Grandparents Raising Grandchildren in the District of Columbia: Focus Group Report

Published November 2003
Grandparents Raising Grandchildren in the District of Columbia: Focus Group Report

Report Prepared jointly by
Sandra Edmonds Crewe, Ph.D.
Howard University School of Social Work
And
Anita Stowell-Ritter

Copyright © 2003
AARP
Knowledge Management
601 E Street NW
Washington, DC 20049
http://research.aarp.org
Reprinting with Permission
AARP is a nonprofit, nonpartisan membership organization dedicated to making life better for people 50 and over. We provide information and resources; engage in legislative, regulatory and legal advocacy; assist members in serving their communities; and offer a wide range of unique benefits, special products, and services for our members. These include *AARP The Magazine*, published bimonthly; *AARP Bulletin*, our monthly newspaper; *AARP Segunda Juventud*, our quarterly newspaper in Spanish; *NRTA Live & Learn*, our quarterly newsletter for National Retired Teachers Association members; and our Web site, [www.aarp.org](http://www.aarp.org). We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. AARP is a non-partisan organization. It does not support any candidates for public office.

**Acknowledgements**

Numerous persons contributed to the planning, design, and successful execution of this study. Focus group participants are sincerely appreciated for their frank discussion of many highly sensitive issues. Special thanks are offered to Dr. Paul W. Vance, Superintendent, District of Columbia Public Schools, who enabled AARP to recruit focus group participants though the school system. The staff at Olchak Marketing Research were exceptionally helpful and assured that the on-site logistics were seamless. Virginia Hursey, who transcribed the tapes from the focus groups, aided in the expeditious and accurate reporting of the focus group proceedings.

The contributions of the members of the project task force are especially valued: Cathy Love, DC Department of Housing; Brenda Shepherd Vernon, Children’s Hospital; Audrey Epperson, Washington Urban League Parent Center; Mary D. Jackson, Grandparents on the Move Support Group; Beryl Rice and Brown Jr. High Kincaregiver Support Group; Tracy Nelson, National Center for Children and Families, CARA House; Barbara Harling, Center for Mental Health; and Sandra E. Crewe, Howard University School of Social Work.

Howard University School of Social Work students who assisted Dr. Crewe with the focus groups are recognized for the significant contributions to the project: Heather Stowe, Ph.D. Candidate; Leslie Goddard, MSW Student; and Jermaine Howard, MSW Student.

AARP staff and volunteers who contributed to the success of this project include: Mimi Castaldi, Carol A. Page, Grier Mendel, Vanessa Woodard-Kinnard, Jalani Lowery, AARP DC Office; Anita Stowell-Ritter, Gretchen Straw, Cheryl Barnes, AARP Knowledge Management; Amy Goyer, AARP Grandparent Information Center; Clare Hushbeck, AARP State Affairs; Robert Guttman, AARP DC Executive Council for Advocacy; Doris McCannon, AARP DC Executive Council for Community Service; and Johnetta Kelly, AARP DC Volunteer. For more information about this report, contact Anita Stowell-Ritter at (202) 434-6205.
# Table of Contents

## Background

- Introduction .................................................. 3
- Methods ...................................................... 4

## Findings

- Grandparent Perspectives on Caregiver Role .......... 8
- Grandparent Challenges ....................................... 9
- Resources to Address Challenges ......................... 22
- Minority Outreach Questions ............................. 24
- Kinship Care Fact Sheet .................................... 25
- Recommendations to Assist Grandparent Caregivers . 28

## Focus Group Demographics ................................. 32

## Conclusion .................................................. 36

## References .................................................. 38

## Appendices

- A. AARP Focus Group Recruitment Flyer ................. 40
- B. Moderator’s Guide ......................................... 41
- C. Participant Follow up Letter ............................ 49
- D. AARP Grandparent Information Center State Fact Sheet 50
LIST OF TABLES AND FIGURES

TABLES

Table 1: Grandparent Reactions to Caregiving Responsibilities 8
Table 2: Reasons for Custodial Caregiving 19
Table 3: Organizations Utilized to Address Challenges 22
Table 4: How did you hear about AARP focus group? 32
Table 5: Caregiver Grandparent Characteristics 33
Table 6: Residency by Quadrant of City 33
Table 7: Residency by Zip Code 34
Table 8: Annual Income 35

FIGURE

Figure 1: Outreach Resources 25
HIGHLIGHTS

Grandparents in this study share the common destiny of being the primary caregiver of their grandchildren. They all live in the District of Columbia and share many of the same joys and frustrations of parenting again. Yet, they are individuals who have followed different paths to begin the journey of caregiving. Some have been forced into the role because of death of their grandchildren’s birth parents while others were forced into the role by the legal or child welfare systems.

From the youngest to the oldest, they tell a story of survival in what sometimes must feel like enemy territory. The findings of this report capture some of their realities (positive and negative) about their day-to-day survival as grandparent caregivers in the District of Columbia.

Regardless of their age or whether or not they have legal custody of their grandchildren, grandparents face numerous family, social, financial, employment, housing, legal, health/mental health, and educational challenges. This report reviews these challenges in more depth and provides a series of recommendations to address key concerns.

- Grandparent caregivers all express the desire for expanded information and support to better manage the range of issues associated with their caregiving responsibilities.

  **Recommendation 1:** Create a one-stop service that provides grandparent caregivers with access to information and service necessary to the care of their grandchildren.

- Many focus group participants experience higher than normal stress levels. Support groups and respite services have been helpful in reducing the negative influence of stress.

  **Recommendation 2:** Advocate for the expansion of Grandparent Caregiver Support Groups and Respite Services.

- The financial demands of raising their grandchildren are the most distressing for grandparents. The inequity between financial assistance for foster parents and grandparent caregivers often exacerbates their already precarious financial situation.

  **Recommendation 3:** Advocate for greater equity in financial assistance programs for grandparent caregivers.

- Many grandparent caregivers, some who have previously retired, find that they are forced to re-enter the job market. The Temporary Assistance for Needy Families (TANF) Program requires that families receiving benefits must work. Given age-related disabilities and the multiple caregiving demands, many state that finding and maintaining work is especially difficult.
Recommendation 4: Advocate for employment programs and policies that are flexible and enable grandparent caregivers to meet their work and caregiver responsibilities.

- Assuming the responsibility of their grandchildren for many results in inadequate living space. For those in public housing, accessing larger, more suitable housing has been problematic.

Recommendation 5: Advocate for improvements in public housing programs and policies to enable grandparent caregivers to receive affordable emergency housing services at the point their grandchildren move into their homes.

- Grandparent caregivers express a great need for affordable legal counseling. Many believe they cannot fully access the range of available services for their grandchildren without legal assistance.

Recommendation 6: Advocate for affordable and accessible legal services for grandparent caregivers as they pursue eligibility for programs and services for their grandchildren.

- Stress, age-related health changes, and the emotional turmoil necessitating the caregiving arrangement result in numerous health and mental health problems for both grandparent caregivers and their grandchildren. Health and mental health services are frequently fragmented or cost prohibitive, or they are simply unavailable.

Recommendation 7: Advocate for expanded and enriched health and mental health services for grandparent caregivers and their grandchildren.

- Grandparent caregivers face numerous educational challenges; two in five of their grandchildren have special needs. Testing and educational support services are viewed by many as inadequate or unresponsive. Some grandparents find that they are frequently ill prepared to support their grandchildren with their homework and other educational initiatives.

Recommendation 8: Advocate for educational testing and support services for children residing in kin care households.
BACKGROUND

A. INTRODUCTION

Grandparents raising grandchildren is a growing national phenomenon. Nationally, 2.4 million grandparents have primary responsibility for the daily basic care of their grandchildren. More than three in four (77%) have been responsible for the care of their grandchildren for more than a year.

African American and Hispanic heads of households are significantly more likely to have responsibility for their grandchildren than non-Hispanic whites (8% and 8% vs. 2%). Among African Americans with primary responsibility for their grandchildren, more than four in five (81%) have cared for their grandchildren more than one year with nearly half (45%) having cared for their grandchildren five years or more. Among Hispanic grandparent caregivers, nearly three in four (74%) have cared for their grandchildren one or more years with one in three (33%) having cared for their grandchildren five or more years.¹

Eight percent of children nationally are living in kincare-headed households. In the District of Columbia, 19 percent of children under age 18 live in kincare-headed households. There are an estimated 22,000 children being reared by kincare providers.

The 2000 U.S. Census identified over 8,000 District grandparents who are responsible for most of the basic needs of their grandchild(ren) under the age of 18 living in their household. This represents five percent of all District of Columbia households (U.S. Census Bureau, 2003). Data on how many uncles, aunts, cousins, or friends who have assumed caregiving responsibilities for children who are not their own are not yet available.

Among grandparent caregivers in the District of Columbia, two in five (41%) are age 60 and over. Poverty is common to nearly one in four (24%) of these grandparent caregivers. Nearly two in five (37%) of these grandparent caregivers are single parents with another adult living in their home.²

AARP has been a national leader in providing resources for grandparents through the Grandparent Information Center. Building upon this commitment, the AARP District of Columbia Office commissioned a series of caregiver focus groups to gain a better understanding of the challenges associated with kincare-giving and to develop a plan of action to help address pressing concerns. They contracted with Dr. Sandra Edmonds Crewe, Ph.D. to conduct a series of four focus groups to elicit information on the social, financial, and legal problems experienced by these individuals.

² Ibid.
B. METHODS

Sandra Edmonds Crewe, Ph.D., a faculty member of the Howard University School of Social Work, served as the consultant who organized, moderated, and reported on the focus groups.

Participant Selection

AARP staff disseminated flyers advertising for grandparent and other relative caregivers. The flyers were distributed throughout Washington, DC. Key contact organizations were:

- Churches
- Schools
- The District of Columbia Public Housing Agency
- Universities
- Community-based organizations

The flyers instructed interested persons to contact AARP (Appendix A). AARP staff screened respondents to verify their caregiving status and whether they were District of Columbia residents. Names, addresses, telephone numbers, and, in some cases, brief comments of 90 individuals were listed on a spreadsheet, which was transmitted to the consultant/moderator for further screening and selection. Prospects were screened by asking the number and ages of children in their care, and the reason the children were in their formal or informal custody. The final list of focus group participants considered annual income, diversity in geographical location, race, ethnicity, gender, and caregiving characteristics.

Participants were grouped into two cohorts based on age and income, and then divided into four focus groups. Three of the four focus groups included caregivers aged 63 and under. Within this cohort, one group had an annual household income of $30,000 and over. The other two groups had an annual income under $30,000 and were further divided into those with legal custody of the children and those without. The second cohort, those 64 years and older, had only one group. Although the study had planned two groups in this age category, there were not enough volunteers aged 64 and older with annual household incomes $30,000 or greater. Only one caregiver fit this criterion, and she was placed in the 64 years and older group.
Four groups of 12 participants (48) were invited to participate on the following dates:

- **June 17 - Group 1**: Grandparents 63 years of age and younger, with an annual income under $30,000/Without Legal Custody
- **June 19 - Group 2**: Grandparents 64 years of age and older, with an annual income under $30,000
- **June 26 - Group 3**: Grandparents 63 years of age and younger, with an annual income of $30,000 and over
- **June 27 - Group 4**: Grandparents 63 years of age and younger, with an annual income of under $30,000/With Legal Custody

**Protocol**

Through phone calls and confirmation letters, the consultant confirmed the planned attendance of each participant and informed them of the focus group location, Olchak Marketing Research (OMR), in Northwest Washington, DC.

Groups took place between 10:00 a.m. and Noon. Participants, by their signature on the sign-in sheets, agreed to participate and abide by rules of confidentiality. The sessions were video and audio recorded. AARP staff were able to view the groups through an observation mirror. Participants were informed of the taping and viewing. They were also advised that a follow-up phone call would be made by the consultant/moderator.

The discussion focused around seven questions, with prompts, included in the moderator’s guide (Appendix B.) During the final ten minutes of each session, the moderator asked the focus group participants to review an AARP Kinship Care Fact Sheet. At this point she left the room to consult with AARP staff on additional probes and follow-up questions. The moderator returned and closed the session by receiving input on the AARP Kinship Care Fact Sheet and follow-up on additional questions posed. At the end of the session, each participant received a $100 honorarium. Following the focus groups, thank you letters as well as the Spring 2003 issue of the Grandparent Information Center Newsletter were mailed to participants. At the request of participants, their names were subsequently added to the newsletter mailing list.

The moderator’s approach was designed specifically to maximize participation of the majority African American audience. Based upon the moderator’s experience and her knowledge of the literature on conducting focus groups with persons of color, the design was interactive and utilized respect for the group as the organizing theme. Historically, African Americans have been uneasy about participating in research protocols because of the perceived unfair treatment of their concerns. This is especially true of research conducted by groups with which they are not closely aligned. Krueger and Casey (2000) recommend adapting groups to audiences and environments in their *Guide to Focus Groups*. 
Rituals such as greeting participants and acknowledging their values are critically important in getting them to be open and honest with the process. This also tempers the tendency for simple solutions and false hope (Martin & Martin, 1995) attached to research. Also essential is establishing rapport and trust with the moderator. Understanding the shared yet diverse values of the group is crucial to their engagement. The moderator chose a follow-up survey to collect background data to avoid the appearance of soliciting information too personal in nature before rapport was established. This was particularly relevant for the age group involved in this study.

Following the focus groups, the moderator placed telephone calls to participants and asked for additional background information. Each participant also was asked to complete the ten-item Sheldon Cohen Perceived Stress Scale (PSS), a standardized research instrument used to identify a person’s stress level. The results of the PSS and the comments of the focus group participants combined with moderator observations serve as the basis for the following participant synopsis.
FINDINGS

Grandparents in this study share the common destiny of being the primary caregiver of their grandchildren. They all live in the District of Columbia and share many of the same joys and frustrations of parenting again. Yet, they are individuals who have followed different paths to begin the journey of caregiving. Some have been forced into the role because of death of their grandchildren’s birth parents while others were forced into the role by a legal or child welfare system.

Some are faring better than others. They are centered differently: faith is the center for many while family support grounds others. Some work to make ends meet, while others have had to quit work to attend to the needs of their grandchildren. As some grandparents cope with their own recovery from substance abuse and HIV/AIDS, others struggle to get their children into recovery and keep their grandchildren from becoming addicted or involved in other risky behaviors. Yet others grieve along with their grandchildren for the loss of their loved ones through death, incarceration, and illegal drugs.

From the youngest to the oldest, they tell a story of survival in what sometimes must feel like enemy territory. The findings of this report capture some of their realities (positive and negative) about their day-to-day survival as grandparent caregivers in the District of Columbia.
A. GRANDPARENT PERSPECTIVES ON CAREGIVER ROLE

How we respond to situations is often associated with our outlook or attitude about the situation. To gain the caregivers’ perspectives on their responsibility, the focus group discussion opened with grandparents introducing themselves and indicating the number and ages of children for whom they were caregivers. A follow-up question asked grandparents to share the first thing that came to their mind when they heard the term grandparent caregiver. Table 1 provides an overview of their responses.

Table 1: Grandparent Reactions to Caregiving Responsibilities
(N=40)

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>63 years and younger/ Under $30,000 Annual Income/Without Legal Custody</td>
<td>64 years and older Under $30,000 Annual Income</td>
<td>63 years and younger/$30,000 and Over Annual Income</td>
<td>63 years and younger/ Under $30,000 Annual Income/With Legal Custody</td>
</tr>
<tr>
<td>• Losing freedom</td>
<td>• Endearing names such as Mommy and Granny</td>
<td>• Parenthood all over again</td>
<td>• Second time around</td>
</tr>
<tr>
<td>• Taking on the whole enchilada</td>
<td>• Feeling good about accomplishments</td>
<td>• It’s hard</td>
<td>• Confusing</td>
</tr>
<tr>
<td>• Raising children all over again</td>
<td>• It’s a good feeling</td>
<td>• Redundancy in the word (Grandparents are caregivers)</td>
<td>• Put my life on hold</td>
</tr>
<tr>
<td>• Misused by adult children</td>
<td>• They’re my life</td>
<td>• Family responsibility</td>
<td>• Hard to go this route again</td>
</tr>
<tr>
<td>• Burden</td>
<td>• You feel you have made a difference</td>
<td>• Doing things parents should do</td>
<td>• Doing things that you no longer want to do</td>
</tr>
<tr>
<td>• Stress</td>
<td></td>
<td>• No time for self</td>
<td>• Lose status of grandparent and become caretaker</td>
</tr>
<tr>
<td>• Personal Illness</td>
<td></td>
<td>• Your life stopped</td>
<td>• Mommy all over</td>
</tr>
<tr>
<td>• Painful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Giving Up Your life</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The younger groups (age 63 and under) focused more on the stress and burden associated with the caregiving role. This was true for those with and without legal custody regardless of annual income. A striking finding was that the older participants (average age 70 years) focused more on the positive aspects of caregiving.

The caregiving literature is replete with information that describes the mixed reactions of grandparents caring for grandchildren. Consistent with the literature, grandparents in all four focus groups expressed the satisfaction of making a difference.

- *It makes me feel like I have accomplished something in my life...my granddaughter just graduated from [high school], and she’s been accepted at Penn State.*

As in other studies, grandparents also spoke directly and indirectly about the mutual benefits of caring for grandchildren. There were clear indications that love and reciprocal love were a part of the caregiving relationship.

- *My 17 year old grandson is like my right arm. He goes with me, he helps me to shop, he helps me. You see I never had the closeness of anybody really being there to challenge me or help me to select things and I’m happy. Thank God I’m happy.*

This joy for some, however, is tempered by the burden of “off-time parenting”. The responses to this question indicate higher levels of stress among younger grandparents with incomes below $30,000.

**B. Grandparent Challenges**

**Social and Familial Challenges**

Grandparent caregivers express a number of challenges in caring for their grandchildren. There are some challenges that were common to all four groups as well as those specific to the particular group cohorts.

Caregivers report a number of challenges related to “off-time parenting”. Some grandparents state that they were at the stage of life where they had “time but no patience.” Activities such as homework, attending school activities, multiple appointments for children, and participating in recreational activities pose age-related challenges.

- *I remember my kids use to fall and I use to fall with them and jump back up, but it ain’t no jumping back up now. I have asked for a mentor, somebody to take them out, to help me out, because I can’t run, I can’t get out there and do the things that I use to do.*
Age differences seem to be exacerbated when grandparents interact with the school and their grandchildren’s friends’ parents. They feel that the teachers and parents come from different generations with different values. This creates an added sense of isolation.

Different value systems between generations also emerge as an important family challenge. Grandparents become caregivers for many reasons. Often the reason is the natural parent’s inability to carry out the parenting role. Thus, some children have been free of parental guidance and structure. When grandparents assume the parenting responsibilities, generational differences in child rearing may surface with different expectations. This causes friction and added responsibilities for the caregiver who, not only has to assume the role of parent “again,” but also has to set new rules and procedures. Sometimes routines such as brushing teeth and bedtimes have not previously been a part of the child’s life. The establishment of a new regiment is sometimes stressful because the grandparent caregiver is perceived as “strict” or “overbearing” when compared to the child’s natural parents. The differences are exacerbated when parents are an “in and out” presence in the child’s life.

- ...The oldest [grandchild] seems to realize that she wants her mother. She knows what’s going on. She sees it, but she wants her mother. I think I have lost [the youngest one] because she loves that lifestyle. She gets to run in and out of the [mother’s] house when she wants, she hangs out with whoever she wants and her mother doesn’t say anything. She knows she cannot do that at my house.

Financial Challenges

Most caregivers report experiencing financial strain in caring for their grandchildren. Although the support received from various programs is important to their survival, additional support is needed to meet the needs of the children. Expenses such as school uniforms, recreational activities, health care, and childcare seem to stretch many of their budgets to and beyond their limits. Focus group participants voice resentment that their personal income is considered in the eligibility determinations for various services.
The economic health of some families becomes fragile because of the caregiving responsibility. For example, one grandparent expressed concerns about going into debt to meet the needs of the household.

- *My husband has resorted to something that he thought he would never ever do. He would always say, we don’t charge the groceries… and it has come to the point that. Sometimes when we grocery shop we use our charge account.*

Those who have saved for their older years worry that there may not be enough because of the added caregiving responsibility that is not offset by other forms of assistance.

- *There is a part of me that feels that I should not be forced to worry about my future and my future money issues because I’m expending every resource that I have to ensure that my granddaughter is being raised a certain way. And I’m spending up my future.*

Most do not feel that government financial assistance is sufficient to allow them to provide for their grandchildren’s needs. They report using their personal resources to make ends meet. This evokes strong negative emotions about the inadequacy of governmental financial support programs such as Temporary Assistance to Needy Families (TANF)\(^3\) or food stamps.

- *When my daughter was alive she was receiving five something [$500] and now my daughter is deceased. [They] throw me $370…How can I take care of four children? You have to add money to the food stamps that you get.*

The sense of unfairness is often coupled with grandparent caregivers feeling that the system does not appreciate or value their services. When they describe the relationship, they often use words with an antagonistic connotation: For example, they use negative colloquialisms such as “throwing me money” or “treating me like dirt” to describe their interactions and exchanges with the local public welfare office.

Another theme that emerges is the caregiver’s sense of “personal money” versus “money for the children.” Interestingly, although grandparents make it clear that they use their own income sources to carry out their caregiving responsibilities, they resent government programs using their income when determining the children’s needs. There is a clear sense that financial support should be based on children’s needs as opposed to caregiver income and assets.

---

\(^3\) Temporary Assistance to Needy Families (TANF) is the cash assistance program authorized in the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) commonly referred to as "welfare reform." PRWORA ended the 60 year Aid to Families with Dependent Children (AFDC) entitlement program and replaced it with a time limited block grant to states. Unlike AFDC, TANF is not an entitlement program; it is a block grant to states that imposes a lifetime maximum 60-month time limit (except for up to 20% of households who are granted hardship exemptions). Also, TANF carries a work requirement that must be met within two years.
When I went [into the office] I had to show all these papers.... I was married and my husband died and he was in the service and I get a veterans check every month and the lady said they added it up I could get $298 a month for the two kids and $143 worth of food stamps and I was trying to explain to her that these are my grandkids that I am raising, not my children so why am I just getting $143. She [the worker] said because you get a check every month from your husband. I said but that’s my money that my husband left me.

This vignette illustrates the grandmother’s strong feelings that there was an unnecessary co-mingling of funds. Grandparents who have never relied on government assistance are less likely to understand the systems’ requirements and interpret routine and mandated documentation about household income sources as “street level bureaucracy,” meaning that they were worker versus system imposed. Clearly there is an absence of grandparent knowledge about how cash and non-cash assistance are calculated.

As caregivers discussed their financial assistance for children, there was obvious confusion about the different amounts. The explanations offered by the caregivers demonstrate their lack of understanding of the determination of their assistance payment. There is general confusion and misinformation about differences between TANF and kinship care payments. Lacking an alternative explanation of how their financial assistance was determined, some grandparents attribute it to worker disrespect and “mean-spiritedness.”

Those who lack personal experience with the public welfare system are likely to become more frustrated and resent the system’s intrusiveness. Some may avoid any interaction with the system and forego benefits. Grandparent caregivers who were new to the “welfare system” feel particularly demoralized and humiliated by being required to document household income and expenses. The lack of experience of middle-class households makes them especially unprepared for and offended by the “distrusting” nature of the process. Additionally, some think that professionals assume that middle-income grandparents are asking for undeserved or unnecessary assistance. Grandparents in the $30,000 and over income group clearly feel embarrassed to use the system. A number of grandparents identify some professionals and agencies that are very supportive and helpful. It appears that having good communication with and respect for the professionals is also a protective factor against the stressful nature of grandparent caregiving.

Without regard to income level, grandparents have a strong sense that the system favored non-relative caregivers over relative caregivers. The higher stipend levels available for foster care parents as opposed to those for kincare givers support their complaint. They believe that this is an ironic situation since foster parents are likely to be less committed to the children than grandparent caregivers.
Financially, it is hard for most of the kincare households to manage. They get by with support from government assistance programs, by using their personal income, other forms of family support, community support, and by being thrifty. There seems to be a particular stress caused by being on the edge financially. This stress is exacerbated by their sense of disrespect from the systems that many believed would help them.

**Employment Challenges**

Some focus group participants report that they were in retirement or readying themselves for retirement when they were confronted with the responsibility of caring for their grandchildren. There are opportunity losses associated with “off-time parenting.” Career advancement is hindered by the added responsibilities of child rearing. The lack of flexibility caused by childcare responsibility causes breaks in employment. Others are forced to pass up career opportunities or give up jobs. For some, career changes are sometimes necessary. For example, one participant states that she had to give up work with children, because she could not work with children all day and then go home and give quality time to grandchildren.

- *My last job was working in a day care with other kids. By the time I got home from dealing with 2 year to 6 year olds, I was so stressed that I had no patience for my own grandkids, so I had to get out of there.*

Welfare reform also poses a significant challenge for TANF dependent grandparents. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) attached a work requirement for adults receiving TANF. There is no age limit. Thus, grandparents and relative caregivers who are included as a member of the benefit unit are required to meet the work participation requirements. These grandparents receive TANF support for themselves as well as the children which trigger the work requirement. Some grandparents chose or were forced by caregiving responsibilities to give up their employment and rely solely upon TANF. The program’s work-related requirements are difficult for some due either to poor health or the multiple caregiving responsibilities. To avoid the extra burden created by working outside the home, some grandparents report they decided to get “child only” assistance causing added financial problems. In the vignette that follows, the grandmother shares her sense of frustration.

- *I heard that when [mothers were] on welfare...they could keep their checks for a year. Now when they gave me TANF one month, I was running the kids all around [for appointments]. They sanctioned me and I’m not the mother. I’m the grandmother, and they sanctioned me and I didn’t understand. I went back and asked him. He said, you’re not out looking for a job.’ I said I would have been out looking for a job if I didn’t have these appointments.*

Grandparent caregivers who must rely on TANF find themselves torn between the responsibilities of caregiving and the demands posed by the work requirements. They are particularly frustrated because they feel that they are helping resolve a problem that they
did not create. In their opinion, the system punishes them for loving their grandchildren enough to step in and take responsibility for them. This is extremely frustrating and produces resentment.

**Housing Challenges**

Another barrier faced by caregivers is finding affordable housing to accommodate their grandchildren. Taking grandchildren into one’s home often results in overcrowding. In some cases, grandparents are already living in inadequate quarters and moving in children exacerbates the situation. Others have “downsized” their housing because they are “empty nesters,” and adding new family members creates overcrowding or requires a re-configuration of the existing space. Their housing, while adequate for their own needs and lifestyle, proves inadequate; and some grandparents have to double or triple up. Others have to concede valued personal space to make room for their grandchildren. Caregivers express concern about the effect of overcrowding on the emotional well-being of the grandchildren. Cost is a major obstacle for some in getting the housing needed to accommodate the children.

- *Financially, I can’t do it. So now I have to work through some type of housing counseling to help me find adequate housing. I need at least three bedrooms and the market value for a three bedroom now is $1,000.*

Several grandparents note problems in getting transferred within federally assisted housing programs. Although they are eligible to transfer, they too find themselves overcrowded while they wait for an appropriate unit to become available. Several caregivers described problems in getting moved to larger units. They felt that acquiring legal assistance was sometimes the only way they could get attention paid to their situation.

- *I have been trying to get a transfer from housing since last year. They [Housing Authority] told me I couldn’t have a boy and a girl sleep in the same room. When I faxed those papers that I’m going to get a lawyer’s representation, the next morning she called me and said I had been approved. And that’s sad.*
Legal Challenges

Over half of the grandparent caregivers do not have legal custody of their grandchildren. Caring for grandchildren is more difficult for caregivers without legal custody. It complicates accessing needed medical care, school placement, housing, and financial support. In some cases, the lack of custody is caused by the grandparents’ hope that the children’s parents will be able to resume responsibility. Others report that children’s parents are unwilling to relinquish custody.

Grandparents without legal custody use various strategies to access needed services. This includes omitting questions that ask about guardianship, changing the subject when asked particular questions, vague completion of forms, getting notarized letters from parents, and seeking out compassionate providers who understand their plight. These strategies are described by one grandparent as “bluffing the system out.”

Getting affordable legal assistance is important to grandparents. They describe situations where the successful resolution of problems would require legal counsel. Yet, they voice concerns about finding affordable counsel. Younger grandparents report that legal services exist for the elderly but not younger grandparent caregivers. To obtain legal counsel, some caregivers indicate they use informal networks such as the one noted below.

- A friend of mine at church told me about the attorney and she gave me a price ... I was scared because he was asking for a lot of money... [but] I went to him and he only charged me a $1.

Medical challenges are sometimes complicated by legal requirements. Grandparents with legal custody are able to access medical assistance, whereas those without legal custody express some difficulty in accessing such care. However, most did seem to be able to forge relationships with medical providers and gain access to medical services. Sometimes they report getting letters from parents giving them permission to seek medical treatment. Others, like the grandmother highlighted below, has a long history of frustration in meeting the medical needs of her grandchildren.

- You go and try to take the child somewhere. You need a mother, you need a father, where’s the mother? Where’s the father? If I knew that then I wouldn’t have the child myself. I’ve been signing for 13 years for my grandchildren for their doctor’s appointments and they still ask me the same questions now. We’re not recognized as nothing.

Some grandparents also feel that legal help is critically needed to access benefits to care for grandchildren. For example, one grandparent clearly states that she will need legal assistance or an attorney to get access to the kinship care program.

- ...someone else told me about this program called kinship care but you have to get a lawyer. I don’t have any money to get no lawyer.
Two important points are raised by this grandparent. First, grandparents often receive misinformation about their rights to benefits. This is partly due to the fact that they receive this information by “word of mouth” -- a notoriously unreliable method of communication. When misinformation is transmitted without a reliable source of verification, grandparents and their grandchildren can needlessly suffer financially. Second, some caregivers do not feel that they can access affordable legal services.

**Health and Mental Health Challenges**

- **Caregiver Challenges**

Many grandparents note that their age and physical ability particularly challenges them as caregivers. Noting that there are various chronic and other health issues, the caregivers reflect upon the limitations caused by their health problems that make them feel somewhat inadequate in caring for the children.

- …*[when] you’re older you don’t feel like getting out of bed, I have hyperactive thyroid, I have high blood pressure and I think that having my grandchildren is stress. It’s a challenge each and every day, not one day, but every day.

Mental health issues are prevalent. One of the distinguishing characteristics between parenting one’s own children and parenting grandchildren is the anger and guilt surrounding the decision to become the primary caregiver of a grandchild. The participants express feelings of anger or guilt dependent upon the grandparent’s assessment of the reason for assuming primary caregiving responsibility. Grandparents who feel that they were not “good” parents express guilt. Consequently, they feel strongly that it is their “rightful” responsibility to nurture and take care of their grandchildren.

- I never condemn [grandchild’s] mother or put a negative idea in [her] head about [her] mother, since I wasn’t a good father to her mother …I had her out of wedlock, so I didn’t raise my daughter. When my daughter was put in foster care I did not get my daughter and after I tried … it was too late because she thought she was of age not to be with me.

Other grandparents reject the “bad seed theory” (Minkler, 1999). They strongly believe that they had been “good” parents and their children had taken the wrong path despite their best efforts. These grandparents struggle more with anger toward their children. Parenting again is imposed upon them because their children refuse to assume their responsibilities.

- [My grandchildren] had been in the system and when I got them they were off the hook. He wasn’t [toilet] trained at the age of three. He was not trained. I’m 67 years old. My baby is two. Can you see me going through this again? I was so angry with her [daughter], just angry because she had allowed her children to be placed in the system.
Caregiving is a greater challenge for them because they felt betrayed or used by their children. The anger in these cases is sometimes directed toward the government support systems that seem as uncaring and unresponsive as their children. Some of them describe the system as co-conspirators or as enabling their children in their irresponsible behavior. They want the system to do what they cannot--make their children become responsible.

- The situation I am dealing with now is [being] forced to adopt my granddaughter. And to be honest, I am not going to adopt my granddaughter. My daughter is 29 years old, she is able bodied, she’s not doing anything....I’m really dealing with this anger because I don’t want to deal with welfare, and I want my daughter to take her [daughter] and raise her because she has missed out of the first 13 years.

Caregivers cope with their anger and guilt in different ways. Some seek professional help, another writes poetry, and yet others use spirituality and faith-based resources. For example, a grandmother describes a spiritual retreat that she attended.

- I went on a retreat, a spiritual retreat a couple of weeks ago. It was very good but it wasn’t for my grandchildren, it was for me. The problems that I’m having with the grandchildren are still going on but I have a better peace inside and I’m not as angry as I was. I was real, real angry and frustrated.

Understanding their anger leads others to talk about their childhood experiences and relate them to their current lives. This introspection and life review helps in some way with understanding their path to caregiving. It also reaffirms the importance of their caregiver role.

Caregivers report they experience high levels of stress. The stress seems to be related to the confluence of caregiver age, “off-time parenting,” and the added financial, emotional, and social responsibilities of caregiving. These stressors are related to the various reasons that grandparents assumed primary caregiver roles. Especially important is the understanding of the cumulative disadvantage of persistent poverty which is exacerbated when they assume financial responsibility for the children in their care. Their annual household income coupled with the number of persons living in their households demonstrates that many of them have not escaped poverty and its stressors.

Many of the reasons for poverty involve circumstances that are predictive of added stress. Thus, the study used the Sheldon Cohen Perceived Stress Scale (PSS) to better understand their stress. This scale, a global measure of perceived stress that quantifies the degree to which situations in one’s life are appraised as stressful, is the most widely used psychological instrument for measuring the perception of stress, (Cohen, Kamarck, and Mermelstein, 1983).
Thirty-eight of the 40 caregivers were scored using the instrument. High stress is associated with higher scores. Based upon established norms, approximately 65 percent of focus group participants scored higher than the mean for their age group.\(^4\)

It is important to note that there are some caregivers who score very low on this scale indicating little or no stress. About 20 percent score below ten. Spirituality is a strong protective factor associated with these lower levels of stress as indicated by the following:

- Well I have had my grandkids for 10 years. Their mother was killed by their father in 1993. After listening to these people, I just thank God that he’s kept me. I haven’t had these problems... anything that I have gone to God with [he] has opened a way and taken care of all of us.

--- Grandchildren’s Challenges

Children who live with grandparents have often experienced trauma resulting in the development of emotional difficulties, the severity of which may be related to the circumstances surrounding their separation from their birth parents. The grandparents in this sample indicate that they are caregivers for a range of reasons. Table 2 provides a partial list of their reasons.

\(^4\) The caregivers in the study had a mean score of 15 with a range from 0 to 25 and a standard deviation of 6. Sheldon Cohen Perceived Stress Scale measure calls for the individual’s self-appraisal and assesses environmental demands. The measure correlates with physical and depressive symptomatology measures between .52 and .70, and .65 and .76 respectively. The items are easy to understand and are designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The questions measure feelings during the past month. Using a 5-point Likert scale of “0” to “4” with “0” meaning “Never” and 4 meaning “Very Often”, individuals are asked to indicate the intensity of an experience. According to Cohen, Kamarck & Mermelstein (1983), the PSS is an empirically established appraisal based index and has strong psychometrics with coefficient alpha reliabilities ranging between .84 and .86.
Table 2: Reasons for Custodial Caregiving  
(N=40)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Death</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Parental Illness</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Parental Substance Abuse</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Parental Incarceration</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Parental Abuse/Neglect/Irresponsibility</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Other Reasons/No Response</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>45*</td>
<td>99</td>
</tr>
</tbody>
</table>

*Some grandparents reported more than one reason.

There is some expected stress and trauma associated with children who have been separated from parents because of death, substance abuse, neglect, and abuse. Two caregivers report that they are caring for children because the child’s father murdered children’s mothers. This again is a very stressful situation likely to affect the mental health and stability of the children involved.

Many of the grandparents agree that their grandchildren are particularly needy of attention and the added assurance that they are loved. Grandparents report that there are lots of hugs associated with their caregiving responsibility. One grandmother who lives with two sets of grandchildren reports that her grandchildren sometimes accuse her of loving one group more than the other. Another mentions that she has young children of her own and emphasizes that the children are treated as if they were sisters and brothers—this avoids the appearance of differences between grandchildren and birth children.

Grandparent caregivers also are forced to address their own life expectancy when they assume the caregiving responsibility. When children have lost one or both parents, they are especially uneasy about the death of their grandparents. Grandparents recognize the difficulty that this question poses and the struggles they face in reassuring their grandchildren that they will always be cared for and loved by others. Grandparent caregivers wrestle with this question and have come up with individual ways to respond. Spirituality seems to be central to their response. The caregiving literature is replete with examples of spirituality as a protective factor, especially among African Americans. Grandparents in this study provided further evidence of its importance.

The statement below reflects one grandparent’s response to the query from her grandchildren about their well-being in the event of her death.
• *I tell them to learn to love God, serve Him and secondly, live so that people will want you, they wouldn’t mind taking you because our church is one big family.*

Grandparents assert they experience stress because of their grandchildren’s desire to have their parents in their lives, without regard to what the parents have done or their ability to properly care for them. While some grandparents prepare themselves emotionally for what sometimes feels like rejection, others have developed thicker skins and are more resilient. Both groups are torn between their love for their grandchildren and some hope that their children will resume their parental role.

While reunification is important for some, others acknowledge the impossibility of the parents regaining custody or reassuming responsibility. Also, some grandparents mention the disruptions created by some parents revolving “entry,” “exit,” and “re-entry” into the children’s lives. Some focus on the disappointments the children experience.

• *He called [his mother] a number of times because the last time we were in court I had said to her that I thought she needed to get involved…She said have him call me. She promised him this… but none of her promises came through.*

Grandparents try to make sure that there is contact and respect shown for birth parents. Yet, they have to pick up the pieces when things fall apart. These experiences temper caregivers’ expectations about reunification. Concerns about their grandchildren being “uprooted” again and grandparents “detaching” themselves from their strong bonds with their grandchildren who have become *their* children make many uneasy about reunification.

Despite the challenges presented by the troubling circumstances of the parents, some grandparents are seeking help to keep them involved. The parents are ultimately very important to both grandparents and grandchildren. One grandfather shares the problems of arranging visits with his daughter who is incarcerated in another state [a situation experienced by many District of Columbia families]. He notes the travel time and expense associated with the trip.

**Educational Challenges**

Grandparent caregivers encounter numerous educational challenges. Two in five of their grandchildren have special needs. Several grandparent caregivers mention that their grandchildren have Attention Deficit and Hyperactivity Disorder (AD/HD). While AD/HD affects the children’s behavior in all aspects of their life, their educational challenges are the most pronounced.
A recurring theme among all groups is the added responsibility and burden of caring for a child with special needs. One of the concerns is that children are not being tested accurately or in a timely manner. Lacking the resources to have the tests performed themselves, the children’s needs sometimes remained unmet.

Some focus group participants mention that they had difficulty getting school counselors to prepare Individual Educational Plans (IEP) for their grandchildren who have learning disabilities.

- They (the psychiatrist’s office) evaluated him and that’s when they found he was diagnosed with AD/HD and then I went to the school and they wouldn’t help me, so I got an education advocate and we met with DC public schools and they did an IEP on him, it was at the end of the year.

- The end of May the teachers says your grandson is dyslexic. They (the school) have to do the test. I can’t get the testing done...

Others mention that some counselors had prepared plans but the plans were not fully implemented.

Another challenge focus group participants note is the amount and complexity of homework assignments.

- They bring the homework home, and it is foreign because I have been out of school 30 years….Everything has changed, English has changed, math has changed.

Their lack of background with the subject material is further complicated by the lack of school resources. Several participants mention that the children are not allowed to bring home their textbooks, only their worksheets. The worksheets are often photocopied and unreadable. Grandparent caregivers mention that they would benefit through tutoring and mentoring services.

Those grandparents without legal custody of their grandchildren experience even greater challenges. Merely registering a child for school is problematic.

- Even though the child has gone to that school, you have to take in the same papers (to get them enrolled.)

Some grandparents note that the problems are endemic to the entire District Public School System. Many believe that budgets have been cut so drastically that funds for basic educational materials and services are simply unavailable.
C. RESOURCES TO ADDRESS CHALLENGES

Focus group participants discuss the resources that were helpful to them in meeting their responsibilities and challenges in caring for their grandchildren. Table 3 gives a summary of the organizations identified by each of the four groups.

The participants identify various organizations and programs that provided help with medical care, food, clothing, counseling, toys, and recreational needs. They include both public and private entities. On average, focus group members list less than one organizational resource. It is interesting that medical services are mentioned more than other resources although none of the groups seem to focus more heavily on medical needs when they discuss challenges. Individuals involved in existing networks such as HIV/AIDS, seem to have access to more resources. With the exception of AARP, visibly absent from the list are programs that specialize in services to older persons.

The group without legal custody has the longest list. This perhaps addresses their need to explore more alternatives because of problems accessing services without legal custody. The more salient observation is that there is no one resource that is viewed as the penultimate service for this population.
### Table 3: Organizations Utilized to Address Challenges (N=40)

<table>
<thead>
<tr>
<th>Group 1 63 years and younger/ Under $30,000 Annual Income/ Without Legal Custody</th>
<th>Group 2 64 years and Older/ Under $30,000 Annual Income</th>
<th>Group 3 63 years and younger/ $30,000 and Over Annual Income</th>
<th>Group 4 63 years and younger/ Under $30,000 Annual Income/With Legal Custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Bread for the City</td>
<td>• Educational Advocate</td>
<td>• Children’s Hospital</td>
<td>• Charter Health</td>
</tr>
<tr>
<td>• Child and Family Services-Tutoring</td>
<td>• AARP</td>
<td>• Child and Family Services</td>
<td>• Hillcrest Center</td>
</tr>
<tr>
<td>• Children’s Hospital (SW)</td>
<td>• DC General Hospital</td>
<td>• For Love of Children</td>
<td>• Congresswoman Norton’s Office</td>
</tr>
<tr>
<td>• Family Medical Center</td>
<td>• Southeast Community Hospital</td>
<td>• Lung Association</td>
<td>• Legal Aid</td>
</tr>
<tr>
<td>• Catholic Charities</td>
<td>• Section 8 Housing</td>
<td>• Camp Forget Me Not</td>
<td>• Independence Palace</td>
</tr>
<tr>
<td>• DC General Hospital</td>
<td>• Educational Advocate</td>
<td>• Family Advocacy and Support Services</td>
<td></td>
</tr>
<tr>
<td>• Family Ties</td>
<td>• AARP</td>
<td>• Cancer Society</td>
<td>• DC General Hospital</td>
</tr>
<tr>
<td>• Hyatt Leadership Public Charter School</td>
<td>• Hillcrest Center</td>
<td>• DC Help for Kids</td>
<td>• Southeast Community Hospital</td>
</tr>
<tr>
<td>• Girls and Boys Clubs</td>
<td>• For Love of Children</td>
<td>• Children’s Hospital</td>
<td>• Section 8 Housing</td>
</tr>
<tr>
<td>• Our Place</td>
<td>• Lung Association</td>
<td>• Independence Palace</td>
<td>• Congresswoman Norton’s Office</td>
</tr>
<tr>
<td>• Pediatric Care</td>
<td>• Camp Forget Me Not</td>
<td>• Legal Aid</td>
<td>• Hillcrest Center</td>
</tr>
<tr>
<td>• Perry School (computers)</td>
<td>• Family Advocacy and Support Services</td>
<td>• Congresswoman Norton’s Office</td>
<td>• Independence Palace</td>
</tr>
<tr>
<td>• Salvation Army</td>
<td>• Cancer Society</td>
<td>• Legal Aid</td>
<td>• Section 8 Housing</td>
</tr>
<tr>
<td>• Women’s Collective</td>
<td>• DC Help for Kids</td>
<td>• Independence Palace</td>
<td>• Hillcrest Center</td>
</tr>
<tr>
<td>• WHUR Radio</td>
<td>• Children’s Hospital</td>
<td>• Center for Independent Living</td>
<td>• Southeast Community Hospital</td>
</tr>
<tr>
<td>− Holiday Drive</td>
<td>• Hillcrest Center</td>
<td>• Independence Palace</td>
<td>• Independence Palace</td>
</tr>
</tbody>
</table>

Participants indicate that family members also provide support for some grandparents. Generally the support is referred to as “backup,” perhaps indicating that it is only used in special circumstances. Caregivers specifically report assistance from parents, children helping each other, adult grandchildren, nieces, brothers, cousins, and sisters-in-laws. It is surprising that sisters are not mentioned since the literature often cites the role of siblings (especially sisters) in caregiving for parents. One grandparent notes that she was able to take the trip of her dreams to Europe because of support received from her children. Achieving this lifelong dream seemed to lessen the burden of caregiving. Another grandparent’s adult sons help.
Asking for help, however, is difficult for some caregivers. One participant states “You hate to call when they know your situation.” An attitude of self-reliance, “we were raised to take care of our own,” explains this hesitance to ask for assistance. There is also mention of having to pay relatives. Some group members clearly state that they had “no one” or “nobody” as backup. This seems to indicate either the absence of family members in close proximity or hesitance to initiate a request for help. The sense that the responsibility should rest with grandparents seems to be related to their traditional values of self-reliance. Also, many of the participants were themselves raised by grandparents, and this influences their particular style.

Some churches also serve as extended families, known as “church families.” One participant noted that young parents helped out by taking her children along with their own to youth oriented events. The grandparent indicates that this “takes a load off of me.” Some churches also provide food that assists with their financial needs. Churches are noted for both instrumental and emotional support.

A noticeable difference in the group with an annual income of $30,000 and over is the inclusion of programs like the Lung Association; programs not exclusively focused on serving low-income families. Also, this group emphasizes the lack of government programs available for their income range. They report having to be a part of the public and child welfare systems before being eligible for assistance.

As focus group participants share their experiences and resources, others ask for contact information. Also, there seems to be a genuine interest in sharing resources. After the sessions, some of them shared lunch and continued to dialogue about resources. Some groups exchanged telephone numbers for future contacts.

D. MINORITY OUTREACH QUESTIONS

In an effort to better understand how to communicate with special populations, each session included questions about how they received information and the best way to get information to them. The participants were asked to provide a list of sources for receiving information. The sources include a variety of mediums. They are summarized in Figure 1.
Grandparents generally feel that the best way to get information to them is through the mail (newsletters), telephone, Internet, and existing networks. Information for the grandparents seems to come through local media rather than from agencies and organizations.

**F. Kinship Care Fact Sheet**

AARP has available online state specific fact sheets for grandparents and other relatives raising grandchildren. The fact sheets are available by state. Focus group participants received the four-page fact sheet for the District of Columbia (Appendix D). They were asked to read it and provide general comments regarding its helpfulness and ease of reading. The participants were also queried about whether they had used any of the resources, new information obtained, and where they felt the fact sheets should be placed to reach grandparent caregivers.
**General Impressions**

Participants generally feel that the fact sheets are helpful. Some comment that there is a “lot of information” that is “very important.” Participants in all four groups asked if they could keep the fact sheet. One grandparent states that it was good to know that someone is thinking of them. There is mention of the importance of having telephone numbers listed on the fact sheets.

The majority of the grandparent caregivers think that the fact sheet is very easy to read. Most rate it as a “1” or “2” on a scale of ease of reading with “5” being difficult reading. Only one group, the over $30,000 annually and under 64 years old, state that they found it average in reading ease. They mention that the type was too small.

The participants express some concern that they may not be eligible for many of the services because of their income. The term “eligible” raises a flag for some of them. This seems to be based on experiences with other programs where they had been denied assistance because of being “over income.” There is also some concern that although the resources sounded good; they might receive the “runaround” when they call. This too did not seem to relate to particular experiences with the organizations listed, but rather with previous experiences.

It is suggested that the Fact Sheet include more programs for grandchildren.

**New Information**

“I didn’t know all these programs existed.”

The participants most often state the information on kinship care is new information. Special note is made of the information on state laws and policies. Others note that the information on support groups is particularly helpful, although there is a sense that some of the groups are no longer active. Another participant comments that the support groups seem to relate more to grandparents with infants and small children. One participant also states that the Children’s Law Center is a new resource for her.
**Experience with Programs Listed**

Participants state that they had used the following programs:

- Bread for the City
- Center for Mental Health
- DC Healthy Families
- Kinship Care
- Legal Aid
- Temporary Cash Assistance
- Whitman Walker Clinic

**Suggestions for Placement of Information**

Participants provide a range of locations where they feel the fact sheet would reach grandparent caregivers like themselves. They note public facilities, retail and media outlets, schools, public transportation, housing, churches, and recreation resources.

The following list details their recommendations:

- Apartment Buildings (bulletin boards)
- Bookstands
- Churches (bulletin boards)
- Community Centers/Recreation Centers/Playgrounds
- Boys and Girls Clubs, YWCA, YMCA
- Drug Stores
- Grocery Stores (Safeway, Giant)
- Hospitals
- Lamp Posts
- Metrobus (stops and bus ads)
- Newspapers
- Public Libraries
- Schools (school counselors)
- Social Workers
- Train Stations
- Unemployment Offices
- Housing Authority locations

There is no distinct difference in the responses among the four groups in any of the areas investigated. There seems to be a genuine appreciation that this information is available. The sheets convey information that some need, and equally important it affirms that others understand their needs. The groups seem to have some familiarity with about half of the Kinship Care Initiatives listed for the District of Columbia.
E. Recommendations to Assist Grandparent Caregivers

This report focuses attention on the many challenges grandparent caregivers experience as they raise their grandchildren. Some obstacles are more daunting than others. Grandparents were asked to consider resources that could ease their burden. This section of the report reviews the findings of the focus groups and summarizes their expressed needs in the form of recommendations for action.

**Family and Social Considerations**

Regardless of age and income, caring for their grandchildren has presented numerous family and social challenges. Especially problematic is their lack of knowledge and access to information and resources that can aid grandparent caregivers in managing all aspects of their caregiving responsibilities. Focus group participants, especially those with no formal prior contact with governmental support or services, voiced negative experiences in seeking assistance from a broad array of public service representatives.

**Recommendation 1: Create a one-stop service that provides grandparent caregivers with access to information and services necessary to the care of their grandchildren.**

Focus group participants also express concern about the abnormal levels of stress involved in “off-time parenting.” They frequently mention that age and attendant health problems add to their stress. They comment on the need for respite services. They are eager for services that will provide their grandchildren with recreational activities and opportunities for activities that due to age and disability they are no longer able to provide. Some suggest that religious communities have sporadically offered services, but they express the need for other activities accessible to all and ones that are offered on a regular basis.

Grandparents also tout the value of support groups. Many of those who have participated in support groups indicate that they found that by sharing concerns, experiences, and information, they were able to ameliorate their stress. They also indicate that support groups could form the nucleus of an advocacy vehicle that could enable them to impact the availability of programs and services for grandparent caregivers.

**Recommendation 2: Advocate for the expansion of Grandparent Caregiver Support Groups and Respite Services.**
Financial Considerations

Without regard to age and income, the financial drain associated with raising their grandchildren is a pressing concern. There is considerable frustration with family and governmental financial assistance programs that often provides them with less financial support than that available to foster parents.

Recommendation 3: Advocate for greater equity in financial assistance programs for grandparent caregivers.

Employment Considerations

Many grandparent caregivers say they have retired or were expecting to retire in the near future. Some find they must continue to work. Others, due to the work provisions in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), find that they are thrust back into the job market at an age when they are experiencing both physical limitations and the need to juggle a heavy schedule of meetings and appointments for their grandchildren.

Recommendation 4: Advocate for employment programs and policies that are flexible and enable grandparent caregivers to meet their work and caregiver responsibilities.

Housing Considerations

Grandparent caregivers often experience overcrowding when their grandchildren move into their homes. Many grandparents do not have the resources to move into larger quarters. Those who reside in subsidized senior housing are often confronted with the problem of eviction. Those in regular subsidized housing confront the problem of having to access larger, more suitable living accommodations.

Recommendation 5: Advocate for improvements in public housing programs and policies to enable grandparent caregivers to receive affordable emergency housing services at the point their grandchildren move into their homes.

Legal Considerations

Regardless of whether the grandparents have legal custody of their grandchildren, they express a strong desire for affordable legal services. Many believe that without legal counsel they are unable to fully access the range of programs and services to which their grandchildren are entitled. These problems are most often centered on access to financial, educational, and medical programs.
Recommendation 6: Advocate for affordable and accessible legal advocates for grandparent caregivers as they pursue eligibility for programs and services for their grandchildren.

Health and Mental Health Considerations

Age-related physical changes and the stress of the financial, medical, legal, and social challenges exacerbated by their caregiving responsibilities present unique challenges to older grandparent caregivers. Most report a need for some form of informal or formal counseling or advice to enable them to better manage their lives and responsibilities. Some express a need for support groups while others believe they would benefit through family or individual therapy provided by a licensed mental health provider.

Similarly, grandchildren who have experienced the multiple traumas of abandonment and family dysfunction evolving from abuse, neglect, incarceration, or death likewise need long-term counseling services to enable them to live normal, healthy lives. Grandparents state that when they have sought services, the services are unavailable or approved but not fully implemented.

Focus group participants emphatically believe that health and mental health services are critical to them and their grandchildren if they are to live fully productive lives.

Recommendation 7: Advocate for expanded and enriched health and mental health services for grandparent caregivers and their grandchildren.

Educational Considerations

Grandparent caregivers report that a substantial number of their grandchildren have multiple educational challenges evolving from either AD/HD or emotional trauma. Testing services to evaluate their grandchildren’s educational deficiencies, homework assistance, and tutoring and mentoring are services that grandparent caregivers believe are critically needed if their grandchildren are to succeed in school.

Recommendation 8: Advocate for educational testing and support services for children residing in kin care households.
Research Considerations

This research project provides new information on the myriad challenges facing District of Columbia grandparent caregivers. Yet, additional data and information are needed if services and programs are to be aligned to meet the needs of this growing population.

Recommendation 9: Advocate for continuing research on the service and policy needs of grandparent caregivers.
FOCUS GROUP DEMOGRAPHICS

This study involves 40 participants, ten in each of the four focus groups. Most of them (48%) heard about the focus group from their grandchildren’s school. Fifteen percent were identified through churches (see Table 4).

Table 4: How did you hear about AARP focus group? (N=40)

<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Friend</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Church</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>School</td>
<td>19</td>
<td>48</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>20</td>
</tr>
</tbody>
</table>

The participants range from 40 to 80 years in age. As indicated by Table 5, the age 63 and younger groups have a mean age of early- to mid-fifties. The 64 and older age group average just over 70 years. The mean age of all caregivers is 59 years. Thirty-four percent have less than a high school education, and three percent have college degrees. Six in ten caregivers are the only adults in the home. Six participants report living with a spouse, and 10 caregivers have other adults living in their homes.

Participants were selected to maximize residential diversity. Table 6 shows the quadrant of the city where they reside, and Table 7 shows their zip code. Overall, 60 percent consider their housing to be adequate. Although 43 percent are homeowners, most (57%) participants are renters. Among the renters, 44 percent live in public housing, and 13 percent rent through the Section 8 Housing Choice Program. One in three grandparents relies on public transportation to carry out family responsibilities.
Table 5: Caregiver Grandparent Characteristics
(N=40)

<table>
<thead>
<tr>
<th>Group Categories</th>
<th>Mean Caregiver Age</th>
<th>Number of Grandchildren Under Care</th>
<th>Number of Years as Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1 63 and younger/Under $30,000/Without Legal Custody</td>
<td>56</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Group 2 64 and older/Under $30,000</td>
<td>70</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Group 3 63 and younger/Over $30,000</td>
<td>55</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Group 4 63 and younger/Under $30K/With Legal Custody</td>
<td>53</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 6: Residency by Quadrant of City
(N=40)

<table>
<thead>
<tr>
<th>Quadrant of City</th>
<th>Frequency</th>
<th>Valid Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>NW</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>SE</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td>SW</td>
<td>5</td>
<td>13</td>
</tr>
</tbody>
</table>
Table 7: Residency by Zip Code  
(N=40)

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20001</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>20002</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>20003</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>20004</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20009</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20010</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20011</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>20012</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>20019</td>
<td>9</td>
<td>23</td>
</tr>
<tr>
<td>20020</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>20024</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>20032</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Of the 40 caregivers, the majority (37) are women with three men participating. Two of the men are grandparents, and the remaining male is an uncle. Thirty-nine of the 40 participants are African American. One Latina grandmother participated.

The grandparents are caregivers for a total of 97 children ranging in age from 4 months to 18 years. The mean age is 10 years. They have been primary caregivers for the grandchildren currently in their care from one to 18 years, with an average of nine years. While 19 percent care for children of more than one adult child, most grandparents (81%) are caregivers for children of only one adult child.

Almost 40 percent have an annual household income below $10,000 with 18 percent reporting household incomes of $40,000 and above (See Table 8). The median income range is between $10,000 and $14,999. Twenty-six percent receive Social Security or a retirement pension. Thirty-eight percent of the caregivers are employed. Of employed grandparents, 80 percent work at least a 40-hour week.
Table 8: Annual Income
(N=40)

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Frequency</th>
<th>Valid Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $10,000</td>
<td>16</td>
<td>44</td>
</tr>
<tr>
<td>$10,000-$14,999</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>$15,000-$19,999</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>$20,000-$24,999</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>$25,000-$29,999</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>$30,000-$34,999</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>$40,000 and above</td>
<td>7</td>
<td>19</td>
</tr>
</tbody>
</table>
CONCLUSION

District of Columbia grandparent caregivers face a myriad of challenges. Many caregivers were retired or were anticipating retirement when they assumed responsibility for their grandchildren. A majority of the focus group participants are low-income.

Most participants have an annual income of less than $15,000. Their family finances were stretched before their grandchildren moved into their homes; however, for many, their added responsibilities have catapulted them into a financially precarious lifestyle. For some, seeking financial assistance through Temporary Assistance for Needy Families (TANF) is their only recourse. Seeking assistance is described by many of the focus group participants as degrading and humiliating. Many of the caregivers are unable or have been unable to access the Kincare Program, a subsidy program for family caregivers. Especially frustrating to them is the inequity between foster parent stipends and those available to grandparent caregivers.

Adding to their stress is the work requirements attached to receiving TANF; many experience age-related health problems and others shoulder burdensome caregiver responsibilities that make it difficult to secure and maintain employment.

Grandparent caregivers mention numerous problems with the DC Public School System. Two in five of the grandchildren in their care have special needs. These children, especially those with AD/HD, are eligible for various educational assistance programs. Yet, many of the grandparents acknowledge that it has been difficult to get their grandchildren tested by the school and remedial programs instituted. Added to their situation is the length of time since they participated in a formal education program; for some, it has been thirty years or more. With the changes in curriculum, many find that they are unable to provide the guidance and tutoring to that grandchild that is required for them to succeed in school.

Death, abuse, neglect, and abandonment are among the situations that have led to the placement of the grandchildren in their homes. Among the grandchildren, many have significant emotional problems. While some grandparents have sought mental health counseling, most grandparent caregivers believe that more services are critically needed for their grandchildren and themselves. The emotional traumas that brought the grandchildren into their homes have also had a lasting effect on the grandparent. They are stressed by their “off-time parenting” responsibilities; many are angry with their adult children; others are experiencing grief from the loss of a loved one; and others experience guilt over the behaviors of their children. Grandparents need respite care, support groups, and often legal counseling to enable them to deal with the many stresses in their lives. Several programs and services are critically needed to aid grandparent caregivers manage the medical, legal, financial, and education needs attendant to caregiving.
Being a grandparent caregiver in the District of Columbia is not easy. Yet, many grandparents have overcome staggering obstacles and have made a positive difference in the lives of their grandchildren. Reflecting on the unique socio-historical experiences of African Americans and, in particular, their history of strong family ties, these grandparents are carrying on this positive legacy. Despite the changing times and circumstances surrounding their role as grandparent caregiver, they carry on the family responsibility with great expectations that they will make a difference.
SELECTED REFERENCES


APPENDICES
APPENDIX A

RECRUITMENT FLYER

Are you a Grandparent raising grandchildren in the District of Columbia?

AARP DC wants to hear from you.
Help us understand your challenges, your triumphs, and any supports or services that would make your life easier.

Call 434-7703 by May 1 if you are interested in being considered for a June 2003 group discussion with other DC grandparents raising grandchildren.

Eligibility: DC grandparents age 30 or older raising grandchildren age 18 or younger.

Participation is limited. Selected participants will receive lunch and a fee.
AARP Grandparents Raising Grandchildren

FOCUS GROUPS

District of Columbia

June 2003

MODERATOR’S GUIDE

Prepared By:

Sandra Edmonds Crewe, Ph.D.

June 16, 2003
Moderator’s Guide (Included in Project Manual)

A. Introduction of Purpose

- Thank individuals for their time and agreement to participate. Note the purpose of the AARP focus group is to gain an understanding of their experiences as grandparents raising their grandchildren.

- Emphasize the value of understanding their experiences and encourage full participation.

- Although I will be using the term grandparent—I recognized that someone maybe an aunt, uncle, or other relative caregiver.

B. Introduction of Moderator (Self introduction).

C. Groundrules/Setup

- Your participation is voluntary

- We will meet for about 2 hours and then serve you lunch and give you your stipend.

- We will be taping focus group and also there a representatives from AARP who are listening to you on the other side of the mirror.

- What you say will be used to help us better understand your circumstances

- Everyone’s opinion is valuable

- There are no right or wrong answers

- Points of agreement and disagreement are welcome

- We ask that you
  - be direct and honest
  - respect the opinion of others
  - raise questions of me and others
  - be willing to summarize when asked to
  - speak loud enough to be heard
  - use this time to let others really know how you feel
  - permit me to sometimes change the topic

D. My role as moderator is to make sure that AARP hears as many opinions as possible within the time we are allowed and to ask clarifying questions.

E. Participant questions about the process

F. How many of you have participated in a focus group before?
### Opening Question

1. Tell us who you are, the ages of your grandchildren, and how long you have been caring for them.

### Introductory Question

2. What is the first thing that comes to mind when you hear the term “grandparent caregiver”?

3. What have been the greatest challenges you have faced as a grandparent caregiver?
   - Probe---
   - Social Challenges-
     - Family
     - Financial
     - Medical
     - Educational
     - Legal

4. What persons or organizations have you received help from?
   - Probes:---
   - Social Challenges-
     - Family
     - Financial
     - Medical
     - Educational
     - Legal

5. What would help you and other grandparent caregivers manage better? (Are there resources, services, information, or educational programs that would help you?)
   - Probe to get more detail about the specific types of support/help.
   - Does anyone participate in a support group?
   - If yes- what are the advantages of participating
   - If no- what are the primary reasons that you do not participate
6. **Where do you usually go to for information for yourself?**

   Do you go to the same place for information about raising your grandchildren? If not where do you go?

   How would you prefer to get information on activities, support groups, or programs that may be available to you?

7. **Kinship Care Fact Sheet- Please take 5 minutes and review the fact sheet that I am distributing.**

   Moderator Leaves and Consults with AARP staff.

   - What is your overall reaction to this fact sheet, that is, do you find it revealing or helpful? Why? Why Not?
   - Is the fact sheet easy to read? On a scale form 1-5 with one easy to understand and 5 difficult to understand, how do you rate the sheet in terms of its ease of reading?
   - Are there specific elements that you find particularly helpful? What are they?
   - Have you used any of the programs/services listed in the fact sheet? Which ones? Were they helpful?
   - Does this fact sheet provide you with new information?
   - Is there missing information that you would find helpful that is not on the fact sheet?
   - What places do you feel it would be helpful to place this fact sheet?

<table>
<thead>
<tr>
<th>Moderator summarizes the key points of the discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. <strong>Did I correctly describe what you said?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ending Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. <strong>We wanted you to help us evaluate resources and services to grandparent caregivers. We want to know how to improve the service and what has helped you the most. Is there anything that we have missed? Is there anything that you came wanting to say that you didn’t get a chance to?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. <strong>Closing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thank participants. Have them applaud each other.</strong></td>
</tr>
<tr>
<td><strong>Discuss Next Steps------</strong></td>
</tr>
<tr>
<td>- Write up summary</td>
</tr>
<tr>
<td>- Provide to AARP</td>
</tr>
</tbody>
</table>
### Questions/Focus Group Time Table for AARP Grandparent Caregiver Focus Groups

<table>
<thead>
<tr>
<th>Type /Question</th>
<th>Reason</th>
<th>Probes</th>
<th>Estimated time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of Moderator/Guests and Purpose of Focus Group/Logistics</td>
<td></td>
<td>None</td>
<td>4 minutes</td>
</tr>
<tr>
<td>Opening Question</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Tell us who you are, the ages of your grandchildren, and how long you have</td>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Been caring for them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition Question</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What is the first thing that comes to mind when you hear the term Grandparent</td>
<td></td>
<td>Clarification-Only</td>
<td>20 seconds per participant</td>
</tr>
<tr>
<td>caregivers? Just call out words—the first thing that comes to your mind.</td>
<td></td>
<td></td>
<td>4 minutes</td>
</tr>
<tr>
<td>Key Questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What have been the greatest challenges you have faced as a Grandparent caregiver?</td>
<td>Identify major challenges</td>
<td>Social/Family Challenges Financial/Medical /Legal Issues</td>
<td>1-2 minutes per participant</td>
</tr>
<tr>
<td>4. What persons or organizations have you received help from?</td>
<td>Identify existing resources</td>
<td>Type of help Quality of help</td>
<td>1-2 minutes per participant</td>
</tr>
<tr>
<td>5. If we wanted to get some information to you, what would be the best way?</td>
<td>Identifying information networks</td>
<td>TV Radio Newspaper Agencies</td>
<td>6 minutes</td>
</tr>
</tbody>
</table>
7. Kinship Care Fact Sheet- Please Take 5 minutes and review)  
   Follow question guide  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Moderator summarizes the key points of the discussion</td>
</tr>
<tr>
<td>8.</td>
<td>Did I correctly describe for the most what you said?</td>
<td>Summary to verify what has been heard and to start group thinking about missing points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 minutes</td>
</tr>
<tr>
<td>Ending Question</td>
<td></td>
<td>Add missed information</td>
</tr>
<tr>
<td>10.</td>
<td>We wanted you to help us evaluate resources and services to grandparent caregivers. We want to know how to improve the service and what has helped you the most. Is there anything that we have missed? Is there anything that you came wanting to say that you didn’t get a chance to?</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 minutes</td>
</tr>
</tbody>
</table>

SANDRA EDMONDS CREWE, PH.D. - APRIL 8, 2003(REV)
APPENDIX C
PARTICIPANT FOLLOW-UP LETTER
Thank you for your participation in the AARP Grandparents Raising Grandchildren focus group. You provided a wealth of information that can be used by AARP to promote better services and programs for grandparent caregivers. I will use your comments to prepare a report to AARP that identifies your key areas of concerns as well as your positive contributions as grandparent caregivers.

Carol Page, Legislative Director of AARP, has provided the enclosed complimentary copy of the AARP Grandparent Information Center newsletter for grandparents rearing grandchildren. I think you will find it somewhat useful. She has taken the liberty of putting your name on AARP District of Columbia’s mailing list so that you can get updates on legislation and services that impact parenting grandparents. If you would like a free subscription to the newsletter or want to be taken off the mailing list, please call Carol Page at 202-434-7703.

Let me again thank you for sharing your story as a grandparent caregiver. I would also like to applaud you for the love and caring that you are providing for your grandchildren. Despite the challenges, you continue to provide for your grandchildren and have expressed your joy in doing so. Keep up the good work!

Sincerely,

Sandra Edmonds Crewe, Ph.D.
Focus Group Moderator

Cc: Carol Page, Legislative Director
APPENDIX D
DISTRICT OF COLUMBIA
AARP KINSHIP CARE FACT SHEET
Across the country, more than six million children -- approximately 1 in 12 children -- are living in households headed by grandparents or other relatives. The District of Columbia has more than 22,000 children living in households headed by grandparents or other relatives. In many of these households, grandparents and other relatives are the primary caregivers or (“kinship caregivers”) for children whose parents cannot or will not care for them due to substance abuse, illness and death, abuse and neglect, economic hardship, incarceration, divorce, domestic violence, and other family and community crises.

In response to the growing numbers of these kinship care families, state legislatures, public and private agencies, and grassroots coalitions in the District of Columbia and across the country have begun to expand services and supports for children living with kin inside and outside of the foster care system.

**A Look at the Numbers: Kinship Care in District of Columbia**

The data below show the numbers of grandparents who are living in households with at least one grandchild under the age of 18, as well as the numbers of grandparents who are the primary caregivers for these grandchildren.

<table>
<thead>
<tr>
<th>Location</th>
<th>Grandparents Living in Households with One or More Own Grandchildren Under 18</th>
<th>Grandparents Responsible for Meeting the Basic Needs of Grandchildren</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>5,771,671</td>
<td>2,426,730</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>16,842</td>
<td>8,183</td>
</tr>
</tbody>
</table>

*These data are taken from the U.S. Census Bureau Table DP-2, Profile Selected Social Characteristics: 2000. The U.S. Census website is [http://factfinder.census.gov/servlet/BasicFactsServlet](http://factfinder.census.gov/servlet/BasicFactsServlet). Detailed instructions on how to access this data can be found at [http://www.casey.org/cnc/quick_facts/kinship_care_state_data.htm](http://www.casey.org/cnc/quick_facts/kinship_care_state_data.htm).
Kinship Care Initiatives in District of Columbia

In the District of Columbia, public and private agencies and grassroots coalitions of grandparents and other relative caregivers have begun working together to expand the services available to kinship caregivers who are caring for children outside of the foster care system.

Several of the major kinship care programs and supports are listed below. Additional support groups can be found through the AARP Grandparent Information Center Database. Call 1-800-424-3410, e-mail information requests to gic@aarp.org, or search AARP’s online kinship care support group database at http://www.aarp.org/ grandparents/searchsupport/.


Support for Kinship Care Families:
Grandparents on the Move is a grassroots coalition that provides support groups, information, and advice to help kinship caregivers in the District of Columbia to prevent and deal with stress and to find social service contact information and other supports and services available to kin. Grandparents on the Move also gives school presentations on the issue of kinship care. Contact: Mary D. Jackson, Founder and Director, at (202) 575-2811 or mdj98@hotmail.com.

The Center for Mental Health provides a comprehensive range of services for kinship care families, including support groups, mental health consultations, and information and referrals. The Center also provides counseling services for children being raised by relative caregivers. Contact: Barbara Harling, Director of Adult Mental Health Services, at (202) 678-3000 or bharling@cmhcinc.org.

The Megaskills Education Center, part of the Home and School Institute, is a non-profit educational institution that provides programs and materials to connect families, schools, and communities nationally. Megaskills offers leadership training and workshops to groups of grandparents caring for their grandchildren on how to get connected with schools and communities and get the services and supports they need. The Center also educates grandparent caregivers on how to train fellow grandparent caregivers. Contact: Harriett Stonehill, Director of Megaskills Education Center, at (202) 466-3633 or hsida@erols.com. The website is http://www.megaskillshsi.org.

Services for Families Infected and/or Affected by HIV and AIDS: The Family Ties Project is a permanency planning project for families infected and/or affected by HIV and AIDS. Services include free legal services, kinship care case management, art therapy, and individual and family counseling. Contact: Michelle Palmer, Life Planning Specialist, at (202) 547-3349 or mpalmer@familytiesproject.org. The website is http://www.familytiesproject.org.

Services for African American Kinship Care Families: The National Center on Permanency for African American Children at Howard University provides local and national information and resources (research, training materials, trends, policy and legislation) on permanency issues involving African American children, including those being cared for by kin. Contact: Jacqueline Kidd, at (202) 806-8100 or ncpaac@howard.edu.

Legal Services for Kinship Caregivers:
The Children’s Law Center provides free legal services to eligible kinship caregivers in the District of Columbia. Contact: Matthew Fraidin, Legal Director, at (202) 467-4900 or mfraidin@childrenslawcenter.org. The website is http://www.childrenslawcenter.org.

The Legal Aid Society of the District of Columbia provides free legal services to eligible individuals with little or no income in cases concerning landlord-tenant problems, public benefits, and family issues involving child support, child custody, and domestic violence. Contact: (202) 628-1161 or info@legalaiddc.org. The website is http://www.legalaiddc.org.

Bread For the City provides free legal services to eligible kinship caregivers in cases concerning landlord-tenant problems, public benefits, and family issues involving child support, custody and
domestic violence. In addition the agency provides food and clothing, medical care and social services to low-income residents of the District of Columbia. **Contact:** (202) 265-2400. The website is [http://www.breadforthecity.org](http://www.breadforthecity.org).

| The Whitman-Walker Clinic | provides free legal services to people who are HIV-positive. Services include permanency planning for children of people who are ill or dying, uncontested custody matters, and estate planning (involving child custody and placement). **Contact:** (202) 939-7627. The website is [http://www.wwc.org](http://www.wwc.org). |

### Kinship Care and District of Columbia’s Foster Care System

Sometimes children in the care of the states are placed in foster care with grandparents or other relatives. In the District of Columbia, the Child and Family Services Agency reports:

**Number of children in kinship foster placements:** As of March 31, 2002, the Child and Family Services Agency had a total of 3,396 children in out-of-home placements. Of these children, 950 (28%) were placed with kin.

**Preference for kinship placements:** District of Columbia policy requires that kin be sought out and given preference when an out-of-home placement is needed for a child under the Agency’s care.

**Licensing for kinship foster parents:** There is no separate licensing program for kinship foster parents. Kin have to meet the same licensing standards and receive the same foster care payment rate as non-kin foster parents.

**Subsidized Guardianship:** In addition to foster care payments and other benefits available to kin raising children in the foster care system, some states also have subsidized guardianship programs. In the District of Columbia, subsidized guardianship may be offered if the child’s caregiver: (1) has been awarded permanent guardianship by the District of Columbia Superior Court; (2) has been an approved kinship caregiver for at least 6 continuous months immediately preceding application for the guardianship subsidy; (3) has continued to be the child’s approved kinship caregiver since the court entered the permanent guardianship order. The child must be have been adjudicated neglected or abused and placed in the legal custody of the agency.

The child must be either: (a) a member of a sibling group; (b) difficult to place for adoption; (c) at least two years old; or (d) not be placed in a permanent placement outside of applicant’s family. The Agency must also determine that the child’s best interest is not met by either reunification or adoption. Finally, the Agency must find that legal guardianship with the applicant is in the child’s best interest and the caregiver must have a financial need for a permanent guardianship subsidy. (District of Columbia Municipal Regulations, Chapter 61, sections 6100-6199). **Contact:** Carolyn Smith, Program Manager, at (202) 727-3074.

**State foster care contact:** Questions about kinship foster placements, training, and support should be directed to Carolyn Smith, Program Manager, District of Columbia, Child and Family Services Agency, at (202) 727-3074.

**Support groups for kinship care families in the foster care system:** The National Center for Children and Families provides a bi-weekly support group for relatives raising kin who are in foster care or in danger of entering the foster care system. Caregivers receive an array of services including resource referrals, transportation assistance, and education on permanency options. Child care is available during the support group. **Contact:** Tracie Nelson, Foster Care Training and Recruitment Supervisor, at (202) 396-9330 or [tracio@gmail.com](mailto:tracio@gmail.com).
Other Supports for District of Columbia Kinship Care Families

Children raised by kinship caregivers are often eligible for a range of state and federal programs. In most cases, kinship caregivers may apply for these programs on a child’s behalf even though they are not the child’s parents or legal guardians. Some examples of these programs include:

**Cash assistance:** Cash assistance may be available to children and their grandparents and relative caregivers through the District of Columbia Temporary Assistance For Needy Families (TANF) program. Kinship care families may also be eligible for food stamps to help meet their children’s food and nutrition needs. For more information about these programs, call (202) 724-5506 or log on to http://dhs.dc.gov/main.shtm.

**Health insurance:** Grandparents and other relative caregivers may apply for free or low-cost health insurance on behalf of the children they are raising through DC Healthy Families. In some cases, caregivers may also be eligible for free coverage. For more information about how to DC Healthy Families, call 1-800-MOM-BABY or log on to http://dchealth.dc.gov/.

State Laws and Policies

Sometimes kinship caregivers find it difficult to obtain services their children need, such as medical care or education. In addition to the state’s child guardianship and custody laws, the following law may be helpful to kinship caregivers:

**Medical Consent Law (D.C. Code Ann. § 16-4901):** This law allows parents or guardians to sign a consent form authorizing a grandparent, other relative caregiver, or other third party to obtain medical care on behalf of a child without obtaining legal custody or guardianship. Authorized medical care includes all necessary immunizations, mental health treatment, routine care, or emergency treatment, including surgery.

Questions about this fact sheet or recommendations for additions to future versions should be submitted to Roseana Bess, The Urban Institute, at rbess@ui.urban.org.

---

1 Laws change and are subject to different interpretations. These general descriptions are not intended as legal advice in any particular situation.
AARP
Knowledge Management
For more information contact Anita Ritter (202) 434-6205