



The Technical Assistance Center for Lifespan Respite *Fact Sheet Number 45, Sept 2010*

Respite Services to Support Grandfamilies

Introduction

Grandfamilies are families headed by grandparents and other relatives who are sharing their homes with their grandchildren, nieces, nephews, and/or other related children.* The relationship between grandparents and grandchildren is often a very special one. For a growing number of grandparents, grandparenting really means full-time parenting for a second family. For other relatives providing care, this may be their first, and often very sudden, experience in raising children.

Undertaking the full-time responsibility for raising a grandchild or other relative causes major changes in one's life. This new role often includes physical, emotional, social, legal and financial challenges that were not present when grandparents raised their own children or before a relative may have assumed care. Respite, a temporary break from the ongoing responsibilities of caregiving, can provide a much-needed breathing space for grandparents and other relatives, giving them time to balance caring for these children with caring for themselves.

Why is this Happening?

Grandfamilies often come together suddenly, without warning and for a variety of reasons. The whole family faces major changes and may struggle with the family conditions that led to

the situation, like the mom who simply disappeared or a dad who is addicted to drugs, deployed in the military or died a sudden death.

"If I could just have an hour to myself every so often." "My energy level is not the same as when I parented the first time." "Other people don't realize how hard it is... or how gratifying it is." These are comments that grandparent and relative caregivers have made when asked about needing a break, or respite, from their daily caregiving responsibilities.

Generations United

The factors causing relative caregivers to raise children can happen to anyone, and for that reason, there is great diversity among the families. Some of the most common factors include parental substance abuse, military deployment, incarceration, death, poverty, HIV/AIDS, teenage pregnancy, and mental illness. Regardless of the factors, both the caregivers and children in these families should be assured that it is not their fault that the parents cannot fulfill their responsibilities.

Who are these Grandfamilies?

According to the U.S. Census Bureau's 2006-2008 American Community Survey (ACS), more than six and a half million children across the country are living in households maintained by grandparents or other relatives.¹ About four-in-ten (41%) of those children who live with a grandparent (or grandparents) are also being raised primarily by that grandparent. Between 2007 and 2008, the number of children being raised primarily by a grandparent rose

* The term "Kinship Care" is also used interchangeably with "grandfamilies" in this fact sheet and elsewhere.

sharply to 2.9 million children after rising slowly since 2000.² National data do not exist on how many of these children lack a legal relationship – such as guardianship -- with their caregivers, but we do know that the vast majority of children being raised by relatives are not in foster care in the formal child welfare system. Only about 113,000 of the children being raised by grandparents and other relatives are in foster care, although this is about one-fourth of all children in foster care.³

As for the caregivers, more than 2.5 million grandparents have the primary responsibility for meeting the basic needs of their grandchildren. Grandparent caregivers are of all races and ethnicities: Sixty-two percent of the grandparents are White; 24 percent are Black or African-American; and 19 percent are of Hispanic or Latino origin of any race. Sixty-three percent of the grandparent caregivers are women, and the vast majority, 71 percent, is married. About 1.7 million grandparents are age 59 and younger, whereas 828,000 are age 60 and older. Nineteen percent of these caregivers are living at or below poverty and almost 60 percent are still in the labor force.⁴

A subgroup, about 37% of all grandparent families, that is of particular concern is the “skipped generation grandparent families,” where no parent of the grandchild lives in the

One child in 10 in the United States lives with a grandparent, a share that increased slowly and steadily over the past decade before rising sharply from 2007 to 2008, the first year of the Great Recession...About four-in-ten (41%) of those children who live with a grandparent (or grandparents) are also being raised primarily by that grandparent.

Pew Research Center, September 10, 2010

home. About 640,000 grandfamilies with one of more children under 18 are in skipped generation families. Between 2005 and 2007, the number of children in these grandfamilies has remained constant at about 1 million. A higher percentage of the children are teenagers – 42 percent are ages 12 to 17, compared with

parent-child families, where one-third of the children are in each age group -- 12 to 17, 6 to 11, and under 6 years.⁵

Moreover, one-third of the children in “skipped generation grandparent families” are in a family with an income below the poverty level. This is double the child poverty rate in parent-child families. Nearly half are facing a housing cost burden, which includes homeowners as well as renters. This is significantly more than with parent-child families. Nearly one-third of grandparent householders have not completed high school. This compares to one-eighth of parents in parent-child families who have less than a high school diploma.⁶

Grandfamilies Face Unique Legal and Financial Challenges

Most grandparent and other relative caregivers step into the parenting role without legal custody or guardianship and may lack the necessary authority to consent to medical care, access education, or obtain larger, affordable housing to accommodate the new family members.

The cost of raising children is also something that can cause a tremendous burden and financial assistance is usually very limited. With close to 70 percent of grandparents under age 60 years, many are too young to qualify for Medicare, Social Security, and other public benefits available to seniors.⁷ For grandparents already living on limited or fixed incomes, the added expense of raising children without financial assistance will impede their ability to afford essential respite care.⁸ The same holds true for relative caregivers who may be unexpectedly increasing the number of children already in their care. Some financial relief may be available through Temporary Aid to Needy Families (TANF) or Supplemental Security Income if the child has a disability.

The majority of kinship care arrangements are private without any involvement of the child

welfare agency.⁹ Access to services, support, and programs is often limited, if not impossible, especially for grandfamilies outside of the foster care system. Anecdotally, we know that many of these children do not have a legal relationship, such as legal custody or guardianship with their caregivers, and that affects access. Caregivers may have trouble enrolling the children in school, obtaining special education services, consenting to medical and mental health treatment, finding respite and other supportive services, getting financial assistance and health insurance coverage, and obtaining affordable housing suitable for the children.

Caregivers often lack a legal relationship for many reasons. Often the caregivers may have difficulty finding an affordable lawyer or they may not want to go through the expense, delay, and trauma of suing the birth parents to terminate parental rights in order to obtain legal custody. The latter may be especially difficult for a grandparent who sees this situation as temporary and hopes that someday his or her own adult child will assume responsibility for parenting the grandchild.

The options for more formal relationships involve legal guardianship, legal custody, foster care, or adoption, each with their own benefits and challenges. It is important to recognize these different legal definitions associated with each category, because services and insurance are sometimes tied to a person's legal relationship with a child.

Grandparents or other relatives may establish themselves as "caretaker relatives" in order to receive public assistance for the children in their care. The definition of "caretaker relative" varies from state to state but generally is a category of individuals eligible for public assistance because they are caring for a relative child who is living with them. The caregiver is not necessarily required to have legal custody of the child in their care to qualify.

Some states allow grandparents or other relatives to qualify as foster parents and to receive the same benefits as other foster parents. For the much smaller number of grandfamilies who are in foster care, access to services, such as school enrollment, is typically

Many adoptive, foster, and kinship parent group leaders and public agency administrators are aware that the healthier, happier, and most functional families are the ones who can find time for respite in their busy lives.

The Collaboration to AdoptUsKids, 2008

easier than for those not in the formal system. The state generally has legal custody of the children in foster care, so caseworkers and judges ease entry into schools and receipt of medical care and other services.

The challenge for children in formal foster care is that the legal custody of the child lies with the state or child welfare agency. As a result, the caregiver does not have legal decision-making authority over the child. The caregiver and child have to get permission for ordinary childhood activities that most of us take for granted. If the child wants to sleep over at a friend's house, go on a school field trip or go to a family reunion out of state, they have to get prior approval from the state. Yet, if they seek guardianship of the child, they may lose the foster care payment and other supportive services such as respite.

To address this some states have created subsidized guardianship programs, which allow the relative caregiver of child in formal foster care to secure permanent guardianship of the child while maintaining a subsidy payment. The availability of this option has been limited and unavailable in some states. However, the recent passage of the Fostering Connections and Increasing Adoptions Act of 2008 (P.L. 110-351), which provides federal reimbursement to states that opt to offer subsidized guardianship, is making it a reality in more states. The subsidy payment can be a critical resource for

caregivers to be able to secure respite services. Some states may also opt to continue to offer additional services, such as respite, when a child leaves foster care to permanent guardianship with relatives.

Subsidized Guardianship is an important option for children for whom returning to their parents care or adoption are not viable. Many relatives, however, do choose to adopt the children in their care once they fully understand the legal, emotional and financial considerations of adoption. Most who adopt their relative children out of foster care qualify for adoption assistance payments. Some states have adoption subsidy funds to cover respite for qualifying adoptive families. Respite is generally not a formal part of an adoption subsidy agreement. These payments are often a critical source of support, but in some states, adoption or guardianship may mean the loss of access to critical services like respite.

Recent increases in promoting permanency for children through guardianship and adoption has brought new understanding about the need for post-permanency services and supports such as medical care, mental health services and respite care. The availability of respite care is important to all families who adopt, but may be especially crucial to grandfamilies because, compared to other foster parents, relative foster parents are more likely to be single, have lower incomes and poorer health.¹⁰

Additional Stressors

Compounding these numerous challenges, the children and caregivers in grandfamilies often have disabilities or other physical and mental health care concerns. Census Bureau data show that children being raised by grandparents and other relatives are more likely to have disabilities than children in parent-headed households.¹¹ The children have a variety of physical, behavioral, and emotional problems to a greater degree than the general population of children, often due to the difficult situations

that caused them to be placed in a relative's care.¹² The problems may have started at birth, such as low birth weight, drug addiction, Fetal Alcohol Syndrome, and HIV/AIDS. Other problems may include Attention Deficit Hyperactivity Disorder (ADHD), adjustment and attachment disorders, and learning disabilities.

Grandparent caregivers often face their own range of physical and mental health concerns. They are frequently stressed because they are caring for children at a time in their lives when they did not expect to be, and are often socially isolated from their peers. Forty percent of children living in grandparent families are children five years and younger.¹³ The care of young children is particularly intense and physically demanding. Caregivers may also be burdened by a sense of shame and guilt about their own adult children who are unable to parent. Grandparent caregivers report health problems including diabetes, hypertension, insomnia, and gastric distress. Grandparents raising grandchildren with developmental disabilities face additional challenges, such as greater risk for depression and more stress.¹⁴

These factors cause stress, in addition to the challenges that come with parenting any child, especially a child who the caregiver was not planning to raise. Respite -- or the temporary relief for family caregivers who are caring for those with disabilities, chronic or terminal illnesses, of any age -- can improve family functioning, improve satisfaction with life, enhance the capacity to cope with stress, and improve attitudes toward the family member with a disability.¹⁵

Respite for Grandfamilies: Benefits and Barriers

Planned or emergency respite services can provide relative caregivers with time to deal with their own personal health, a financial or housing crisis, or simply to take a break from the challenges of daily caregiving, which can be especially detrimental to an older caregiver's

health and well-being. In a study of Parents Who Adopt Children with Special Needs, many of whom were grandparent caregivers in a respite program in southern California, it was found that during the three years of the program, services were provided to substantially more families and children than initially intended. The respite services were associated with substantially reduced stress levels among parents providing care to special-needs adopted children; improved family relationships in the adoptive families; increased ability of adoptive parents to participate in social and recreational activities; and reduction of risk factors that increase likelihood of abuse and neglect, specifically, parental stress and strain on family relationships.¹⁶ There is nothing to suggest that respite would not be just as beneficial for grandfamilies not in a post-adoption situation.

Respite may even help grandparents and other relatives avoid being forced to relinquish their grandchildren to the formal foster care system. One study compared families using crisis respite services with families not having access to such

Children do well when raised by grandparents and other relatives, especially when these caregivers can receive temporary relief, or respite services. Respite care is an essential part of strengthening "grandfamilies."

Family Strengthening Policy Center, National Human Services Assembly, 2007

services. Reports of child maltreatment were far less likely to be substantiated among the children in respite than among the children in the comparison group who did not receive crisis respite, suggesting that the children with access to respite are less likely to have experienced abuse or neglect. Over a quarter of the families using crisis respite thought it was likely that their children might have been placed in foster care had the nurseries not been available.¹⁷

However, services such as respite may be overlooked as families are facing so many challenges initially. Relative caregivers may have a great need for sustained support, but

they may be unfamiliar with respite services, consider it a luxury, or they may not know where to find it or how to access or pay for it. Although they may struggle with their new parenting responsibilities, many are not involved with any social service agency or even with an informal support network that could help refer them to respite services.

For the "skipped generation grandfamilies" who are more frequently caring for teenagers, respite may be even harder to find. Respite options for this age group, especially for teens with emotional or mental health conditions, are in especially short supply.

Grandparents and other relatives may believe that their lack of a legal relationship or the type of legal relationship they have with their grandchildren renders them immediately ineligible for any state or federally funded respite program or that only parents are eligible for respite. However, no matter what the legal situation, all grandparents and other relatives who are raising children should have access to and can benefit from respite services.

Although many relative caregivers will say they need respite, some may not be immediately receptive to the idea of respite services. They may worry that accepting respite reflects poorly on their abilities to care for their children. In order to allay any fears about using respite services, it is important during outreach to discuss respite as a normal but significant component of caregiving. A relative who uses respite is an effective and responsible caregiver. Local caregiver support groups can be an important way to share this message.

Reaching Grandfamilies

Caregivers in grandfamilies can often be difficult to reach, because many of the families tend to "go it alone." For these reasons, it is crucial that respite services reach out to relative caregivers through family service agencies, senior centers, area agencies on aging (AAAs), Aging and

Disability Resource Centers, and religious institutions or faith-based groups. Caregivers can also be found through programs for the children they raise. Schools, Head Start programs, Boys & Girls Clubs, YMCAs, and pediatrician offices are all good places to start.

Another important avenue for outreach can be found in local support groups for grandparents and other relatives raising children. Support groups are the most prevalent caregiver activity. Some support groups not only provide respite, but also help connect caregivers with peers who share joys, concerns, and resource information.

The Brookdale Foundation's Relatives As Parents Program (RAPP), www.brookdalefoundation.org, has support groups and other supportive services in 47 states, the District of Columbia, and Puerto Rico. In addition to informing and partnering with RAPPs to provide respite opportunities, the RAPPs themselves may offer respite, including providing child care during support group meetings so caregivers can attend. Some AAAs

are part of the RAPP network and use their RAPP monies to reach relative caregivers who are under age 55, since the National Family Caregiver Program federal funds are limited to grandparents and other relatives age 55 and

Respite through Caregiver Activities

Many RAPPs and AAAs also provide other supportive opportunities for caregivers. The Central Illinois AAA hosts social events, including a "Caregiver Nite Out" and educational events such as the "Caregiver Conference" with breakout sessions, a keynote speaker, and informational booths that serve as a "one stop shop" so caregivers know where to access available services. For more information contact 309-674-2071.

older (see NFCSP under Federal Programs Supporting Respite for Serving Grandfamilies).

Federal Programs Supporting Respite for Grandfamilies

National Family Caregiver Support Program (NFCSP)

In 2000, Congress enacted the National Family Caregiver Support Program to provide a range of services, including respite, to family caregivers, primarily of older adults. Limited funds are available to assist grandparents and other relatives caring for children. In 2006, Congress expanded the categories of eligible caregivers to include grandparents and other relatives of adults over 18 with developmental disabilities and other special needs. (See text box for more information)

Lifespan Respite Program (LRCP)

In 2009, the Administration on Aging awarded the first federal grants to states to establish Lifespan Respite Programs, which are "coordinated systems of community-based respite services for family caregivers of adults or children with special needs". Such programs are specifically authorized to ensure assistance

Oklahoma's Lifespan Respite Program: Voucher Respite

Oklahoma's Department of Human Services initiated one of the first state-funded Lifespan Respite Programs in 2000. The Aging Services Division helped develop the Oklahoma Respite Resource Network (ORRN), which provides vouchers to family caregivers, including grandparents and other relatives raising children. Caregivers can hire whomever they want as a respite provider, someone they know and trust. The only restrictions on providers are that they must be 18 years of age and cannot be immediate family living in the home. Well over 11,000 caregivers participate in the program and it grows by about at least 100 a month. For more information contact, Becky Palmer, ORRN, 405-521-3617; Rebecca.Palmer@OKDHS.org.

Key Federal Programs Supporting Respite for Grandfamilies

Lifespan Respite Care Program (LRCP)

enables states to establish, enhance or expand Lifespan Respite Care systems, including providing planned and emergency respite services, training and recruitment of respite workers and volunteers, and assisting caregivers with gaining access to needed respite services. In 2010, the U.S. Administration on Aging (AoA) awarded its second round of grants to states to establish Lifespan Respite systems. AoA funded projects propose to serve all eligible family caregivers, including family members, foster parents or other adults providing unpaid care to children and adults of all ages with special needs. Grandparents raising grandchildren are specifically targeted for assistance. A list of grantees and their contact information is available at http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx#Grantees.

National Family Caregiver Support Program (NFCSP)

was enacted as part of the reauthorization of the Older Americans Act in 2000, and is administered by AoA. The NFCSP calls for all states, working through Area Agencies on Aging (AAAs) and local community-based providers, to offer five categories of supportive services, including respite, to family caregivers of adults aged 60 and older and grandparents and other relative caregivers aged 55 and older who are caring for children. A maximum of ten percent of the funds allocated for NFCSP activities can be used for grandfamilies. Many AAAs around the country are providing respite to grandfamilies caring for children under age 18 using part or all of this ten percent. Contact your local AAA through the Eldercare Locator at www.eldercare.gov or 800-677-1116 to find out if they are offering this assistance.

to grandparents raising grandchildren (see blue text box for more information). The original state funded Lifespan Respite programs in Oregon, Nebraska, Oklahoma, and Wisconsin already serve this population. In addition, Nebraska utilizes a Lifespan Respite Subsidy program to help families who do not qualify for other respite assistance.

Kinship Care Navigator Programs

New federal programs, such as Kinship Navigator Programs, funded with Family Connection Grants awarded competitively to states through the Fostering Connections and Increasing Adoptions Act of 2008 (P.L. 110-351), were developed to assist grandparents and other relative caregivers get the support they need. Kinship Care Navigator Programs serve as a “one stop shop” for relatives seeking accurate and up-to-date information about the benefits, services, supports, and programs available for kinship caregivers in their respective states.¹⁸ Thirteen new Kinship Care Navigator Programs were funded in FY 2009 with Family Connection Grants in five sites in California, and in Maryland, Minnesota, New Jersey, Ohio, Oklahoma, Rhode Island, South Carolina and Washington. Most of these programs are not yet statewide.¹⁹ States such as New Jersey, Ohio, and Washington were the first to develop their own Kinship Care Navigator Systems, and other states such as Connecticut, Kentucky, Indiana, Minnesota, and New York followed soon thereafter, but before the federal legislation was in place. These states have experience in serving this population.²⁰

Respite opportunities can be promoted through these Kinship Navigator Programs. The Kinship Navigator Program of the Public Children’s Services Association of Ohio, for example, has among its goals a specifically stated objective to improve information about and access to needed services like respite care for kinship families.²¹

To find out which states have Kinship Care Navigator Programs and other resources for grandfamilies, visit *State Fact Sheets for Grandfamilies and Other Relatives*, maintained by a national partnership between the [AARP Foundation](#), [Brookdale Foundation Group](#), [Casey Family Programs](#), [Child Welfare League of America](#), [Children's Defense Fund](#), and [Generations United](#) at http://www.grandfactsheets.org/state_fact_sheets.cfm

Child Welfare/Child Abuse Prevention

Several federal programs allow states to use funds for respite for children at-risk or children with disabilities, and states do so with varying degrees. A few states fund parenting education and support groups specifically for kinship families, and respite and crisis nurseries for at-risk populations, through *The Community-Based Child Abuse Prevention Program (CBCAP)* (authorized under Title II of the Child Abuse Prevention and Treatment Act). Respite is one of several core prevention services that are to be supported by the program. Eligible families are usually not involved with Child Protective Services. For state summaries of CBCAP activities to see which states fund respite or crisis nurseries, visit <http://www.friendsnrc.org/cbcap-annual-report-summaries/2008-summaries-archive?start=45>.

Promoting Safe and Stable Families (Title IV-B of the Social Security Act). State child welfare agencies are required to spend at least 20 percent of their funding on each of four categories of services: family support, family preservation, family reunification, and adoption promotion and supports. All of these categories permit funding for respite services and/or crisis nurseries services for which grandfamilies might be eligible, depending on their level of involvement with the child welfare system.

Medicaid Waivers

Numerous home and community-based Medicaid waivers exist in states to prevent

children and adults with disabilities and chronic conditions from being institutionalized. Under these waivers, states can provide services not usually covered by the Medicaid State Plan, including case management, homemaker, home health aide, personal care, adult day health, habilitation, and respite. Medicaid Waivers are the leading source of federal funds for respite for those who are eligible.

For more information on possible federal funding sources for respite, see ARCH document: [Building Blocks for Lifespan Respite: Federal Funding for Adult and Children's Respite, 2009](#). http://www.archrespite.org/images/docs/Building_Blocks_Federal_Funding.pdf

Respite for Grandfamilies

There are various types of respite serving grandfamilies, and not all types suit all families. Because of the disruptions that have already occurred in the children's lives and the greater likelihood of the children having special needs, caregivers are sometimes reluctant to seek out traditional respite in the form of typical child care. They may be concerned about trusting one person, typically a stranger, to watch the children while they attend to their needs.

Summer Camps

Like many other AAAs and grantees in the RAPP Network, the Pierce County, Washington Aging and Long Term Care AAA uses NFCSP funds to subcontract with a local nonprofit agency, HopeSparks. They offer summer day and residential camp opportunities for children ages 4 to 18 who are residents of the County and are being raised by grandparent and other relative caregivers over age 55. HopeSparks partners with local parks and recreation departments, as well as the YMCA, Salvation Army, and local schools and community organizations that offer summer recreation programs. For more information, call 253-565-4484.

Respite programs that promote consumer-direction, such as the Oklahoma Respite Resource Network, which allows the family caregiver to hire their own respite provider from their personal support network, may work well for grandparents and other relative caregivers.

Some caregivers may prefer less traditional forms of respite, such as camps, and park and recreational activities that still give the caregivers a break, but focus on giving the child a new, safe and meaningful opportunity.

Respite should be seen as a supportive prevention service. However, respite can also be a lifeline to families facing a temporary crisis, such as a health, housing or job emergency.

Crisis Nursery

A unique collaboration that grew out of building a state Lifespan Respite Program in Illinois between the state's network of crisis nursery programs and the state Agency on Aging helped establish emergency respite options for grandparent and other relative caregivers.

In FY 2010, the Illinois Department on Aging funded two crisis nurseries at \$4,000 each to provide respite for relatives who are raising children ages birth to 6 years. The nurseries provided a flexible schedule of 24 hour respite for up to 3 days and were responsive to individual families' needs. Some families only used the service once and others used it frequently. Families were also referred to counseling services and support groups by crisis nursery staff. The relatives were not responsible for a co-pay. Due to the success of the program, the Illinois Department on Aging plans to continue funding the nurseries in 2011. For more information, contact Barbara Schwartz, Illinois Department on Aging, 217/524-5327, Barb.Schwartz@illinois.gov.

Emergency respite can be especially difficult to find. Crisis nurseries, which offer such assistance, are funded in many states with private foundation funding or funding from federal programs such as the Community-Based Child Abuse Prevention and Treatment Act or Promoting Safe and Stable Families.

Intergenerational activities help build community and trust among the families, in addition to giving the caregivers' respite from their daily parenting responsibilities.

Intergenerational Activities as Respite

In Idaho Falls, Idaho, the AAA holds an annual summer picnic and a Christmas party for the children and caregivers in grandfamilies. (For more information, call 208-522-5391) The AAA in Salisbury, Maryland, launched its Relatives As Parents Program with a "Let's Get Acquainted Day" at the local library for both the caregivers and children. For more information, call 410-742-0505.

Finally, a cooperative effort on the part of the North American Council on Adoptable Children (NACAC), the National Foster Parent Association (NFPA), and the Collaboration to AdoptUsKids, highlights other respite programs for this population and provides guidance on starting new community respite initiatives specifically for this population.²²

Helping Grandfamilies Find Respite Providers and Payment Resources

For the most part, children who have been adopted or are in kinship placements outside of foster care are not restricted in their choice of providers. If a state or federal program is paying for the respite, there may be restrictions on how and where to find respite programs or providers. To find respite and to determine eligibility for various state and local respite programs, these resources exist:

- If your state has a Lifespan Respite Program, contact them first for assistance in finding a provider and ways to pay for it. For a list of current Lifespan Respite Programs, see <http://www.archrespite.org/lifespan-programs>.
- The ARCH National Respite Network and Resource Center's *National Respite Locator Service* can help grandparents and other relatives looking for appropriate respite in their local community. www.respitelocator.org
- ARCH is also affiliated with State Respite Coalitions in about 25 states, which also frequently maintain state respite registries. For state respite coalition contacts, see <http://www.archrespite.org/state-respite-coalitions>
- To see if your local Area Agency on Aging supports respite for grandfamilies, contact the Eldercare Locator at 1-800-677-1116 or www.eldercare.gov
- If your state has a Kinship Care Navigator Program, they may also be of assistance. http://www.grandfactsheets.org/state_fact_sheets.cfm
- In many states, respite providers for children in foster care need to be licensed foster parents who are at least 21 years old. Contact the National Foster Care Parent Association for more information at <http://nfpainc.org/>

Conclusion

Respite can provide much needed relief to grandfamilies who came together unexpectedly under what are typically very stressful conditions. In addition to this family stress, both the caregivers and children are likely to have disabilities or other health conditions. Access to respite services may be limited by grandfamilies' lack of knowledge and understanding about such services. Outreach efforts designed according to the unique situations of relative caregivers are crucial.

Sustained support through respite can provide these caregivers the break they need, and make them more effective and resilient caregivers.

About the Authors:

Ana Beltran, Special Advisor to Generations United's (GU) National Center on Grandfamilies, is an attorney and the former Director of GU's National Center on Grandparents and Other Relatives Raising Children. She has authored several GU publications and articles published in professional and academic journals including, *The Gerontologist*, *The Journal of Aging and Social Policy*, and *The Journal of Gerontological Social Work*. As someone who was raised in part by her grandmother, Ana has a personal commitment to the families.

Jaia Peterson Lent is the Deputy Executive Director at Generations United in Washington, DC. She leads GU's policy work on intergenerational issues, coordinating a diverse group of organizations serving on GU's Policy Committee, overseeing grassroots outreach efforts, and presenting at national and international conferences. She is a licensed social worker who has worked in Child Protective Services, refugee resettlement, and in many other capacities with individuals and families from a variety of cultural backgrounds.

Written in collaboration with Maggie Edgar, ARCH Senior Program Consultant, and Jill Kagan, Program Director, ARCH

Resources:

ARCH National Respite Locator Service

www.respite.locator.org

The Grandfamilies State Law and Policy Resource Center

<http://www.grandfamilies.org/>

The Resource Center is a collaboration between [Casey Family Programs](#), the [American Bar Association's Center on Children and the Law](#) and [Generations United](#), and serves as a national legal resource to educate individuals about state laws and legislation in support of grandfamilies and to assist interested state legislators, advocates, caregivers, attorneys, and other policymakers in exploring policy options to support relatives and the children in their care both within and outside the child welfare system.

National Center on Grandfamilies at Generations United

<http://www.gu.org/Defin8191322.asp>

Generations United promotes awareness of grandfamilies, grandparents, and other relatives raising children, and how to help meet the needs of these unique families.

Grandfamilies of America

<http://www.grandfamiliesofamerica.org/index.html>

Their mission is to provide grandparents and relative caregivers with the necessary tools to navigate the complex government systems they encounter, as they try to provide safety and permanency for the children in their care, while at the same time protecting their family ties and heritage.

AARP Foundation GrandCare Support Locator

http://www.giclocalsupport.org/pages/gic_db_home.cfm

The GrandCare Support Locator connects grandparents with national, state and local groups, programs, resources and services that support grandparents or other relative caregivers as well as grandparents facing visitation issues.

Family Connection Grants

For information about the Children's Bureau Family Connection Grants Program, contact:
Cathy Overbagh, Federal Project Officer
Children's Bureau, ACYF/ACF/HHS
202-205-7273; cathy.overbagh@acf.hhs.gov

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This information is in the public domain. Readers are encouraged to copy and share it, but please credit the ARCH National Respite Network and Resource Center.

Endnotes:

- ¹ American Community Survey (ACS) 2006-2008. Detailed Table B09006, Relationship by Householder for Children Under 18 Years in Households.
- ² Livingston, Gretchen and Kim Parker (2010). Since the Start of the Great Recession, More Children Raised by Grandparents. Pew Research Center.
- ³ The AFCARS Report, Preliminary FY 2008 Estimates as of October 2009 (16). Accessed July 18, 2010 from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report16.htm.
- ⁴ American Community Survey (ACS) 2006-2008. Summary Table S1002, Grandparents. We do not have similar data for "other relatives," such as aunts or uncles raising children.
- ⁵ Generations United. (2009) *GrandFacts: Data, Interpretation, and Implications for Caregivers*. Washington, DC: Author.
- ⁶ Ibid.
- ⁷ American Community Survey (ACS) 2006-2008. Summary Table S1002, Grandparents. We do not have similar data for "other relatives," such as aunts or uncles raising children
- ⁸ Family Strengthening Policy Center. (2007). *Strengthening Grandfamilies through Respite Care*. Washington, DC: National Human Services Assembly.
- ⁹ Allen, Tiffany, Kerry DeVooght, and Rob Geen. *Findings from the 2007 Casey Kinship Foster Care Policy Survey*. *Child Trends*, Dec. 2008: Most kinship care arrangements are private, meaning that the child began living with the relative because of a private agreement between the relative and the birth parent with no involvement of the child welfare agency. A family may become involved with a child welfare agency, but instead of taking custody of a child at risk of continued abuse or neglect, the agency suggests that the child be moved to live with kin. These types of arrangements are often called "voluntary" kinship care. Finally, kinship foster care refers to those arrangements that occur when child welfare agencies take custody of a child after an investigation of abuse and/or neglect, and places the child with a kinship caregiver who is an approved placement based on the assessment standards developed by the agency.
- ¹⁰ Kinship Adoption: Meeting the Unique Needs of a Growing Population. Child Focus and the North American Council on Adoptable Children. April 2010.

¹¹ American Community Survey (ACS) 2006-2008. Custom Tabulation Table 6. Children Ages 5 to 17 with any Disability by Type of Household. Accessed July 19, 2010 from

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²⁰ Washington State Kinship Caregiver Program, Accessed August 15, 2010 from <http://www.dshs.wa.gov/kinshipcare/> and accessed on August 15, 2010 at <http://www.grandfamilies.org/index.cfm?page=topics&topicid=29>

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