



New York Council On Adoptable Children, Inc., *Forging Connections* Policy Group: DRAFT WHITE PAPER, February 2004, **NOT FOR DISTRIBUTION**

Forging Connections: Challenges and Opportunities for Older Caregivers Raising Children

A Report by the *Forging Connections* Policy Group
convened by the New York Council On Adoptable Children, Inc.
February 2004

"I want my granddaughter to know who she looks like, who she favors, and where she gets her traits from."



"How would my nephew feel if he learned later in life that he had relatives in the same city who never tried to contact or help him?"



"We have plenty of room and plenty of love, and we want family."



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CREDITS

Forging Connections

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Introductory Letter

Executive Summary

The New York Council On Adoptable Children's *Forging Connections* Policy Group

The New York Council On Adoptable Children (COAC) is a citywide adoption specialty organization dedicated to finding and securing permanent homes for New York City's children living in foster care, who are legally freed for adoption, as well as the children of parents with HIV and AIDS. In recent years, COAC has witnessed firsthand the growing numbers of children being parented by kinship caregivers and guardians who are older or face chronic illness. COAC learned of these caregivers' struggles and their common concern: if they become incapacitated, the children in their homes are at risk of entering or being returned to the foster care system. It is this direct service work that formed the basis of the *Forging Connections* Policy Group.

Recognizing the local, state, and national need to better support elderly caregivers, in 2002 COAC formed the *Forging Connections* Policy Group, which brought together experts from both the child welfare field and the aging field. *Forging Connections* gave members from these two arenas a unique opportunity to share information, knowledge, and research, and to collaborate on developing ways to improve the lives of elderly caregivers and the children in their care. The group's overarching goal was to develop public policy recommendations that will increase the stability of families headed by older caregivers and guardians. The Policy Group builds on the direct practical experience of COAC's programs serving elderly adoptive parents and guardians, analyzed in

the context of current research in the aging and child welfare fields, as the foundation to formulate policy recommendations.

The Policy Group would like to give special thanks to the New York Community Trust for their guidance, insight, and generous financial assistance in making possible the work of the Forging Connections Policy Group.

About This Report

The *Forging Connections* Policy Group identified key areas where elderly caregivers face significant challenges. These include the psychological demands of parenting unexpectedly and at a late age; the need for respite; the medical problems common among the elderly; misinformation and/or no information about resources and supports; the difficulties elderly caregivers face securing adequate housing; advocating for children with special needs; and, the financial and legal struggles of elderly caregivers.

This report outlines the group's findings in the following areas: psychological, economic hardship, advocacy, housing, medical, transportation, and legal. It explores each of these areas and offers practical recommendations to improve policy and practice to better support elderly caregivers and the children in their homes, focusing primarily on those families living in New York City and State. Readers should keep in mind, however, that this is by no means a local or even a regional crisis, as illustrated by some of the examples drawn from across the country.

Some chapters include case studies of elderly caregivers and the children they look after. Many of these are COAC clients whose names have been

changed to protect their privacy. We have also included the voices of children living with elderly caregivers to remind our readers that supporting and stabilizing elderly caregivers means supporting and stabilizing the youth in their care.

About These Elderly Caregivers

Across the country, the percentage of children living apart from their birth parents is steadily rising. Parental death, economic hardship, incarceration, illness, substance abuse, violence, abuse, neglect, or unwillingness to raise a child result in more and more children needing a new home. Today, over two million grandparents are taking on primary responsibility for one or more grandchild(ren). In fact, *there are eight times more children in homes headed by a grandparent than in the foster care system*. Between 1990 and 1998, approximately 6.3 percent of all children in the United States under 18 – 4.5 million children – grew up in grandparent-headed households, and almost one-third had no parent present in the home (*AARP, "2002 Facts About"*). If even half of these children entered the foster care system, it would cost taxpayers \$6.5 billion annually and would utterly overwhelm the system, according to Generations United, a Washington D.C.-based organization dedicated to intergenerational collaboration.

Most of these relative caregivers care for their kin through a private, family arrangement, but sometimes a child welfare agency will place children with relatives. Known as kinship foster care, these placements comprise about a third of the foster care population nationwide. Close to half of all children living in kinship foster care nationwide live with a relative who is older than 50, often a grandparent.

In New York State, 21 percent of all children in foster care — 8,671 children — live with relatives (*Child Welfare League of America, 2002*).

Grandparent caregivers, who come from every ethnic background and who are more likely to live in poverty than other grandparents, are extraordinary. They are motivated by love and a desire to keep their grandchildren in a safe, stable family. But they often face difficult challenges. All relative caregivers, whether parenting privately or through the foster care system, are eligible for financial and social service assistance. However, studies indicate that families caring for kin informally are less likely to receive the financial assistance and social services available to traditional and kinship foster families. Further, kinship caregivers involved with the child welfare system may find the strictures of the system stressful and have difficulty maneuvering through the system and obtaining accurate information. As a result, these caregivers are often unaware or misinformed of benefits available, or are wrongly denied benefits when they do apply.

Child welfare experts agree that kinship care is the preferred placement for children entering foster care. One study found that children living in kinship care experience much greater stability in their placements and are less likely to be separated from their siblings than are children in traditional foster care (*Botsko et al. 1998*). Another study cited in *Child Welfare* found that children in kinship homes had fewer behavioral problems and were less likely to have repeated a grade or be in special education than children in traditional foster homes (*Cuddeback et al. 2002*). This evidence has led all 50 states to implement laws or policies specifying that when children cannot live with their parents, every effort should be made to place the children with relatives, including grandparents.

Recommendations

The following recommendations offer sensible ways in which policy makers, legislators, educators, and direct service providers can better support and educate elderly caregivers. The core underpinning of these recommendations is that it is essential to establish a critical level of coordination between organizations and government agencies working with the elderly and those working with children. For instance, some states have instituted programs that provide a continuum of services, including financial assistance, health care, and emergency aid, all in one location. In New York, an initiative is underway to replicate this program model throughout the state. Further, this is a program model that all states and municipalities should adopt.

While these are excellent steps in addressing these challenges, there is still more to be done. As we strive to protect and strengthen families and children, it is imperative that we reach beyond simply streamlining services. In New York City, a promising new plan regarding program coordination is the proposed development of a "211" hotline for social service programs, which will enable families to locate the help and support they need with just one phone call. We urge the Mayor's Office and New York City Council to work quickly to implement this vitally needed service. Further, a coordinating group, comprised of representatives from child welfare and aging, should be established. This group must be staffed with appropriately trained workers and professionals who understand and can respond efficiently and effectively to the caregivers who are seeking assistance.

The *Forging Connections* Policy Group has formulated the following 19 recommendations for addressing and devising solutions to the challenges faced

by elderly caregivers. We would like, however, to place utmost importance on the first five, which we believe have the most far-reaching implications in terms of systemic policymaking and legislative decisions.

■ **Educate Elderly Caregivers.**

Older caregivers must have accurate and reliable information on resources, services and supports to which they may be entitled, including financial, medical, legal, and psychological services.

■ **Involve Elderly Caregivers in Planning for a Child's Future.**

Child welfare workers and their supervisors must make sure that grandparents and elderly relatives are notified in a timely manner and encouraged to attend family case conferences for children in foster care. Further, requirements stipulate that relative caregivers who are foster parents must be informed of their right to be notified of all permanency hearings for the child and to speak in court regarding the future of their child. It is imperative that caseworkers comply with this regulation.

■ **Create Subsidized Guardianship Programs.**

All states should create subsidized guardianship programs that provide financial assistance to grandparents and permanency for the children.

■ **Inform Judges in the Family Court System, and Train Attorneys and Other Professionals Working with Elderly Caregivers.**

Family court judges need to be informed of the needs facing kinship care and elderly or grandparent-headed families. Further, child welfare attorneys, social workers, and parent advocates need to be appropriately trained to ensure that they are aware of the rights of elderly caregivers who are parenting their kin.

■ **Train Caseworkers on the Financial Needs of and Entitlements Available to Relative Caregivers.**

The New York City Administration for Children's Services and the New York State Office of Children and Family Services should train all caseworkers and supervisors on the needs of and benefits available to kinship caregivers, both inside and outside the foster care system.



The remaining recommendations are targeted to a variety of service providers and government agencies, ranging from medical clinics and support centers to school administrators and housing authorities. Each recommendation individually would go a long way to helping meet these challenges, but taken together, they represent a comprehensive agenda for sustaining these fragile families.

■ **Support Groups for Elderly Caregivers.**

Elderly caregivers should be invited to attend support groups as soon as they become caregivers. These groups are invaluable in providing grandparents and elderly caregivers with a safe place to explore their feelings about raising children while alleviating feelings of isolation.

■ **Provide Respite Services for Elderly Caregivers.**

If caregivers are feeling overwhelmed, they must have the resources to take necessary breaks from parenting. These can be arranged formally or informally.

■ **Professional Visits to Elderly Caregivers and their Families at Home.**

A social worker or psychotherapist should visit elderly caregivers and their children at home and allow them to speak of their experiences living together. This professional can help clarify

communication between caregiver and child and mediate any misunderstandings or differences between them.

■ **Insure Children Living with Elderly Caregivers.**

Clinics, social services departments, senior centers, and other organizations working with the elderly could function as facilitated enrollers that ensure and guarantee that all children living with elderly caregivers receive health insurance.

■ **Train School Administrators on the Needs of Elderly Caregivers.**

School administrators need to be aware of the challenges facing elderly caregivers. With greater understanding, they may be able to grant some leeway in case of emergency situations.

■ **Train New York City and New York State Housing Authorities.**

City and state housing authority personnel should be educated on issues relevant to kinship families' housing needs.

■ **Build Supportive Housing and Provide Section 8 Vouchers.**

Housing agencies across the country have recently begun to recognize the housing needs of grandparents raising children. Generations United (GU), a Washington D.C.-based organization focusing on intergenerational collaboration, is working on federal housing legislation designed to support grandparents and elderly caregivers raising children. This should be carried out at the state and local level as well.

■ **Identify and Encourage Medical Clinics to Treat Both Caregiver and Child.**

Professionals working with the elderly should provide or direct caregivers toward one-stop medical services for children and caregivers where

grandparents and their grandchildren can be treated at the same time.

■ **Educate Medical Providers about the Needs of Elderly Caregivers.**

Medical providers need to be educated about the special needs facing elderly and grandparent caregivers.

■ **Ensure Appropriate Transportation Alternatives for Elderly Caregivers.**

Organizations and groups that work with elderly caregivers should contract with car services for voucher-based services.

■ **Search for Relatives.**

All family courts should require that when a child enters foster care, a national search be conducted to find any and all relatives who might be able to raise the child.

■ **If a Parent's Rights are Terminated, Inform Relatives of their Permanency Options.**

Foster care agencies need to clearly explain to relative caregivers what their options are if the child in their home is freed for adoption.

■ **Increase the TANF Child-Only Payment.**

TANF child-only payment for relative caregivers should be increased as a means to alleviate the financial strains of raising grandchildren.

■ **Develop Comprehensive Legislation Supporting Elderly Caregivers.**

All states must work toward implementing medical and educational consent laws, which allow caregivers without legal custody or guardianship to give consent for a child's medical treatment and to enroll them in school.

A Call To Action

Current child welfare policy and practice do not adequately meet the needs of elderly and relative caregivers. Those who raise relatives without the support of foster care save taxpayers billions of dollars, and they provide the children much greater stability than they would find in non-relative foster homes. Unfortunately, elderly caregivers both inside and outside the foster care system often struggle to find the services and the help they and their children need.

Policy and practice must be reshaped to respond to and acknowledge the increasing numbers of elderly and grandparent caregivers. These caregivers need help accessing medical services for both themselves and their children; they need help securing reliable transportation and finding solid information regarding the monetary benefits they may receive. They may need assistance finding adequate housing, enrolling their children in school or getting their children proper medical attention or educational services. They also need the support and understanding of their peers to share their experiences with; they need help making sense of their legal options, and deciding which one will work best for their family's situation.

Giving the support needed to the growing number of remarkable women and men raising children late in life will help stabilize and support the children in their care. Doing so will result in a sound investment in the children's health, well-being, and future productivity. We in the *Forging Connections* Policy Group hope that all legislators and other decision-makers, direct service providers, and agencies working on behalf of elderly caregivers and children will rise to this challenge.

Overview


Across the country, the percentage of children living apart from their birth parents is steadily rising. Parental death, economic hardship, incarceration, illness, substance abuse, violence, abuse, neglect, or unwillingness to raise a child result in more and more children needing a new home. Nationwide, the Urban Institute reported, the number of children in low income families, living with neither birth parent, increased from almost 5 percent in 1997 to nearly 6 percent in 1999. The number of all children in no-birth parent homes increased to 2.3 million. The vast majority of these children who live with neither birth parent — about 90 percent — live with relatives. More and more frequently, it is elderly relatives, often grandparents, who have stepped forward to raise their kin.

Today, 2.4 million grandparents are taking on primary responsibility for one or more grandchild(ren), and over 600,000 have cared for their grandchildren for more than five years (*Grandparents Living with Grandchildren 2000, U.S. Census*). In fact, *there are eight times more children in homes headed by a grandparent than in the foster care system*. If even half of these children being raised informally by grandparents and other relatives entered the foster care system, it would cost taxpayers \$6.5 billion annually and utterly overwhelm the system, according to Generations United, a Washington D.C.-based organization dedicated to intergenerational collaboration.

Most of these relative caregivers care for their kin through a private, family arrangement, but sometimes a child welfare agency will place children with relatives. Known as kinship foster care, these placements comprise about a third of the foster care population nationwide. Further, close to half of all children living in kinship foster care nationwide

live with a relative who is older than 50, often a grandparent. In New York State, 21 percent of all children in foster care — 8,671 children — live with relatives (*Child Welfare League of America, 2002*).

Grandparent caregivers, who come from every ethnic background and who are more likely to live in poverty than other grandparents, are extraordinary. At a time when many expected to be free of child-rearing or to be enjoying retirement, they take on the responsibility of becoming parents to their children's children. They are usually motivated by love and a desire to help keep their grandchildren in a safe, stable family, and out of non-kinship foster homes or group homes.

In New York State, 142,964 grandparents are responsible for meeting the basic needs of their grandchildren. 83,946, nearly 60%, of these grandparents live in New York City: 18,970 in the Bronx; 29,285 in Brooklyn; 12,451 in Manhattan; 20,986 in Queens; and 2,254 in Staten Island. 

Kinship caregivers understand that family continuity is important for a child's sense of identity and that it helps a child maintain a connection between the past and the present. As one caregiver explained in a study published in 2003 in *Child Welfare*, "I want my granddaughter to know who she looks like, who

she favors, and where she gets her traits from." Another asked, "How would my nephew feel if he learned later in life that he had relatives in the same city who never tried to contact or help him?" "We have plenty of room and plenty of love, and we want family," said another relative caregiver.

Nevertheless, too often policy and practice do not adequately support elderly and other relative caregivers. Elderly caregivers raising children through the foster care system generally have greater access to and knowledge of support services than do caregivers who are raising children through an informal arrangement. Still, elderly caregivers within and outside of foster care alike struggle to access the services and help they and their children need.

The Number of Elderly Caregivers Continues to Grow

The 2000 U.S. Census reports the growing trend of grandparents raising grandchildren. Between 1990 and 2000, the number of children across the country living in households headed by a grandparent increased by an indisputably significant 30 percent. (The total number of children in the population rose by only 14.3 percent during the same period.) Between 1990 and 1998, the number of grandparent-maintained households without either parent present increased by 53 percent. This translates to approximately 6.3 percent of all children in the United States under 18 — 4.5 million children —

growing up in grandparent-headed households, and almost one-third of these have no biological parent present in the home (*AARP "2002 Facts About"*). Again according to the 2000 U.S. Census, in New York State, 142,964 grandparents are responsible for meeting the basic needs of their grandchildren. 83,946, nearly 60%, of these grandparents live in New York City: 18,970 in the Bronx; 29,285 in Brooklyn; 12,451 in Manhattan; 20,986 in Queens; and 2,254 in Staten Island (*Keeping Track of New York City's Children, The Millennium Edition, Citizens' Committee for Children of New York, Inc., 2002*).

Characteristics of Elderly Caregivers

The majority of elderly kinship caregivers are between 55 and 64 years old, and almost one-quarter are over 65 (*AARP "2002 Facts About"*). Studies indicate that kinship caregivers are generally less educated than non-relative foster parents, tend to have lower incomes and poorer health, and are more likely to be single parents. In a California study described in *Child Welfare*, child welfare workers reported that kinship caregivers not only needed more assistance in obtaining housing, clothing, money, transportation, and child care than non-relative foster parents, they also had fewer resources (*Gordon et al. 2003*). This situation is common to caregivers in New York State as well. Their homes, though abundant with love, are scarce on resources.

Challenges Facing Elderly Caregivers and their Kinship Families

All relative caregivers, whether parenting privately or through the foster care system, are eligible for some degree of financial assistance. In New York State, if they are caring for kin through the foster care system, they are eligible for foster care board payments and the same range of services typically available to unrelated foster parents and the children in their homes. These can include, but are not limited to, therapy, tutoring, respite services, and child care. All children in foster care are eligible for Medicaid.

Kinship caregivers involved with the child welfare system can find the strictures of foster care and the pressure to adopt children in their care stressful. [Since the passage of the Adoption and Safe Families Act of 1997 (ASFA), which aims to find permanent homes for all children in foster care, this pressure has even increased.] They may have difficulty navigating the bureaucracy of the foster care system and obtaining accurate information, or they may simply be wary of being involved with public agencies. Some kinship caregivers may feel discouraged by the high turnover rate of caseworkers and late payments from foster care agencies. Sometimes caseworkers and administrators falsely assume that they require less assistance and attention than non-related foster families. Other times, workers themselves are unaware of services available to these families.

As a result, grandparent caregivers are often unaware or misinformed of benefits available to them or are wrongly denied benefits when they do apply. All kinship caregivers, within and outside the foster care system, are less likely to receive respite care, invitations to support groups, and training than are traditional foster parents. According to a study published in *Child Welfare*, very few — only 9 percent — of formal kinship caregivers say they received any training about parenting and accessing services for themselves and the children in their homes (*Gordon et al. 2003*). Children living with relatives are less likely to have health insurance than those living with their parents. Kinship caregivers may have more difficulty enrolling their children in school or getting them the medical attention they need. Another study referenced in *Child Welfare* found that children living with relatives were less likely to receive mental health treatment than children with similar needs in other types of care settings (*Gordon et al. 2003*).

Studies indicate that families caring for kin informally are less likely than traditional and kinship foster families to receive other financial assistance. Caregivers who are caring for kin through a private arrangement are, however, eligible for TANF child-only funds regardless of their income. If TANF child-only funds are being received, the child is also eligible for Medicaid.

The Special Needs of Children Living Without Their Birth Parents

Many children living without a birth parent have been abused or neglected. Some have lost a parent to AIDS and other illnesses. Many have been exposed in utero to alcohol or drugs. All experience a sense of loss and grief that may manifest itself in anti-social behavior, breaking curfew, or talking back to their caregivers. The Urban Institute found that 13 percent of children in informal kinship care exhibit high levels of behavioral or emotional problems (*Billing et al. 2002*).

Some children have difficulty focusing on school. When moving from home to home requires that they attend new schools, their education can be doubly impaired. The Urban Institute reported that 29 percent of youth in kinship care exhibited low engagement in school. Moreover, of those in kinship care, 22 percent had skipped school and 26 percent had been suspended or expelled. It should be noted that this last figure is twice that of children living with their birth parents of whom 13 percent have been suspended or expelled from school (*Billing et al. 2002*).

Experts Agree: Children Thrive in Kinship Care

Child welfare experts agree that kinship care is the preferred placement for children entering foster care. A study by the U.S. Department of Health and Human Services found that a high percentage of foster care caseworkers believe that placing

children with relatives helps to preserve family ties and soothe children's grief and sense of loss at not living with their birth parents. One study found that children living in kinship care experience much greater stability in their placements and are less likely to be separated from their siblings than are children in traditional foster care (*Botsko et al. 1998*). Another study cited in *Child Welfare* found that children in kinship homes had fewer behavioral problems and were less likely to have repeated a grade or be in special education than children in non-kinship foster homes (*Cuddeback et al. 2002*). This study also found that kinship foster homes had fewer confirmed cases of maltreatment than non-kinship foster homes. This evidence has led all 50 states to implement laws or policies specifying that when children cannot live with their parents, every effort should be made to place the children with relatives, including grandparents.

Conclusion

Based on the work of the policy group, this report – *Forging Connections: Challenges and Opportunities for Older Caregivers Raising Children* – identifies some of the most pressing issues faced by these caregivers. These issues are investigated in the following areas: psychological, economic hardship, advocacy, housing, medical, transportation, and legal. Practical recommendations are offered to improve policy and practice to better support elderly caregivers and the children in their homes. Case studies of elderly caregivers and their children, many of whom are COAC clients whose names have been changed to protect their privacy, are included to remind our readers that supporting and stabilizing elderly caregivers means supporting and stabilizing the youth in their care.

Managing Emotions: Love, Ambivalence, Isolation

Struggling to Bridge the Generation Gap

Janice, 82 years old, never expected to be raising two teenagers at her age, but 20 years ago, Janice became a foster parent. "Everyone knew how I treat all children," Janice remembers, "like they're mine." Because she had been like a grandmother to Robert and Jennifer all their lives, she took them in when their mother, her best friend, died.

Jennifer and Robert were then seven and five, respectively. They had already spent time in foster homes, where Jennifer had been abused. Eventually, the children's caseworker asked Janice to adopt them. Janice was dubious and tired. Her own children were already grown, and she was well aware of how much energy it took to do a good job of parenting. Now, she felt she was too old for that job. Janice remembers saying to the caseworker, "Look, I'm tired. This is getting to be too much."

But the children cried, Janice remembers, tugging at her heart. She felt she had no choice. So she gave them the stability of a permanent home that they so badly needed. "When you love somebody, you love them," Janice shrugs.

Still, it hasn't been easy being their mom at her age. She has been an active, involved parent, and, though she has diabetes and a heart condition, she would not miss a parent-teacher night for the world. She also pushes to get both young adults the services they need, like tutoring and support groups. "I'm unusual," says Janice, with visible pride. "I'm a fighter."

But her initial hesitations were real. Janice often feels baffled about whether she's raising the teens right. She replays arguments she and her children have over and over in her mind, and she struggles to bridge the generation gap between them and her.

Janice recalls that when she was a child, if any elder gave an instruction, a child obeyed, no questions asked. Now she frequently finds herself in power struggles, trying to get the teens to see things her way. When Robert is out past midnight, Janice stays up worrying. She feels angry when Jennifer challenges her. "My daughter wants to be her own boss," Janice says, sounding resigned, "do what she wants, come home when she's ready. She goes to church this Sunday and then the next Sunday she's someplace else. That's not a family."

Sometimes she feels that she just can't bridge the gap between her children and herself. "I'm old and my thinking is different from theirs," she says. "My son thinks I'm mad at him. I'm not mad, I just want to get my point across. But he'll say, 'Mom, I learned a lot from you, but you don't understand me.' Sometimes I feel he doesn't love me."

Still, Janice remains committed to her children. She loves them too much to do anything else. When Jennifer left home after an argument, Janice helped her pay for a room. And Jennifer and Robert have flourished from Janice's stability and love over the years. Robert is an honors student. Jennifer recently graduated from high school, saying to Janice, "I got your diploma for you!"

Love and Ambivalence

Most elderly caregivers did not plan to spend their golden years as the guardians of children. In a focus group with kinship caregivers described in *Child Welfare*, many remembered the day a social worker showed up at their door with their grandchildren, nieces, and nephews in tow (Gordon et al. 2003). They accepted this "interruption" of their life out of duty and love and a desire to keep the children in the family and out of traditional foster placements. But it left them feeling ambivalent nonetheless. "I was doing my own thing and the agency came in," explained one relative caregiver. "At my age, I should be living the life, not raising an 18-year-old," said another.

Though these men and women are deeply committed to their new role of guardian, the sudden, often unexpected addition of a child to their household brings considerable stress. Research compiled by the Urban Institute found that 29 percent of children in kinship care live with caregivers who have mental health challenges, and 23 percent live with a "highly aggravated" caregiver. It is not certain whether these relative caregivers had mental health or stress-related issues prior to taking in a new child, but a study cited in the Urban Institute report directly linked grandparent caregiving to their higher levels of depression (Ehrle et al. 2002).

Grandparent caregivers often find themselves unprepared for the sometimes intensely conflicted and overwhelming feelings of isolation, love, anger, guilt, duty, and grief that come with knowing their adult children's struggles left their grandchildren needing a new home. Not only have they become guardians unexpectedly and at a late age, many grandparents are also grieving the emotional or

physical loss of their biological children who, usually due to hardship, are not able to raise their own children. The daily sight of their grandchildren now living in their home can remind them, painfully, of this loss.

Managing a Child's Behavior

All too often, a grandparent's own grief at her adult child's inability or unwillingness to raise her own child is eclipsed by attempts to manage the child's behavior. These grandparents may also doubt their ability to successfully raise their grandchildren when their own children could not overcome immense life difficulties.

Elderly caregivers also grapple with the grief of the children in their home. They may not understand the depth of loss experienced by a child who has

Though these issues may be alleviated through support groups, respite services, and psychotherapy, too many elderly caregivers are not aware of or are misinformed about available services.

been abandoned by a parent, and may interpret a child's acting out their sadness as rebellion. This can compound the generation gap between

caregiver and child. "Some of the older parents are not able to stay on top of their kids when their kids are staying out late because the generation gap is so huge," says Ileana de la Rosa, a COAC staff member who works with elderly caregivers in COAC's support groups. "They don't know who their kids' friends are. They don't have the mobility to go outside and look for their kids. Some of the kids know the parents don't really know what to do, so they don't listen to them." de la Rosa says she has sat in the home of elderly caregivers until six or seven in the morning, waiting for their children to return home.

Feelings of Isolation

These struggles can leave elderly caregivers feeling isolated from their peers, from whom they now lead very different lives. Some caregivers are unprepared for the loss of freedom and the immense responsibility that comes with being a primary caregiver. Moreover, they may feel isolated from their adult children. When a grandparent's adult children are involved, it can even increase tension. "The child gets confused as to who to listen to and becomes more defiant toward the grandparent," says de la Rosa.

Experts say it is essential for both grandparent caregivers and the children in their homes to have the space and permission to mourn the loss of the child's birth parents as caregivers. "Loss is fundamental to these grandparents' and grandchildren's experience," explains Judith Ashton, of the *Forging*

Connections Policy Group. "Grandparents feel loss because their own child is not parenting. Children feel loss because they are not with their birth parent. This grief must be acknowledged and addressed."

Though these issues may be alleviated through support groups, respite services, and psychotherapy, too many elderly caregivers are not aware of or are misinformed about available services. Respite care is usually only available to caregivers of developmentally disabled children. Further, many caregivers are not aware of or informed about the benefits and availability of psychotherapy. For example, many do not know that Medicare will reimburse them for psychotherapy expenses.

Economic Hardship and Financial Adversity

One of the greatest challenges facing elderly caregivers is economic hardship. Grandparents and other relatives who safeguard children from the dislocation and trauma of entering the foster care system typically have low incomes. With a median income of \$22,000 to \$28,000, grandparents and older caregivers not only have difficulty meeting the financial needs of children, they do not necessarily receive the financial support they need.

An Urban Institute analysis of the 1997 and 1999 National Survey of America's Families found that about one-third of relative caregivers lived below the poverty line, and another one-third lived below 200 percent of the poverty line (*Ehrle et al. 2002*). Similarly, a survey by Mathematica Policy Research of relative caregivers in New Jersey found that seven out of 10 families had incomes below 200 percent of the poverty line (*The National Center for Children in Poverty, 2002*). An example of how the lack of economic security can manifest itself is related to food insecurity. A recent study indicates that nearly half of low income families surveyed stated that, in the last 12 months, they had either run out of food, worried that they would not have enough money for groceries, or that adults had skipped meals because there was not enough money for food (*Staveteig et al. 2000*).

Monetary Support Available to Elderly Caregivers

There are two main sources of support for elderly caregivers: foster care board payments and Temporary Assistance for Needy Families (TANF) child-only funds. Foster care board payments are for families raising relative children through the foster care system. TANF child-only funds are the primary subsidy available for caregivers who have guardianship or custody of their kin, and whose families are not formally involved in the child welfare system. Any relative raising a child is eligible for TANF child-only funds regardless of their income. Low income kinship families may also have the child included in food stamp grants.

Too Few Kinship Caregivers Receive Needed Financial Support

Though these sources of financial support exist for kinship caregivers, the Urban Institute estimates that only about 27 percent of all children living with relatives (and 36 percent of children living with relatives with low-income) live in families that receive foster care board payments or TANF child-only funds. Further, of the children living in kinship homes with food insecurity, only about half receive food stamps (*Ehrle et al. 2002*).

According to the Urban Institute, the reasons that kinship caregivers under-use TANF and other supports like Medicaid, food stamps, and subsidized child care are because they are not aware

that they are eligible for these benefits, they do not want handouts, they avoid involvement with government agencies, or they applied for benefits and were incorrectly denied (*Ehrle et al. 2002*).

The Inequity Between TANF Payments and Foster Care Subsidies

In many states, informal kinship caregivers who do access child-only TANF funds receive less than half the foster care board rate paid to traditional foster parents. TANF payments decrease for each additional child in the home, while foster care payments remain the same for each child. Traditional and formal kinship foster parents receive a clothing allowance for which informal kinship families are not eligible. These disparities exist even in states with high TANF payments. For example, in New York City, a child is eligible for \$541 in foster care payments (plus a clothing allowance), but only \$352 in TANF funds. [It should be noted that these rates refer to a child without special needs; foster parents of a child with special needs get a significantly higher payment.] This makes the gap even greater for those who are parenting kin outside of the foster care system. And for those grandparents and elderly caregivers, this inequity can mean that they are not able to keep these children in their home.

Despite the financial incentive to become foster parents, many grandparents and other relative caregivers avoid involving their families in the foster

care system, whose more generous payments come with significant agency involvement in the home. Children in foster care are necessarily supervised by caseworkers, the children's relationships with their birth parents are monitored by the agency and family court, and kinship foster caregivers are trained and certified by the system. Further, grandparents and other relatives may also be reluctant to involve the child welfare system due to concerns that their own low income, overcrowded housing, age or health limitations may work against them, or even disqualify them.

Adoption Subsidies

Kinship foster parents who may wish to adopt the children in their home may feel discouraged from doing so if they are not aware that adoption subsidies are available. In New York, adoption subsidies *are* available to all families adopting children with special needs from the foster care system. However, a recent national study by the Urban Institute found that many kinship foster families across the country are not informed of adoption subsidies (*Geen, 2003*). Caseworkers themselves may not be aware of the benefits that kinship adoptive families can receive, so these families may sometimes be needlessly discouraged from adopting.

Navigating the Bureaucracy to Obtain Resources

When Angi entered foster care she couldn't concentrate on school. "I couldn't stop thinking about the problems I had in foster care," she wrote in Represent magazine, the magazine written by teenagers living in foster care. "I couldn't stop worrying about what was going to happen to me after I left foster care, whether I would be dead or alive by the age of 20, or make it to see tomorrow."


Miguel exhibited behavioral problems after he was removed from his adoptive mother's home. He ran away from his group home whenever he felt a strong emotion. "My mother was abusive in every way possible," he wrote in Represent, "but I was too young to run away back then. So now that I'm older, when I feel fed up, or angry, I usually run."

Living with a relative could have helped Angi and Miguel and eased the pain of being separated from a birth parent. Nevertheless, these children and their families need support and services to help them cope with their grief and other unique challenges. It is important that all caregivers of children living without their birth parents learn how to advocate for and access resources to help these children and young adults with their special needs. But many caregivers, especially those without legal guardianship or custody of the children in their care, do not have access to much-needed resources. Elderly caregivers, in particular, may have difficulty navigating the various systems to get their children the help they need.

Elderly Caregivers Lack Resources, Support, and Vital Information

When a child is placed with a relative through the foster care system, the agency may help connect the family with resources to increase support for the child. But many elderly caregivers — especially those who take on the role informally — find themselves without resources or support and are often bewildered as to how to meet their children's needs.

Relative caregivers typically are not taught how

Difficulty enrolling children in school may lead to a damaging break in a child's education. 

to navigate and negotiate the bureaucracy of educational, social service, and health care systems. Complicating this already precarious situation, there are not sufficient system-wide resources available to serve all of those who need aid, as borne out by caregivers' experience.

Educational and Medical Services Can Be Hard to Secure

Relative caregivers may have difficulty enrolling children in school, which may lead to a damaging break in a child's education. According to federal law, schools must include relative caregivers in parental activities, and relatives raising a child through an informal arrangement should be able to enroll their child in special education. But many relative caregivers find that practice does not reflect this policy. They may find it difficult to learn about parent activities, which means that they may miss an opportunity to meet with the child's teacher or know how to secure special education services for the children in their care. "The older a caregiver is," says Jenny Rosen Valverde who works at the special education clinic of Rutgers School of Law in Newark, New Jersey, "the more exhausting it is for them to fight against the system that seems to not do what it's supposed to under the law."

In addition, medical, dental, and mental health care can be especially difficult for relative caregivers to access when they are raising their kin through an informal arrangement. All children living with relatives, either through the foster care system or if receiving a TANF child-only grant, are eligible to receive Medicaid. Still, according to an Urban Institute study, only 42% of children in kinship care, both foster and non-foster, do receive Medicaid (*Ehrle et al. 2002*).

Difficulties Securing Safe, Affordable Housing

Maria is a 50-year-old grandmother raising three of her six grandchildren in a studio apartment in Brooklyn. She plans to adopt the children, but housing has been a true challenge. The foster care agency pressed her to find a larger apartment before they would approve the adoption, but provided no assistance. The agency then threatened to take the children away if she did not move. Maria did move — she found a three-bedroom apartment through one of her grandchildren’s teachers. But Maria is finding the higher rent difficult to manage. To make matters worse, public assistance has threatened to cut off her benefits if she does not take a workfare job, even though the children are young and require a great deal of supervision. These economic concerns and the difficulty of securing adequate housing have made raising three children even more stressful for Maria.



Kinship parents and other older caregivers face serious housing problems. When they take in children with little advance notice and often without financial assistance, they typically cannot afford to move to larger apartments. According to an Urban Institute analysis of the 1997 and 1999 National Surveys of America’s Families, about 40 percent of all kinship caregivers say they live in crowded conditions or have difficulty paying household bills. However, only 15 percent of kinship caregivers receive housing assistance (Ehrle *et al.* 2002). Elderly caregivers, in general, are likely to have financial constraints or lease

clauses that make housing children difficult. They often live in homes or apartments that are too small to be appropriate for children, or they may live in senior housing or other housing where children are not allowed.

Affordable Housing for Kinship Families is Difficult to Find

For older people like Maria who live in New York City where affordable housing is so rare, finding an apartment that is large enough for a family can be arduous. Elderly people living in rent stabilized or rent controlled apartments usually cannot afford to move. In New York State, about half of grandparent-headed households rent apartments, while 48 percent own their homes. But in New York City, only 16 percent, or one in six grandparent-headed families, own their own homes.

Further, in order to become a certified foster parent, relatives (and any other foster care applicants) must have adequate housing. However, the foster care system does not have the means to improve the housing situation of kinship providers. Therefore, many grandparents may be discouraged from applying or may be unable to become foster parents.

Health Problems and Accessible Health Care Are Challenges

Teresa, a 69-year old Latina, has been caring for her grandson, Antonio, since he was a baby. Antonio's father, Teresa's son, died from AIDS-related illness nine years ago. Three months later, Teresa's husband also died, leaving Teresa to raise Antonio alone. Antonio is now 15.

Teresa has her own medical problems — diabetes, arthritis, and high blood pressure. Her health conditions make it hard to travel. She can only walk about five blocks from her apartment and does so very slowly. Teresa has no close relatives to help her raise Antonio, and even visiting her friends can be difficult.

Antonio has now grown into a teenager, eager to forge a life and identity separate from Teresa. A few months ago, Antonio was locked up in a juvenile detention center for helping some friends steal a car. Shortly after, the school called Teresa, asking her to come in to discuss Antonio's poor attendance. Teresa could not go because the school was too far for her to walk to. Teresa now feels isolated, confused, and unable to manage Antonio. She does not want Antonio to enter the foster care system, yet she worries that she is simply too old, tired, and ill to look after a teenage boy. Teresa has begun to grow depressed and often finds herself unable to sleep at night.



Health problems can limit caregivers' abilities to care for their grandchildren and to cope with their special needs. For relative caregivers whose kin are living with them as foster children, case workers may interpret as negligent a caregiver's difficulty or inability to accompany a child to appointments. Also, some elderly caregivers believe that they

themselves should not go to a doctor unless there is a crisis. As a result, many elderly caregivers with medical complications are reluctant to seek help, keeping their health problems a secret. "They fear that their children will be removed if they appear ill or frail, which contributes to a reluctance to seek services," notes Carole Cox, a member of the *Forging Connections* Policy Group.

Children in Kinship Families Live With Relatives in Fair or Poor Health

Like Teresa, many relative caregivers suffer from stress-related illnesses such as diabetes, heart disease, high blood pressure, or gastric problems, which can complicate their ability to parent. Alarmingly, the Urban Institute found that 43 percent of children living with relatives through a private arrangement live with a caregiver who has a limiting condition or is in fair or poor health. This number is even higher for children living with relatives through the child welfare system. In total, of all children living with a relative caregiver (either privately or through the foster care system), almost half — about 45 percent — live with a relative who has a limiting condition or is in fair or poor health (*Ehrle et al. 2002*).

Ethnicity Affects Elderly Caregivers' Health

In 1990 in New York State, over half of all grandparent caregivers raising a child younger than 18 were members of a minority group. Certain medical conditions, like diabetes, disproportionately affect individuals from certain minority backgrounds. A leading cause of blindness, kidney failure, and amputations, diabetes is particularly common among middle-aged and older Latinos. In fact, nearly 50 percent of Latinos older than 50, like Teresa, have either diagnosed or undiagnosed diabetes, reports the National Diabetes Information Clearinghouse. Further, diseases such as lung cancer, cardio-vascular disease, and stroke are more prevalent in African-American and Latino communities. Asthma also disproportionately afflicts African-Americans and some Latino populations as compared with white populations.

Income and Location May Make Caregivers Vulnerable to Certain Illnesses

Living in poverty or in an urban environment has been linked to diseases such as asthma or heart disease. As mentioned previously, an Urban Institute analysis of the 1997 and 1999 National Survey of America's Families found that about one-third of relative caregivers lived below the poverty line and

another one-third lived below 200 percent of the poverty line. In New York State, nearly 60% of grandparent caregivers live in New York City, a densely populated and stressful urban environment.

Health Care Challenges

Those caregivers who do seek medical treatment for their ailments may not be treated adequately. Too often, medical providers focus on the presenting symptoms without explaining or exploring the underlying causes and/or the long-term effects of the patient's illness. But, notes Ernesto Loperena, Executive Director of COAC, elderly caregivers must understand the progression of any illness they may have and how this may affect their ability to parent.

Twenty Percent of Children in Kinship Care Are Themselves in Fair or Poor Health

About 20 percent of all children living in kinship care have a limiting condition or are in fair to poor health. Many children living without their birth parents were prenatally exposed to drugs or alcohol, which can cause an array of physical and mental health complications. Unfortunately, a caregiver's own health problems may make it

difficult for her or him to attend to the child's health. Others do make the children's medical appointments top priority, but then miss some of their own appointments. "The grandparents I worked with were highly conscientious," says Deborah Langosch of the *Forging Connections* Policy Group. "They made sure their grandchildren got the medical treatment they needed. In doing so, the grandparents would neglect their own medical needs and not take care of things that could be life threatening." This increased the grandchildren's sense of their grandparents' mortality and raised fears about who would care for them if their grandparent died, Langosch stated.

Kinship Families Lack Adequate Health Insurance

The Urban Institute reports that about 13 percent of children nationwide live with a kinship caregiver who has health problems and who lacks any form of health insurance, either Medicaid or private insurance. Research shows that some non-kinship caregivers are mistakenly denied benefits because case workers are unaware of the benefits available to kinship care families. This results in a large percentage of children living with elderly relative caregivers who do not have Medicaid or Child Health Plus Insurance. [Ehrle et al. 2002].

Unreliable Transportation Makes Even Routine Tasks Hard to Manage

"Getting a child to therapy or a special program can be incredibly frustrating for older parents who don't have transportation," says Ileana de la Rosa, COAC staff member. Jenny Rosen Valverde, an assistant clinical professor at Rutgers' School of Law in Newark agrees. She remembers a disabled woman who was trying to get special services for her great grandchild. "She couldn't get to and from the school to visit possible placements for the child, who had a severe behavioral emotional disorder," says Valverde, "so the child was kept out of school for months."

The Need for Reliable Transportation

Elderly caregivers require efficient and reliable transportation. Without it, they may be unable to access services for themselves as well as the children they are raising, making it harder for them to keep doctor's appointments or meetings with caseworkers and others, among other things. Some caregivers worry that this presents a risk of having the children removed from their home.

Despite the great need, many elderly caregivers simply cannot find reliable transportation. Some senior centers have buses available, but most of these services require caregivers to call two days in advance, making it impossible to use them for

emergency situations. Caregivers in New York City who can not drive or access public transportation often rely on Access-A-Ride, New York City's primary transportation service for the elderly and disabled. But caregivers report that Access-A-Ride is often unreliable. Vans may show up hours late, or not at all, and take passengers on lengthy routes before dropping them off. One caregiver in COAC's grandparent support group can enumerate all the times she has been stuck somewhere when Access-a-Ride failed to show up. Most recently was at the dentist. "They never showed up," she says flatly. "Finally the lady behind the counter gave me carfare."

Cumbersome Legal System Impedes Families' Efforts to Stay Together

In Represent, the magazine written by teenagers living in foster care, Shimika explains why she thinks kids in foster care should be placed with relatives. My last foster home was with a stranger," she describes. "Even though it was a good home and they tried, I missed being with my family. Sometimes I would see my cousins or other family around and would feel awkward and embarrassed. I didn't know them, but they knew me because they were older and remembered me from better days. I would feel too nervous to hug them. I felt like I not only lost my parents when I went into foster care, but I lost my entire family.

"Then, last year, my aunt got guardianship of me through kinship care. I feel so different. I feel more at home in my aunt's house. I feel like I can be myself more, and they'll accept me. I am working on trying to reconnect with my whole family. Still, it is hard to make up for all the lost years and memories."

"I like to look at pictures on the wall and see some faces that look like mine. My family is all around and can help me get to know everything that has been going on. I especially like finding out about my mom when she was young, and the things that I do and say that are like her. I thank my aunt for not giving up in her efforts to place me with her."



Child welfare experts agree that kinship care is generally the preferred placement for children who cannot live with their birth parents. Kinship care helps to preserve family ties and to soothe children's grief and sense of loss at not living with their parents. A study by the Court Appointed Special Advocates found that children living in kinship care experience much greater stability in their placements and are less likely to be separated from their siblings than are children in traditional foster care (*Botsko et al. 1998*).

Grandparents Have Often Been Overlooked as Potential Caregivers

All states now have laws or policies specifying that when children cannot live with their parents, every effort should be made to place the children with relatives, including grandparents. In New York State, recently passed legislation stipulates that local Departments of Social Services must attempt to locate all grandparents and other relatives. Once located, they must be informed that they may qualify as foster parents or that they may become legal custodians or guardians independently of the foster care system. They must also be informed that their failure to intervene may ultimately result in a stranger foster family adopting their relative. It is expected that this legislation may help to alleviate problems that have been all too prevalent when a child is removed from his or her biological home by child protective services – grandparents have been overlooked, and not informed that they have a right to be considered as potential caregivers for their grandchildren.

Sometimes caseworkers may not be aware that grandparents and other relatives are supposed to be the preferred placement. Other times, a child's caseworker does not know of any relatives who could help care for a child, or may not know how to contact relatives. Sometimes, says Ernesto Loperena, Executive Director of COAC, caseworkers have a misconception about the grandparents. "There's a reticence on the part of some caseworkers to place grandchildren with their grandparents," explains Loperena. "They may think, 'This person failed as a parent. They'll be a failure with their grandchild.'" As a result, many children who could be living with able relatives are placed unnecessarily with strangers. Based on COAC's direct work with elderly caregivers, ageism hinders many caseworkers from placing children in relatives' homes. In fact, some grandparents report that agency workers have frankly told them they are too old to look after a child. Other grandparents have been informed of meetings concerning their grandchildren's living arrangements — as is required by law — but then are discouraged from attending. Many grandparents suspect that voluntary agencies try to keep their grandkids out of their non-foster care homes and in traditional foster care placement where agencies will receive money to provide services for the children. Thus, older women and men who are denied the chance to help raise their kin often feel helpless, angry, and suspicious of the foster care system.

The Legal Challenges for Relatives Raising Kin Through the Foster Care System

If it is determined that a child will not be returning to his or her biological parents, voluntary foster care agencies are under increased pressure to find an adoptive home for the child. While necessary to fulfill the purposes of ASFA, this can take an emotional toll on the caregivers. "They may feel that if they adopt there is absolutely no hope for the parent to come back and provide for the children," explains Deborah Langosch. Other times, elderly caregivers who want to adopt may find the process lengthy and complicated. For example, one caregiver in Langosch's support group fought for seven years to adopt her grandson. Both the grandparent and child suffered, says Langosch. "Especially the child; he didn't know if he had a stable home," she remembers.

While adoption by relatives works very well for many families, for others this may deepen family rifts and rivalries and intensify grief. And yet, for all adopted children, and even those adopted by relatives, it can bring about a great sense of relief or finality as they realize that they will no longer be at risk of moving, or in some cases, returning to their birth parents. Some caregivers mistakenly also fear that adoption means they will lose financial support for the child. In fact, when a New York State foster child is adopted, she or he is typically eligible for an adoption subsidy, which would equal the applicable foster care board rate.

Some states allow relatives to keep their kin in their home without adoption even after termination of parental rights, as long as they gain legal guardianship of the children. Legal guardianship, however, can be difficult to attain. Relatives who want guardianship and are already informally caring for their grandchildren are not automatically provided free legal representation. Very few organizations will represent grandparents in guardianship procedures without charging a fee.

The Legal Aid Society in New York City is one of the few that does so, but only if income guidelines are met. At Legal Aid, however, guardianship procedures have low priority, making this route nearly inaccessible to grandparents. "Grandparents tell us that you have to call within a two hour time frame, which is open only twice a week," says Deborah Langosch of the *Forging Connections* Policy Group. "When you finally get to speak to somebody, you find out the wait list is six months long." Law school clinics, another resource that might be able to represent elderly caregivers, choose their cases based on topic or interest and are governed by the academic calendar, making this also a difficult option to pursue.

The Legal Ramifications of Caregivers Raising Kin through an Informal Arrangement

Due to the complications previously noted, some relative caregivers may do everything they can to avoid involvement with the child welfare system. In those cases when a caregiver raises a child without legal guardianship or custody, there is always the risk that an unfit parent could regain custody of the child over the objections of the caregiver. This not only leaves the caregiver in a passive, reactive state as a parent, but also creates instability and insecurity for both the caregiver and the child.

Recommendations

The challenges in the preceding section represent those key areas identified by the *Forging Connections* Policy Group that must be addressed to ensure the well-being of these fragile families.

The core underpinning of these recommendations is the need to establish a critical level of coordination between organizations and government agencies working with the elderly and those working with children. For instance, some states have instituted programs that provide a continuum of services, including financial assistance, health care, and emergency aid, all in one location. One of the oldest programs in the United States, operating only since 1992, is the Edgewood Center for Children and Families in San Francisco, California. The program assists families with rent, clothing and food and provides guidance and support through social workers. Another model is the Kinship Navigator in New Jersey and Ohio, which helps relative caregivers secure existing government services, including TANF stipends, food stamps, Medicaid, and child care. There is an initiative underway in New York to replicate this successful program model throughout the state. Further, the New York City Department for the Aging has recently awarded a multi-year grant to a New York City community organization to implement an integrated program of social and legal service to grandparents and others over 60 who are raising children.

These are excellent strategies to address the challenges facing elderly caregivers. We applaud these efforts. But there is still more to be done. As we strive to protect and strengthen families and children, it is imperative that we reach beyond simply streamlining services. In New York City, a promising new plan regarding program

coordination is the proposed development of a "211" hotline for social service programs. Similar to the highly successful "311" hotline for general city services, this network will enable families to locate the help and support they need with just one phone call. We urge the Mayor's Office and New York City Council to work quickly to implement this vitally needed service. Further, the City must bolster the existing resources of the Grandparent Resource Center, at the Department for the Aging that manages programs and services available to grandparent and elderly caregivers. Finally, a coordinating group, comprised of representatives from child welfare and aging, should be established. This group must be staffed with appropriately trained workers and professionals who understand and can respond efficiently and effectively to the caregivers who are seeking assistance.

Most importantly, we must begin to understand and comprehensively address the magnitude of this growing trend at the national level, particularly for those grandparents caring for their kin without the assistance of the foster care system. To this end, Senator Hillary Rodham Clinton (D-NY) has recently introduced "The Kinship Caregiver Support Act" into Congress. This proposed legislation will provide assistance to families in which children are being raised by a grandparent or relative other than their birth parent. Assistance ranges from guidance on how to access needed services to a tax credit for working families who cannot afford child care and so turn to grandparents to care for the children. We are grateful for Senator Clinton's efforts on behalf of these fragile families and look forward to its successful passage. By doing so, we will better support and stabilize the children being

raised by elderly caregivers, resulting in a sound investment in the children's health, well-being, and future productivity.

The *Forging Connections* Policy Group has formulated the following 19 recommendations for addressing and devising solutions to the challenges faced by elderly caregivers. We would like, however, to place utmost importance on the first five, which we believe have the most far-reaching implications in terms of systemic policymaking and legislative decisions.

■ **Educate Elderly and Grandparent Caregivers.**

Caregivers must have accurate and reliable information to responsibly raise their kin. For example, they need to be educated on the social service benefits available to them and how to apply for them. They also need to be informed about medical coverage for themselves and their grandchildren, including what benefits they are entitled to, what doctors they can use, and information on medications and potential side effects. For each of the areas discussed in this report, there is a need for elderly caregivers to receive information on the most current resources available to them. And, because many elderly caregivers do not speak English, multi-lingual services and information need to be offered.

There are a variety of means to educate and inform elderly caregivers:

- **Public Outreach.** Outreach, such as public service announcements on television, radio, and on public transportation can: help raise caregivers' awareness of social services programs, like Medicaid and TANF; help remove the stigma that may be associated with the need to care for one's health;

increase general knowledge of available medical resources; and, encourage elderly caregivers to seek preventive health services.

- **Resource Guides.** Clearly written resource guides, such as a directory identifying providers who accept Medicare, are important tools in educating caregivers about medical concerns, legal rights, and custody options. These should be available both in print and on the Internet. Print guides should be widely distributed in schools, support groups, senior centers, health centers, libraries, and houses of worship.

- **Legal Rights Booklets.** New York City's Administration for Children's Services produces the *Guide to Services by Community District*, a neighborhood-based booklet that is distributed to service providers. ACS or the Department for the Aging could develop a similar booklet directed to older caregivers and grandparents with information specific to ASFA. In addition, the Brookdale Center on Aging publishes *HELP for Grandparent Caregivers*, a booklet which offers information on a broad range of legal issues in an easy-to-follow question and answer format. In addition to distribution at schools, senior centers, and libraries, these booklets can be distributed at all foster parent conferences and through foster parent associations and support groups.

■ **Involve Elderly Caregivers in Planning for a Child's Future.**

Child welfare workers and their supervisors must make sure that grandparents and elderly relatives are notified in a timely manner and encouraged to attend family case conferences for children in foster care. New York City has implemented an effective model for planning for a foster child's future. A team, comprised of field office staff from the New

York City Administration for Children's Services, and staff from the child's foster care agency (when applicable) must hold a conference to help identify an appropriate placement for the child within 72 hours of the child's removal from his or her home. At this conference, social service workers identify potential caregivers for the child. A second conference is held after 30 days to reassess the child's situation. These are important opportunities for relatives who are able and willing to care for a child to advocate on his or her behalf. The child's parents and relatives—including grandparents—should be invited to attend these conferences

Further, relative caregivers who are foster parents should be informed of their right to be notified of all permanency hearings for the child and to speak in court regarding the future of their child. By speaking in court, relative caregivers can help make sure that a child in their home gets appropriate services.

■ **Create Subsidized Guardianship Programs.**

Some states have created subsidized guardianship programs that provide financial assistance to grandparent caregivers and, most importantly, permanency for the children. If reunification with parents and adoption are ruled out as permanency options for a child in foster care, the court may find that guardianship is in the best interest of the child. At that point, the state no longer has custody. Guardianship subsidies continue until the guardianship terminates or the child turns 18, although the precise regulations of assisted guardianship vary from state to state. In fact, some states continue to support youth who are attending school until they are 21 or 22. In these programs, relatives who obtain guardianship receive a monthly financial subsidy. Though this payment is usually lower than a typical foster care payment, it is higher than TANF child-only grants. Although several

legislative proposals have been introduced in the last few years, New York State still does not have such a program and should continue to work at developing one.

■ **Inform Judges in the Family Court System, and Train Attorneys and Other Professionals Working with Elderly Caregivers.**

Family court judges need to be informed on the needs facing kinship families, particularly those headed by grandparent and/or elderly caregivers. The New York State Permanent Judicial Commission on Justice for Children, chaired by Judith S. Kaye, Chief Judge of the State of New York, works within the judicial system to help improve the lives of children living in foster care and their families who come into contact with the state court system. Through advocacy, outreach, and training, the Commission has been instrumental in implementing key reform initiatives, including efforts to ensure that children's health is recognized as a crucial component in a child's overall development, and working to involve the court system so that at least one person involved with the child's case is knowledgeable of his or her current medical health and history.

Child welfare attorneys, social workers, and parent advocates need to be appropriately trained to ensure that they are aware of and understand the rights of elderly caregivers who are parenting their kin. One organization, the Center for Family Representation (CFR), does just this. CFR provides a 15-part training series to attorneys, social workers, parent advocates, and other professionals on how to advocate for parents in Family Court child welfare proceedings. Building on best practice models and through panel discussions with lawyers and others within the child welfare system, these workshops address the myriad issues that attorneys and other child welfare advocates might encounter, including

how to work effectively with law guardians and the court; how to interview and counsel parents; and, what to expect at preliminary proceedings.

Further, law schools should be encouraged to represent elderly caregivers in guardianship cases. These law school clinics need to be informed regarding the needs of grandparents and older caregivers. Clinics, especially those in urban areas, might develop a network of *pro bono* attorneys or develop partnerships with large law firms who can work with this target group of grandparents and older caregivers.

■ **Train Caseworkers on the Financial Needs of and Entitlements Available to Relative Caregivers.**

The New York City Administration for Children's Services and the New York State Office of Children and Family Services should train all caseworkers and supervisors on the needs of and benefits available to elderly and grandparent caregivers for those children, both within and outside the foster care system.

Further Recommendations

The remaining recommendations are targeted to a variety of service providers and government agencies, ranging from medical clinics and support centers to school administrators and housing authorities. Each recommendation individually would go a long way to helping meet these challenges, but taken together, they represent a comprehensive agenda for sustaining these fragile families.

■ **Support Groups for Elderly Caregivers.**

Elderly caregivers should be invited to attend support groups as soon as they become caregivers. These groups are invaluable in providing

grandparents and elderly caregivers with a safe place to explore their feelings about raising children while alleviating feelings of isolation. They provide a haven for them to talk about all the difficulties and ambivalence and problems they are experiencing. Groups are a place to laugh and to cry, and to begin to understand what their grandchild has experienced before coming to live in their home.

Support groups can also be a forum to gather practical information and valuable resources on financial, legal, education, and health issues, such as psychotherapy or respite care. They may serve to educate caregivers on generational differences between themselves and the children in their care, and provide practical tools for how to talk with their grandchildren about difficult subjects, such as gangs, sex, and puberty. Groups can also help caregivers connect with others who can accompany them to appointments, or help them get breaks from parenting.

Because caregivers can be initially hesitant to attend a support group, they may be encouraged if the groups are centered around social events, with food, refreshment, or specific activities, such as sewing or crafts. It may be helpful to include activities for children because some caregivers may be more likely to attend for their grandchildren's benefit than for their own. Further, the name of the group can also help remove the stigma sometimes attached to support groups. For instance, caregivers may be more likely to attend "Coffee and Talk" as opposed to "Grandparent Caregiver Support Group."

Groups for youth can also help those who are no longer living with their birth parents. These children may feel ashamed or embarrassed that their birth parents cannot care for them. Many feel separate from their peers and believe that it is somehow their own fault that their birth parents are

unable to care for them. Support groups can help alleviate youths' feelings of isolation and can also help them to better understand and cope with their situation.

The New York City Department for the Aging, Grandparent Resource Center, is an excellent source for locating a neighborhood-based support group, and also provides information on how to start one's own group. Also, the New York City Housing Authority offers programs and services both for the elderly and for youth and children. NYCHA may be able to convene special support groups geared especially for older caregivers who are caring for their kin. They may also be able to host workshops and presentations by service providers, acting as a facilitator and mediator for these grandparents.

■ **Provide Respite Services for Elderly Caregivers.**

If caregivers are feeling overwhelmed, they must have the resources to take the necessary breaks from parenting. These can be arranged informally or formally. For example, building on the relationships they are developing in support groups, caregivers can take care of each other or the children for a few hours. They may call a new friend who understands the situation because they are going through the same thing with their own children.

Also, it is vital that professionals working with elderly caregivers identify formal arrangements through which caregivers can receive breaks from parenting. As soon as they become caregivers, they should be informed of available respite services and why they are important. Currently in New York City, there are very few formal respite programs, and those that do exist are available only to parents of developmentally disabled children. Efforts should be made to increase the availability and reach of this service.

Respite alternatives include:

- **School.** Caregivers must make sure their children attend school regularly. Of course this is a mandatory requirement for the child's sake, but time apart during school hours gives caregivers a breather for part of the day from parenting. Also, programs held during after-school hours can benefit youngsters by helping them develop important skills and talents. The break that this affords to caregivers is equally valuable.

- **Peer respite services.** Caregivers can exchange child care, which can be arranged informally by the caregivers or through support groups or senior centers. Ideally, this kind of respite would be exchanged between caregivers living close to each other.

- **Field Trips.** Social service agencies working with elderly caregivers can provide day trips for children or help connect children with day and summer camp programs. For example, settlement houses throughout New York City offer these types of trips for children, youth, and the elderly. In addition, the New York City Housing Authority provides intergenerational programs with field trips for the residents.

■ **Professional Visits to Elderly Caregivers and their Families at Home.**

A social worker or psychotherapist should visit elderly caregivers and their children at home and allow them to speak of their experiences living together. This professional can help clarify communication between caregiver and child and mediate any misunderstandings or differences between them. Children living apart from their biological parents frequently fear that problems or arguments with their caregiver will lead to them being removed from their new home. This may cause them to test a caregiver by engaging in challenging behavior. If a professional can help mediate the

inevitable differences that arise between caregiver and child, both will feel better supported and more secure. A professional can also serve as an important bridge to community-based mental health services, helping to de-mystify and de-stigmatize the process of obtaining mental health counseling and other services.

■ **Insure Children Living with Elderly Caregivers.**

Clinics, social services departments, senior centers, and other organizations working with the elderly need to intervene and guarantee that all children living with elderly caregivers receive health insurance. Relative caregivers in New York may apply for free or low-cost health insurance on behalf of the children in their care through the New York Medicaid and Child Health Plus programs. In some cases, caregivers may also be eligible for free health coverage through Medicaid.

■ **Train School Administrators on the Needs of Elderly Caregivers.**

School administrators need to be aware of the challenges facing elderly and grandparent caregivers so that they can ease enrollment requirements, if and when appropriate. For instance, a grandmother raising her grandchild without the support of the foster care system must be able to enroll her grandchild in school promptly, even if she does not have access to the child's birth certificate.

■ **Train New York City and New York State Housing Authorities.**

City and State housing authority personnel should be educated on issues relevant to kinship families' housing needs. Once they are informed of these specific needs, they may find that they have more policy and practice leeway in helping these families secure and maintain adequate and appropriate housing. Because over one-third of the residents in NYCHA homes are over 60 years old and most live

in mixed population developments, a particular focus of NYCHA programming should be to ensure that these residents have the services and care necessary to avoid institutionalization. For those elderly who are caring for their young kin, these services can be crucial to guaranteeing that the children are not relinquished to the foster care system.

One promising solution may be the growth in New York City of Naturally Occurring Retirement Communities, or NORCs. The NORC program, administered by the New York City Housing Authority, was designed to provide comprehensive support and healthcare services for well and frail elderly who continue to live independently in their apartments and communities. Currently there are seven sites, two existing and five new, in New York City that have been funded by the New York City Council. Efforts should be made to expand the NORC program funding both at the local and at the state level.

■ **Build Supportive Housing and Provide Section 8 Vouchers.**

Housing agencies across the country have recently begun to recognize the housing needs of grandparents raising children. Generations United (GU), a Washington D.C.-based organization focusing on intergenerational collaboration, is working on federal housing legislation designed to support grandparents and elderly caregivers raising children. They have drafted a bill called, "Living Equitably: Grandparents Aiding Children and Youth Act," or LEGACY, which requires the U.S. Department of Housing and Urban Development to conduct a national study of the housing needs of grandparents raising children, and to develop a training program for caseworkers on the special circumstances that may affect these families in

subsidized housing. Further, the bill classifies grandparent caregivers as eligible to qualify for the Section 8 Family Unification Program.

The legislation also calls for the creation of demonstration programs that replicate programs like GrandFamilies House in Boston, Massachusetts. GrandFamilies House is a model of support for grandparent caregivers. Opened in 1998, it is the country's first housing complex designed for grandparent-headed families. GrandFamilies House combines psycho-social support with one of the families' most basic needs: spacious, affordable, and safe housing for elderly people and young children. It is a condominium-style cluster of 26 two- to four-bedroom apartments. With "grab bars" to hold on to, laundry facilities on each floor, an elevator, and a playground, the building is equipped for both seniors and children. The house also has communal space and extensive programming to support these intergenerational households, including a resident services coordinator, a live-in house manager, tutoring, and assistance with accessing community services. Seniors can also take part in an on-site fitness program. GrandFamilies House partnered with the YWCA-Boston to provide a preschool and after-school program in which children can access the computer center and get help with their homework.

One of GrandFamilies House's greatest benefits, however, is its affordability. GrandFamilies House was created by two non-profit organizations, Boston Aging Concerns Young and Old United, Inc. (BAC-YOU) and the Women's Institute for Housing and Economic Development, using a mix of private and public funding streams. Federal HOME housing program funds and 100 Section 8 vouchers from the Massachusetts Department of Housing and Community Development make it possible for tenants to pay no more than 30 percent of their income toward rent.

At least 23 other states have contacted BAC-YOU for information on how to replicate GrandFamilies House, and many sites around the country are in the process of developing similar housing programs, including several in New York. In New York City, Presbyterian Senior Services is opening a similar building with approximately 50 apartments and a resource center for kinship care families not living in the building and in the community. Dorothy Day Houses in New York City has also set aside six apartments for grandparents rearing grandchildren. In Buffalo, two programs have been created to house grandparent families. One housing project contains six "granny units." These types of programs are perhaps the best answer to meeting elderly caregivers' housing needs.

■ **Identify and Encourage Clinics to Treat Caregiver and Child Simultaneously.**

Professionals working with the elderly should provide or direct caregivers toward one-stop medical services for children and caregivers, such as Beth Israel Medical Center's program in New York City, where grandparents and their grandchildren can be treated at the same time. At Beth Israel, the medical records of both the child and caregiver are kept together. This can help prevent grandparents from neglecting their own medical needs as they look after their grandchildren's.

■ **Educate Medical Providers about the Needs of Elderly Caregivers.**

Medical providers need to be educated about the special needs facing elderly and grandparent caregivers so that they can help them plan for both their health and that of the children in their care. Medical providers must learn to educate caregivers on the progression of any diseases they may have and how those illnesses may affect their ability to

parent, as well as inform caregivers about the medication they take, particularly any potential hazardous side effects.

■ **Ensure Appropriate Transportation Alternatives for Elderly Caregivers.**

Organizations and groups that work with elderly caregivers should contract with car services for voucher-based services. Caregivers who cannot drive or use public transportation should receive vouchers to pay specific car services for transportation as needed. Some foster care agencies already do provide access to private transportation to their foster parents who need it, but families who are not in the foster care system cannot obtain this service. Efforts should be made to work with the New York City Department for the Aging and New York City Transit/Access-A-Ride to ensure that systemic improvements are made so that elderly caregivers have all of the necessary transportation alternatives available.

■ **Search for Relatives.**

Family courts should require that when a child enters foster care, a national search be conducted to find any and all relatives who might help look after the child. Judge Sara P. Schechter, a family court judge in Manhattan, requires evidence of efforts made to locate a child's relatives prior to the family court hearing. Legislation that expands the search to include grandparents has recently been passed in Albany.

■ **If a Parent's Rights are Terminated, Inform Relatives of their Permanency Options.**

Foster care agencies need to clearly explain to relative caregivers what their options are if the child

in their home is freed for adoption. These caregivers need information about becoming an adoptive parent and the child's eligibility for an adoption subsidy. They also need information about guardianship, including subsidized guardianship, if applicable.

■ **Increase the TANF Child-Only Payment.**

One way to alleviate the financial strains of raising grandchildren is to increase the TANF child-only payment for relative caregivers. Even if New York were to increase child-only TANF payments, it would cost the state less than providing formal foster care. Information and guidance regarding how to apply for child-only benefits should be widely disseminated through foster care agencies, senior and other community centers, and houses of worship.

■ **Develop Comprehensive Legislation Supporting Elderly Caregivers.**

Some states are working to implement medical and educational consent laws, which allow caregivers without legal custody or guardianship to consent to a child's medical treatment and to enroll them in school. For example, California has a progressive law that enables a caregiver to both enroll children in school and consent to medical treatment. New York has neither a medical consent law, nor an educational consent law. New York should implement a law similar to California's, which enables caregivers to enroll the child in school even without immediate access to a child's birth certificate or other information, as well as stipulates that they are responsible for all aspects of the child's health.

A Call to Action

Caregivers who raise relative children without the support of foster care save taxpayers billions of dollars, and provide the children much greater stability than they would find in non-relative foster homes. These caregivers need help accessing medical services for both themselves and their children; they need help securing reliable transportation and finding accurate and comprehensive information regarding the financial benefits they may receive. They may need assistance finding adequate housing, enrolling their children in school or getting their children proper medical attention or educational services. They also need support, understanding, and peers to share their experiences. They need help making sense of their legal options, and deciding which will work best for their family's situation.

On a practical level, professionals from the aging and the child welfare fields must acknowledge the very real needs and challenges of these families without the risk of punitive measures being used against either group. Further, policy must be reshaped to respond to and acknowledge the needs of this growing population. It is imperative that a coordinating group, comprised of professionals representing both child welfare and aging, be established to take a leadership role in developing comprehensive and effective solutions. This group must share the view that elderly caregivers and

their children form a holistic family system; they are not separate entities with competing interests. This will help establish a coordinated and effective system of support and care that can help guide policymakers and lawmakers draft and pass appropriate and vitally needed legislation.

The need to support these older women and men who step forward to raise relative's children is clear. Doing so will result in a sound investment in the children's health, well-being, and future productivity. COAC and the *Forging Connections* Policy Group understand that the time is *now* to address their needs. We in the *Forging Connections* Policy Group hope that all legislators and other decision-makers, direct service providers and agencies working on behalf of elderly caregivers will rise to this challenge.

Glossary

Adoption

An adoption is a legal arrangement that enables both the adoptive parent and the adopted child to have the same rights and responsibilities as those afforded to birth families. It is designed to meet the physical and emotional needs of a child by legally transferring parental responsibilities for the child from birth parents to adoptive parents.

Adoption and Safe Families Act of 1997 (ASFA)

The Adoption and Safe Families Act of 1997 is a federal law that aims to find permanent homes quickly for children in foster care. The overarching goals of ASFA are ensuring the safety and well-being of children, and the timely achievement of permanency for children in foster care.

Adoption Subsidy

An adoption subsidy is a monthly payment to adoptive parents for the support of an eligible child who is handicapped, has special needs related to age, sibling status, and length of time in care. Adoptive parents apply for the subsidy at the time the child is placed in their home.

Custody

A court may grant custody of a child to someone other than the child's legal guardian. A custodian typically assumes legal responsibility for the care of the child. However, New York State laws are not clear as to the decision-making power of a custodian. Generally, non-parental custodians cannot consent to medical care, adoption, marriage, or military enlistment, and have no duty to support the child.

Foster Care

Foster care is a child welfare social service program that provides temporary care and placement of children outside of their parent's home.

Foster Care Board Payment

Foster care board payment is a monthly payment made to foster parents for the support of a child placed in their home by a social services agency.

Guardianship and Subsidized Guardianship

A legal guardian is appointed by a court to exercise authority over a child in matters of health, education, and well-being. Guardianship does not sever the birth parents' parental rights. Subsidized guardianship includes a monthly payment to the guardian. [It should be noted that, at this time, New York State does not have a subsidized guardianship program.]

Kinship Caregivers

Kinship caregivers are individuals who have related children, e.g., a grandchild or a nephew or niece placed in their home by a child welfare agency. These caregivers are licensed and receive the regular foster care board payment. In some cases, kinship caregivers have no involvement with a child welfare agency and receive child only cash assistance (usually TANF) from the state or county welfare agency.

Medicaid

Medicaid is a federally funded program that provides medical care for low-income families and individuals.

New York City Administration for Children's Services (ACS)

New York City Administration for Children's Services is the public agency responsible for administering New York City's child welfare services. ACS services include child protection, foster care, adoption, family preservation, and monitoring of voluntary child welfare agencies.

New York State Office of Children and Family Services

The New York State Office of Children and Family Services is the public agency responsible for supervising and monitoring child welfare services throughout the State of New York.

Permanency

Permanency means more than simply placing a child with a caregiver with the intent that the arrangement will be long-lasting, regardless if the goal is reunification, adoption, guardianship, or other permanent arrangement. Permanency implies a long-term living arrangement with the same caregiver in which family members understand that they belong together.

Respite Care

Respite care is child care and other services designed to give caregivers, including foster and adoptive parents, temporary relief from their responsibility as caregivers.

Special Education

Special education services address a student's needs in the areas of learning, behavior, or social and emotional development that make it hard for that student to learn in a regular classroom. A child in special education may be accommodated by a smaller class size, individually-tailored classwork, and assistance managing his or her behavior.

Temporary Assistance for Needy Families [TANF] Child-Only Funds

Temporary Assistance for Needy Families is the federal program that provides time-limited financial assistance to adults facing economic hardship. TANF child-only funds are the main subsidy available for caregivers who have guardianship or custody of their kin, and whose families are not involved in the child welfare system. Any relative caring for a child is eligible for TANF child-only funds regardless of their income.

Resources

Organizations

AARP–Grandparent Information Center

(202) 434-2296 • www.aarp.org

Lists local support groups and relevant publications.

Boston Aging Concerns Young and Old United, Inc.

(BAC-YOU)

(617) 266-2257

The Brookdale Foundation Group’s Relatives as Parents Program (RAPP)

(212) 308-7355 • www.brookdalefoundation.org

Casey National Center for Resource and Family Support

(202) 467-4441 • www.casey.org/cnc/

Provides information and referrals for kinship families and the child welfare professionals who work with them.

Center for Family Representation

(718) 637-6577

Provides training to child welfare attorneys, social workers, and parent advocates.

Edgewood Center

(415) 681-3211 • www.edgewood.org

A model one-stop social service organization for senior citizens.

Generations United

(202) 638-1263 • www.gu.org

Provides information and advocacy for elderly caregivers.

The Grandparent Resource Center

(212) 442-1049 • www.grandparentresourcectr.com

Provides information and resources for elderly caregivers.

GrandsPlace

(860) 763-5789 • www.grandsplace.com

Provides information for elderly caregivers and online support including a free, bimonthly email newsletter for caregivers.

GrandParent Again

www.grandparentagain.com

An online site where caregivers can exchange support, respite, clothing, recipes, and more.

Kinship Navigator (Trenton, NJ)

(877) 816-3211

Provides social services and programs for elderly caregivers and their children.

National Committee of Grandparents for Children’s Rights

www.grandparentsforchildren.org

New York State Permanent Judicial Commission on Justice for Children

(914) 948-7568

Provides advocacy and training for those working with children in foster care and their families who come into contact with the state court system.

For information about how to apply for Medicaid or Child Health Plus (800) 698-4KIDS.

Publications

A Place to Call Home: State Efforts to Increase Adoptions and Improve Foster Care Placements.
NGA Center for Best Practices, National Governors' Association. (www.nga.org)

Connecting Healthy Development and Permanency: A Pivotal Role for Child Welfare Professionals.

New York State Permanent Judicial Commission on Justice for Children. (914) 948-7568

Ensuring the Healthy Development of Foster Children: A Guide for Judges, Advocates, and Child Welfare Professionals.

New York State Permanent Judicial Commission on Justice for Children. (914) 948-7568

The Grandparent's and Other Relative Caregiver's Guide to Child Care and Early Education Programs,

The Children's Defense Fund (202-662-3568)

The Grandparent's and Other Relative Caregiver's Guide to Raising Children With Disabilities,

The Children's Defense Fund (202-662-3568)

The Grandparent's and Other Relative Caregiver's Guide to Food and Nutrition Program for Children,

The Children's Defense Fund (202-662-3568)

The Grandparent's and Other Relative Caregiver's Guide to Health Insurance for Children,

The Children's Defense Fund (202-662-3568)

The Grandparent Raising Grandchildren Book,
Grandparent Resource Center, New York City
Department for the Aging.
Lists local support groups for elderly caregivers.
(212) 442-1094

Help for Grandparent Caregivers,
Brookdale Center on Aging
www.brookdale.org

Improving the Odds for Healthy Development of Young Children in Foster Care.

National Center for Children in Poverty,
Mailman School of Public Health,
Columbia University.
(212) 304-7100 • www.nccp.org

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AARP, September 2003.
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New York State Office of Children & Family Services. (518) 474-9486

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Cornell Cooperative Extension in Middletown, N.Y.
(845) 344-1234

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NGA Center for Best Practices,
National Governors' Association. • www.nga.org

Forging Connections

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The New York Council On Adoptable Children's mission is to find permanent, loving homes for children with special needs in the New York City foster care system and for children in families affected by HIV/AIDS. COAC believes that foster care is not enough care and that children need family permanency to live rewarding, productive lives.

COAC's Programs

■ **Adoptive Parent Recruitment, Preparation, and Supportive Services.**

These efforts secure adoptive families for the "hardest to place" children in foster care. We recruit loving, persevering parents who are eager to provide permanent homes for children with special needs. Most of these children are African-American or Latino. The program also prepares prospective parents for the challenges of special needs parenting through pre-adoptive training, support groups, and individual assistance.

■ **AIDS Orphans Adoption Program.**

COAC helps HIV-positive parents create permanency plans for their children's future care. We work with critically ill parents to recruit or select adoptive families/guardians of their choice, help children's transitions to their new families, and strengthen new families through a host of support services.

■ **Support Services for Newly-Formed Families.**

COAC provides a comprehensive array of bi-lingual (English and Spanish) services designed to help newly-formed families remain intact and ensure that children are not relinquished to the foster care system. These services include family and individual therapy and counseling, support groups, referrals and advocacy, educational workshops, and assistance with legal benefits and entitlements.

COAC Funders

- Barker Welfare Foundation
- JP MorganChase
- Children Affected By AIDS Foundation
- Freddie Mac
- Hispanic Federation
- Newmark & Company
- Picower Foundation
- Robin Hood Foundation

- New York City Administration for Children's Services
- New York City Department of Youth and Community Development
- New York City – World Trade Center Relief Fund
- Medical & Health Research Association of New York City (MHRA)
- New York State Office of Children and Family Services
- United States Department of Health and Human Services

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