to create will assist all kinship families who are raising children, “both formal kinship involved with the child welfare system and families who are not involved with the child welfare system. It is expected that if the program is implemented, more kinship families will receive the services they need to safely maintain children in their home while reducing the need for those children to enter foster care.”<sup>20</sup> As the United States Department of Health and Human Services is aware of the effects of the opioid crisis on families, it has offered all states funds to start a Kinship Navigator Program. Pennsylvania is eligible for funding from the Administration for Children and Families for this project. The Commonwealth has been awarded \$479,230 in start-up costs for implementing the Kinship Navigator Program. These funds do not require a state match; years two and three of the grant will be funded with 50 percent federal money and 50 percent state funds.<sup>21</sup> Once installed, the Kinship Navigator Program should improve access to support and services available to current and prospective caregivers.

Another area of DHS’ work that would impact grandfamilies is Subsidized Care Eligibility regulations that affect 55 Pennsylvania Code Chapters 3041 and 3042. These regulations will incorporate “the new subsidy requirements and recommendations, including 12-month eligibility

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<sup>17</sup> Secretary Teresa D. Miller, Pennsylvania Department of Human Services. Personal letter to the Joint State Government Commission of June 15, 2018.

<sup>18</sup> Information provided to the Joint State Government Commission by Ms. Amanda Glickman, Policy Specialist, Department of Human Services, Office of Children, Youth, and Families and Office of Child Development and Early Learning, in a personal e-mail received September 28, 2018.

<sup>19</sup> Act of October 23, 2018 (P.L. 583, No. 88, amending Title 23 (Domestic Relations), Chapter 56 of the Pennsylvania Consolidation Statutes, 23 Pa.C.S Ch. 56, and the act of October 23, 2018 (P.L.591 No. 89), known as the Kinship Caregiver Navigator Program Act, 62 P.S. § 3071.1 et seq.

<sup>20</sup> Information provided to the Joint State Government Commission by Ms. Amanda Glickman, Policy Specialist, Department of Human Services, Office of Children, Youth, and Families and Office of Child Development and Early Learning, in a personal e-mail received September 28, 2018.

<sup>21</sup> Ibid.

periods, seamless continuation of subsidy to better support the child, prioritization of certain groups of particularly vulnerable children, services to support families experiencing homelessness, and improved access to quality child care.”<sup>22</sup>

One of the arguments in favor of increasing the Commonwealth’s support of grandparents raising their grandchildren without any formal arrangements is that they not only play a major, highly beneficial role in these children’s lives but also save Pennsylvania significant amounts of money as they keep the children out of the foster care system. Nationwide, by the calculations performed by Generations United, the amount grandparents and other relatives save taxpayers each year by raising children and keeping them out of foster care is close to \$4 billion.<sup>23</sup> Seeking to assess the savings in foster care costs, as directed by the resolution, the Joint State Government Commission turned to the Department of Human Services for its estimate of typical foster care costs. In response to an inquiry about the amount of money the Commonwealth spends on a foster care case per annum, a DHS representative stated that such a cost would be “extremely difficult to estimate” as it would be “inclusive of staff time (wages, benefits, operating, and fixed asset costs), the payment to the foster family agency (if applicable), and the payment to the foster family home.” The amount of staff time required to serve a child placed in a foster care setting varies significantly from case to case. The department provided the average daily payment made to a foster family in FY 2016-17: \$31.77 per day, with an explanation that “this average is based on contracted per diem information submitted by the County Children and Youth Agencies and is without consideration for relative homes vs. non-relative homes”.<sup>24</sup> The department is planning to identify costs for relative homes separate from non-relative homes beginning July 1, 2019.<sup>25</sup>

As the costs cannot currently be separated, DHS believes it is impossible to show what the savings would be if the children were raised by their grandparents instead of entering the child welfare system. They also caution that “while many grandparents are able to support their grandchildren without assistance from child welfare, many need the assistance which is critical so that children don’t enter non-relative foster care which research shows is substantially more traumatizing and costly long-term than placing children with relatives.”<sup>26</sup> This is, undoubtedly, a valid observation.

According to the DHS data, two important outcomes – reunification and re-entry – demonstrate similar rates for relative and non-relative foster care in five federal fiscal years:<sup>27</sup>

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<sup>22</sup> Ibid.

<sup>23</sup> Generations United. *Raising the Children of the Opioid Epidemic: Solutions and Support for Families*. Washington, D.C., 2016. Updated in 2018, <https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf>.

<sup>24</sup> Information provided to the Joint State Government Commission by Ms. Gloria Gilligan, Director of the Bureau of Budget and Financial Support, Office of Children, Youth and Families, in a personal e-mail received December 3, 2018.

<sup>25</sup> Ibid.

<sup>26</sup> Information provided to the Joint State Government Commission by Ms. Amy Grippi, Chief of Staff, Department of Human Services, Office of Children, Youth and Families, in a personal e-mail received August 16, 2018.

<sup>27</sup> Information provided to the Joint State Government Commission by Ms. Amy Grippi, Chief of Staff, Department of Human Services, Office of Children, Youth and Families, in a personal e-mail received March 1, 2019.



| <b>Reunification within Twelve Months (In Care Last Day of FFY)</b> |                        |                  |                  |                  |                  |                  |
|---------------------------------------------------------------------|------------------------|------------------|------------------|------------------|------------------|------------------|
| <b>Setting on Last Day</b>                                          |                        | <b>9/30/2013</b> | <b>9/30/2014</b> | <b>9/30/2015</b> | <b>9/30/2016</b> | <b>9/30/2017</b> |
| <b>Relative Foster Home</b>                                         | Total in care last day | 3,839            | 4,353            | 5,257            | 5,652            | 6,363            |
|                                                                     | # Reunified <12 Months | 709              | 705              | 967              | 1,109            | 1,100            |
|                                                                     | % Reunified <12 Months | 18.47%           | 16.20%           | 18.39%           | 19.62%           | 17.29%           |
| <b>Non-Relative Foster Home</b>                                     | Total in care last day | 6,453            | 6,336            | 6,664            | 6,590            | 6,818            |
|                                                                     | # Reunified <12 Months | 1,156            | 1,048            | 1,143            | 1,164            | 1,123            |
|                                                                     | % Reunified <12 Months | 17.91%           | 16.54%           | 17.15%           | 17.66%           | 16.47%           |

| <b>Re-Entry within Twelve Months (Discharges during FFY)</b> |                          |                 |                 |                 |                 |                 |
|--------------------------------------------------------------|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Setting at Discharge</b>                                  |                          | <b>FFY 2013</b> | <b>FFY 2014</b> | <b>FFY 2015</b> | <b>FFY 2016</b> | <b>FFY 2017</b> |
| <b>Relative Foster Home</b>                                  | Total exits during FFY   | 2,123           | 2,812           | 2,821           | 3,488           | 3,628           |
|                                                              | # Re-Entering <12 Months | 273             | 329             | 397             | 417             | 484             |
|                                                              | % Re-Entering <12 Months | 12.86%          | 11.70%          | 14.07%          | 11.96%          | 13.34%          |
| <b>Non-Relative Foster Home</b>                              | Total exits during FFY   | 3,733           | 3,919           | 3,698           | 3,989           | 3,861           |
|                                                              | # Re-Entering <12 Months | 545             | 605             | 546             | 524             | 522             |
|                                                              | % Re-Entering <12 Months | 14.60%          | 15.44%          | 14.76%          | 13.14%          | 13.52%          |

The information above is, obviously, limited to the formally arranged relative foster care, which represents a very small portion of grandfamilies.

*Barriers, Gaps, and Unintended Consequences  
for Grandparent Caregivers in the Current U.S. Policy*

Though a substantial increase in the number of grandparents raising grandchildren in the past few decades has not remained unnoticed and though it has been acknowledged that “grandparents who raise their grandchildren are particularly vulnerable, as are the grandchildren in their care,” public policy analysts note that “U.S. policy currently presents many barriers, gaps, and unintended consequences for grandparent caregivers.”<sup>28</sup> Researchers contend that “in spite of the proliferation of grandparent-headed families, public policy in the United States has not kept pace with challenges posed by this non-traditional family form” and discuss how “structural features of American social welfare policy have impeded an adequate response to the unique needs faced by custodial grandparents and the grandchildren they are raising.”<sup>29</sup> Referencing the data indicating that “although households consisting of single grandmothers raising grandchildren have even higher rates of poverty than households consisting of single mothers and their children, the participation of caregiving parents in public assistance programs is relatively low,” researchers conclude that “government programs within the United States are not adequately addressing the needs of families in which children are raised by their grandparents, despite the fact that these children and their caregiving grandparents are among the most vulnerable in the nation.”<sup>30</sup>

Researchers from the Davis School of Gerontology of the University of South Carolina suggested two macro-level theoretical paradigms that may have utility for the analysis of the inadequacies of current policy with regard to grandparents raising their grandchildren: structural lag and the political economy of aging perspective. The structural lag concept is that social structures cannot keep pace with population dynamics and changes in individual lives: “Policies are imbedded in stable institutional and political arrangements that change slowly, and naturally fall behind the population changes that abruptly come into being based on relatively economic and social shifts.” The second theoretical paradigm, the political economy of aging perspective, “seeks to explain how the interaction of economic and political forces determines the unequal allocation of resources, and the consequent loss of power, autonomy and influence possessed by older individuals.”<sup>31</sup> In combination, these theoretical approaches help explain the inadequate institutional response to the grandfamilies’ needs. The authors discuss specific features of the United States welfare system that create substantial barriers in access to public support among grandparent caregivers, especially those of them who are raising their grandchildren informally.

In their attempt to determine why effective grandparent caregiver policies have been so difficult to develop, researchers note that public policies are commonly designed to categorically serve eligible beneficiaries while “the category of grandparent caregivers often has ambiguous boundaries and is often transitional in nature.” Accordingly, the authors suggest that “in part,

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<sup>28</sup> Baker, Lindsey A., Silverstein, Merrill, and Norella M. Putney. “Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Social Policies.” NIH Public Access Author Manuscript, *J. Soc. Soc. Policy*, available in PMC June 21, 2010, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2888319/>.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

difficulties in developing sensible policies to serve custodial grandparents must come to terms with the definition of the situation of these grandparents who are plagued by volatile, uncertain, and highly dynamic family conditions.”<sup>32</sup> In particular, the authors underline substantial differences between two household configurations: skipped-generation households in which grandparents are raising children in the absence of the middle generation, and three-generation, or co-parenting, households in which a grandparent is raising a grandchild while co-residing with the middle generation. The family dynamic and the provision of care is different in those two kinds of grandfamilies. In reality, the system is even more complex and, most importantly, it is fluid and subject to change: “custodial grandparents reveal themselves to be part of a continuum of care that ebbs and flows with the needs and problems in the middle generation.”<sup>33</sup> While it may not be true for some families, it may be critical for others. The needs of grandparents and the children in their care may vary greatly and change with time.

Based on their analysis of several of the structural and ideological barriers to effectively serving grandparents who are raising their grandchildren within the United States and of the enormous economic value of grandparent-provided care that “represents a substantial cost savings to the public coffer,” researchers reach an unequivocal conclusion: “We are unabashed in acknowledging that these often heroic grandparents, mostly grandmothers, perform a public function that deserves state support. From a conservative perspective, public support would strengthen families and potentially increase the healthy development of two generations with long-term cost benefits.”<sup>34</sup>

Generations United put forward the following programmatic statement: “Public policies should better support children and caregivers in grandfamilies inside or outside the formal foster care system while offering services to birth parents in order to keep children safely with their parents whenever possible.”<sup>35</sup>

### *Grass-Roots Advocacy and Actions Taken at the State Level*

Growing awareness of the scale and seriousness of the grandfamilies phenomenon as well as the focused advocacy on the part of the grass-roots grandparents’ organizations have led to significant actions undertaken on the state level in the past few years.

In various regions of Pennsylvania, ten to fifteen years ago, grandparents raising their grandchildren got together to establish support groups and to embark on some initiatives to educate the public and policymakers about the challenges they were facing and the help they needed to cope with those challenges and to facilitate the children’s well-being. The most prominent among these groups, the NEPA Coalition, was formed in Northeastern Pennsylvania. The goal was to

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<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

<sup>35</sup> Generations United. *Raising the Children of the Opioid Epidemic: Solutions and Support for Families*. Washington, D.C., 2016. Updated in 2018, <https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf>.

enhance the opportunities to meet the needs of grandparents and other relative caregivers in the region. The coalition was started by three entities: the Area Agency on Aging for Luzerne/Wyoming Counties, the Director of the then Luzerne County Human Services Department, and the Jewish Family Service (JFS) of Greater Wilkes-Barre. When the JFS went out of business, the Grandparents Raising Grandchildren (GRG) program was taken over by the Pittston Memorial Library (PML). The program was supported by the late Senator Ray Musto, and funds were made available from the Pennsylvania Senate to employ a coordinator for three years, followed by a senior employment representative through the Area Agency on Aging for Luzerne/Wyoming Counties.<sup>36</sup> Representative Eddie Day Pashinski has also become a strong advocate for the program. With the help of various grants, the library was able to issue a service directory, develop a support group in the Greater Pittston Area, and undertake other activities associated with the GRG program. One of the major projects of PML, through the coalition, is sponsorship of an annual conference regarding GRG. These conferences have taken place for more than ten years. Thanks to several financial sponsors, grandparents' attendance is free, and participating social service workers and other professionals pay a small fee. The latest conferences were attended by 125-150 people.

At present, the NEPA Intergenerational Coalition defines its mission as follows:

- To provide an opportunity for GRG and other relative caregivers to interchange ideas and activities that relate to this demographic and to serve as an advocate for advancing the interests of this special population that is often neglected.
- To focus on adjustments that are needed in the family due to substance abuse, incarceration, marital disputes, and other reasons that have caused obstacles to the traditional family arrangement with legal custody being a major component of need.
- To advance new ideas and resources such as respite time for the grandparents and other missing links that require action and response to assist those facing new responsibilities at a later age.
- To support and encourage new legislation and programs in the Commonwealth to assist GRG and meet the challenges facing this demographic.<sup>37</sup>

Mr. Howard J. Grossman, the chairperson of the NEPA Intergenerational Coalition, who was instrumental in its establishment as the JFS executive director and later in the transfer of its activities to the Pittston Memorial Library, believes there is a need to have more areas of the state covered by a group similar to NEPA, that can help grandparents raising their grandchildren.<sup>38</sup> In addition to Luzerne/Wyoming, grandparents support groups and programs currently exist in

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<sup>36</sup> Pittston Memorial Library: *Grandparents Raising Grandchildren*, <https://pittstonmemoriallibrary.org/adults/>.

<sup>37</sup> Pittston Memorial Library: *Grandparents Raising Grandchildren*, <https://pittstonmemoriallibrary.org/adults/>.

<sup>38</sup> Information provided to the Joint State Government Commission by Mr. Howard J. Grossman, Chair of the NEPA Intergenerational Coalition, in a personal e-mail received August 10, 2018.

Allegheny, Chester, Dauphin, Erie, Delaware, Indiana, Perry, Wayne and Pike Counties and in the City of Philadelphia.

Increased visibility of grandfamilies and greater understanding of the problems they were facing caught the attention of the General Assembly, the Governor's Office and various statewide agencies as well as institutions of higher learning in the Commonwealth, such as the University of Pittsburgh, Penn State and Temple, that also responded to the grandfamilies' needs. Penn State Extension published a booklet discussing the concepts of kinship care, programs and resources for grandparents raising their grandchildren and for organizations working with kinship care families.<sup>39</sup>

Grandfamilies found a powerful and pro-active advocate in the face of the Pennsylvania Family Support Alliance (PFSA), which made helping grandparents who are raising their grandchildren, many due to the impact of substance abuse disorder, their major focus for 2017/2018.<sup>40</sup> In the summer of 2017, in partnership with Highmark Caring Place, PFSA organized a one-day forum for grandparents raising their grandchildren due to the opioid epidemic, and, in the words of the PFSA President and CEO Angela M. Liddle, it "opened the flood gates."<sup>41</sup> The forum was open to the general public, and many grandparents showed up, some of whom subsequently went on to join various workgroups at the state level; some were selected for a national advisory committee spearheaded by Senator Casey's legislation. After the Highmark Forum, Governor Wolf requested a forum for him and Cabinet Secretaries so that they could listen to grandparents sharing their experiences. PFSA brought together a few of these grandparents and others to meet with Governor Wolf, and the forum was held in December. At the conclusion, Governor Wolf asked Department of Aging Secretary Osborne to take the lead in gathering information, and she requested PFSA's assistance in planning a listening tour for Cabinet Secretaries from the Departments of Aging, Human Services, Drug and Alcohol, Education, and Health.

To hold listening sessions, PFSA linked with its strategic partners Wesley Family Services, United Way of Wyoming Valley, and Family Services of NEPA. Twelve grandparents participated in the listening tour, representing Dauphin, Luzerne, and Allegheny Counties.<sup>42</sup> Stories and comments related by the grandparents during the listening tour in September 2018 were summarized by the Pennsylvania Family Support Alliance. PFSA graciously shared this summary with the Joint State Government Commission to be used in this report.

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<sup>39</sup> Kaplan, Matthew et al. *Kinship Care in Pennsylvania: Support for Families with Grandparents and Other Kin Raising Children*. Penn State Extension, 2017, <https://extension.psu.edu/kinship-care-in-pennsylvania-support-for-families-with-grandparents-and-other-kin-raising-children>.

<sup>40</sup> Pennsylvania Family Support Alliance. *Annual Report 2017-2018*, <https://www.pa-fsa.org/Portals/0/Docs/Annual-Reports/2017-2018-Annual-Report.pdf?ver=2018-10-05-135358-180>.

<sup>41</sup> Information provided to the Joint State Government Commission by Ms. Angela M. Liddle, President and CEO of Pennsylvania Family Support Alliance, in a personal e-mail received on February 6, 2019.

<sup>42</sup> Ibid.

In addition to assisting top state officials in arranging the listening tour and its continuous advocacy for addressing grandparents' needs by participating in press conferences and making appearances with the media, PFSA took two more important steps that would benefit grandparents. The first is enhancing education and support programs targeting this population group. As "this population has increased exponentially," PFSA has developed specialized parenting publications for grandparents and is "overseeing weekly support and education programs in some counties with private funds raised."<sup>43</sup> The second step is, essentially, prevention: as the opioid crisis is one of the currently prevalent causes that puts grandparents in a position when they have to take care of their grandchildren, PFSA realized that though its work with grandparents is important, "even more vital is helping parents with substance use disorder learn new and more positive parenting skills so their families can stay together safely."<sup>44</sup> With this goal in mind and with support from private foundations and in partnership with Gaudenzia, Inc., and Hamilton Health, PFSA offered its proprietary parenting program "Families in Recovery." The purpose is to help parents repair some of the damage their addiction inflicted on their children, to teach parents how to improve the lives of their children by balancing the needs of their recovery with the responsibilities of safe parenting. The program gives its participants "an opportunity to create a new foundation for their family, link with other parents of similar experiences, and better connect to services in their communities."<sup>45</sup> Plans are underway to launch "Families in Recovery" statewide.

The General Assembly responded to the daily living challenges faced by grandparents raising their grandchildren by conducting public hearings; creating a workgroup of policymakers, advocates, and stakeholders to examine more closely what needs to be done; and subsequently, introducing and passing legislation to address these needs, taking into account the recommendations of the work group.

On May 7, 2014, the House Children and Youth Committee and the House Committee on Aging and Older Adult Services held an informational meeting focused on grandparents' rights and the possibility of amendments to the Child Custody Act in light of the increased frequency of grandparents raising their grandchildren and the challenges they are facing.

Representative Katharine Watson, who was then the Chairwoman of the House Children and Youth Committee, and Representative Eddie Pashinski, serving on the House Aging and Older Adult Services Committee, emerged as leaders on this issue. Representative Pashinski set up a website that became a valuable online resource for grandparents looking for assistance that may be available to them in raising their grandchildren.

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<sup>43</sup> Ibid.

<sup>44</sup> Pennsylvania Family Support Alliance. *Annual Report 2017-2018*, <https://www.pa-fsa.org/Portals/0/Docs/Annual-Reports/2017-2018-Annual-Report.pdf?ver=2018-10-05-135358-180>.

<sup>45</sup> Ibid.

The House Children and Youth Committee held a public hearing on the issue of grandparents raising their grandchildren on June 14, 2017. During that hearing, the committee heard from several grandparents, who shared their concerns. Testimonies were also offered by grandparents' rights advocates and support groups, legal counsel specializing in grandparents' rights and kinship care, and representatives of the Pennsylvania Department of Human Services' Office of Children, Youth and Families.

Grandparents Raising Children work group included representatives of the House Children and Youth Committee, the House Aging and Older Adult Services Committee, the Office of State Representative Eddie Day Pashinski, various offices of the Pennsylvania Department of Human Services, the Bureau of Aging Services and the Office of Legislative Affairs of the Pennsylvania Department of Aging, the Pennsylvania Bar Association, the Pennsylvania Association of Area Agencies on Aging, and grandparents raising their grandchildren. The work group addressed the issues of educational consent, medical consent, eligibility for subsidized child care, information regarding available services, and others. The work group discussions significantly contributed to the exploration of possible legislative solutions to some the problems faced by grandparents raising their grandchildren.

To recognize the dedicated labor and commitment of grandparents, aunts, uncles and other relative caregivers who assumed responsibility for the children that could no longer be raised by their parents, the Pennsylvania General Assembly designated November 20, 2017, as Kinship Caregiver Day in the Commonwealth.<sup>46</sup>

The act of May 4, 2018 (P.L. 112, No. 21) amends Title 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, in child custody, further providing for standing for any form of physical custody or legal custody, for standing for partial physical custody and supervised physical custody and for consideration of criminal conviction.<sup>47</sup> Act 21 expands grandparents' rights to seek custody as it grants a third party, including grandparents or other family members, the right to file for any form of physical or legal custody of a child where that party has established by clear and convincing evidence all of the following:

1. The individual has assumed or is willing to assume responsibility for the child.
2. The individual has a sustained, substantial, and sincere interest in the welfare of the child, which is based on the nature, quality, extent, and length of the involvement by the individual in the child's life.
3. Neither parent has any form of care and control of the child.

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<sup>46</sup> House Resolution No. 618, Session of 2017.

<sup>47</sup> Act of May 4, 2018 (P.L. 112, No. 21).

The Pennsylvania Bar Association (PBA) launched a public education campaign in 2018 “Understanding When Grandparents and Others Can Seek Custody” and released an informational brochure with the same title.<sup>48</sup> The campaign and the pamphlet provide basic information about Act 21 of 2018 that went into effect in Pennsylvania on July 3, 2018, and expands custody rights for caregivers, especially grandparents and great-grandparents. In the fall of 2018, as part of the informational campaign, newspaper ads were placed in more than 80 newspapers across the state, TV and radio briefs were aired statewide, and the pamphlet was distributed to all participating county bar associations; it is also available online.<sup>49</sup>

In the fall of 2018, two bills intended to help grandparents raising their grandchildren passed unanimously in the Pennsylvania House and Senate and were signed into law by Governor Tom Wolf. The new laws’ purpose is to help ensure these grandparents have the support, legal rights, and information they need, which will lift some of the weight off their shoulders and improve outcomes for the children.

The act of October 23, 2018 (P. L. 591, No. 89), known as the Kinship Caregiver Navigator Program Act, establishes the Kinship Caregiver Navigator Program in the Department of Human Services, and provides for kinship caregiver navigator website and for kinship caregiver navigators.<sup>50</sup> DHS selects a contractor to administer the program. The act sets up minimum criteria that the selected contractor must fulfill:

1. Create and maintain a kinship caregiver navigator website that provides information on supports and services available to current and prospective kinship caregivers, including federal and state programs, support groups for kinship caregivers and children in their care, respite services for kinship caregivers, financial aid, relevant legal resources and assistance, education and supportive services for children, training for current and prospective caregivers.
2. Create and maintain a kinship caregiver toll-free telephone number or hotline to provide supportive listening and guidance to kinship caregivers or persons who intend to become kinship caregivers.
3. Develop and provide training for individuals to serve as kinship caregiver navigators.
4. Educate the public on services and supports available to kinship caregivers, including developing and administering a statewide marketing campaign. The contractor may coordinate with other state and county agencies, area agencies on aging, local education agencies and community organizations to assist in disseminating information.

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<sup>48</sup> Pennsylvania Bar Association. *Understanding When Grandparents and Others Can Seek Custody*, <https://www.pabar.org/clips/2018/PBA-Grandparents-and-Custody.pdf>.

<sup>49</sup> “PBA 2018 Public Education Campaign Focuses on Custody Rights for Grandparents.” *Pennsylvania Bar News*. Vol. 28. No. 19. October 8, 2018.

<sup>50</sup> Act of October 23, 2018 (P.L. 591, No. 89).



The Kinship Caregiver Navigator Program Act outlines a kinship caregiver navigator's responsibilities:

1. Assist kinship caregivers with finding information for relevant federal and state benefits, local supports and services.
2. Mediate with state agency staff or service providers and, when necessary, assist in establishing relationships between kinship caregivers and relevant federal and state agency staff.
3. Work with the local area agency on aging and county agency to identify and provide outreach to kinship caregivers in need of additional services.
4. Refer kinship caregivers to the appropriate county agency contact.

The act of October 23, 2018 (P.L. 583, No. 88) amends Title 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, in standby guardianship, further providing for definitions and for scope and providing for temporary guardianship; in child protective services, further providing for release of information in confidential reports; and making editorial changes. The act delineates the process of a designation of a temporary guardianship, describes the authority of a temporary guardian, and provides relevant legal forms. This legislation allows a grandparent, aunt, uncle, or adult sibling of a minor child, to petition a court of common pleas for temporary guardianship of a child when a parent of that child has entered a rehabilitation facility for treatment of a drug or alcohol addiction, or has been subject to emergency medical intervention due to abuse of drugs or alcohol. A custodial parent may designate a temporary guardian by means of a written designation unless the minor has another birth parent or adoptive parent whose parental rights have not been terminated or relinquished, whose whereabouts are known, and who is willing and able to make and carry out the day-to-day child-care decisions concerning the child. A parent, legal custodian, or legal guardian may designate a temporary guardian with the consent of the other parent.

The newly adopted legislation expresses full support for and appreciation of grandparents who step up to take care of their grandchildren. It is expected to remove some obstacles grandparents and other kin caregivers face in these challenging circumstances and to significantly improve their access to necessary information and services.



## REASONS CHILDREN ARE PLACED IN THE CARE OF GRANDPARENTS AND GREAT-GRANDPARENTS

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Grandparent caregiving occurs as the result of a crisis situation that impairs the ability of birth parents to provide adequate care to their children. It may be the birth parents' death or their inability to take care of their children due to substance abuse, physical or mental health status, or incarceration. Some of these reasons (such as death or terminal illness) commonly evoke a sympathetic response from neighbors, friends, and coworkers; others (such as drug addiction or incarceration) may carry a stigma and induce the feelings of shame and guilt, which adds to the burden grandparents are already laboring under. Along with encouraging stories of community support, there is anecdotal evidence, for example, of grandparents who had lost their daughter to a drug-related suicide and were raising their grandchild virtually in secret for years, not daring to bring the child to their church, for fear of disapprobation on the part of the congregation.

Other factors that contributed to grandparents' taking a significant part in raising their grandchildren are high divorce rates and the proliferation of single-parent families as well as the reduction in jobs paying a living wage and providing benefits. Faced with these hardships, some parents need to rely on extended family support for care of their children.

Analyzing a variety of circumstances that give rise to grandparent caregiving, from the desire to help the adult child financially or the adult child's divorce, to parents' substance abuse, criminality, mental or emotional distress, child abuse or neglect, researchers point out that "the reasons for role assumption also vary by ethnicity, with factors influencing a grandparent's perception that the child's family was dysfunctional being more common among Caucasians, whereas unemployment and teenage pregnancy are more common among African Americans."<sup>51</sup>

Native-born African American children are most likely to live with a grandparent compared to other groups. The percentage of African American children raised by their grandparents is higher than the national average, reaching 12.2 percent.<sup>52</sup>

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<sup>51</sup> Hayslip, Bert and Patricia L. Kaminski. "Grandparents Raising Their Grandchildren: A Review of the Literature and Suggestions for Practice." *The Gerontologist*. 2005. Vol. 45. No. 2, <https://doi:10.1093/geront/45.2.262>.

<sup>52</sup> Tang, F., Jang, H., Carr Copeland, V. "Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications." *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2, <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

## *Incarceration*

Parental incarceration, primarily significant female incarceration, remains one of the leading causes of grandparents having to take care of their grandchildren.

According to a report published by the Prison Policy Initiative in 2018, despite recent reforms, “the United States still incarcerates 698 people for every 100,000 residents, more than any other country.” Out of that number, 133 are women. Even though it is less than 20 percent, “it’s the highest incarceration rate for women in the world. And while the overall U.S. incarceration rate is falling, the women’s rate remains at an historic high.”<sup>53</sup> The report points out that “only 4% of the world’s female population lives in the U.S., but the U.S. accounts for over 30% of the world’s incarcerated women.”<sup>54</sup> Women’s incarceration rates in Pennsylvania, compared to other states, are closer to the bottom of the list than to the top, with 129, which puts the Commonwealth slightly below the nationwide average. While this rate is less than a half that of Oklahoma, which is well-known for incarcerating women, it is still 8 to 10 times higher than the rates of West European countries.<sup>55</sup> The report also indicates that “women often do not have the same access to diversion and other programs that can shorten incarceration.”<sup>56</sup> The Sentencing Project has found that “between 1980 and 2016, the number of incarcerated women increased by more than 700%, rising from a total of 26,378 in 1980 to 213,722 in 2016.”<sup>57</sup> Many of these women are mothers.

As reported by the U.S. Bureau of Justice Statistics, in total, “parents held in the nation’s prisons – 52% of state inmates and 63% of federal inmates – reported having an estimate 1,706,600 minor children, accounting of 2.3% of the U.S. resident population under age 18.”<sup>58</sup> Furthermore, the number of “parents of minor children held in the nation’s prisons increased by 79% between 1991 and midyear 2007.”<sup>59</sup> Since 1991, the number of children with a mother in prison has more than doubled, up 131%.<sup>60</sup> Racial disparities are also obvious: “Black children (6.7%) were seven and a half times more likely than white children (0.9%) to have a parent in prison.”<sup>61</sup> By the U.S. Bureau of Justice Statistics data, “of the estimated 147,400 children with a mother in prison, about 45% had a white mother. A smaller percentage of children had a black (30%) or Hispanic (19%) mother.”<sup>62</sup>

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<sup>53</sup> Kajstura, Aleks. *States of Women’s Incarceration: The Global Context 2018*, <https://www.prisonpolicy.org/global/women/2018.html>

<sup>54</sup> Ibid.

<sup>55</sup> Ibid.

<sup>56</sup> Ibid.

<sup>57</sup> The Sentencing Project. *Fact Sheet: Incarcerated Women and Girls, 1980-2016*, <https://www.sentencingproject.org/wp-content/uploads/2016/02/Incarcerated-Women-and-Girls-1980-2016.pdf>

<sup>58</sup> Glaze, Lauren E. and Laura M. Maruschak. *Parents in Prison and Their Minor Children: Bureau of Justice Statistics Special Report*. Washington, D.C.: U.S. Department of Justice, August 2008, revised 03.30.2010, <https://www.bjs.gov/content/pub/pdf/pptmc.pdf>.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

The National Resource Center on Children and Families of the Incarcerated at Rutgers University states that “one in 9 African American children (11.4%), 1 in 28 Hispanic children (3.5%), and 1 in 57 white children (1.8%) have an incarcerated parent”; approximately half of children with incarcerated parents are under ten years old.<sup>63</sup>

Important additional information regarding women’s incarceration is presented in a joint report by the Prison Policy Initiative and the ACLU Campaign for Smart Justice. One of the findings in this report is that in contrast to “the total incarcerated population, where the state prison systems hold twice as many people as are held in jail, incarcerated women are much more evenly split between state prisons and local jails. This has serious consequences for incarcerated women and their families.”<sup>64</sup> “A staggering number of women who are incarcerated are not even convicted: a quarter of women who are behind bars have not yet had a trial. Moreover, 60% of women under local control have not been convicted of a crime and are awaiting trial.”<sup>65</sup> The authors of the report contend that avoiding pre-trial incarceration is uniquely challenging for women. According to the report, “80% of women in jails are mothers, and most of them are primary caretakers of their children.”<sup>66</sup>

Female incarceration rates are especially meaningful for our report because the mother’s arrest and incarceration are more likely to result in the child being transferred to the care of grandparents. While losing either a father or a mother to prison is traumatic to a child, in case of the father’s incarceration, the child usually stays with his or her mother. When the mother is incarcerated, the alternatives often are moving in with a grandmother or aunt, if possible, or being placed in foster care.

Fewer than half of parents in state prisons lived with their minor children in the month before their arrests or just prior to incarceration; unsurprisingly, mothers were more likely than fathers to report living with their children before arrest.<sup>67</sup> Among parents in state prison who had lived with their minor children just prior to incarceration, “mothers (77%) were almost three times more likely than fathers (26%) to report that they had provided most of the daily care for their children.”<sup>68</sup> Moreover, “more than 4 in 10 mothers in state prison who had minor children were living in single-parent households in the month before arrest”; among parents held in federal prison, “mothers (52%) were more than two and a half times more likely than fathers (19%) to have lived in single-parent households.”<sup>69</sup> As a result, the consequences of parental incarceration for the children are significantly different. When asked about their children’s current caregivers, male and female inmates provided notably different responses: fathers most commonly reported the child’s mother as current caregiver of their children, while mothers most commonly reported

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<sup>63</sup> Rutgers University, National Resource Center on Children and Families of the Incarcerated. *Children and Families of the Incarcerated Fact Sheet*, <https://nrccfi.camden.rutgers.edu/files/nrccfi-fact-sheet-2014.pdf>.

<sup>64</sup> Kajstura, Aleks. *Women’s Mass Incarceration: The Whole Pie 2018*. Prison Policy Initiative; ACLU Campaign for Justice, November 2018, <https://www.prisonpolicy.org/reports/pie2018women.html>.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

<sup>67</sup> Glaze, Lauren E. and Laura M. Maruschak. *Parents in Prison and Their Minor Children: Bureau of Justice Statistics Special Report*. Washington, D.C.: U.S. Department of Justice, August 2008, revised 03.30.2010, <https://www.bjs.gov/content/pub/pdf/pptmc.pdf>.

<sup>68</sup> Ibid.

<sup>69</sup> Ibid.

the child's grandmother. In state prison, "88% of fathers reported that at least one of their children was in the care of the child's mother," while mothers most commonly identified the child's grandmother (42%) as the current caregiver.<sup>70</sup>

According to the data of the National Resource Center on Children and Families of the Incarcerated at Rutgers University, 90 percent of children remain with their mothers while the father is incarcerated while 50 percent of children with an incarcerated mother live with their grandmothers.<sup>71</sup>

### *The Opioid Epidemic*

A factor that has led to the most significant increase in the number of grandfamilies and brought this issue into the national spotlight is the opioid epidemic.

Parental substance abuse is not a newly discovered cause for a parent's inability to provide adequate care to their children, sometimes to a degree that other family members or the state have to assume responsibility. However, the current opioid epidemic has elevated this problem to a historically new level. It has turned hundreds of grandparents into primary caregivers of their grandchildren and put growing pressure on the states' welfare system. According to the National Conference of State Legislatures (NCSL), the current opioid epidemic has "an immeasurable impact on foster care caseloads and child welfare budgets across the country."<sup>72</sup> A recent NCSL article contains alarming statistics:

- In FY 2017, there were nearly 433,000 children in foster care in the U.S., the highest number since 2008. In the same year, nearly 270,000 children entered care, representing a slight decrease since 2016.
- The number of children under the age of 1 entering foster care is increasing and has become the highest percentage, by age group, of children entering foster care; from 39,697 in 2011 to 50,076 in 2017.
- The number of children experiencing neonatal abstinence syndrome (NAS) is on the rise; from 3.4 per 1000 hospital births in 2009 to 8.0 per 1000 hospital births in 2014.
- From 1999-2014, the incidence of parental alcohol or other drug use as a reason for removal more than doubled, from 15.8-31.8 percent.<sup>73</sup>

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<sup>70</sup> Ibid.

<sup>71</sup> Rutgers University, National Resource Center on Children and Families of the Incarcerated. *Children and Families of the Incarcerated Fact Sheet*, <https://nrccfi.camden.rutgers.edu/files/nrccfi-fact-sheet-2014.pdf>.

<sup>72</sup> National Conference of State Legislatures. *Substance Abuse and Child Welfare Resources*, <http://www.ncsl.org/research/human-services/substance-abuse-and-child-welfare-resources.aspx>. (Accessed 01/29/2019)

<sup>73</sup> Ibid.

According to an AFCARS report, 36 percent of children entering foster care in 2017 did so because of parental drug use.<sup>74</sup>

Though these data refer to foster care and not directly to grandparents raising their grandchildren, the data are still highly relevant for this study as they illuminate the scope of the problem that has affected both the state welfare systems and the families. Some of grandparents are officially recognized as caregivers by the welfare system; many more are doing it informally. The unprecedented number of children, often very young children, in need of care by somebody other than their biological parents due to substance abuse has a dramatic impact on both families and the states.

The opioid epidemic has tragically led not only to addicted parents losing their parental rights but also to their deaths, leaving many orphans who now have to be taken care of by their grandparents or the state. According to an analysis by two public health nonprofits, the Trust for America's Health and the Well Being Trust, in 2017, the number of deaths from alcohol, drugs and suicide hit the highest level since the collection of federal mortality data started in 1999, with these causes killing more than twice as many as they did in 1999.<sup>75</sup> The analysis is based on the data from the Centers for Disease Control and Prevention (CDC). It shows that in 2017, more than 150,000 Americans died from alcohol and drug-induced fatalities; nearly one-third – 47,173 – were suicides.<sup>76</sup>

Public health experts confidently assert that the grim statistics are fueled by synthetic opioid deaths. In 2017, 70,237 drug overdose deaths occurred in the United States; opioids were involved in 47,600, or more than two-thirds, of these deaths, so CDC unequivocally declares opioids – mainly synthetic opioids – “the main driver of drug overdose deaths.”<sup>77</sup> The analysis based on the CDC data reveals exponential growth: “Twenty years ago, less than 1,000 deaths a year were attributed to fentanyl and synthetic opioids. In 2017, more than 1,000 Americans died from synthetic opioid overdoses every two weeks, topping 28,000 for the year.”<sup>78</sup> Notably, the increase was largely “concentrated in the preceding five years, when such deaths rose tenfold and the opioid epidemic became the leading cause of death for Americans under 55.”<sup>79</sup> From 1999 to 2017, “almost 218,000 people died in the United States from overdoses related to prescription opioids. Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999.”<sup>80</sup> Generations United specifically highlights the sharp rise of the overdose death rate between 2015 and 2016 among people of childbearing age, “with increases of 29% among 25-34

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<sup>74</sup> United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *2017 Adoption and Foster Care Analysis and Reporting System (AFCARS) Report*, <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>.

<sup>75</sup> Hassan, Adeel. “Deaths From Drugs and Suicide Reach a Record in the U.S.” *The New York Times*, March 7, 2019, <https://www.nytimes.com/2019/03/07/us/deaths-drugs-suicide-record.html>.

<sup>76</sup> Ibid.

<sup>77</sup> Centers for Disease Control and Prevention. *Drug Overdose Deaths*, <https://www.cdc.gov/drugoverdose/data/statedeaths.html> (Accessed 04/22/2019).

<sup>78</sup> Hassan, Adeel. “Deaths From Drugs and Suicide Reach a Record in the U.S.” *The New York Times*, March 7, 2019, <https://www.nytimes.com/2019/03/07/us/deaths-drugs-suicide-record.html>.

<sup>79</sup> Ibid.

<sup>80</sup> Centers for Disease Control and Prevention. *Prescription Opioid Data*, <https://www.cdc.gov/drugoverdose/data/prescribing.html> (Accessed 04/22/2019).

year-olds and 24% among 35-44 year-olds.”<sup>81</sup> By race, the majority of people who overdosed on prescription painkillers were non-Hispanic whites. In 2014, “the overdose death rate for whites ages 25 to 34 was five times its level in 1999, and the rate for 35- to 44-year-old whites tripled during that period.”<sup>82</sup> These numbers cover both illegal and prescription drugs. The Deputy Director of the National Institute on Drug Abuse, Dr. Wilson Compton, called these numbers “startling.”<sup>83</sup> By region, the Northeast had the highest opioid death rates in the country.<sup>84</sup>

The Trust for America’s Health has found that in Pennsylvania, “deaths owed to drug misuse, alcohol, or suicide outpace the country as a whole.”<sup>85</sup> The numbers listed in Pennsylvania’s profile for 2016 are 7.3 alcohol-related deaths, 37.2 drug-related deaths, and 15.4 suicide deaths per 100,000, with the total number of deaths related to alcohol, drugs or suicide amounting to 57.9 per 100,000.<sup>86</sup>

According to CDC data, in 2017, Pennsylvania was one of the states with the highest rates of death due to drug overdose, along with West Virginia, Ohio, the District of Columbia, and Kentucky.<sup>87</sup> It is also one of the states with a statistically significant increase in drug overdose deaths from 2016 to 2017: percentage change in Pennsylvania was 16.9.<sup>88</sup>

In drug-related deaths, it is often hard to establish whether the lethal outcome was accidental or the overdose was intentional. By some estimates, between 20 and 30 percent of opioid overdose deaths counted as accidents are suicide, based on forensic evidence.<sup>89</sup> In the past few years, unprecedented drug overdose epidemic was occurring at the same time as suicide rates were rising as sharply. Public health researchers have suspected a link between these two preventable causes of death for a long time, but now they are finding concrete evidence that they are “intrinsically related”: people with an opioid addiction are at much higher risk for suicide than the rest of the population, and “opioid use was a contributing factor in more than 40% of all suicide and overdose deaths in 2017, according to data from the U.S. Centers for Disease Control and Prevention.”<sup>90</sup> To address this overlap and prevent deaths, the National Action Alliance for Suicide Prevention recommended new guidelines, which will become the minimum standard of care for opioid treatment programs and other rehabilitation services. Addiction treatment programs will be

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<sup>81</sup> Generations United. *Raising the Children of the Opioid Epidemic: Solutions and Support for Families*. Washington, D.C., 2016. Updated in 2018, <https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf>.

<sup>82</sup> Kolata, Gina and Sarah Cohen. “Drug Overdoses Propel Rise in Mortality Rates of Young Whites.” *The New York Times*. January 16, 2016, <https://www.nytimes.com/2016/01/17/science/drug-overdoses-propel-rise-in-mortality-rates-of-young-whites.html>.

<sup>83</sup> Ibid.

<sup>84</sup> Hassan, Adeel. “Deaths From Drugs and Suicide Reach a Record in the U.S.” *The New York Times*, March 7, 2019, <https://www.nytimes.com/2019/03/07/us/deaths-drugs-suicide-record.html>.

<sup>85</sup> Trust for America’s Health. *Pennsylvania at a Glance*, <https://www.tfah.org/state-details/pennsylvania/>.

<sup>86</sup> Ibid.

<sup>87</sup> Centers for Disease Control and Prevention. *Drug Overdose Deaths*, <https://www.cdc.gov/drugoverdose/data/statedeaths.html> (Accessed 04/22/2019).

<sup>88</sup> Ibid.

<sup>89</sup> Vestal, Christine. “Opioid Treatment Programs Gear Up to Provide Suicide Care.” *Stateline*. April 11, 2019, <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2019/04/11/opioid-treatment-programs-gear-up-to-provide-suicide-care>.

<sup>90</sup> Ibid.



required to use safety plans and to screen incoming patients for suicide risk. According to the National Action Alliance, other health care organizations that have used its suicide prevention approach saw a 60 to 80 percent reduction in deaths.<sup>91</sup> Behavioral health experts are hoping the adoption of the new guidelines by addiction treatment programs has the potential of saving thousands of lives. Many of them would be the lives of parents with minor children.

Utilizing evidence-based methods to prevent suicide; to curb the opioid epidemic; to optimize addiction treatment, working with parents who have a substance abuse disorder to help them combine recovery with better parenting practices, and also implementing policies and procedures in the criminal justice system that would help avoid unnecessary incarceration of mothers who have minor children – all of these steps would eliminate some of the prevalent causes that put grandparents in a position where they feel impelled to assume primary caregiving responsibilities for their grandchildren.

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<sup>91</sup> Ibid.



## ECONOMIC, SOCIAL, LEGAL, AND EMOTIONAL CHALLENGES FACING GRANDFAMILIES

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Grandfamilies often become a place of refuge and new beginnings for the children who cannot live with their parents anymore. Grandparents offer loving care and restore a sense of stability in children's lives. However, despite their numerous undeniable strengths, grandfamilies face many challenges.

Based on data from the U.S. Census Bureau, Grandparents United stated that in 2015, 2,572,146 grandparents were responsible for their grandchildren.<sup>92</sup> More than a half of those grandparents – 57 percent (1,458,407) were still working; 40 percent (1,022,872) were over age 60; 20 percent (509,285) lived below the poverty line; and 25 percent (642,739) had a disability.<sup>93</sup> Over a million of those grandparents (1,070,885, or 42 percent) had provided care for 5 years or more by the time of the survey.<sup>94</sup> The data for 2016, as presented by Generations United in its updated report, were similar: 2,519,737 grandparents were responsible for their grandchildren; 57 percent of those grandparents were in the workforce; 41 percent were over the age of 60; 19 percent lived below the poverty line; 26 of them had a disability; and 43 percent of them had provided care for five years or more.<sup>95</sup>

It should be noted that such an extended time period is not at all unusual. In fact, many grandparents take care of their grandchildren through most of their childhood. One of those grandchildren, Maria, told the Joint State Government Commission staff that her great-grandmother took care of her for over fifteen years, since Maria was a baby. The great-grandmother was in her early seventies at the time Maria arrived at her home, having become a victim to her mother's addiction and experiencing withdrawal symptoms at birth; they lived together till Maria was sixteen. The great-grandmother passed away in her nineties. Maria believes taking care of her extended her great-grandmother's life.<sup>96</sup>

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<sup>92</sup> Generations United. *In Loving Arms: The Protective Role of Grandparents and Other Relatives in Raising Children Exposed to Trauma*. Washington, D.C., 2017, <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>

<sup>93</sup> Ibid.

<sup>94</sup> Ibid.

<sup>95</sup> Generations United. *Raising the Children of the Opioid Epidemic: Solutions and Support for Families*. Washington, D.C., 2016. Updated in 2018, <https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf>.

<sup>96</sup> Information provided in a telephone interview with the Joint State Government Commission by Maria on February 14, 2019. "Maria" is not the person's real name; she chose to be anonymous.

Though raising their grandchildren fills the grandparents' lives with a new sense of purpose and can be rewarding in many ways, it can also present significant challenges.

Numerous challenges that grandparents have to tackle when they unexpectedly find themselves in a position to assume another round of parental responsibilities have been by now widely documented and described in a substantial body of research. With all its rewards, grandparent caregiving is stressful and has many negative personal, interpersonal, and economic consequences, including poorer physical and mental health, and more isolation from age peers and noncustodial grandchildren.<sup>97</sup> A recent literature review confirmed that grandparent caregivers are “at elevated risk for financial strain, poor physical health, social isolation, role overload and role confusion, stress and related issues.”<sup>98</sup> The incidence of depression, hypertension, diabetes, and insomnia is high among grandparent caregivers.<sup>99</sup> Another literature review verifies “the health risks, especially depression, for grandparents raising grandchildren.”<sup>100</sup>

Older grandparents, experiencing the effects of aging, are increasingly worried about taking care of their grandchildren as their physical, mental, and cognitive functioning decline.<sup>101</sup> For custodial grandparents of all ages, finding the time, energy, and resources to take care of their own health poses a bigger challenge when they need to attend to their grandchildren's needs, which often becomes a priority.

Economic disadvantage is one of the major challenges faced by grandfamilies. Almost one-third (32 percent) of children in skipped-generation households were found to be living in poverty.<sup>102</sup> Multiple researchers pointed out that the percentage of grandparent caregivers living below the poverty line is greater than for other types of families with children.<sup>103</sup> Furthermore, while “20% of children in homes headed by their parents have no health insurance, 33% of children in grandparent-headed homes lack such insurance.”<sup>104</sup>

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<sup>97</sup> Hayslip, Bert and Patricia L. Kaminski. “Grandparents Raising Their Grandchildren: A Review of the Literature and Suggestions for Practice.” *The Gerontologist*. 2005. Vol. 45. No. 2, <https://doi:10.1093/geront/45.2.262>.

<sup>98</sup> Tang, F., Jang, H., Carr Copeland, V. “Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications.” *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2, <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

<sup>99</sup> Hayslip, Bert and Patricia L. Kaminski. “Grandparents Raising Their Grandchildren: A Review of the Literature and Suggestions for Practice.” *The Gerontologist*. 2005. Vol. 45. No. 2, <https://doi:10.1093/geront/45.2.262>.

<sup>100</sup> Hadfield, J.C. “The Health of Grandparents Raising Grandchildren: A Literature Review.” *Journal of Gerontological Nursing*. 2014. Vol. 40. No. 4 (April), <https://doi.10.3928/00989134-20140219-01>.

<sup>101</sup> Tang, F., Jang, H., Carr Copeland, V. “Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications.” *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2, <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

<sup>102</sup> Wu, Huijing. *Grandchildren Living in a Grandparent-Headed Household. Family Profiles*, FP-18-01. Bowling Green, OH: National Center for Family & Marriage Research., 2018, <https://doi.org/10.25035/ncfmr/fp-18-01>.

<sup>103</sup> Hayslip, Bert and Patricia L. Kaminski. “Grandparents Raising Their Grandchildren: A Review of the Literature and Suggestions for Practice.” *The Gerontologist*. 2005. Vol. 45. No. 2, <https://doi:10.1093/geront/45.2.262>.

<sup>104</sup> Ibid.

Many grandmothers give up working outside the home to raise a grandchild, “losing income and the less tangible benefits of employment such as better health and less parenting stress.”<sup>105</sup> Various studies indicated increased financial strain, reduced hours of paid employment, and leaving full-time employment prematurely as a result of assuming full-time parenting responsibilities.<sup>106</sup> All this increases economic vulnerability and caregiving stress.

Researchers have identified kinship household headed by grandmothers as “particularly vulnerable”: according to some findings, “48% of children living in grandmother-only households live in poverty.”<sup>107</sup>

Housing-related challenges and the lack of assistance to address those concerns have been close to the top of the list of common concerns that Pennsylvanian grandparents/older relatives taking care of the children shared with their case managers at their Area Agencies on Aging. AAA staff referred to cases when some grandparents lost their subsidized housing because their property complexes did not allow children.<sup>108</sup> At times, grandparents have to switch to more spacious and less affordable housing arrangements in order to accommodate the needs of the children who came to reside with them, thus, further stretching their financial resources. Others had to downsize for financial relief. Multiple grandparents reported “being forced to sell their family homes, on which they have made and/or paid off 20-30 years of mortgage payments, in order to afford meeting their needs and the added expenses of a child.”<sup>109</sup>

Some Pennsylvanian grandparents also reported giving up their own health coverage because they could not afford premiums and skipping life-sustaining medications due to the out-of-pocket expenses, “reallocating those monies to provide health insurance plans for children, or child-care and utility expenses.”<sup>110</sup>

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<sup>105</sup> Ibid.

<sup>106</sup> Tang, F., Jang, H., Carr Copeland, V. “Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications.” *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2, <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

<sup>107</sup> Clarkson-Henderson, Michael et al. “Parenting Stress of Grandparents and Other Kin as Informal Kinship Caregivers: A Mixed Methods Study.” *Children and Youth Services Review*. Vol. 69. July 2016, doi: 10.1016/j.childyouth.2016.07.013.

<sup>108</sup> Information forwarded to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received February 14, 2019.

<sup>109</sup> Pennsylvania Family Support Alliance. *Grandparents Listening Tour*. A copy provided to the Joint State Government Commission by Ms. Angela M. Liddle, President and CEO of the Pennsylvania Family Support Alliance, in an e-mail received February 5, 2019.

<sup>110</sup> Ibid.

As one of the grandparent caregivers phrased it in a conversation with the Joint State Government Commission staff, “grandparents raising grandchildren become a new poverty class.”<sup>111</sup> Many grandparents believe that changing qualifying requirements for various state subsidies so that only the child’s income, not the grandparents’ resources, would be counted, would be fairer to their families and would relieve their financial struggles.<sup>112</sup>

Even for middle-income grandparents, meeting the material needs of the children who suddenly ended up in their care may become a challenge. This unexpected added expense can have devastating financial consequences for caregivers living on fixed incomes. According to Generations United, “countless grandfamilies report spending down their retirement savings to address the health, mental health, food and clothing needs of the children, or to pay legal expenses to obtain legal custody of the children.”<sup>113</sup>

Researchers noted that “grandparent caregiving may further increase the already-existing racial disparities,” with African American grandmother caregivers found to be more likely to live in poverty and have more functional limitations than either grandfather caregivers or other African American women aged 45 and over.<sup>114</sup>

It has been widely acknowledged that economic and other difficulties are greatest for grandparents who are caring for their grandchildren “informally,” without a formal legal basis such as adoption, legal custody, or guardianship. Without a legal relationship, some grandparent caregivers find it difficult to obtain medical coverage and educational assistance for their grandchildren, to enroll them in school or Head Start programs, and access other social services that could address the grandparents’ financial strain and overcome the risks to grandchildren’s health status.<sup>115</sup>

Lack of assistance with legal issues (custody, child support, adoption, temporary guardianship, et cetera) consistently appears as the number one topic in the grandparents’ listening tour, the NEPA summary, and the AAA’s report on the common concerns they hear from the Pennsylvania’s Caregiver Support Program consumers.<sup>116</sup> PFSA’s comprehensive summary of the grandparents listening tour organized for the Cabinet Secretaries of the Pennsylvania Departments of Aging, Human Services, Drug and Alcohol, Education, and Health on the initiative of Governor Wolf, highlights “legal advocacy, affordable representation, and assistance in process navigation”

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<sup>111</sup> Information provided to the Joint State Government Commission by Ms. Lotte Powell, in a telephone conversation on July 9, 2018.

<sup>112</sup> Ibid.

<sup>113</sup> Generations United. *In Loving Arms: The Protective Role of Grandparents and Other Relatives in Raising Children Exposed to Trauma*. Washington, D.C., 2017, <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>

<sup>114</sup> Tang, F., Jang, H., Carr Copeland, V. Op. cit.

<sup>115</sup> See Hayslip, Bert and Patricia L. Kaminski. Op. cit.; Tang, F., Jang, H., Carr Copeland, V. Op. cit.

<sup>116</sup> Information forwarded to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received February 14, 2019. Information provided to the Joint State Government Commission by Mr. Howard J. Grossman, Chair of the NEPA Intergenerational Coalition, in a personal e-mail received August 10, 2018.

as a vital need.<sup>117</sup> The summary recounts “a resounding and ever-present report from grandparents of varying ages and socio-economic demographics that there is a zero presence of advocacy in the legal sector for the parenting-kin or grandparent.”<sup>118</sup> Grandparents point out that courts appoint free legal representation to children and parents alike who cannot afford representation, and those grandparents believe they “should be considered for and deserve the same regard and services.”<sup>119</sup> One of the concerns is that the courts often mandate full family services for all engaged. Grandparents complain that these stipulated referrals place them on “long waiting lists for services that result in out-of-pocket expenses and additional barriers such as finding child care during service hours.”<sup>120</sup> Multiple grandparents expressed their profound dissatisfaction with the family law system, bemoaning “a glaring lack of advocacy, available education, and zero court-appointed representation of grandparents.” They often feel “their input is disregarded, their concerns are poorly received, and the courts continue to work toward reunification with biological parents with little consideration given to the input of the grands.”<sup>121</sup> Another complaint is that grandparents are often tasked with mediating visitation sessions, sometimes within their own homes. A number of grandparents feel “this potentially dangerous arrangement contributes to ongoing emotional and social stress, and places intensified weight on the grandparents who are already role and code switching in relationships with their grandchildren.”<sup>122</sup> Grandparents opine that county courts (in some counties more than in others) appear to be ignorant of the stress that multiple court visits and court-ordered family services place on grandparents, in addition to surmounting legal expenses.<sup>123</sup> Grandparents report spending hundreds of dollars, sometimes up to \$10,000-\$15,000 on legal expenses.<sup>124</sup>

Reunification services emerged as a major area of dissatisfaction for grandparents. During the listening tour, many of them expressed concern about monitoring compliance of parents with their service plans, convenience of parents placed above best interest of children, and inefficiencies with service delivery by provider agencies. In multiple cases, grandparents were alarmed by the speed with which their grandchildren were transitioned from a few time-limited visits to full weekends “with minimal assurances of safety.” They indicated grave concern regarding repeated failure on the part of parents to fully comply with expectations outlined by the county child welfare and/or the court system. Finally, grandparents expressed frustration with inefficient service delivery on the part of private provider agencies around supervised visitation and transportation. According to several grandparents’ reports, in some instances, updated court orders either did not reach, or were not followed by the agency resulting in grandparents having unnecessary stress when their grandchildren were not returned home within the anticipated time frame.<sup>125</sup>

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<sup>117</sup> Pennsylvania Family Support Alliance. *Grandparents Listening Tour*. A copy provided to the Joint State Government Commission by Ms. Angela M. Liddle, President and CEO of the Pennsylvania Family Support Alliance, in an e-mail received February 5, 2019.

<sup>118</sup> *Ibid.*

<sup>119</sup> *Ibid.*

<sup>120</sup> *Ibid.*

<sup>121</sup> *Ibid.*

<sup>122</sup> *Ibid.*

<sup>123</sup> *Ibid.*

<sup>124</sup> Information provided to the Joint State Government Commission by Ms. Elizabeth O’Boyle, in a telephone conversation on July 9, 2018.

<sup>125</sup> Pennsylvania Family Support Alliance. *Grandparents Listening Tour*. A copy provided to the Joint State Government Commission by Ms. Angela M. Liddle, President and CEO of the Pennsylvania Family Support Alliance, in an e-mail received February 5, 2019.

Grandparents would like to see “court appointed legal representation for grandparents as it is for parents and county” as well as “education for court system (judges) regarding addiction and reunification.”<sup>126</sup>

Often disappointed with their children’s recurring substance abuse and poor parenting practices and concerned about the safety and well-being of their grandchildren, grandparents at times feel that the focus on reunification that courts as well as Children and Youth agencies typically adhere to is not always in the best interest of the child. They insist that the child’s best interest should always be a priority and it does not always involve going back to parents.<sup>127</sup>

Grandparents’ concern with legal issues is certainly understandable. These issues, however, both in dependency cases and in custody cases, are complex and require a careful approach. Attorneys point out that the federal law gives primary preference to parents who have constitutional rights to make decisions for their children, so grandparents can hardly expect to be granted equal rights in court representation. The presumption is that if the parents can safely care for their children, the children should stay with them.<sup>128</sup> Presumably, when the grandparents, who are often uniquely positioned to offer valuable testimony regarding the family situation, share with the court their legitimate concerns regarding the parents’ past and present behavior, the judge will take their opinion into account while making his or her decision. Awareness of the consequences for all parties involved, including the grandparents, can be expected from the court, especially as increased financial and emotional stress is bound to have impact not only on the grandparents themselves but also on the children in their care.

Attorneys with significant experience in this field advocate for permanent legal custody, which would enable grandparents to get a subsidy but not require the termination of parental rights. Attorneys would like to see more authority given to families in deference to making decisions about the children. A more expansive standby guardianship statute is perceived as a desirable option that would allow families to better plan for a parent’s absence; it could be helpful for families facing parental incarceration and opioid dependency.<sup>129</sup>

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<sup>126</sup> Ibid.

<sup>127</sup> Information provided to the Joint State Government Commission by Ms. Lotte Powell, in a telephone conversation on July 9, 2018.

<sup>128</sup> Information provided in a telephone interview with the Joint State Government Commission by Ms. Kathleen Creamer, Managing Attorney of the Family Advocacy Unit of the Community Legal Services, on February 7, 2019.

<sup>129</sup> Information provided in telephone interviews with the Joint State Government Commission by Ms. Kathleen Creamer, Managing Attorney of the Family Advocacy Unit of the Community Legal Services, on February 7, 2019, and by Ms. Susan Pearlstein, Co-Supervisor of the Family Law Unit of the Philadelphia Legal Assistance, on February 19, 2019.



More flexibility in custody arrangements is considered beneficial by grandparents and attorneys alike. Attorneys caution against pressuring grandparents into adoption and recommend considering other permanency options instead when grandparents are hesitant to adopt.<sup>130</sup> With regards to kinship care, grandparents and attorneys would like DHS to remove unnecessary barriers when, for example, a grandmother who is otherwise perfectly fit to take care of the child and eager to do so is denied the opportunity because she does not have the adequate income, or the adequate housing, or there is an old criminal conviction for another member of the household, for example, the child's uncle. In such cases, financial circumstances would improve with a subsidy, and the old, unrelated criminal record would not put the child in danger. So, from both the grandparent's and the child's perspective, the benefits of this placement would definitely outweigh the risks.<sup>131</sup> Other states make exceptions from mandatory requirements in such circumstances as long as it does not jeopardize the child's safety, or they offer suitable adjustments; Pennsylvania, apparently, does not. In fact, the information the Joint State Government Commission was able to obtain on this issue is contradictory. In response to the JSGC query, DHS stated that "waivers are granted for relative caregivers who want to be licensed as foster parents" and outlined the basic process, which, according to DHS, begins with the Foster Family Care Agency (FFCA) contacting the Regional Office requesting the waiver, the Regions reviewing the request and making recommendations related to approval, which are submitted to the OCYF, Policy Division and are then reviewed by the Office of General Counsel; the intent is to achieve "the consistency of waivers being applied across the Commonwealth".<sup>132</sup> However, attorneys who have extensive experience in representing grandparents involved in such cases strongly maintain that there are no licensing waivers in Pennsylvania and cite various cases when such a waiver would be highly appropriate, in their view, but was unavailable to their clients. The JSGC's request for a formal policy remained unanswered by DHS. This matter deserves further attention. Generations United, in collaboration with the National Association for Regulatory Administration (NARA) and the American Bar Association Center on Children and the Law, with support from Annie E. Casey Foundation, developed the Model Family Foster Home Licensing Standards, which DHS might want to consider as they are intended "to eliminate unnecessary barriers that prevent suitable relatives and non-relatives from becoming licensed foster parents."<sup>133</sup> The Children's Bureau is identifying national model standards as required by the Family First Act based on the NARA standards, and Generations United urges states to adopt their standards using the NARA standards, interpretive guide, and crosswalk tool. Both grandparents and attorneys representing them note that all legal issues tend to be significantly exacerbated if the child happens to reside in a different state.

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<sup>130</sup> Information provided in a telephone interview with the Joint State Government Commission by Ms. Kathleen Creamer, Managing Attorney of the Family Advocacy Unit of the Community Legal Services, on February 7, 2019.

<sup>131</sup> Information provided in telephone interviews with the Joint State Government Commission by Ms. Kathleen Creamer, Managing Attorney of the Family Advocacy Unit of the Community Legal Services, on February 7, 2019, and by Ms. Caroline Buck, Staff Attorney of the Family Advocacy Unit of the Community Legal Services, on February 11, 2019.

<sup>132</sup> Information provided to the Joint State Government Commission by Ms. Amy Grippi, Chief of Staff, Department of Human Services, Office of Children, Youth and Families, in a personal e-mail received March 1, 2019.

<sup>133</sup> Generations United. *Raising the Children of the Opioid Epidemic: Solutions and Support for Families*. Washington, D.C., 2016. Updated in 2018, <https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf>.

Having their grandchildren in their care gives many grandparents the satisfaction of knowing that the children are safe with them, in a caring family environment. Nonetheless, these grandparents often face formidable financial, physical and emotional challenges and would benefit from help and support both for themselves and for the children. Regrettably, child care and respite care that can both relieve the grandparents' caregiver stress and improve the child's outcomes are often hard to access due to the financial burden or limited availability. Respite care becomes especially problematic for individuals raising grandchildren with disabilities who cannot be placed in the care of unfamiliar or untrained persons. Additionally, respite care "is not always accessible to those in rural or suburban areas, or those who do not have legal custody of children to place them in such programs."<sup>134</sup> Grandparents are hesitant to seek child care for children with cognitive disabilities and/or physical or emotional limitations for fear that something may happen to the children. Many grandparents face difficulty in accessing child care, day camps, and recreational programming due to cost. In many cases these caregivers are excluded from receiving any degree of assistance for child care because in determination, all sources of household income are taken into account. The request that income eligibility for subsidized child care be based upon child's income, not household income, was listed as a priority.<sup>135</sup>

In addition to economic and physical strains, many custodial grandparents experience significant stress associated with the grandchild's parent because they had to assume caregiving responsibilities as the result of a crisis situation that caused the inability of biological parents to provide their children with adequate care. Dependent on the nature of the triggering crisis, grandparents may be grieving over the loss of their deceased child, or they may be anxious about the child's incarceration or drug addiction. In some cases, they may resent their child's behavior or feel taken advantage of by the child whose behavior put them in a position of the primary caretaker for the grandchild. Notably, evidence suggests that "grandparent caregiver's grief may be disenfranchised (i.e., not publicly recognized or acknowledged)," which, in turn, undermines their opportunities to express themselves and receive social support.<sup>136</sup>

The prevalent grandparents' concerns reported by the Pennsylvania Area Agencies on Aging and based on their clients' testimonials include "dealing with the impact of the opioid crisis on their families, especially their children and grandchildren," and "dealing with parents returning home from incarceration and reintegrating them into their children's lives."<sup>137</sup> NEPA also highlighted substance abuse as a major factor that makes parents unable to effectively raise their children and mentioned that the presence of, at least, one of the biological parents in the household can be a complicating issue that is frequently neglected.<sup>138</sup>

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<sup>134</sup> Pennsylvania Family Support Alliance. *Grandparents Listening Tour*. A copy provided to the Joint State Government Commission by Ms. Angela M. Liddle, President and CEO of the Pennsylvania Family Support Alliance, in an e-mail received February 5, 2019.

<sup>135</sup> *Ibid.*

<sup>136</sup> Hayslip, Bert and Patricia L. Kaminski. *Op. cit.*

<sup>137</sup> Information forwarded to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received February 14, 2019.

<sup>138</sup> Information provided to the Joint State Government Commission by Mr. Howard J. Grossman, Chair of the NEPA Intergenerational Coalition, in a personal e-mail received August 10, 2018.

A mixed methods study focused on kin caregivers' stress revealed that "even considering differences in sociodemographic characteristics and risk factors, grandparents continued to demonstrate higher levels of parenting stress compared to other kin caregivers."<sup>139</sup> The authors surmised that "grandparent caregivers faced additional stressors. They personalized and carried guilt over their adult children's failure as parents and have accepted the role of substitute parents to their grandchildren when needed... At the same time, they faced challenges in 'parenting the second time' where generation gaps remain steep."<sup>140</sup>

Researchers underline that "it is essential for social workers, health care providers, and social service providers to understand the role of grandparents in family caregiving and the challenges they face."<sup>141</sup> It is also recommended that attention be given to the strengths of grandparent caregivers, protective factors at both personal and social levels, and the potential positive outcomes of caregiving.<sup>142</sup>

Positive outcomes of grandparent caregiving should not be ignored. Despite the numerous challenges faced by grandparent caregivers, many of them derive profound satisfaction from the choice they made when they accepted responsibility for the well-being of their grandchildren. As revealed by several studies, "for some older adults, parenting grandchildren is a rewarding experience, keeping them active and bringing joy, love, a sense of pride and accomplishment into their lives... They feel proud to serve as a healthy role model for their grandchildren, keeping the family intact and carrying on the family legacy."<sup>143</sup>

All six dimensions associated with the concept of psychological well-being are relevant for understanding of the grandparent caregiver's experiences: "self-acceptance or positive attitude towards oneself, personal growth or development, purpose of life, control or mastery of environment, positive relationships with others, and autonomy or ability to be independent."<sup>144</sup> The higher the individuals' perceptual and emotional appraisal of their lives in each of these parameters is, the higher is the likelihood of their emotional well-being and life satisfaction. With regard to grandparent caregivers, the role of choice appears to be especially important: researchers highlight the different effects of "volitionally choosing to become a grandparent rather than feeling compelled to assume the role."<sup>145</sup> Resources were identified as "the strongest predictor of positive grandparent caregiver life satisfaction."<sup>146</sup> Resources in this context included grandparent caregivers' perception of adequate community resources (financial, health care, day care) and

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<sup>139</sup> Clarkson-Henderson, Michael et al. "Parenting Stress of Grandparents and Other Kin as Informal Kinship Caregivers: A Mixed Methods Study." *Children and Youth Services Review*. Vol. 69. July 2016, doi: 10.1016/j.chilyouth.2016.07.013.

<sup>140</sup> Ibid.

<sup>141</sup> Tang, F., Jang, H., Carr Copeland, V. "Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications." *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2, <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

<sup>142</sup> Ibid.

<sup>143</sup> Ibid.

<sup>144</sup> Coleman-Reed, Freda V. *Grandparent Caregivers: Factors Contributing to Their Experience of Life Satisfaction: A Dissertation*. Tuscaloosa, AL, 2016, [http://acumen.lib.ua.edu/content/u0015/0000001/0002528/u0015\\_0000001\\_0002528.pdf](http://acumen.lib.ua.edu/content/u0015/0000001/0002528/u0015_0000001_0002528.pdf).

<sup>145</sup> Ibid.

<sup>146</sup> Ibid.

personal resources (adequate food, sleep, time for self, and time with family). Implications for social work practice are to improve access to resources but also to focus attention on caregivers' strengths and capabilities. It is important to acknowledge that grandparent caregivers are "not, merely, being swept along by events, but they are active decision makers who elect to care for their grandchildren."<sup>147</sup>

Recently, benefits of grandparent caregiving have received more attention in research and in social practice. The highlight is placed on a strengths perspective that emphasizes capacities and competencies at the individual, family, and community levels. Realizing that "positive caregiving appraisals, adaptive coping strategies, self-help and help-seeking skills would enable grandparents to continue performing daily activities and minimize the negative effects of caregiving, thus promoting grandparent well-being and grandchild outcomes," some programs turned to an empowerment model of working with grandparents.<sup>148</sup> Such programs usually involve working in groups where caregivers can share their concerns, learn from each other, and practice specific problem-solving techniques. They are taught how to advocate for themselves and their grandchildren, how to mobilize resources that may be available, how to communicate with their grandchildren and deal with their behavioral problems. In addition, grandparent caregivers, especially custodial caregivers, are offered an array of support services, such as home-based visitation services, parenting classes, legal assistance, support groups, and material aid. When community-based interventions are tailored to a particular group's special needs, they are especially effective in "ameliorating the stresses from parenting demands and adapting to the demands of raising grandchildren."<sup>149</sup> A review of ten education or training programs and intervention services based on the empowerment approach and specifically targeting African American grandparent caregivers indicated that upon completion, grandparent caregivers reported improved mental health, decreased depressive symptoms, enhanced social support, and improved access to and utilization of health care and public services.<sup>150</sup> Researchers encourage attending to ethnic and cultural differences among custodial grandparents as "it is vital to an accurate understanding of their circumstances and needs."<sup>151</sup>

A good example of such a targeted approach is presented by a recent set of guidelines developed for psychologists working with African American grandparents who raise their grandchildren due to the parents' incarceration. Based upon unique challenges facing this group of grandparents and the children in their care and taking into account the cultural values of African American custodial grandparents, the author suggests specific approaches that can be helpful to professionals working with these families:

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<sup>147</sup> Ibid.

<sup>148</sup> Tang, F., Jang, H., Carr Copeland, V. Op. cit.

<sup>149</sup> Ibid.

<sup>150</sup> Ibid.

<sup>151</sup> Hayslip, Bert and Patricia L. Kaminski. Op. cit.

1. Provide information and access to support groups and psychoeducational workshops, with psychoeducational topics focused on parenting, grief/loss, childhood behavioral issues, and legal assistance, which would “provide opportunities for grandparents to enact their agency in finding solutions in a guided and supportive environment”.
2. Use family-focused therapy, which can “foster and reinforce the relationship between grandchildren and their grandparents,” help them to understand the underlying stress and trauma, and “provide a safe environment for all to express their thoughts and feelings,” thus enhancing healthy family dynamics.
3. Provide individual psychotherapy for grandparents and grandchildren. For the grandchild, individual mental health care services offer one-on-one attention and provide him or her with a safe environment to express feelings of loss, sadness, anxiety, anger, or disappointment over the absence of the parent. For the grandparent, individual psychotherapy sessions offer an opportunity to “safely explore any negative feelings and challenges such as disappointment and resentment associated with their new role and their relationships with grandchildren, adult child, other family members, and community.”<sup>152</sup>

A thoughtful, individualized approach based on appropriate guidelines has a potential to relieve caregiving stress and improve outcomes for both grandparents and their grandchildren.

Summarizing their analysis of the costs and benefits of raising a grandchild, based on the existing literature and on their own observations, proficient researchers conclude: “Most importantly, custodial grandparents can provide love, security, encouragement, and structure for grandchildren who might otherwise be in a foster care home. A grandparent can act as a “safety net” for children whose families have been damaged or broken by death, drug abuse, family violence and abuse, incarceration, or divorce.”<sup>153</sup> To achieve this noble goal, grandparents need help and support.

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<sup>152</sup> Adomako, Francis. “The Work in Never Done: Mental Health, Mass Incarceration, and African American Custodial Grandparents.” *Psychology Benefits Society*. February 19, 2019, <https://psychologybenefits.org/2019/02/19/the-work-is-never-done-mental-health-mass-incarceration-and-african-american-custodial-grandparents/> (Accessed 03/7/2019).

<sup>153</sup> Hayslip, Bert and Patricia L. Kaminski. Op. cit.



## PSYCHOLOGICAL AND EMOTIONAL WELL-BEING OF CHILDREN RAISED BY GRANDPARENTS

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One important factor that needs to be taken into account when considering challenges and advantages of grandfamilies is the condition children are in when they end up at their grandparents' doorstep. Most children who come to reside with their grandmothers and grandfathers, aunts or uncles, have had traumatic experiences, most likely repeatedly. These adverse childhood experiences may include exposure to drugs and/or alcohol, parental neglect or abuse, domestic violence, separation from their parent(s) due to drug dependency, incarceration, or other grave circumstances. These children may have experienced homelessness or multiple changes in their housing situation. Many of them have had damaging emotional reactions in response to this trauma and are suffering from a sense of abandonment, insecurity, possibly fear, guilt, and despair. All these may have multiple adverse consequences for the babies and children, both short-term and long-term.

A landmark research survey, the Adverse Childhood Experiences Study (ACES), which is an ongoing collaboration between Kaiser Permanente and the U.S. Centers for Disease Control and Prevention (CDC), demonstrated “a significant association between cumulative adverse experiences in childhood and a host of negative adult outcomes, including physical and mental health problems, substance abuse, risky sexual behaviors, suicide attempts, aggression, cognitive difficulties, and poor work performance.”<sup>154</sup> According to the findings, “by the time children have experienced four or more adverse experiences, the odds of having negative health outcomes in adulthood are up to 12 times that of children without such experiences.”<sup>155</sup> Adverse childhood experiences can be legitimately considered a public health issue.

Better understanding of the impact of traumatic experiences on children has become possible thanks to the recent advances in science that deal with new insights into brain development and long-term adverse consequences of toxic stress. The foundations for brain architecture are formed prenatally and in early childhood. The developing brain is shaped by both genes and experience. “During early sensitive periods of development, the brain’s circuitry is most open to the influence of external experiences, for better or for worse.”<sup>156</sup> Responsive, dependable interaction with caring adults ensures healthy emotional and cognitive development, while chronic

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<sup>154</sup> Stambaugh, L.F. et al. Adverse Childhood Experiences in NSCAW. OPRE Report #2013-26. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, [https://www.acf.hhs.gov/sites/default/files/opre/aces\\_brief\\_final\\_7\\_23\\_13\\_2.pdf](https://www.acf.hhs.gov/sites/default/files/opre/aces_brief_final_7_23_13_2.pdf).

<sup>155</sup> Ibid.

<sup>156</sup> Center on the Developing Child, Harvard University. *The Impact of Early Adversity on Children’s Development*, available at [http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief\\_series/inbrief\\_impact\\_of\\_adversity/](http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief_series/inbrief_impact_of_adversity/) (Accessed 01/14/2014).

or extreme adversity can disrupt normal brain development, which can in turn have a life-long negative impact on behavior, learning, physical and mental health. To describe the detrimental impact of chronic stress, scientists use the term “toxic stress.” A certain amount of adversity is unavoidable even in a most nurturing environment, and learning how to cope with it is a natural part of healthy child development. Unlike “positive stress response”, characterized by a brief increase in heart rate and hormone levels, or “tolerable stress response”, activating the body’s systems to a greater degree as a result of more severe, longer-lasting difficulties, “toxic stress response” can occur when a child experiences “strong, frequent, and/or prolonged adversity,” such as physical or emotional abuse, chronic neglect or other severe hardships, without adult support.<sup>157</sup>

Normally, when a young child experiences a stressful event, a caring adult would calm him down, and that would allow his stress levels to drop. When stress response occurs continually and is not relieved by adequate adult support, it can lead to long-lasting severe consequences: “This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into adult years.”<sup>158</sup> Early childhood toxic stress has been linked with disruptions of the developing nervous, cardiovascular, immune and metabolic systems, disruptions that can eventually lead to lifelong impairments in physical and mental health, behavior and learning. Research also indicates, however, that “supportive, responsive relationships with caring adults as early in life as possible can prevent or reverse the damaging effects of toxic stress response.”<sup>159</sup> This explains why new developments in neuroscience have clear policy implications. A critical conclusion made by the Center of the Developing Child is as follows:

The basic principles of neuroscience indicate that providing supportive and positive conditions for early childhood development is more effective and less costly than attempting to address the consequences of early adversity later. Policies and programs that identify and support children and families who are at most risk for experiencing toxic stress as early as possible will reduce or avoid the need for more costly and less effective remediation and support programs down the road.<sup>160</sup>

Moving in to reside with loving relatives may be the best opportunity to find such “supportive and positive conditions“ for traumatized children who cannot any longer live with their parents. Whether it is a formal placement through the child welfare system or an informal family arrangement, grandparents and other close relatives are uniquely positioned to help relieve and mitigate trauma, restore the sense of security and belonging in the children, and improve their health outcomes. In the words of Dr. Sarah Springer, Chair of the American Academy of Pediatrics’ Council on Foster Care, Adoption and Kinship Care, “kinship caregivers play a critical

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<sup>157</sup> Center on the Developing Child, Harvard University. *Toxic Stress: The Facts*, available at <http://developingchild.harvard.edu/> (Accessed 01/14/2014).

<sup>158</sup> Ibid.

<sup>159</sup> Ibid.

<sup>160</sup> Center on the Developing Child, Harvard University. *The Impact of Early Adversity on Children’s Development*, available at [http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief\\_series/inbrief\\_impact\\_of\\_adversity/](http://developingchild.harvard.edu/index.php/resources/multimedia/videos/inbrief_series/inbrief_impact_of_adversity/) (Accessed 01/14/2014).



role in helping traumatized children to heal. By maintaining ties to family, community, and culture, children are spared additional losses. Being sheltered in the loving arms of a familiar adult is an invaluable first step on the road to healing.”<sup>161</sup>

It has been shown that, compared to children in non-relative care, children in the care of relatives experience increased stability (fewer placement changes and fewer school changes); higher levels of permanency; greater safety; better behavioral and mental health outcomes; more positive feelings about placements; and greater preservation of cultural identity and community connections.<sup>162</sup> As researchers point out, “grandparents can pass on their memories, wisdoms, stories, and a family history to grandchildren, who may feel nurtured, safe, and valued in family connections with grandparents.”<sup>163</sup> Another significant advantage is increased likelihood of living with or staying connected to siblings. Each of these factors contributes to the child’s emotional well-being.

The validity of the above-mentioned outcomes is well illustrated by a monitoring report on the conditions of children in and or at-risk of foster care in Illinois. The report, prepared by the Children and Family Research Center, which is an independent research organization created jointly by the University of Illinois at Urbana-Champaign and the Illinois Department of Children and Family Services, compares a number of outcomes for children in various substitute care settings. The findings reveal that a very high percentage of children who attained subsidized guardianship remained with their family at the two-years’ benchmark (96.1 percent of children who attained guardianship in 2011); that the children who are initially placed in kinship foster homes experience the highest level of stability (between 83 percent and 86 percent in the past seven years); and that “children initially placed with kin are more likely to be placed with siblings than children initially placed in non-kin placements.”<sup>164</sup> The latter indicator deserves to be discussed in more detail: in the years 2007-2013, 80.0 to 83.6 percent of children with one or two siblings who were initially placed in kinship foster homes were placed with all their siblings compared to 63.2 to 71 percent of those in traditional foster care; the difference between kinship foster care and traditional foster care becomes much higher for children with three or more siblings: about 50 or more percent of those in kinship foster care were placed with all of their siblings compared to 0 to 24.3 percent of those in traditional foster care.<sup>165</sup>

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<sup>161</sup> Generations United. *In Loving Arms: The Protective Role of Parents and Other Relatives in Raising Children Exposed to Trauma*. Washington, D.C., 2017, <https://www.grandfamilies.org/Portals/0/17-InLovingArms-Grandfamilies.pdf>.

<sup>162</sup> Generations United. *Children Thrive in Grandfamilies*. Washington, D.C., 2016, <http://grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf>.

<sup>163</sup> Tang, F., Jang, H., Carr Copeland, V. “Challenges and Resilience in African American Grandparents Raising Grandchildren: A Review of the Literature with Practice Implications.” *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*. 2015. Vol.2. No.2, <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1018&context=grandfamilies>.

<sup>164</sup> Fuller, Tamara et al. *Conditions of Children in or at Risk of Foster Care in Illinois*. Urbana, IL: Children and Family Research Center, 2015, [https://cfrc.illinois.edu/pubs/rp\\_20150101\\_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf](https://cfrc.illinois.edu/pubs/rp_20150101_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf).

<sup>165</sup> Ibid.

Based on the existing multi-disciplinary research, Grandparents United contends that “the stability, supportive relationships and extended family network that grandfamilies provide to children, align with research-based protective factors that promote resiliency and healing.”<sup>166</sup>

Providing trauma-informed training and mental health services to the children and caregivers can further improve behavioral and emotional outcomes for the children. Keeping in mind how critical trauma-informed care is, Grandparents United recommends that “trauma-informed supports for the children and caregivers should be made available regardless of whether the grandfamilies are inside or outside of the foster care system.”<sup>167</sup> While the importance of trauma-informed care is universally acknowledged, it is not always accessible to children raised by their grandparents. As Pennsylvania grandparents reported during the listening tour organized for the Commonwealth Cabinet Secretaries of the leading departments in 2018, “schools, outpatient programs, and childcare centers are typically unprepared for and inexperienced in serving this high need population. Accessing individualized, specialized care is possible but very expensive, resulting in \$65-\$150 out-of-pocket copays for private practice clinicians. Many of these children need Trauma-Focused Cognitive Behavioral Therapies, and there is not an adequate supply of providers to meet demand.”<sup>168</sup>

With increased public awareness and the growing volume of research regarding the development of well-being in children raised by grandparents, more extensive and, at times, mixed findings have become available. General consensus appears to be that “some of these children face significant barriers to their well-being compared with children living with their parents, but tend to fare better than children of single parents or those in foster care.”<sup>169</sup> Such a generalized view needs to be accepted with caution while observed variations in outcomes dependent on a number of economic, social, and cultural factors deserve attention. These factors include family structure (multigenerational households, which include the grandparents, adult children, and grandchildren, versus skipped-generation, or custodial, grandparent households, made up of grandchildren and grandparents only); income level; the child’s age and gender; the grandparents’ age and energy level; whether or not the child has special needs; whether the child is raised by two grandparents or one; and whether the grandparents have the resources and support to help them advance positive outcomes for the child. According to a recent review of existing literature, “researchers have found that custodial grandchildren of both genders are at greater risk of psychological, health, behavioral and academic problems than children in the general population... Nevertheless, children being raised solely by grandparents appear to be relatively healthy and well-adjusted.”<sup>170</sup> Researchers tend to agree that “the well-being of children living in grandparent-headed households is better

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<sup>166</sup> Generations United. *In Loving Arms: The Protective Role of Parents and Other Relatives in Raising Children Exposed to Trauma*. Washington, D.C., 2017, <https://www.grandfamilies.org/Portals/0/17-InLovingArms-Grandfamilies.pdf>.

<sup>167</sup> Ibid.

<sup>168</sup> Pennsylvania Family Support Alliance. *Grandparents Listening Tour*. A copy provided to the Joint State Government Commission by Ms. Angela M. Liddle, President and CEO of the Pennsylvania Family Support Alliance, in an e-mail received February 5, 2019.

<sup>169</sup> Sham’ah Md-Yunus. *Development of Well-Being in Children Raised by Grandparents*. 2017, [https://www.childresearch.net/papers/rights/2017\\_02.html](https://www.childresearch.net/papers/rights/2017_02.html).

<sup>170</sup> Ibid.

than the alternative arrangement.”<sup>171</sup> It is important to remember that many of the emotional and behavioral problems experienced by the children raised by their grandparents track back to the traumatic events they had experienced prior to moving in with their grandparents. Separation from their parents may cause them to have feelings of loss, anger, rejection, or guilt; they may suffer from separation anxiety or attachment disorder. Teachers and school psychologists have perceived that children raised by grandparents exhibit more internalizing than externalizing problems compared with children raised by parents. In addition, specific issues more prevalent in certain socio-demographic groups of children should be taken into account by teachers and school psychologists and addressed appropriately.

Children’s satisfactory school experiences are central to their quality of life and well-being. Researchers emphasize that “schools are excellent resources to help manage the needs of children raised by their grandparents” and suggest specific steps that psychologists, schools counselors, and other school professionals can take to assist these children such as developing support groups for these family members; implementing interventions based on existing strengths of grandchildren and grandparents; consistently demonstrating empathy to both grandchildren and grandparents; promoting stability in schooling for these children, placing them with the same teachers and classmates in consecutive years; and ensuring access to tutoring to the children whose academic problems result from the inability of their grandparents to provide academic and homework assistance.<sup>172</sup>

Relieving grandparent caregivers’ stress and helping them to avoid depression improves not only their own mental and emotional status, but also well-being outcomes for the children. There have not been a lot of studies analyzing how the challenges faced by caregivers influence the variation in social, emotional, and behavioral (SEB) outcomes of children in their care. One of the few existing studies, performed recently, examined such outcomes of children placed with kinship and non-relative foster care providers in a Mid-Atlantic city. The findings indicated that “youth in kinship care always exhibited better change in SEB outcomes than youth in non-relative foster care, but these positive outcomes were principally observed among families where caregivers demonstrated a reduction in depression over time or were never depressed.”<sup>173</sup> The authors encourage child welfare systems to allocate resources to address kinship caregiver needs when placing the child into out-of-home care.

Whether grandparent caregiving is “formal” or “informal”, social workers, health care providers, and educators need to be aware that relieving caregivers’ stress will also contribute to improved outcomes for the children.

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<sup>171</sup> Ibid. See also Kelch-Oliver, Karia. “African American grandchildren Raised in Grandparent-Headed Families: An Exploratory Study.” *Journal of Counseling and Therapy for Couples and Families*. Vol. 19. No. 4, doi.org/10.1177/1066480711417235.

<sup>172</sup> Sham’ah Md-Yunus. *Development of Well-Being in Children Raised by Grandparents*. 2017, [https://www.childresearch.net/papers/rights/2017\\_02.html](https://www.childresearch.net/papers/rights/2017_02.html).

<sup>173</sup> Garcia, A. et al. “The Influence of Caregiver Depression on Children in Non-Relative Foster Care versus Kinship Care Placements.” *Maternal and Child Health Journal*. 2015. Vol. 19. No. 3, doi: 10.1007/s10995-014-1525-9.

One of the greatest fears of grandparents raising grandchildren because of the parents' substance abuse is that the grandchildren might "go the same road" as their parents did and resort to drugs themselves, especially as some of them had been exposed to drugs as babies or infants. To prevent this outcome and concerned about the psychological damage the children have already suffered, grandparents try to make counseling available to grandchildren, but this counseling can be very expensive. One of the grandmothers taking care of her grandchildren under such circumstances, told the Joint State Government Commission staff that she had to pay \$120-125 per hour for counseling. Even when children have access to Medicaid, psychologists who have the necessary expertise often do not accept it, so out-of-pocket payment is what grandparents have to resort to if they can afford it at all.<sup>174</sup> Improved access to high-quality professional counseling may play an important part in keeping the children whose parents had a drug addiction free from drugs.

Counseling and parenting guidelines may also assist grandparents in selecting the best parenting strategies to achieve this goal and to improve outcomes for their grandchildren while at the same time strengthening their relationship with the grandchildren. Persistent fear that grandchildren may follow in the parents' footsteps and mirror the wrong choices their parents made in the past can make grandparent caregivers overprotective. Their desire to ensure that nothing bad happens to the grandchild in their care can be overbearing for the grandchildren, who may feel they are being unduly restricted from doing what their peers do or too tightly supervised. A wide intergenerational gap may create additional difficulties in communication. Such recollections were shared with the JSGC staff by Maria, a young woman who was raised by her great-grandmother, whom she adored.<sup>175</sup> Though Maria remembers occasional misunderstandings and teenage rebellious outbursts when she was not allowed to participate in some parties and games with her friends, she says that her prevalent emotional state while in her great-grandmother's care was the profound feeling of being loved and supported. Maria says about her great-grandmother, "She was always there for me."<sup>176</sup> Maria says she considered her great-grandmother her mother. Now, as an adult and highly successful woman, Maria is full of gratitude for her great-grandmother. Maria is certain that her life would have been very different if she had stayed with her drug-addicted mother. Being raised by her great-grandmother, she grew up to be a strong, confident woman, who was passionate to get education and earned an advanced academic degree, which now allows her to help other young people, teaching them, in part using her own experience, that a fulfilling, successful life is within reach in spite of any adversity. Maria says this is her way of giving back.<sup>177</sup>

Maria's story is one of many, many examples of grandchildren who feel their lives have been saved and their future opened to them by their grandparents and great-grandparents who stepped in to raise them when they were babies or infants, who they look up to, and who have served as positive role models.

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<sup>174</sup> Information provided to the Joint State Government Commission by Ms. Elizabeth O'Boyle, in a telephone conversation on July 9, 2018.

<sup>175</sup> Information provided in a telephone interview with the Joint State Government Commission by Maria on February 14, 2019. "Maria" is not the person's real name; she chose to be anonymous.

<sup>176</sup> Ibid.

<sup>177</sup> Ibid.

## THE PENNSYLVANIA DEPARTMENT OF AGING CAREGIVER SUPPORT PROGRAM

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The Grandfacts state fact sheet for Pennsylvania prepared by Generations United includes the following data regarding grandparents raising their children:

88,726 grandparents are householders responsible for their grandchildren who live with them. Of these:

- 28,827 (32.5%) do not have parents present.
- 58,568 (66.0%) are under age 60.
- 51,727 (58.3%) are in the workforce.
- 17,923 (20.2%) are in poverty.
- 22,443 (25.3%) have a disability.
- 28,481 (32.1%) are unmarried.<sup>178</sup>

Grandparents who are raising their grandchildren in the Commonwealth can gain assistance and support from the Pennsylvania Caregiver Support Program (CSP). The program aims “to alleviate the stresses associated with caregiving by focusing on the well-being of the caregiver, providing access to respite care, addressing the need for formal and informal supports and providing financial reimbursement of costs associated with caregiving-related services and supplies.”<sup>179</sup>

In order to ensure flexibility and responsiveness to the needs of caregivers, these supportive services are described broadly and include five major categories:

- Information: Providing information to caregivers about available resources
- Assistance: Linking caregivers to available services
- Caregiver Training: Assisting caregivers in making decisions and solving problems related to their caregiving roles, organizing support groups, and arranging for caregiving training
- Respite Care: Providing caregivers with a temporary break from their caregiving responsibilities

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<sup>178</sup> *Grandfacts: State Fact Sheets for Grandfamilies. Pennsylvania,*

<http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-Pennsylvania.pdf>

<sup>179</sup> Information provided to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received July 18, 2018. Most of the information regarding CSP has been provided by the same source.

- Supplemental Services: providing, on a limited basis, items or services designed to help complement the care provided by caregivers.

Overall, Pennsylvania's Caregiver Support Program provides resources and assistance to individuals who assume primary responsibility for the provision of care in order to help alleviate the stress associated with caregiving and support the caregiving relationship by focusing on the caregiver's well-being. Recognizing that caregiver stress can impact the physical, emotional, and financial health of caregivers, access to respite services is encouraged, and financial reimbursement for caregiving-related services and supplies is allowed. To achieve access to these services, a caregiver must meet certain eligibility requirements, and before CSP services are provided, all other resources for the caregiver (individual, local, state and/or federal) must be considered.

The Pennsylvania Caregiver Support Program was established in 1990; its original purpose was to assist caregivers of functionally dependent older adults and adults with diagnosis of chronic dementia. The Pennsylvania CSP is implemented through 6 Pa. Code § 20.1 – 20.62, as amended in 2011.<sup>180</sup>

In 2000, the National Family Caregiver Support Act (NFCS) was enacted. Through the passage of the NFCS Act, in addition to the caregivers recognized by the Pennsylvania CSP, older adults raising relative child(ren) and older adults caring for individuals with a disability were also identified as eligible caregivers. The National Family Caregiver Support Program is authorized through the Older Americans Act (OAA) Title III-E.

Funding for the CSP is allocated to the Area Agencies on Aging (AAA) by the Pennsylvania Department of Aging (PDA) through the Aging Block Grant and distributed to the 52 AAAs for program administration.

For the CSP purposes, a primary caregiver is defined as an identified adult family member or other responsible person who has primary responsibility for the provision of care, including coordination of care and services required to maintain the physical and/or mental health of the care receiver, and must be actively involved/engaged with various aspects of care on a regular, but not necessarily daily, basis. Caregivers and care receivers must meet certain demographic, programmatic, and financial requirements to participate in the program.

One of the categories of the individuals who may qualify for benefits through the CSP is an individual age 55 and older who is the primary caregiver for a dependent child age 18 and under and related to the care receiver(s) by blood, marriage, or adoption (grandparent, stepgrandparent, or other non-parental older relative by blood, marriage, or adoption). Caregiver and care receiver are required to live in the same residence. The caregiver may either have a legal relationship to the child(ren) such as legal custody, adoption or guardianship or may be raising the child(ren) informally. Household income, defined as the total gross income of all persons living in the care receiver's residence, with the exception of a minor or dependent student, must be less or equal to 380% of the Federal Poverty Level.

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<sup>180</sup> Act of December 19, 1990 (P.L. 1234, No. 204), known as the Pennsylvania Caregiver Support Act; 62 P.S. §§ 3061-3069). Amendments at the act of December 22, 2011 (P.L. 526, No. 112).

If a caregiver is interested in the CSP-Grandparent/Other Relative Caregiver enrollment, a representative of the local Area Agency on Aging will visit him or her at home to perform an initial assessment. To identify and record the needs of the caregiver, AAAs use the Caregiver Assessment Tool (CAT); it provides an overview of the caregiving relationship and identifies areas where support is needed. Both the caregiver and the care receiver must be present in the caregiving environment during the completion of the CAT.

The home visit must be scheduled and the CAT completed within ten business days of the initial referral. Within ten business days of the home visit, the CAT must be reviewed and signed by the care management supervisor.

The CAT must be completed every six months, or any time there is a significant change in the caregiving relationship or a change in household income/composition. For the Grandparent/Older Relative Caregiver of Children component of the program, a new CAT must be completed when a care receiver turns age eighteen if other care receivers who are children remain in the home. It should be noted that only caregivers enrolled in the Grandparent/Other Older Relative Caregiver of Children may have multiple care receivers, who are children, on one CAT.

Limited funding may result in the establishment of a CSP wait list by the AAA. When the AAA determines that a wait list has to be established, it must notify the Department's Bureau of Finance prior to implementation. AAAs must establish a written wait list policy, approved by the Department's Bureau of Aging Services, that outlines the AAA's process for placing caregivers on their wait list and for serving them.

Caregivers are placed on the wait list based on their Caregiver Assessment Score (CAS) and the date of the completion of the CAT. The CAS is calculated based on information obtained through the CAT. The following areas are factored into the calculation of the CAS:

- Priority category
- Caregiver's well-being
- Care receiver's need for supervision.

AAAs must maintain accurate wait lists, updating them any time a caregiver is placed or removed from the wait list. AAAs monitor funding on a monthly basis and redistribute funds as they become available, to serve caregivers from the wait list in the order they were placed.

Grandparents and other older relative caregivers of children or older relative caregivers of an adult with disability cannot be removed from the wait list if expenditures have reached the 10-percent budget limitation for the Grandparent/Other Older Relative Caregiver component of the program.

Regular contact must occur with caregivers on the wait list. A new CAT must be completed if a caregiver's needs/supports change or if there is a significant change in the caregiving relationship that may affect the caregiver's CAS. Documentation of these changes and a recalculation of the caregiver's CAS are required to advance his or her placement on the wait list.

Caregivers participating in CSP can receive a variety of services. These services may supplement, but not duplicate, services provided to care receivers through any other formal program. The following services can be offered by the AAA to caregivers who participate in CSP:

#### A. Care Management

Care management activities are a coordinative link between the identification of the caregiver's needs and the timely provision of appropriate services and supports to meet those needs by utilizing all available resources. The role of the case manager is to support the caregiver by addressing identified stressors and other needs through education, training, respite, and reimbursement for caregiving expenses. The case manager completes a comprehensive assessment, using the CAT, and develops a person-centered plan of care to meet the caregiver's needs. The care manager is also responsible for ongoing follow-up and case recording. Telephone contact with caregivers and reassessment must occur on a regular basis.

#### B. Benefits Counseling

Benefit counseling provides information about available services and programs the caregiver or care receiver may be eligible to receive. Care managers are expected to provide individualized counseling and support to assist caregivers in identifying all available resources and benefits (federal, state, and local) and in gaining access to those resources and benefits in order to meet their specific needs.

#### C. Caregiver Education and Training

The purpose of caregiver education and training is to strengthen caregiving skills and ease the stress of caregiving. Special attention is given to health problems of care receivers, coping skills for caregivers, and the performance of appropriate personal care skills. Caregiver education and training may be provided or arranged by AAAs. It may involve a variety of approaches such as distribution of printed educational materials, referral to web-based resources, and other available training opportunities specific to caregiving. Care managers are encouraged to refer caregivers to available resources and to assist in the development of caregiver support groups as necessary.

#### D. Caregiver Reimbursement

Reimbursement is available for funds expended by the caregiver for ongoing expenses for services or consumable supplies directly related and necessary to the care being provided to the care receiver, and as authorized in the care plan. Justification for reimbursable expenses must be documented in the caregiver's record. Caregivers may not receive reimbursement for caregiving expenses paid to a relative.

AAAs must develop a local policy and procedures for the timely submission, review, and payment of submitted receipts; submit their local policy to the Department's Bureau of Aging Services for approval; and apply the procedure consistently in all cases.



Receipts for monthly expenses must be submitted to the AAA no later than the 15<sup>th</sup> of the following month. If the caregiver is late submitting receipts, the care manager should contact him or her to determine why the caregiver is unable to meet the deadline and to offer assistance and support, such as contacting provider agencies to request expedited invoicing. If the caregiver continues to be late in submitting receipts after the documented consultation/intervention of the care manager, the AAA may terminate the caregiver from the CSP. In certain circumstances, AAAs may use an agency model of reimbursement, which must be included in their local reimbursement policy. This policy must contain the criteria necessary for caregivers to participate in the agency model. The AAA must determine, on a case-by-case basis, that it would be an undue hardship for the caregiver to pay for services and wait for reimbursement. Prior to authorizing payment directly to a provider, the AAA must document justification for use of the agency model in a special journal entry in the caregiver's record.

Caregiver reimbursement is permitted for the following services which may include, but are not limited to

1. Respite Services

Respite services provide the caregiver a brief period of regular, intermittent, or emergency relief from normal caregiving duties and responsibilities. Respite services may include in-home respite. For Grandparents and Other Older Relative Caregivers of children and disabled adults, respite services may also include summer camp or babysitting.

Caregivers may accumulate unused financial benefits to facilitate the purchase of more expensive respite care for a period of time that will allow a caregiver the opportunity to be away for several days of vacation, hospitalization, or special emergency absences.

Care managers are instructed to provide respite-related counseling to caregivers at the time of enrollment and routinely thereafter and to encourage the utilization of this service to decrease stress and prevent burnout.

2. Consumable Supplies

Consumable supplies consist of expendable or disposable items needed on an on-going basis to provide care to the care receiver, which are not otherwise covered by any insurance or third-party player. These items may include, but are not limited to, nutritional supplements, therapeutic creams/ointments, or other supplies that provide assistance to the caregiver. Caregivers are limited to the purchase of two over-the-counter (OTC) medications per month for reimbursements. Consumable supplies are authorized only if the item(s) clearly support the caregiver relationship.

### 3. Supportive Services

Supportive services are services other than respite care that are directly related and necessary to the care being provided to the care receiver as identified in the care plan.

These services include but are not limited to the following:

- Personal care skills training and other caregiver education services not available directly through the CSP
- Counseling provided to the caregiver by a certified/licensed professional
- Legal and financial counseling necessary to manage the affairs of the care receiver
- Specialized medical transportation services
- Transportation to respite locations

### 4. Supplemental Services

Supplemental services are defined as any other service that supports the caregiver's ability to provide care to the care receiver, such as personal care or pest-control/fumigation services, et cetera.

### 5. Home Modifications

Eligible home modifications include adaptations/modifications made to improve caregiver and/or care receiver safety, increase functionality, improve accessibility, and to assist in the provision of care to care receiver in the home. The home modification cannot be for cosmetic or decorative purposes. Home repairs are not considered home modifications and, therefore, are not eligible for reimbursement.

There is a lifetime cap of \$2,000 per caregiver for the purchase of home modification or assistive device, subject to the determined reimbursement percentage.

### 6. Assistive Devices

Assistive devices are items that assist caregivers, or enable care receivers with functional disabilities, to perform activities of daily living (ADLs) or instrumental activities of living (IADLs). The care manager is instructed to explore all resources available for obtaining or renting assistive devices.

The cost of renting assistive devices counts towards the caregiver's care plan cost cap.

In cases where reimbursement for devices or equipment has been denied or partially paid for by Medicare or other third parties, the device or the non-covered portion can be reimbursed through the CSP if the device is medically necessary. The CSP is to be the payor of last resort.

## 7. Services Specific to Grandparent/Older Relative Caregivers

Services and supplies specific to Grandparents/Older Relative Caregivers may include, but are not limited to, summer camp, extracurricular activities, recreational activities, school supplies, and seasonal clothing. Baby food/formula is allowable through the Grandparent/Other Older Relative Caregiver of Children component of the program even though food is not generally reimbursable under the CSP.

A number of services and supplies are excluded from caregiver reimbursement; among those are prescription medications, including co-pays; medical copayments and deductibles; mileage and gasoline for transportation-related services; routine consumable household supplies such as toilet paper, shampoo, and soap; glasses; dentures; household repairs and maintenance.

All caregivers who participate in CSP shall have a care plan completed and approved by the care manager outlining the specific terms and services related to the caregiving relationship that will be provided or reimbursed, as approved by the AAA.

The CSP monthly care plan is based on the caregiver's identified needs, actual monthly expenditures for eligible services and supplies, or reasonable anticipated expenses, as determined upon enrollment. The CSP monthly care cost cap is \$200. It may be increased to \$500 in instances where services above this amount are needed. If the care manager determines at reassessment that the caregiver's expenditures consistently fall below the authorized care plan cost cap amount, the care manager is expected to readjust the approved care plan to reflect the caregiver's actual monthly expenditures.

Each caregiver is allowed one care plan cost cap amount, regardless of the number of care receivers. Caregivers with multiple care receivers cannot receive a reimbursement benefit amount that exceeds the CSP monthly care plan cost cap.

Caregivers are permitted and, in fact, encouraged to accumulate unused monthly benefits for the purchase of extended respite care or other supportive services that would allow for a longer break from caregiving responsibilities. Planned accumulation of benefits cannot exceed a period of six months. The accumulated benefits must be earned on a monthly basis prior to use and cannot be anticipated. Accumulated benefits must be used by June 30<sup>th</sup> of each calendar year and cannot be carried over one fiscal year to the next. In the event of an emergency, any unused accumulated benefits which have been previously approved for a planned event must be utilized to cover the unanticipated absence of the caregiver.

Reimbursement determination and application are performed according to specific rules and requirements. The caregiver's reimbursement percentage is based on the previous year's gross income received by all members of the care receiver's household, with the exception of a minor or dependent student. Current year's income may be used for this calculation only in instances when there is a significant decrease in current income that would affect the reimbursement amount to the benefit of the caregiver or when the caregiver is unable to produce or verify last year's income for the care receiver's household.

Income is verified by the care manager initially and at annual reassessments, with copies of all documents attached to the caregiver's record. The financial situation of the care receiver's household is also reviewed when a change has been reported by the caregiver.

The reimbursement percentage is determined using a sliding scale that covers the range of income from 200 percent to 380 percent of the current Federal Policy Level, which is updated annually. The application of the sliding scale occurs during completion of the initial CAT, annual reassessment, or when there has been a significant change in countable income that may affect the reimbursement amount.

When receipts are submitted for reimbursement, the care manager reviews them to ensure they are in accordance with the care plan. If the total amount of the approved expenses is more than the care plan cap, the reimbursement percentage is applied to the care plan cap. If the total amount approved is less than the care plan cap, the reimbursement percentage is applied to the total expenses submitted.

The Caregiver Support Program is funded with federal and state dollars. The federal component is based on 75 percent federal funds with a state match of 25 percent. The state component is supported with 100 percent state funds.

The entire allocation for both the Grandparent/Other Relative Caregiver of Children and Older Relative Caregiver of an Adult with a Disability components of the program, including administration costs, must not exceed 10 percent of the combined total funding from federal, state (match), and local sources. However, AAAs may submit a request for a waiver of this provision to the Department's Bureau of Finance.

In order to expand the provision of available caregiver support services, AAAs are encouraged to make use of trained volunteers, and if possible, AAAs are to work in coordination with organizations that have experience with established volunteer organizations that have experience in providing training, placement, and stipends for volunteers in community service settings.

AAAs are required to submit their CSP annual plans to the Department of Aging by March 31<sup>st</sup> for the upcoming fiscal year. These plans should contain information on administration, operations, and initiatives. AAAs are required to submit an operating budget, annually upon request, as part of the line item budget to the Department's Bureau of Finance.

The Caregiver Support Program can serve as a valuable source of support for grandparents raising their grandchildren, especially those who are reluctant to enter the formal child welfare system and, therefore, cannot qualify for assistance that is available through the foster care or kinship care systems in Pennsylvania. Often, these grandparents are unaware of the assistance that may be available to them and their grandchildren even without entering the formal child welfare system. Since the CSP has been modified to include the grandparent/older relative caregivers component, the Pennsylvania Department of Aging has been making continuous efforts to reach out to its potential clients. It has utilized a variety of strategies to increase awareness of this program, trying to spread information about it through local schools, brochures, TV ads, other

relevant programs such as the Highmark Caring Place, which is a center for grieving children, adolescents, and their families. According to Mr. Troy Dunston, Caregiver Support Program Coordinator, the Area Agencies of Aging would like to achieve closer collaboration with the local children and youth agencies.<sup>181</sup> Cooperation with the local drug and alcohol programs could also be helpful. The Pennsylvania Department of Aging (PDA) strongly supports the “no wrong door” approach and believes that linking all the departments would be helpful to ensure that more grandparents who suddenly find themselves responsible for raising their grandchildren had prompt access to all the information available and were introduced to all resources that may relieve their burden, including the CSP.

PDA has strived to provide more services to more eligible individuals as the awareness of the program grew. In 2011, the total number of grandparents and other elderly caregivers serving children who received services through the CSP was 219, with the majority of them from the age group 75-84 years old; main services provided included respite care, supplemental assistance, and access assistance. In 2012, the total number of the caregivers served was 192, with the majority of those in the age group 55-74. In 2016, the number of grandparents and other elderly caregivers taking care of children served by the CSP reached 270, with the total service expenditures totaling \$570,500.28.<sup>182</sup> In 2017, the CSP served 289 grandparents and other elderly caregivers taking care of children, with the total expenditures of \$643,973.00; the vast majority of the caregivers – 247 – were women; 42 were men.<sup>183</sup>

Analyzing its experience with the Caregiver Support Program during the past few years, the Department of Aging identified the following practices utilized by local Area Agencies on Aging as the most effective and promising ones:

- Facilitating caregiver support groups for grandparents/other older relative caregivers of children on-site and connecting grandparents/other older relative caregivers of children with available support groups in their communities
- Partnering with social service agencies and organizations that offer assistance and supportive resources to grandparents/other older relative caregivers of children (such as behavioral health providers, children and youth agencies, MH/MR providers, churches, YMCA/YWCA, Boys and Girls Clubs, AARP, Salvation Army, United Way, and others)

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<sup>181</sup> Information provided to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in the telephone conversation on July 2, 2018.

<sup>182</sup> Information provided to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received July 18, 2018. More detailed data are available in Appendix C, page 63.

<sup>183</sup> Information provided to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received March 26, 2019.

- Leveraging social media such as Facebook and other electronic outreach methods (agency website, county website, partner agency websites, on-line newsletter) to create more awareness about the CSP for grandparents/other older relative caregivers of children
- Utilizing a multimedia approach to promoting the CSP in order to engage grandparents/other older relative caregivers of children (brochures, one-page information sheets, monthly newsletters, community newspapers, advertisements on local radio and TV stations)
- Giving presentations on the CSP to the staff of partner agencies that have a direct connection/link to grandparents/other older relative caregivers of children
- Recruiting college students in the social service and gerontology fields of study at local universities to volunteer in the role of “program ambassador” or “program champion” to help expand the reach of the AAA’s local CSP by engaging grandparents/other older relative caregivers of children and educating them about the program
- Hosting “Back to school” programs for grandparents/other older relative caregivers of children designed to link them with resource information from social service agencies in their community
- Hosting Christmas parties for Grandparent Support Group attendees and their families
- Hosting summer picnic events for grandparents/other older relative caregivers of children and their families
- Hosting information seminars covering topics relevant to grandparents/other older relative caregivers of children such as cyberbullying, parenting skills, stress management, conflict resolution, legal advice, et cetera.<sup>184</sup>

Overall, the AAA network feels that the Caregiver Support Program has been instrumental in meeting the needs of Pennsylvania’s caregiver community, including grandparents/other older relative caregivers of children. The AAA staff believe that the CSP provides vital benefits and supports to caregivers in an effort to meet their needs and enhance their caregiving relationships. Despite these successes, AAAs were able to pinpoint several problematic issues that exist in the implementation of the CSP statewide.

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<sup>184</sup> Information forwarded to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received February 14, 2019.

The following is the list of the CSP-related barriers faced by AAAs and the caregivers they serve, as reported by the Department of Aging:

- Some caregivers are unable to pay for caregiving-related expenses upfront and receive reimbursement at a later time.
- The requirement for caregivers to utilize their own funds to purchase caregiving-related services and supplies has caused some AAAs to experience a decrease in program participation.
- Lack of available, affordable in-home care providers does not allow caregivers the ability to have a respite from their caregiving duties, especially in rural areas.
- Minimum-age requirement prohibits many grandparents/other older relative caregivers of children from participating in the program
- Some caregivers struggle with obtaining and gathering the various sources of documentation/verification needed to determine their eligibility for the program as well as keeping track of monthly caregiving-related expenses to be submitted for reimbursement.
- Some AAAs find it difficult to engage eligible program participants as most of the older adults they encounter need care themselves and are unable to care for related children.
- Many potential program participants feel that the maximum reimbursement rate is too low, and this often serves as a disincentive to participate in the CSP, especially in comparison with other programs which offer more comprehensive benefits and supports and, thus, appear more attractive (OPTIONS, Aging Waiver).
- There is still lack of awareness of the CSP and its ability to benefit caregivers and their families.
- The requirement to include the gross yearly income of all members of the care receiver's household causes many potential participants to be ineligible for the program.
- The requirement prohibiting caregivers to receive reimbursement of expenses due to services provided by a relative deters many caregivers from participating in the program.<sup>185</sup>

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<sup>185</sup> Information forwarded to the Joint State Government Commission by Mr. Troy Dunston, Caregiver Support Program Coordinator, Bureau of Aging Services, Pennsylvania Department of Aging, in a personal e-mail received February 14, 2019

Area Agencies on Aging perceive the following factors as challenges they encounter in their implementation of the CSP:

- Rising cost of services and supports needed to allow care receivers to remain in the homes and communities
- Established maximum financial reimbursement rates and funding limitations and their impact on the number of caregivers that can be enrolled in the program
- Lack of available funding needed for AAAs to expand community education and outreach efforts in order to enhance their local programs
- Lack of understanding and misconceptions by caregivers about the benefits and services available through the CSP
- The fact that timely submission of reimbursement requests/corresponding documentation and the monitoring of this activity can be burdensome for both caregivers and AAA staff.<sup>186</sup>

The AAA network believe that there are opportunities for enhancement of the CSP, to benefit grandparents/other older relative caregivers of children. To broaden the reach of the program, AAAs suggest

- Removal of the \$300 aggregate average requirement for all CSP cases in each AAA
- Increasing the CSP monthly care plan cost cap to \$500
- Increasing the CSP Home Modification/Assistive Device lifetime limit per caregiver to \$5,000
- Changing care receiver household member income requirement to lower the number of individuals that must be included (to include only spouses and caregivers if residing with their care receiver)
- Lowering the minimum age of older relative caregivers to 50
- Increasing the funding limitation for expenditures utilized for grandparents/other older relative caregivers of children to 20 percent or 25 percent.<sup>187</sup>

Implementation of these proposals would lead to the enhancement of the CSP and make this program available to more grandparents/other older relative caregivers of children, along with other supports the Commonwealth can provide them in their demanding caregiving activities.

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<sup>186</sup> Ibid.

<sup>187</sup> Ibid.



## RECOMMENDATIONS

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Since House Resolution No. 390 that launched this report was passed in April 2018, the General Assembly has already taken important steps to assist grandfamilies. The recent amendments to Title 23 (Domestic Relations) address some of the grandparent caregivers' major legal concerns, and the installation of the Kinship Caregiver Navigator Program has the potential of providing valuable assistance in finding information for relevant federal, state, and local supports and services and in improving access to these services.

Looking into the future, recommendations on this issue encompass three main areas.

The first one is to minimize the number of cases when grandparents find themselves in a position where they feel impelled to assume primary caregiving responsibilities for their grandchildren. This would include the following steps:

- Continue and intensify efforts to curb the opioid epidemic.
- Work with parents who have a substance abuse disorder to help them combine recovery with better parenting practices so that their children could safely stay in their care.
- Introduce policies and procedures in the criminal justice system that would help avoid unnecessary incarceration of mothers who have minor children.

The second area is to remove barriers that stand in the way of grandparents who are generally able and willing to step up and take care of their grandchildren. This may require legal and/or procedural changes at a department or county level. Based on the input from grandparents and their advocates as well as on expert opinion and the experience of other states, this set of recommendations includes the following:

- Educate grandparents and other close relatives on the full range of their legal options and improve their access to legal assistance.
- Advance permanent legal custody, which would enable grandparents to get a subsidy but not require the termination of parental rights.
- Expand the standby guardianship statute as it would allow families to better plan for a parent's absence and be particularly helpful to families facing parental incarceration or opioid dependency.
- Identify and engage close relatives from the time children initially come to the attention of the child welfare system.

- Always prioritize the best interest of the child, which may in some cases require going beyond the reigning assumption that family reunification is always in the best interest of the child. Show more flexibility in applying this principle when the children are in the care of their grandparents and the parents are suffering from drug addiction.
- Consider implementing kinship diversion.
- Facilitate implementation of waivers (licensing requirement exceptions) for grandparents and other relatives who are otherwise able and willing to take care of the child. Consider adoption of the Model Family Foster Home Licensing Standards so more grandparents and relatives can be licensed foster parents and secure accompanying financial support, benefits, and services to meet the needs of the child.
- Provide the judiciary with opportunities for education regarding the issues of addiction and reunification.

The third group of recommendations involves affording support and assistance to grandparents who are already raising their grandchildren, which would relieve their burden and improve children's outcomes:

- Offer a continuum of tailored services and supports for children, parents, and caregivers in grandfamilies available through the Family First Prevention Services Act.
- Consider assistance options for younger grandparents. Pennsylvania's Caregiver Support Program serves caregivers aged 55 and older. Can it be expanded to include younger grandparents? Can other resources be found?
- Expand access to trauma-informed care to children in their grandparents' care.
- Tailor counseling and other support services to various subgroups of grandparents and grandchildren in their care dependent on their specific needs and challenges.
- Improve monitoring compliance of parents with their service plans, and improve service delivery on the part of private agencies responsible for supervised visitation and transportation.

A recommendation that is of utmost importance in general is increased public awareness and enhanced education for all institutions and agencies serving grandfamilies, including county offices of children and youth, courts, schools, outpatient programs, and childcare centers.

PRIOR PRINTER'S NO. 1989

PRINTER'S NO. 3358

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 390 Session of  
2017

INTRODUCED BY PASHINSKI, THOMAS, WATSON, FREEMAN, VAZQUEZ,  
MILLARD, READSHAW, BULLOCK, SCHLOSSBERG, DeLISSIO, WARREN,  
V. BROWN, TOOHIL, KORTZ, SAMUELSON, ROTHMAN, DOWLING,  
ENGLISH, BARBIN AND MICCARELLI, JUNE 13, 2017

AS AMENDED, HOUSE OF REPRESENTATIVES, APRIL 17, 2018

A RESOLUTION

1 Directing the Joint State Government Commission to study the  
2 trend of grandfamilies in Pennsylvania and report its  
3 findings and recommendations to the General Assembly.

4 WHEREAS, Grandfamilies, or kinship families, are families in  
5 which children reside with and are being raised by grandparents,  
6 other extended family members and adults with whom they have a  
7 close family-like relationship, including godparents and close  
8 family friends; and

9 WHEREAS, In Pennsylvania, more than 195,000 children are  
10 living with their grandparents; and

11 WHEREAS, More than 88,000 Pennsylvania grandparents are  
12 householders responsible for their grandchildren who live with  
13 them, and of these households nearly 29,000 do not have the  
14 child's parents present in the home; and

15 WHEREAS, Nearly one-third of grandparents raising  
16 grandchildren are 60 years of age or older, nearly 60% are in  
17 the work force and nearly 20% are living in poverty; and

1 WHEREAS, For every child in foster care with relatives, there  
2 are 20 children being raised in grandfamilies outside of the  
3 foster care system; and

4 WHEREAS, Grandfamilies provide the State with significant  
5 savings by keeping children out of the foster care system; and

6 WHEREAS, Forty percent of children in foster care with  
7 relatives are there because of parental drug or alcohol abuse;  
8 and

9 WHEREAS, Grandparents face unique emotional, legal, health  
10 and economic challenges when they unexpectedly find themselves  
11 in the position of raising a second family, yet they find little  
12 support; therefore be it

13 RESOLVED, That the House of Representatives direct the Joint  
14 State Government Commission to submit a report on grandfamilies  
15 that identifies:

16 (1) The number of children being raised in grandfamilies  
17 from 2011 through 2016 and a comparison with the number of  
18 children being placed in foster care.

19 (2) The average length of time children remain in  
20 grandfamilies.

21 (3) The reasons children are placed in the care of  
22 grandparents and great-grandparents.

23 (4) The impact parental drug or alcohol abuse has on  
24 children being raised in grandfamilies.

25 (5) The economic impact raising children has on  
26 grandfamilies, including how it affects the earning ability  
27 and retirement savings of grandparents.

28 (6) The impact of grandfamilies on the Commonwealth's  
29 foster care system, including how much grandfamilies save the  
30 Commonwealth in foster care costs.

1           (7) Emotional, social and legal challenges facing  
2 grandfamilies.

3           (8) The behavioral and emotional outcomes of children  
4 placed with grandparents or great-grandparents.

5           (9) The number of parents successfully reunited with  
6 their children after placement with grandparents or great-  
7 grandparents as compared with the number of parents  
8 successfully reunited with their children after placement  
9 with foster families;

10 and be it further

11       RESOLVED, That the report include recommendations on how to  
12 connect grandfamilies with services and information, including  
13 the creation of a Statewide website within an appropriate State  
14 agency; and be it further

15       RESOLVED, That the Joint State Government Commission develop  
16 the report in collaboration with all of the following:

17           (1) THE DEPARTMENT OF HUMAN SERVICES OF THE        ←  
18 COMMONWEALTH.

19           (2) THE DEPARTMENT OF AGING OF THE COMMONWEALTH.

20       ~~(1)~~ (3) Residents who have raised their grandchildren or ←  
21 other minor relatives.

22       ~~(2)~~ (4) Residents who have been raised by their       ←  
23 grandparents.

24       ~~(3)~~ (5) The NEPA Intergenerational Coalition.       ←

25       ~~(4)~~ (6) A family law expert;                               ←

26 and be it further

27       RESOLVED, That the commission report its findings and  
28 recommendations, including proposed legislation and programs, to  
29 the General Assembly within one year of the adoption of this  
30 resolution.



The Pennsylvania Department of Human Services  
Data on Children in Care for the Five-Year Period

**Children in Care on the Last Day of the Period By Placement Setting as of Last Day of the Period**

| Date      | Total In Care | Pre-Adoption Home |      | Family Foster Home (Relative) |       | Family Foster Home (Non-Relative) |       | Group Home |       | Institution |       | Supervised Independent Living |      | Runaway |      | Trial Home Visit |      | Unknown |      |
|-----------|---------------|-------------------|------|-------------------------------|-------|-----------------------------------|-------|------------|-------|-------------|-------|-------------------------------|------|---------|------|------------------|------|---------|------|
|           |               | #                 | %    | #                             | %     | #                                 | %     | #          | %     | #           | %     | #                             | %    | #       | %    | #                | %    | #       | %    |
| 3/31/2011 | 15,590        | 567               | 3.6% | 3,527                         | 22.6% | 7,337                             | 47.1% | 1,727      | 11.1% | 1,795       | 11.5% | 323                           | 2.1% | 118     | 0.8% | 196              | 1.3% | 0       | 0.0% |
| 9/30/2011 | 14,726        | 558               | 3.8% | 3,397                         | 23.1% | 6,856                             | 46.6% | 1,662      | 11.3% | 1,627       | 11.0% | 317                           | 2.2% | 105     | 0.7% | 204              | 1.4% | 0       | 0.0% |
| 3/31/2012 | 14,604        | 430               | 2.9% | 3,534                         | 24.2% | 6,849                             | 46.9% | 1,720      | 11.8% | 1,545       | 10.6% | 275                           | 1.9% | 90      | 0.6% | 161              | 1.1% | 0       | 0.0% |
| 9/30/2012 | 14,374        | 445               | 3.1% | 3,562                         | 24.8% | 6,616                             | 46.0% | 1,642      | 11.4% | 1,491       | 10.4% | 301                           | 2.1% | 114     | 0.8% | 203              | 1.4% | 0       | 0.0% |
| 3/31/2013 | 14,223        | 430               | 3.0% | 3,509                         | 24.7% | 6,570                             | 46.2% | 1,690      | 11.9% | 1,451       | 10.2% | 313                           | 2.2% | 114     | 0.8% | 146              | 1.0% | 0       | 0.0% |
| 9/30/2013 | 14,349        | 510               | 3.6% | 3,835                         | 26.7% | 6,444                             | 44.9% | 1,551      | 10.8% | 1,391       | 9.7%  | 318                           | 2.2% | 136     | 0.9% | 163              | 1.1% | 1       | 0.0% |
| 3/31/2014 | 14,815        | 556               | 3.8% | 4,174                         | 28.2% | 6,406                             | 43.2% | 1,614      | 10.9% | 1,500       | 10.1% | 303                           | 2.0% | 138     | 0.9% | 124              | 0.8% | 0       | 0.0% |
| 9/30/2014 | 14,844        | 618               | 4.2% | 4,351                         | 29.3% | 6,327                             | 42.6% | 1,603      | 10.8% | 1,316       | 8.9%  | 292                           | 2.0% | 109     | 0.7% | 130              | 0.9% | 98      | 0.7% |
| 3/31/2015 | 15,579        | 597               | 3.8% | 4,662                         | 29.9% | 6,486                             | 41.6% | 1,683      | 10.8% | 1,500       | 9.6%  | 274                           | 1.8% | 140     | 0.9% | 128              | 0.8% | 109     | 0.7% |
| 9/30/2015 | 16,066        | 548               | 3.4% | 5,249                         | 32.7% | 6,650                             | 41.4% | 1,484      | 9.2%  | 1,467       | 9.1%  | 269                           | 1.7% | 179     | 1.1% | 158              | 1.0% | 62      | 0.4% |
| 3/31/2016 | 15,969        | 535               | 3.4% | 5,486                         | 34.4% | 6,724                             | 42.1% | 1,488      | 9.3%  | 1,227       | 7.7%  | 202                           | 1.3% | 128     | 0.8% | 135              | 0.8% | 44      | 0.3% |
| 9/30/2016 | 16,128        | 827               | 5.1% | 5,638                         | 35.0% | 6,575                             | 40.8% | 1,378      | 8.5%  | 1,156       | 7.2%  | 230                           | 1.4% | 140     | 0.9% | 131              | 0.8% | 53      | 0.3% |



The Pennsylvania Department of Aging  
Data on the Number of Grandparents Served  
for the Five-Year Period

**YEAR 2011**

| <b>Grandparent/Relative Caregiver Characteristics</b>                   | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|-------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                 | 219                   |                                       |                                       |                                     |
| Caregivers with Age                                                     | 219                   | 47                                    | 165                                   | 7                                   |
| Age Missing                                                             | 0                     |                                       |                                       |                                     |
| Female                                                                  | 179                   | 37                                    | 137                                   | 5                                   |
| Male                                                                    | 40                    | 10                                    | 28                                    | 2                                   |
| Gender Missing                                                          | 0                     | 0                                     | 0                                     | 0                                   |
| Rural                                                                   | 51                    | 8                                     | 43                                    | 0                                   |
| Rural Missing                                                           | 1                     | 0                                     | 1                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                          |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                      | 11                    | 5                                     | 6                                     | 0                                   |
| Not Hispanic or Latino                                                  | 208                   | 42                                    | 159                                   | 7                                   |
| Ethnicity Missing                                                       | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                  |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                            | 159                   | 34                                    | 121                                   | 4                                   |
| <b>Total Minorities</b>                                                 |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                | 0                     | 0                                     | 0                                     | 0                                   |
| American Indian/Alaska Native (Alone)                                   | 2                     | 0                                     | 2                                     | 0                                   |
| Asian (Alone)                                                           | 0                     | 0                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                       | 43                    | 7                                     | 33                                    | 3                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                       | 1                     | 0                                     | 1                                     | 0                                   |
| Persons Reporting Some Other Race                                       | 2                     | 1                                     | 1                                     | 0                                   |
| Persons Reporting 2 or More Races                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                            | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                       |                       |                                       |                                       |                                     |
| Grandparents                                                            | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Relative                                                  | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                              | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                    | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Total Children 18 or younger receiving care</b>                      | 0                     |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b> | 0                     |                                       |                                       |                                     |

\* The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet.

**Year 2011**

| <b>Caregiver Support Categories:</b>              | <b>Title III-E Expenditures (Federal \$)</b> | <b>Total Service Expenditures (All Sources)</b> | <b>Program Income Received</b> | <b># Caregivers Served</b>                | <b>Units of Service</b> | <b># of Providers (unduplicated)</b> |
|---------------------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------|-------------------------------------------|-------------------------|--------------------------------------|
| <b>Group 1</b>                                    |                                              |                                                 |                                | <b>Unduplicated number of caregivers:</b> |                         |                                      |
| 1. Counseling/Support Groups/ Caregivers Training | \$0.00                                       | \$0.00                                          | \$0.00                         | 0                                         | 0                       | 0                                    |
| 2. Respite Care                                   | \$0.00                                       | \$1.00                                          | \$0.00                         | 162                                       | 2,374                   | 164                                  |
| 3. Supplemental Services                          | \$0.00                                       | \$1.00                                          | \$0.00                         | 1,847                                     | 1                       | 1                                    |
| 4. Self-Directed Care*                            | \$0.00                                       | \$0.00                                          | \$0.00                         | 0                                         |                         |                                      |

| <b>Caregiver Support Categories:</b> | <b>Title III-E Expenditures (Federal \$)</b> | <b>Total Service Expenditures (All Sources)</b> | <b>Program Income Received</b> | <b># Caregivers Served</b>                          | <b>Units of Service</b> | <b># of Providers (unduplicated)</b> |
|--------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------|-----------------------------------------------------|-------------------------|--------------------------------------|
| <b>Group 2</b>                       |                                              |                                                 |                                | <b>Estimated unduplicated number of caregivers:</b> |                         |                                      |
| 5. Access Assistance                 | \$0.00                                       | \$1.00                                          | \$0.00                         | 126                                                 | 873                     | 26                                   |
|                                      |                                              |                                                 |                                | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                                      |
| 6. Information Services              | \$0.00                                       | \$0.00                                          | \$0.00                         | 0                                                   | 0                       | 0                                    |

| <b>Caregiver Support Categories:</b> | <b>Title III-E Expenditures (Federal \$)</b> | <b>Total Service Expenditures (All Sources)</b> | <b>Program Income Received</b> | <b># Caregivers Served</b> | <b>Units of Service</b> | <b># of Providers (unduplicated)</b> |
|--------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------|----------------------------|-------------------------|--------------------------------------|
| <b>Totals (unduplicated)</b>         | <b>\$0.00</b>                                | <b>\$3.00</b>                                   | <b>\$0.00</b>                  |                            |                         | <b>191</b>                           |
| <b>*formerly Cash and Counseling</b> |                                              |                                                 |                                |                            |                         |                                      |

**YEAR 2012**

| <b>Grandparent/Relative Caregiver Characteristics</b>                   | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|-------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                 | 192                   |                                       |                                       |                                     |
| Caregivers with Age                                                     | 192                   | 150                                   | 37                                    | 5                                   |
| Age Missing                                                             | 0                     |                                       |                                       |                                     |
| Female                                                                  | 154                   | 118                                   | 33                                    | 3                                   |
| Male                                                                    | 38                    | 32                                    | 4                                     | 2                                   |
| Gender Missing                                                          | 0                     | 0                                     | 0                                     | 0                                   |
| Rural                                                                   | 45                    | 35                                    | 10                                    | 0                                   |
| Rural Missing                                                           | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                          |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                      | 6                     | 4                                     | 2                                     | 0                                   |
| Not Hispanic or Latino                                                  | 186                   | 146                                   | 35                                    | 5                                   |
| Ethnicity Missing                                                       | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                  |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                            | 147                   | 119                                   | 24                                    | 3                                   |
| <b>Total Minorities</b>                                                 |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                | 8                     | 6                                     | 2                                     | 0                                   |
| American Indian/Alaska Native (Alone)                                   | 1                     | 1                                     | 0                                     | 0                                   |
| Asian (Alone)                                                           | 1                     | 1                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                       | 35                    | 23                                    | 10                                    | 2                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting Some Other Race                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting 2 or More Races                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                            | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                       |                       |                                       |                                       |                                     |
| Grandparents                                                            | 2                     | 2                                     | 0                                     | 0                                   |
| Other Elderly Relative                                                  | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                              | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                    | 188                   | 146                                   | 37                                    | 5                                   |
| <b>Total Children 18 or younger receiving care</b>                      | 192                   |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b> | 0                     |                                       |                                       |                                     |

\* The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet.

**YEAR 2012**

| Caregiver Support Categories:                     | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                       | Units of Service | # of Providers (unduplicated) |
|---------------------------------------------------|---------------------------------------|------------------------------------------|-------------------------|-------------------------------------------|------------------|-------------------------------|
| <b>Group 1</b>                                    |                                       |                                          |                         | <b>Unduplicated number of caregivers:</b> |                  |                               |
| 1. Counseling/Support Groups/ Caregivers Training |                                       |                                          |                         |                                           |                  |                               |
| 2. Respite Care                                   | \$1,305,646.41                        | \$1,305,646.41                           |                         | 155                                       | 1,614            | 156                           |
| 3. Supplemental Services                          | \$6,189.33                            | \$6,189.33                               |                         | 1                                         | 1                | 1                             |
| 4. Self-Directed Care*                            |                                       |                                          |                         |                                           |                  |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                                 | Units of Service        | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------|-------------------------------|
| <b>Group 2</b>                |                                       |                                          |                         | <b>Estimated unduplicated number of caregivers:</b> |                         |                               |
| 5. Access Assistance          | \$365.28                              | \$365.28                                 |                         | 123                                                 | 784                     | 28                            |
|                               |                                       |                                          |                         | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                               |
| 6. Information Services       |                                       |                                          |                         |                                                     |                         |                               |

| Caregiver Support Categories:        | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served | Units of Service | # of Providers (unduplicated) |
|--------------------------------------|---------------------------------------|------------------------------------------|-------------------------|---------------------|------------------|-------------------------------|
| <b>Totals (unduplicated)</b>         | <b>\$1,312,201.02</b>                 | <b>\$1,312,201.02</b>                    |                         |                     |                  | <b>185</b>                    |
| <b>*formerly Cash and Counseling</b> |                                       |                                          |                         |                     |                  |                               |

**YEAR 2013**

| <b>Grandparent/Relative Caregiver Characteristics</b>                   | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|-------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                 | 183                   |                                       |                                       |                                     |
| Caregivers with Age                                                     | 183                   | 139                                   | 42                                    | 2                                   |
| Age Missing                                                             | 0                     |                                       |                                       |                                     |
| Female                                                                  | 148                   | 110                                   | 38                                    | 0                                   |
| Male                                                                    | 33                    | 27                                    | 4                                     | 2                                   |
| Gender Missing                                                          | 2                     | 2                                     | 0                                     | 0                                   |
| Rural                                                                   | 43                    | 33                                    | 10                                    | 0                                   |
| Rural Missing                                                           | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                          |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                      | 7                     | 3                                     | 4                                     | 0                                   |
| Not Hispanic or Latino                                                  | 175                   | 135                                   | 38                                    | 2                                   |
| Ethnicity Missing                                                       | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                  |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                            | 138                   | 112                                   | 25                                    | 1                                   |
| <b>Total Minorities</b>                                                 |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                | 9                     | 4                                     | 5                                     | 0                                   |
| American Indian/Alaska Native (Alone)                                   | 1                     | 1                                     | 0                                     | 0                                   |
| Asian (Alone)                                                           | 1                     | 1                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                       | 34                    | 21                                    | 12                                    | 1                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting Some Other Race                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting 2 or More Races                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                            | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                       |                       |                                       |                                       |                                     |
| Grandparents                                                            | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Relative                                                  | 2                     | 2                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                              | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                    | 181                   | 137                                   | 42                                    | 2                                   |
| <b>Total Children 18 or younger receiving care</b>                      | 183                   |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b> | 0                     |                                       |                                       |                                     |

\* The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet.

**YEAR 2013**

| Caregiver Support Categories:                     | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                       | Units of Service | # of Providers (unduplicated) |
|---------------------------------------------------|---------------------------------------|------------------------------------------|-------------------------|-------------------------------------------|------------------|-------------------------------|
| <b>Group 1</b>                                    |                                       |                                          |                         | <b>Unduplicated number of caregivers:</b> |                  |                               |
| 1. Counseling/Support Groups/ Caregivers Training |                                       |                                          |                         |                                           |                  |                               |
| 2. Respite Care                                   | \$298,424.09                          | \$310,645.00                             |                         | 148                                       | 1,529            | 149                           |
| 3. Supplemental Services                          | \$2,229.00                            | \$2,229.00                               |                         | 1                                         | 1                | 1                             |
| 4. Self-Directed Care*                            |                                       |                                          |                         |                                           |                  |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                                 | Units of Service        | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------|-------------------------------|
| <b>Group 2</b>                |                                       |                                          |                         | <b>Estimated unduplicated number of caregivers:</b> |                         |                               |
| 5. Access Assistance          | \$175,094.00                          | \$175,094.00                             |                         | 120                                                 | 861                     | 26                            |
|                               |                                       |                                          |                         | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                               |
| 6. Information Services       |                                       |                                          |                         |                                                     |                         |                               |

| Caregiver Support Categories:        | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served | Units of Service | # of Providers (unduplicated) |
|--------------------------------------|---------------------------------------|------------------------------------------|-------------------------|---------------------|------------------|-------------------------------|
| <b>Totals (unduplicated)</b>         | <b>\$475,747.09</b>                   | <b>\$487,968.00</b>                      |                         |                     |                  | <b>175</b>                    |
| <b>*formerly Cash and Counseling</b> |                                       |                                          |                         |                     |                  |                               |

**YEAR 2014**

| <b>Grandparent/Relative Caregiver Characteristics</b>                   | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|-------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                 | 153                   |                                       |                                       |                                     |
| Caregivers with Age                                                     | 153                   | 109                                   | 41                                    | 3                                   |
| Age Missing                                                             | 0                     |                                       |                                       |                                     |
| Female                                                                  | 127                   | 90                                    | 36                                    | 1                                   |
| Male                                                                    | 26                    | 19                                    | 5                                     | 2                                   |
| Gender Missing                                                          | 0                     | 0                                     | 0                                     | 0                                   |
| Rural                                                                   | 40                    | 28                                    | 11                                    | 1                                   |
| Rural Missing                                                           | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                          |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                      | 7                     | 4                                     | 3                                     | 0                                   |
| Not Hispanic or Latino                                                  | 146                   | 105                                   | 38                                    | 3                                   |
| Ethnicity Missing                                                       | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                  |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                            | 115                   | 84                                    | 29                                    | 2                                   |
| <b>Total Minorities</b>                                                 |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                | 7                     | 4                                     | 3                                     | 0                                   |
| American Indian/Alaska Native (Alone)                                   | 1                     | 1                                     | 0                                     | 0                                   |
| Asian (Alone)                                                           | 0                     | 0                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                       | 27                    | 18                                    | 9                                     | 0                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting Some Other Race                                       | 1                     | 0                                     | 0                                     | 1                                   |
| Persons Reporting 2 or More Races                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                            | 2                     | 2                                     | 0                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                       |                       |                                       |                                       |                                     |
| Grandparents                                                            | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Relative                                                  | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                              | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                    | 153                   | 109                                   | 41                                    | 3                                   |
| <b>Total Children 18 or younger receiving care</b>                      | 153                   |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b> | 0                     |                                       |                                       |                                     |

\* The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet.



**YEAR 2014**

| Caregiver Support Categories:                     | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                       | Units of Service | # of Providers (unduplicated) |
|---------------------------------------------------|---------------------------------------|------------------------------------------|-------------------------|-------------------------------------------|------------------|-------------------------------|
| <b>Group 1</b>                                    |                                       |                                          |                         | <b>Unduplicated number of caregivers:</b> |                  |                               |
| 1. Counseling/Support Groups/ Caregivers Training |                                       |                                          |                         |                                           |                  |                               |
| 2. Respite Care                                   | \$271,648.41                          | \$279,505.00                             |                         | 149                                       | 1,482            | 148                           |
| 3. Supplemental Services                          |                                       |                                          |                         |                                           |                  |                               |
| 4. Self-Directed Care*                            |                                       |                                          |                         |                                           |                  |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                                 | Units of Service        | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------|-------------------------------|
| <b>Group 2</b>                |                                       |                                          |                         | <b>Estimated unduplicated number of caregivers:</b> |                         |                               |
| 5. Access Assistance          | \$229,547.00                          | \$229,547.00                             |                         | 115                                                 | 679                     | 23                            |
|                               |                                       |                                          |                         | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                               |
| 6. Information Services       |                                       |                                          |                         |                                                     |                         |                               |

| Caregiver Support Categories:        | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served | Units of Service | # of Providers (unduplicated) |
|--------------------------------------|---------------------------------------|------------------------------------------|-------------------------|---------------------|------------------|-------------------------------|
| <b>Totals (unduplicated)</b>         | <b>\$501,195.41</b>                   | <b>\$509,052.00</b>                      |                         |                     |                  | <b>171</b>                    |
| <b>*formerly Cash and Counseling</b> |                                       |                                          |                         |                     |                  |                               |

**YEAR 2015**

| <b>Grandparent/Relative Caregiver Characteristics</b>                   | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|-------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                 | 263                   |                                       |                                       |                                     |
| Caregivers with Age                                                     | 263                   | 218                                   | 40                                    | 5                                   |
| Age Missing                                                             | 0                     |                                       |                                       |                                     |
| Female                                                                  | 228                   | 190                                   | 35                                    | 3                                   |
| Male                                                                    | 34                    | 27                                    | 5                                     | 2                                   |
| Gender Missing                                                          | 1                     | 1                                     | 0                                     | 0                                   |
| Rural                                                                   | 51                    | 43                                    | 7                                     | 1                                   |
| Rural Missing                                                           | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                          |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                      | 9                     | 5                                     | 4                                     | 0                                   |
| Not Hispanic or Latino                                                  | 234                   | 195                                   | 34                                    | 5                                   |
| Ethnicity Missing                                                       | 20                    | 18                                    | 2                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                  |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                            | 129                   | 106                                   | 20                                    | 2                                   |
| <b>Total Minorities</b>                                                 |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                | 8                     | 5                                     | 3                                     | 0                                   |
| American Indian/Alaska Native (Alone)                                   | 1                     | 0                                     | 0                                     | 1                                   |
| Asian (Alone)                                                           | 0                     | 0                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                       | 103                   | 88                                    | 13                                    | 2                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting Some Other Race                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting 2 or More Races                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                            | 22                    | 18                                    | 4                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                       |                       |                                       |                                       |                                     |
| Grandparents                                                            | 263                   | 218                                   | 40                                    | 5                                   |
| Other Elderly Relative                                                  | 0                     | 0                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                              | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                    | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Total Children 18 or younger receiving care</b>                      | 263                   |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b> | 0                     |                                       |                                       |                                     |

\* The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet.

**YEAR 2015**

| Caregiver Support Categories:                     | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                       | Units of Service | # of Providers (unduplicated) |
|---------------------------------------------------|---------------------------------------|------------------------------------------|-------------------------|-------------------------------------------|------------------|-------------------------------|
| <b>Group 1</b>                                    |                                       |                                          |                         | <b>Unduplicated number of caregivers:</b> |                  |                               |
| 1. Counseling/Support Groups/ Caregivers Training |                                       |                                          |                         |                                           |                  |                               |
| 2. Respite Care                                   | \$366,034.54                          | \$366,034.54                             |                         | 256                                       | 2,203            | 185                           |
| 3. Supplemental Services                          |                                       |                                          |                         |                                           |                  |                               |
| 4. Self-Directed Care*                            |                                       |                                          |                         |                                           |                  |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                                 | Units of Service        | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------|-------------------------------|
| <b>Group 2</b>                |                                       |                                          |                         | <b>Estimated unduplicated number of caregivers:</b> |                         |                               |
| 5. Access Assistance          | \$210,680.00                          | \$210,680.00                             |                         | 108                                                 | 624                     | 39                            |
|                               |                                       |                                          |                         | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                               |
| 6. Information Services       |                                       |                                          |                         |                                                     |                         |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served | Units of Service | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|---------------------|------------------|-------------------------------|
| <b>Totals (unduplicated)</b>  | <b>\$576,714.54</b>                   | <b>\$576,714.54</b>                      |                         |                     |                  | <b>223</b>                    |

\*formerly Cash and Counseling

**YEAR 2016**

| <b>Grandparent/Relative Caregiver Characteristics</b>                   | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|-------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                 | 270                   |                                       |                                       |                                     |
| Caregivers with Age                                                     | 270                   | 230                                   | 32                                    | 8                                   |
| Age Missing                                                             | 0                     |                                       |                                       |                                     |
| Female                                                                  | 229                   | 198                                   | 25                                    | 6                                   |
| Male                                                                    | 41                    | 32                                    | 7                                     | 2                                   |
| Gender Missing                                                          | 0                     | 0                                     | 0                                     | 0                                   |
| Rural                                                                   | 53                    | 48                                    | 3                                     | 2                                   |
| Rural Missing                                                           | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                          |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                      | 9                     | 6                                     | 3                                     | 0                                   |
| Not Hispanic or Latino                                                  | 258                   | 221                                   | 29                                    | 8                                   |
| Ethnicity Missing                                                       | 3                     | 3                                     | 0                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                  |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                            | 157                   | 136                                   | 16                                    | 5                                   |
| <b>Total Minorities</b>                                                 |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                | 6                     | 4                                     | 2                                     | 0                                   |
| American Indian/Alaska Native (Alone)                                   | 1                     | 1                                     | 0                                     | 0                                   |
| Asian (Alone)                                                           | 0                     | 0                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                       | 99                    | 83                                    | 13                                    | 3                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                       | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting Some Other Race                                       | 6                     | 5                                     | 1                                     | 0                                   |
| Persons Reporting 2 or More Races                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                            | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                       |                       |                                       |                                       |                                     |
| Grandparents                                                            | 269                   | 229                                   | 32                                    | 8                                   |
| Other Elderly Relative                                                  | 1                     | 1                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                              | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                    | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Total Children 18 or younger receiving care</b>                      | 270                   |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b> | 0                     |                                       |                                       |                                     |

\* The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet.

**YEAR 2016**

| Caregiver Support Categories:                     | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                       | Units of Service | # of Providers (unduplicated) |
|---------------------------------------------------|---------------------------------------|------------------------------------------|-------------------------|-------------------------------------------|------------------|-------------------------------|
| <b>Group 1</b>                                    |                                       |                                          |                         | <b>Unduplicated number of caregivers:</b> |                  |                               |
| 1. Counseling/Support Groups/ Caregivers Training |                                       |                                          |                         |                                           |                  |                               |
| 2. Respite Care                                   | \$370,057.28                          | \$370,057.28                             |                         | 261                                       | 2,378            | 201                           |
| 3. Supplemental Services                          |                                       |                                          |                         |                                           |                  |                               |
| 4. Self-Directed Care*                            |                                       |                                          |                         |                                           |                  |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                                 | Units of Service        | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------|-------------------------------|
| <b>Group 2</b>                |                                       |                                          |                         | <b>Estimated unduplicated number of caregivers:</b> |                         |                               |
| 5. Access Assistance          | \$200,443.00                          | \$200,443.00                             |                         | 123                                                 | 582                     | 25                            |
|                               |                                       |                                          |                         | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                               |
| 6. Information Services       |                                       |                                          |                         |                                                     |                         |                               |

| Caregiver Support Categories:        | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served | Units of Service | # of Providers (unduplicated) |
|--------------------------------------|---------------------------------------|------------------------------------------|-------------------------|---------------------|------------------|-------------------------------|
| <b>Totals (unduplicated)</b>         | <b>\$570,500.28</b>                   | <b>\$570,500.28</b>                      |                         |                     |                  | <b>226</b>                    |
| <b>*formerly Cash and Counseling</b> |                                       |                                          |                         |                     |                  |                               |

**YEAR 2017**

| <b>Grandparent/Relative Caregiver Characteristics</b>                                                                                                                                | <b>All Caregivers</b> | <b>Age of the Caregiver Age 55-74</b> | <b>Age of the Caregiver Age 75-84</b> | <b>Age of the Caregiver Age 85+</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|---------------------------------------|-------------------------------------|
| <b>Total Caregivers</b>                                                                                                                                                              | 289                   |                                       |                                       |                                     |
| Caregivers with Age                                                                                                                                                                  | 289                   | 253                                   | 29                                    | 7                                   |
| Age Missing                                                                                                                                                                          | 0                     |                                       |                                       |                                     |
| Female                                                                                                                                                                               | 247                   | 223                                   | 20                                    | 4                                   |
| Male                                                                                                                                                                                 | 42                    | 30                                    | 9                                     | 3                                   |
| Gender Missing                                                                                                                                                                       | 0                     | 0                                     | 0                                     | 0                                   |
| Rural                                                                                                                                                                                | 68                    | 62                                    | 4                                     | 2                                   |
| Rural Missing                                                                                                                                                                        | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Caregivers by Ethnicity</b>                                                                                                                                                       |                       |                                       |                                       |                                     |
| Hispanic or Latino                                                                                                                                                                   | 10                    | 7                                     | 2                                     | 1                                   |
| Not Hispanic or Latino                                                                                                                                                               | 275                   | 242                                   | 27                                    | 6                                   |
| Ethnicity Missing                                                                                                                                                                    | 4                     | 4                                     | 0                                     | 0                                   |
| <b>Caregivers by Race or Ethnicity</b>                                                                                                                                               |                       |                                       |                                       |                                     |
| White (Alone) - Non-Hispanic                                                                                                                                                         | 178                   | 161                                   | 14                                    | 3                                   |
| <b>Total Minorities</b>                                                                                                                                                              |                       |                                       |                                       |                                     |
| White (Alone) - Hispanic                                                                                                                                                             | 6                     | 4                                     | 1                                     | 1                                   |
| American Indian/Alaska Native (Alone)                                                                                                                                                | 1                     | 1                                     | 0                                     | 0                                   |
| Asian (Alone)                                                                                                                                                                        | 0                     | 0                                     | 0                                     | 0                                   |
| Black or African American (Alone)                                                                                                                                                    | 97                    | 81                                    | 13                                    | 3                                   |
| Native Hawaiian or Other Pacific Islander (Alone)                                                                                                                                    | 0                     | 0                                     | 0                                     | 0                                   |
| Persons Reporting Some Other Race                                                                                                                                                    | 6                     | 5                                     | 1                                     | 0                                   |
| Persons Reporting 2 or More Races                                                                                                                                                    | 0                     | 0                                     | 0                                     | 0                                   |
| Race Missing                                                                                                                                                                         | 1                     | 1                                     | 0                                     | 0                                   |
| <b>Caregivers by Relationship</b>                                                                                                                                                    |                       |                                       |                                       |                                     |
| Grandparents                                                                                                                                                                         | 288                   | 252                                   | 29                                    | 7                                   |
| Other Elderly Relative                                                                                                                                                               | 1                     | 1                                     | 0                                     | 0                                   |
| Other Elderly Non-Relative                                                                                                                                                           | 0                     | 0                                     | 0                                     | 0                                   |
| Relationship Missing                                                                                                                                                                 | 0                     | 0                                     | 0                                     | 0                                   |
| <b>Total Children 18 or younger receiving care</b>                                                                                                                                   | 288                   |                                       |                                       |                                     |
| <b>Total persons with disabilities 19 - 59 years old receiving care</b>                                                                                                              | 0                     |                                       |                                       |                                     |
| * The Older Americans Act was amended in 2006 to define "child" to include individuals more than 18 years old with a disability and a relative caregiver. Include on this worksheet. |                       |                                       |                                       |                                     |

**YEAR 2017**

| Caregiver Support Categories:                     | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                       | Units of Service | # of Providers (unduplicated) |
|---------------------------------------------------|---------------------------------------|------------------------------------------|-------------------------|-------------------------------------------|------------------|-------------------------------|
| <b>Group 1</b>                                    |                                       |                                          |                         | <b>Unduplicated number of caregivers:</b> |                  |                               |
| 1. Counseling/Support Groups/ Caregivers Training |                                       |                                          |                         |                                           |                  |                               |
| 2. Respite Care                                   | \$444,738.00                          | \$444,738.00                             |                         | 275                                       | 2,711            | 213                           |
| 3. Supplemental Services                          |                                       |                                          |                         |                                           |                  |                               |
| 4. Self-Directed Care*                            |                                       |                                          |                         |                                           |                  |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served                                 | Units of Service        | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------|-------------------------------|
| <b>Group 2</b>                |                                       |                                          |                         | <b>Estimated unduplicated number of caregivers:</b> |                         |                               |
| 5. Access Assistance          | \$199,235.00                          | \$199,235.00                             |                         | 146                                                 | 714                     | 21                            |
|                               |                                       |                                          |                         | <b>Estimated Audience Size:</b>                     | <b># of Activities:</b> |                               |
| 6. Information Services       |                                       |                                          |                         |                                                     |                         |                               |

| Caregiver Support Categories: | Title III-E Expenditures (Federal \$) | Total Service Expenditures (All Sources) | Program Income Received | # Caregivers Served | Units of Service | # of Providers (unduplicated) |
|-------------------------------|---------------------------------------|------------------------------------------|-------------------------|---------------------|------------------|-------------------------------|
| <b>Totals (unduplicated)</b>  | <b>\$643,973.00</b>                   | <b>\$643,973.00</b>                      | <b>\$0.00</b>           |                     |                  | <b>233</b>                    |

\*formerly Cash and Counseling