

Healthy Grandparents

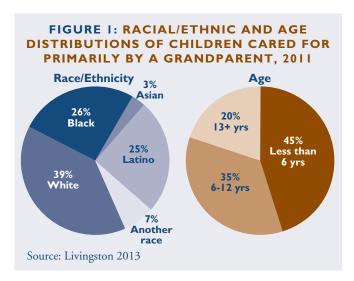
Raising Healthy Grandchildren

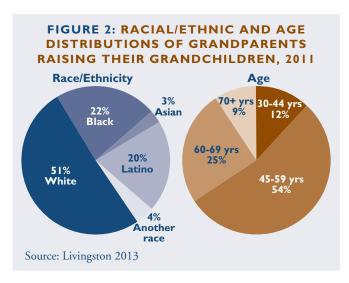
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This Issue Focus article is adapted from an October 30, 2013 Grantmakers In Health webinar, which featured Barbara Graves-Poller, MFY Legal Services' Kinship Caregivers Law Project; Jeff Kim, The California Wellness Foundation; Angie Schwartz, Alliance for Children's Rights; Steven Wallace, University of California, Los Angeles (UCLA) Center for Health Policy Research; and Pat White, The New York Community Trust.

In the United States, more than three million children are in the primary care of a grandparent (Livingston 2013). An analysis by the Pew Research Center has helped to sketch a profile of these families. Among the grandchildren, three-infive are nonwhite, and nearly one-half are under the age of six (Figure 1). Among the grandparents, nearly two-thirds are women, one-half are white, and two-thirds are under the age of 60 (Figure 2). More than one-half (55 percent) of these grandparents have been the primary caretaker for three years or more, and they face a number of economic, legal, and health challenges (Livingston 2013).

• Economic Challenges: Grandparents often become primary caretakers unexpectedly, assuming added financial responsibilities with little outside assistance (Padilla-Frausto et al. 2013). More than one-quarter (28 percent) of children who are in the primary care of a grandparent are living below the federal poverty level (FPL)(Livingston 2013). National and state policies have not kept pace with changing family structures (Van Etten 2012), and as such, many grandparent-headed families are either not eligible for





benefits or they receive fewer benefits, placing further financial strains on the family budget (Schwartz 2013).

- Legal Challenges: The majority of caretaker grandparents are raising their grandchildren without a legal relationship, such as adoption, custody, or foster care, and many of these children are found outside the child welfare system (Van Etten 2012). Without this legal relationship, these families have limited access to public assistance, services, and other supports, and caretaker grandparents may have difficulty providing medical and educational consent for their grandchildren (Van Etten 2012).
- Health Challenges: Approximately one-quarter (24 percent) of caretaker grandparents have some type of disability (Livingston 2013). Caretaker grandparents also have been found to experience increased psychological distress and a diminished quality of life (Kelley et al. 2013; Musil et al. 2013). Less research is available about the grandchildren. There is evidence, however, that they are likely to exhibit signs of behavioral or mental health problems (Campbell et al. 2012), as some children are coming into the care of a grandparent because of stressful family circumstances and trauma (Smith et al. 2007).

PHILANTHROPIC ACTIVITIES

A number of health funders are investing in efforts to meet the economic, legal, and health needs of grandparents who find themselves as the primary caretaker of their grandchildren.

- ➤ *Addressing Economic Security* The California Wellness Foundation (TCWF) approaches this issue through the lens of two of their health priorities: healthy aging and the mental health of homeless and transition-age youth (Kim 2013). Through this dual lens, TCWF has been identifying the economic insecurities of the elderly, including caretaker grandparents, as well as addressing the needs of transitionage youth who age out of the foster care system. Since 2007 the foundation has been investing in research and analysis of elder economic security, and most recently funded The High Cost of Caring: Grandparents Raising Grandchildren. This health policy brief, jointly produced by the UCLA Center for Health Policy Research and the Insight Center for Community Economic Development, details at a county level the economic insecurities faced by many of California's elderly caretaker grandparents (Padilla-Frausto et al. 2013.) The analysis used the Elder Economic Security Standard Index, which provides a more accurate estimate of the cost of living than the FPL and is based on county-level prices for medical care, housing, transportation, and food, among other items. A key finding was that elderly caretaker grandparents would need incomes approximately twice that set by the FPL in order to support a basic standard of living for themselves and their grandchildren (Padilla-Frausto et al. 2013). The report's recommendations include prioritizing low-income elderly caretaker grandparents to receive affordable housing and subsidies, increasing Supplemental Nutrition Assistance Program income eligibility criteria to 200 percent of the FPL, and improving access to mental health services in community or school settings.
- ➤ Supporting Advocacy Efforts and Legal Services The New York Community Trust has approached kinship care, and more specifically the role of caretaker grandparents, through three program areas: social services and welfare, aging, and youth development (White 2013). Over the years the trust has worked across these program areas to fund advocacy efforts that recognize kinship care as an option for children entering or leaving the foster care system, research efforts to better understand the needs of caretaker grandparents and inform practice and policy changes, and support agencies that serve grandparents or youth (White 2013). In addition, for several years the trust has funded MFY Legal Services, and more specifically its Kinship Caregiver Law Project, to meet the legal needs of caretaker grandparents. MFY Legal Services was created to provide free legal assistance to low-income and underserved New York City residents. The Kinship Caregiver Law Project provides caretaker grandparents with much needed assistance in navigating the legal system in cases of adoption, custody and guardianship, visitation, kinship foster parents, and immigrant juvenile status, as well as assistance with public benefits and community resources (Graves-Poller 2013). More recently the trust has awarded funding to expand legal advice and representation for grandparents and other relatives who are caring for children.

➤ Creating Linkages to Health, Counseling, and Peer-Support Services - A handful of grantmakers serving the Greater Philadelphia region have joined together to fund the GrandFamily Resource Center, a program at the nonprofit agency Supportive Older Women's Network. The GrandFamily Resource Center is designed to keep vulnerable families intact by supporting both caretaker grandparents and their grandchildren. The program provides a "one-stop" approach by linking grandparents and their grandchildren to educational, health, and referral services. Additionally, the program provides grandparents with case management, individual counseling, and peer support groups, either community-based or telephone-based, for those who are homebound. The program was originally funded by the Robert Wood Johnson Foundation's Local Funding Partnerships matching grants program, along with grants from the William Penn Foundation, Samuel S. Fels Fund, The Philadelphia Foundation, The Allen Hilles Fund, The Douty Foundation, The Fourjay Foundation, the Claneil Foundation, and the Connelly Foundation, as well as some local agencies. The matching grant program has now ended, and the Connelly Foundation has continued funding the GrandFamily Resource Center as part of its health and human services portfolio.

ADDITIONAL OPPORTUNITIES FOR HEALTH FUNDERS

Whether they assume this role for months or years, caretaker grandparents and their grandchildren can benefit from tailored services, supports, and policies that meet their needs. In addition to activities like the ones described above, health funders might also consider:

- ➤ Directly Addressing the Health and Wellness Needs of Children and Youth in Their Grandparents' Care Children often come into the care of a grandparent because of stressful family circumstances and trauma. To meet these needs, funding could be directed toward efforts such as expanding graduate and continuing education training in trauma-informed care for professionals so that they are better prepared and equipped to identify and serve the needs of children and families, and improving linkages between children, youth, and families and direct services to meet their legal, financial, and health needs (White 2013).
- ➤ Supporting Research, Analysis, and Policy Efforts —
 Funding further research and analysis could assist in developing a better understanding of the health and wellness needs of children and youth who enter grandparent care and a better understanding of the effects of grandparent care on children's health and development, especially given that many children in grandparent care are younger and receive care for an extended period of time. State and national policy strategies could assist in reducing the inequities experienced among grandparent-headed families, including those related to housing, food, and health (Kim 2013).

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