

**STRENGTHENING SUPPORT FOR
GRANDFAMILIES DURING THE
COVID-19 PANDEMIC AND BEYOND**

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STRENGTHENING SUPPORT FOR GRANDFAMILIES DURING THE COVID-19 PANDEMIC AND BEYOND

THURSDAY, JUNE 23, 2022

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 10:01 a.m., via Webex, Room 562, Dirksen Senate Office Building, Hon. Robert P. Casey, Jr., Chairman of the Committee, presiding.

Present: Senators Casey, Gillibrand, Blumenthal, Rosen, Kelly, Warnock, Tim Scott, Braun, and Rick Scott.

OPENING STATEMENT OF SENATOR ROBERT P. CASEY, JR., CHAIRMAN

The CHAIRMAN. This Aging Committee hearing will come to order.

I want to thank everyone for being here today, especially our witnesses, and to see our witnesses here in front of us live is something we have not been able to do every week and every month, so we are grateful to be in the same room together with you today.

I want to start with a statistic that I think a lot of Americans may be familiar with, either personally or from having seen some of the data, but we know that more than 2.7 million children in America are being raised by grandparents or next of kin. They are among our Nation's unsung heroes. They are, in so many ways, a light in the darkness. They have made sure that their grandchildren are both loved and supported even in the most trying of circumstances, and of course, COVID-19 has been among the most difficult chapters in American history.

For so many American families, this pandemic has been among the most darkest and trying of times. As we will hear today in our hearing, grandparents who are raising their grandchildren have become increasingly isolated throughout the pandemic. Grandchildren lived in fear that they might contract the virus and spread it to aging grandparents, and tragically, at least 140,000 children—140,000 children—were orphaned by the pandemic and are now living with grandparents or next of kin as a result. Sadly, this staggering number is almost surely an undercount.

The American Rescue Plan invested \$30 million to increase mental health awareness among young people, including members of grandfamilies. Those dollars also were used to train school personnel to respond to these types of concerns.

Thankfully, grandfamilies are a topic of longstanding bipartisan interest in this Committee, as well as action by this Committee, and we will continue that tradition with today's hearing and the policy we will talk about.

In 2018, Senator Collins, she was then the Chair of the Committee. She and I worked to pass legislation to establish a national advisory council to support grandfamilies and kin caregivers. We will build on this legacy by introducing the Supporting the Well-Being and Mental Health of Grandfamilies Act to extend the advisory council for an additional four years. This council has been successful because it incorporates the voices of grandparents, grandfamilies in its membership and its mission.

At today's hearing, the Committee will have an opportunity to hear from two grandparents: Ms. Ruth Stevens from Philadelphia, Pennsylvania, and also Ms. Gail Engel from the State of Colorado.

Now like so many in this room and others listening, I have got a grandson, and I have got a grandchild on the way in July, so I know what I would do, and what I would do is anything to support him if that were—if his parents could not, and I know every grandparent has that same feeling of love and that same feeling of commitment to their grandchildren.

Both Ruth Stevens and Gail Engel will share the blessings and the challenges they have experienced in raising their grandchildren, in this case, Tamir and Bryson, who are both with us today.

Ms. Stevens fought to bring her grandson home after he was placed in foster care without her knowledge. Families like hers save taxpayers an estimated \$4 billion each year in costs. Approximately one in five grandfamilies live at or below the Federal poverty line, and nearly half—half—of all grandmother only households are living in poverty. That is unacceptable and should be unacceptable to any member of the U.S. Congress.

I have fought a lot of battles to strengthen support for these families. Today, I am reintroducing the Grandfamilies Act, which will lower costs for grandfamilies by increasing access to both Social Security and Temporary Assistance for Needy Families support. Those benefits, I should say.

I am also reintroducing the bipartisan Informing Grandfamilies Act, that is, Senate Bill 4443, alongside Senator Young, to ensure that TANF-eligible, Temporary Assistance for Needy Families eligible, grandfamilies are aware of and can access all of the benefits for which they qualify. I want to thank Ranking Member Scott for his support on this bill, as well as Senator Kelly, a member of our Committee, for both supporting this bill.

Tim, thank you for that.

Senator TIM SCOTT. Certainly.

The CHAIRMAN. I look forward to today's hearing and our witnesses and their stories and their experiences about what more Congress can do to support our Nation's grandfamilies, and with that, I will turn to our Ranking Member, Senator Scott.

**OPENING STATEMENT OF SENATOR
TIM SCOTT, RANKING MEMBER**

Senator TIM SCOTT. Thank you, Mr. Chairman, for this hearing and thank you to the witnesses for investing your time and your energy and your expertise in such an important subject.

Grandparents and other relatives raising children save the child welfare system about \$4 billion a year in costs related to supports and services for children. Kids raised by kin do better in life than those placed in foster care.

While I was not raised by my grandparents, I certainly had a lot of experience with my grandparents as a youngster when my parents divorced when I was about seven years old. We moved into my grandparents' house. It was certainly one of the houses that Chairman Casey just described as living at the poverty line or slightly below the poverty line. The house was filled with lots of love, discipline, and encouragement, but not a lot of resources.

When we think about the importance that the grandparents play in the lives of the kids that are in that household, it is undeniable that the child is infinitely better off with the kinfolk, so to speak, than they are in foster care. We wish we had more of those opportunities in this country today, to see those loving kids in foster care, hopefully loving homes, be in homes where they are related to the ones who are taking care of them.

I thank you all, especially the two grandparents who have had that experience yourselves, for being a part of the panel and having that discussion with us and the important role that that plays in the lives of the grandchildren but also the important role that the grandchildren play in your lives.

I know that one of the important lessons that I received—most of the important lessons I received in life, some of it came from my academic education, but most of it came from my household. Most of it came from grandparents and my mother, and I am so thankful to have had that opportunity to move in with my grandfather because—and my grandmother, because he really taught me the value of education and the necessity of perseverance, the necessity of patience, the necessity of hard work, discipline, and frankly, being on time, though I was about 60 seconds late for this hearing. I am still learning the lessons from my grandfather. He would also agree with that.

When we think about the households that are at that poverty line in today's economy, where gas is 49 percent higher than it was just several months ago, 100 percent higher than it was 18 months ago, you think to yourself, what are the challenges of raising the second generation of kids too often on fixed incomes? You think and you ask yourself, clothing is up over 10 percent, baby food, over 13 percent, the scarcity of baby formula. This is, without question, a serious challenge for those households who are already at the poverty line, trying to meet the needs of their loved ones.

Grandparents raising grandchildren are absolutely a necessity, and we should do everything in our power to provide more light to the problems and more solutions as well.

Back in 2018, I joined our former Chairman, Senator Collins, and our current Chairman, Senator Casey, in introducing legislation to establish the Supporting Grandparents Raising Grandchildren Ad-

visory Council, which submitted its recommendations to Congress last November. I joined Chairman Casey, as he just said, and Senator Young in taking part of the important implementation through the Informing Grandfamilies Act.

South Carolina is a leader in elevating the role of grandparents raising grandchildren. South Carolina's Department of Social Services employs kinship navigators to help these caregivers negotiate the complex web of benefits and supports for which they may be eligible. DSS has also implemented provisional licensing of kinship caregivers. Provisional licensing makes kinship caregivers eligible for economic supports otherwise only available to traditional foster parents. As a result, 21 percent of placements today are to kin caregivers, up from just five percent three years ago. That is really good news.

To encourage all states to make these kinds of reforms, I have also introduced the Child Care Development Block Grant Reauthorization Act, which would make children in kinship care and parents 65 years or older eligible regardless of income or work requirements.

I look forward to learning as much as possible from the witnesses today, and I thank you for sharing your stories and your expertise as it relates to this very important topic.

Mr. Chairman.

The CHAIRMAN. Thank you, Ranking Member Scott. As many of the witnesses know, and those listening, we will have Senators who will be in and out. Thursday is a busy morning in terms of hearings and votes, and we will have votes at 11, so we will have to do some juggling, but one of the Senators joining us already is Senator Rick Scott. We are grateful he is with us.

Let me move to the next part of our program, which is to introduce our witnesses. Our first witness is Ms. Donna Butts. She is the Executive Director of Generations United. Generations United is a thought and action leader on issues relating to kinship care in the United States.

For our second witness, I will turn to Ranking Member Scott.

Senator TIM SCOTT. Thank you, Mr. Chairman. Kim Clifton helps South Carolinian grandparents raising grandchildren navigate the resources and benefits available to them. She is Executive Director of HALOS, which stands for Helping and Lending Outreach Support. The HALOS Kinship Care Program promotes safe and nurturing homes for children in kinship care through these ways: by connecting caregivers to resources and benefits, including legal services; helping caregivers navigate complicated, bureaucratic systems; and offering annual family respite monthly caregiving support groups and educational opportunities.

Kim holds a master of social work degree from Boston University. Her previous experience includes working with women and children at risk in places as diverse as Washington State, Boston, and Guatemala. She is a member of the Sisters of Charity Foundation's statewide Kinship Advisory Council and the South Carolina Department of Social Services Kinship Advisory Panel.

Kim's leadership has established HALOS as a model for the entire State of South Carolina and achieved great recognition. During her tenure, HALOS won the Erin Hardwick Award for nonprofit

governance from Together SC, South Carolina's statewide association of over 700 charitable, nonprofit, and philanthropic organizations.

We look forward to her testimony, and we thank you for your expertise and your investment of your energy, your time, and your expertise to South Carolina's most vulnerable populations. Thank you.

The CHAIRMAN. Thank you, Ranking Member Scott.

Our third witness is Ms. Gail Engel, joined by her grandson, Bryson. Ms. Engel is a grandparent caregiver who has dedicated her life to supporting her own family and grandfamilies in her community. She founded Grand Family Coalition, an organization based in Ft. Collins, Colorado, dedicated to providing support to grandfamilies in the community.

Ms. Engel, we are grateful you are here with us.

Our fourth and final witness, as I mentioned earlier in my opening, is Ms. Ruth Stevens. She is joined by her grandson, Tamir. She is from Philadelphia, in my home State of Pennsylvania, and she fought to bring her grandson out of foster care and to bring him home with her. She has raised her grandson since he was an infant and will share their story with us today.

We will start with our first witness for an opening statement. Ms. Butts, you may begin your statement.

**STATEMENT OF DONNA BUTTS, EXECUTIVE
DIRECTOR, GENERATIONS UNITED, WASHINGTON, D.C.**

Ms. BUTTS. Thank you. Chairman Casey, Ranking Member Scott, and members of the Committee, thank you for your commitment to families and the opportunity today to talk with you about grandparents and other relatives raising children, also known as grandfamilies or kinship families.

My name is Donna Butts, and I have the honor of serving as the Executive Director of Generations United. Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies and programs for the enduring benefit of all. For almost 25 years, Generations United has run the National Center on Grandfamilies, which has been a leading voice for issues affecting these families. Recently, along with national partners, we are also running the first ever national technical Assistance center on grandfamilies and kinship families, known as the Grandfamilies and Kinship Support Network.

Families are the cornerstone of our neighborhoods, towns, and cities. Regardless of political affiliation, families and their well-being unites us. When parents are unable to raise their children, grandparents and extended family step up and wrap children in the cocoon, the protective cocoon, of family, providing roots and connection to culture, keeping siblings under one roof, and showering children with the one thing money cannot buy, love. Currently, more than 2.7 million children benefit from the contributions of grandparents, other relatives, or close family friends, and they thrive in this loving care.

Caregivers may step into this role for a host of reasons, including most recently the COVID-19 pandemic. Whatever the reason, the

caregivers often sacrifice dreams of their own, a carefree retirement, travel, dates with friends, and instead, invest their hope for the future in the children they never planned to raise. They cannot, and should not, have to do this alone and without our support. We are grateful for the important actions the Special Committee on Aging has taken to support the families, and thank you for understanding there is still more to be accomplished on their behalf.

The vast majority of children raised by relatives are cared for by grandparents. These family heroes face tremendous challenges stepping into the role of parent. Approximately one in four have a disability, and 48 percent are 60 or older. Grandfamilies face challenges accessing necessities like health care, affordable housing, educational supports, and nutrition assistance. They often neglect their own health and mental health, prioritizing the children's needs.

Despite these challenges, they play a unique and vital role in providing safe, stable, and permanent homes for children. When they cannot be raised by their parents, children do best with relatives. Compared to children in foster care with nonrelatives, children with relatives have a more stable and safe childhood, better behavioral and mental health outcomes, and are more likely to report always feeling loved. However, because the vast majority of children in grandfamilies are outside of the foster care system, these families are less likely to get access to services.

The COVID-19 pandemic has had a profound impact on grandfamilies and is contributing to their numbers, as Senator Casey said, 140,000 new orphans in our country. Grandfamilies that formed prior to the pandemic have found that their challenges have been heightened and are facing struggles and mental health issues, stress, isolation, and from what we are seeing anecdotally, an increase in death by suicide.

Thanks to the leadership of this Committee, two bold new Federal initiatives are beginning to make a difference in the lives of grandfamilies: the Federal Advisory Council to Support Grandparents Raising Grandchildren and the Grandfamilies Support Network. On behalf of the families, our partners, and others who care deeply about grandfamilies and kinship families, Generations United thanks Congress for supporting these initiatives.

While progress has been made, there is much to be done. Generations United recommends the following: implement the recommendations of the Federal Advisory Council to Support Grandparents Raising Grandchildren, ensure legislation continues to promote the engagement of grandfamily voices; urge states to use the National Family Caregivers Support Program to serve grandfamilies; support quality kinship navigator programs; ensure adequate financial support for grandfamilies to meet basic needs by increasing and improving access to Temporary Assistance for Needy Family Child-Only Grants, family foster care maintenance payments, and Social Security to better meet the needs of grandfamilies; invest in and encourage greater availability and access to quality trauma-informed mental health providers that are familiar with grandfamilies; create a child only SNAP benefit and ensure automatic access to free and reduced school meals; facilitate the expansion of specially designed grandfamilies housing.

Generations United is proud to endorse the Informing Grandfamilies Act, the Grandfamilies Act, and supporting the Well-Being and Mental Health of Grandfamilies Act. Together, these will help address some of the issues and recommendations outlined in my testimony.

Most grandparent caregivers say they never saw themselves raising another generation of children. Yet, they step up, and despite complicated systems, hurdles, and hardships, they provide the loving homes in which children can thrive, but they cannot, and should not, have to do this alone. Collectively, they save our country more than \$4 billion a year by keeping children connected to their roots and out of foster care. They are doing the very best they can, and they deserve our best. We should not expect them to fit into systems and services designed for other families but, instead, create connecting pathways that respect their unique and complex circumstances.

Thank you for the opportunity to testify on behalf of Generations United and the grandfamilies we believe in and support.

The CHAIRMAN. Ms. Butts, thanks for your testimony and bringing your experience to the hearing.

I want to acknowledge two members of our Committee who have joined us, Senator Warnock and Senator Blumenthal.

Next, we will turn to Ms. Clifton for her opening statement.

**STATEMENT OF KIM CLIFTON, M.S.W.,
EXECUTIVE DIRECTOR, HELPING AND LENDING OUTREACH
SUPPORT (HALOS), NORTH CHARLESTON, SOUTH CAROLINA**

Ms. CLIFTON. Chairman Casey, Ranking Member Scott, and members of the Committee, thank you for holding this hearing on the effects of the COVID-19 pandemic on grandfamilies. On behalf of HALOS and the grandfamilies in our program, I am honored to provide this testimony.

HALOS's mission is to promote safe and nurturing homes for children in kinship care. We provide navigation services, support groups, and other programs to grandparents and other kinship caregivers. Currently, there are an estimated 67,000 children living in kinship care in South Carolina, and for every one child in kinship foster care, there are 164 children who live with relatives outside of the foster care system.

First, I want to tell you about Erika. When her daughter was not able to care for her own children safely, Erika, a 65-year-old retiree welcomed her grandson and granddaughter into her home. She said, I prayed to God to help me provide for my grandchildren, and HALOS saved us. We had nowhere to go.

Erika, like most grandparents, stepped in before her grandchildren were taken into custody. As a result, Erika is not entitled to the benefits foster parents receive, such as case management services, training, and financial stipends. Erika and other kinship caregivers do what they do selflessly, driven by the desire to keep their grandchildren in the family. They seldom have time to think of the cost to themselves emotionally, physically, and financially.

"I did not want my babies to go into foster care" is what we hear time and again when grandparents explain why they are raising their grandchildren.

HALOS fills the gap by connecting caregivers to essential resources for themselves and the children in their care. Access to navigation programs like HALOS varies by locale. Title IV-B kinship navigation funds are not adequate to meet the needs for services. Moreover, the funds are appropriated annually, making it difficult for states and service providers to develop long-term strategies for serving grandfamilies.

Eight-year-old Justin experienced physical abuse, neglect, and abandonment before living with his great-grandmother, Martha. Like most kinship caregivers, Martha did not understand the effects of trauma on children. She loved Justin, and she was determined to keep him with her, but she did not know how to help him deal with his anger and his violent outbursts. We connected Martha with trauma-informed mental health and child advocacy services for Justin, and we referred her to the Trident Area Agency on Aging for respite care for herself. Martha and Justin were lucky. Our local Area Agency on Aging utilizes funds from the National Caregivers Support Program to support grandfamilies; not all of them do.

During the pandemic, we saw a dramatic increase in requests for financial assistance because caregivers were furloughed, laid off, or forced to quit jobs due to lack of child care. Hannah, a grandmother raising three grandchildren, worked as a school janitor before COVID. When schools shut down, Hannah lost her job. When Hannah reached out to HALOS for help paying rent, she said, “I have never had to ask anyone for help. I raised my kids and now my grandkids, and I have worked all my life.”

HALOS provided Hannah with rental assistance and food resources. Hannah’s family, like many during COVID, experienced food insecurity for the first time. Hannah’s assistance was among the \$450,000 in emergency financial aid we distributed from public and private sources. Those funds helped mitigate the effects of the pandemic for kinship families, but those funds are now drying up.

The return to work has not solved the poverty faced by most grandfamilies. They need financial assistance to survive. HALOS has served over 900 families since 2019, and 80 percent of these families fall below 200 percent of the Federal poverty level.

Programs meant to assist people with critical needs of health care, financial assistance, and food are lifelines for our families, but they can be challenging to navigate. As COVID-related Medicaid and enhanced SNAP benefits end, access to food and health care for many of our families are at risk. Additionally, affordable child care is not accessible by most kinship families, particularly those outside of the foster care system. Inclusion of kinship families in those receiving child care assistance would assure that caregivers can continue working or have much-needed respite time, knowing that the children in their care are safe.

Grandparents step in because they love their grandchildren, but they need support. Navigation programs need to be consistently available throughout every State. Grandparents often neglect their own care to ensure that the children have what they need—that their grandchildren have what they need. They need respite and access to health and mental health services. Policies, services, and systems that touch kinship families should ensure that they re-

move barriers to access for kinship caregivers so that all children, including the nearly three million in kinship care across the Nation, can flourish.

The CHAIRMAN. Thanks very much for your testimony, Ms. Clifton.

We will now turn to Ms. Engel for her opening statement.

**STATEMENT OF GAIL ENGEL, GRANDPARENT
CAREGIVER, FOUNDER AND EXECUTIVE DIRECTOR,
GRAND FAMILY COALITION, LOVELAND, COLORADO**

Ms. ENGEL. Chairman Casey, Ranking Member Scott, and members of the Senate Special Committee on Aging, thank you for allowing me to share my story and my perspective. It is an honor to be here.

My name is Gail Engel. My husband and I raised our grandson since he was a year old. We later adopted him, now 15, and are co-parenting our 14-year-old granddaughter.

Our daughter experienced trauma as a child by a father who suffered from his own mental health issues. I did not place trauma on my child. We experienced it together. Yet, the guilt, shame, stigma kept me from seeking help.

Our daughter suffered from physical and mental health problems that she was not able to overcome, just a single mother of two children, one of whom had challenging behaviors and has lived in poverty, her ability to adequately care for the children and fear of child welfare involvement. We stepped in.

Raising a child a second time around has many challenges: physical, social, emotional, and financial. At the age of 52, I was already caring for my aging mother. We felt alone and lost contact with friends. The physical demands, such as being able to teach a child how to ride a bike, with two knee replacements, was impossible. Many times we asked ourselves, can we do this?

The cost of raising a child not only has not allowed us to retire; the funds put aside for retirement may not sustain us through the age of 82, a mere 15 years away. With a diagnosis of autism, IDD, cognitive function disorder, after adopting him, we were able to collect Social Security Supplemental Income to help us financially.

Children with trauma and developmental delays are often unable to access the part of the brain needed to learn and often with a fight-or-flight response to the disciplinary actions. Schools are most often ill prepared with specialized training to support these youth. My grandson has suffered unnecessarily due to the continuous punitive punishment and being labeled as a behavior child. Having to pay out of pocket to get a medical diagnosis, we were finally able to advocate for an IEP, Individualized Education Plan. Even at that, the inadequate trained staff, services, and supports—his emotional well-being and education has suffered traumatically.

Having to educate myself to seek out resources that were mostly nonexistent, I discovered in my own small community that there were over 3,000 grandparents raising grandchildren. I found myself struggling just as they were and now serve over 140 families. Building upon my own experience, I built a community of grandparents and other kin raising kin by creating a place where grandfamilies and services connect. Grand Family Coalition was created out of my own need to survive.

It should not be ignored that aging has its own challenges, and grandparents are taking on an additional role. Often taking on grandchildren with little warning and often returning to the workforce to maintain stability for the long haul of raising children to adulthood, often winding up in significant legal expenses to retain legal responsibility of the children, they often isolate and avoid judgment, guilt, and shame, and experience a secondary trauma. They must navigate a complex system and find resources that are often lacking and inadequate. Grandfamilies are stepping up while the world is unaware of their complexities or even their existence.

Grand Family Coalition relies on grants, donations, and volunteer staff to support our mission. We also know the need for our support is in every community. Other small nonprofits, such as Grand Family Coalition, have the experience and knowledge to support grandfamilies. However, due to limited funding, they struggle to take root. We need funding to expand our work and reach and compensate for their efforts.

My ask would be to encourage collaboration among the many systems that are responsible for assisting children and families so that more dollars can be put in the hands of small nonprofits so that they can do the beneficial work for grand and kinship families. Thank you.

The CHAIRMAN. Ms. Engel, thanks for your testimony.

We will now turn to our fourth and final witness, Ms. Stevens.

**STATEMENT OF RUTH STEVENS,
GRANDMOTHER, PHILADELPHIA, PENNSYLVANIA**

Ms. STEVENS. Good morning, Chairman Casey—

The CHAIRMAN. Ms. Stevens, maybe we will just check to make sure your mike is on. Is it on?

Ms. STEVENS. My name is Ruth Stevens. I am 75 years old. I was born in north Philadelphia, and I grew up in the same community I live in now. I have two biological children, a daughter and a son. My grandson, Tamir, is here with me today.

I have always loved taking care of children, and I hate to see them unhappy. I raised more than 10 children who were not my own. It is very dangerous on the streets of north Philadelphia, and every child that I have taken care of graduated school, stayed off drugs while they lived with me. I taught the children how to ride a bicycle, read, take care of themselves. I went with them on trips. No matter what I had to do, I made sure I was with them to their activities and that they knew they had someone who cared.

When my grandson, Tamir, was born, I found out that he was placed in foster care with a white family in Northumberland, PA, who I keep in touch with today, and they wanted to adopt him. Tamir is my grandson, and he needed to be with me. I took the train, which was about three and a half hours from Philadelphia, to see the family a few times, trying to get him through legal support.

A community member told me about the Senior Law Center and shared that they may be able to help me. It took about a month, and I was eventually able to bring Tamir home with me. He was about eight weeks ago. I had to do what I had to do to get my grandchild out of foster care. It was not easy. Tamir was on a

breathing machine, an oxygen machine, an asthma machine, and he needed a lot of support.

I was 50 years old when I got him, and it was not easy. I did not drive. I brought him to all his medical appointments on the bus or train. I got help from different programs in the community. I was on public assistance. I received a small check to take care of him. We struggled for a while. He was able to get on—until he was able to get on disability insurance.

A community member told me about Temple University Family Friends program, where I connected with other grandparents. Family Friends is a program based at Temple University that provides support to grandfamilies and kinship families in Philadelphia who have taken on the role of primary caregiver for related children with special needs. The program serves 160 families and children annually.

With the Temple program, I received a lot of support. We met once a month before COVID as a support group to help address issues of stress and isolation of grandparents and kinship members. We went on trips. They connected us to resources in the city. I always had somewhere to take Tamir.

During COVID, we were not able to get together or have the activities. It was difficult. We do have a trip coming up at an amusement park, and Tamir and I will go on that trip. Tamir's mentor from the Temple program took him to play basketball, and they went to games together. His mentor often calls and checks on me and Tamir to make sure we are okay. The Family Friends program is my support system. I have been in the program since Tamir was eight years old.

Tamir is doing okay, I guess. He just graduated from high school. He has asthma but has not had an asthma attack in a while. Tamir still faces challenges with hearing, and he has hearing aids. His hearing aids cost about \$2,000. He just got a small job at Walmart, which is good, but I am working with Community Legal Services to make sure that he can keep his disability benefits.

He still has challenges even though as a teenager he thinks he is okay. He does not get sick as often anymore, which is a good thing. Sometimes he acts like he cares about me, but sometimes he acts like I am his worst enemy. It can be isolating. I am able to go to therapy once a week, meet other older ladies. We talk and laugh together. That is my fun.

During the pandemic, my iPad was the only way I communicated. There was nothing else I could do. I went from iPad to laptop to cleaning my house and kept myself busy. Now I am starting to go outside and do other activities.

Taking care of kids makes me feel loved. I feel somebody loves me. It gives me a sense of purpose. Even though it is very hard, I enjoy it. It is very dangerous for kids out there on the streets. I do my best. I do the best that I can to keep Tamir safe, and I am proud of myself for raising him.

The CHAIRMAN. Ms. Stevens, thanks for your testimony, and I think what you have testified to today is emblematic of the sacrifices so many families have undertaken for their grandchildren but also for all of us, and we are grateful you are willing to share that story with us.

I wanted to start my questions with you. If you do not mind, I will either call you Ms. Stevens or Ruth, but I hope either is appropriate.

I am grateful for the story, and I also am grateful you are willing to share the reality of it, the challenges that you faced. I cannot even imagine when I was 50, a long time ago, but when I was 50, just beginning to raise a child who I guess you said was eight weeks old or even being part of that as a team with my wife. I cannot imagine the challenge that alone presented to you.

We are grateful that you talked about the Temple University Intergenerational Center's programming to support you and to support other families. You also noted the pandemic brought all programs online, as we all experienced, and that you have not had the opportunity to connect with other grandparents who are caregivers in a personal way over the course of the pandemic.

Could you share with us why it is important for you to be connected to other grandfamilies, other grandparent caregivers, and programs that support grandfamilies as you age and as Tamir progresses?

Ms. STEVENS. Well, it is helpful because, first place, I do not know what to do any more than what I am doing, and I feel that with help he could get something that he is not getting. He does not have a male role model or anything, and there is not too much that I can actually tell him, so it would be helpful to have resources where he could connect even so more than me, so that would help.

The CHAIRMAN. Well, I was noting in your testimony when you talked about raising him gave you a sense of purpose.

Ms. STEVENS. Yes.

The CHAIRMAN. It is remarkable when you consider what you and so many others as part of this panel have either experienced personally or know a lot about. The idea that one person can provide love and care and support to one child, or more than one as the case may be, that alone is a substantial contribution to American life, but when you combine that with the benefit to the rest of us, because you out of an act of love and responsibility, really duty, took on this responsibility, you saved a lot of us from having to expend other dollars that we would have to spend, so it is pretty rare in life when you can help one person but also help a lot of other people by extension, so we are grateful you are willing to share that.

I wanted to turn next to Donna Butts and ask about the impact of the pandemic. We keep referring to that, obviously, the devastation that that caused and so many, so many people lost in the pandemic. We also know that caregivers and their loved ones are, as I mentioned to Ruth Stevens, isolated, dealing with trauma without adequate support or services. I think Congress has a responsibility to respond to this part of the larger tragedy of the pandemic, to make sure that no family goes without the mental health care they need in addition to other supports. That includes, obviously, grandfamilies, both those who were struggling before the pandemic and those grandfamilies that formed because of the COVID-19 pandemic.

I would ask you, Ms. Butts, how can Congress better support the mental health of grandfamilies, both the caregivers as well as the children?

Ms. BUTTS. Thank you, Senator Casey, and as I think you learned from Ms. Stevens and Ms. Engel, one of the things that is really important to grandparents raising grandchildren is to know that they are not alone, so those support groups, access to mental health services provided by people who are informed by trauma and know what the special needs are of the family are really, really important, so supporting services that are community-based and informed by the caregivers themselves to make sure they are relevant; making sure that we are using Federal resources that are available, like the National Family Caregivers Support Program, to provide support groups, respite, counseling, things that are there and that can be used; it is also making sure that mental health services are accessible to families using Medicaid and CHIP.

I think one thing that we are very excited and supportive of is the Supporting Well-Being and Mental Health of Grandfamilies Act, which includes extending the Federal Advisory Council Supporting Grandparents Raising Grandchildren and realizes that one of the things that has changed since that panel was first established is COVID and the impact of COVID-19, so we need to be able to dig deeper into the impact because we are only skimming the surface at this point, and we need that council to be able to look and make recommendations and be informed by the impact of COVID-19.

Thank you.

The CHAIRMAN. Thanks very much.
Ranking Member Scott.

Senator TIM SCOTT. Thank you, Mr. Chairman, and thank you all for your testimony this morning, and certainly, Ms. Stevens, thank you to your commitment to Tamir, who I believe is behind you.

I will say as the kid who moved into my grandparents' house at seven that I did not always appreciate the sacrifice of my grandparents. The truth is that it takes time and age before you can look back with 20/20 vision and say, my, gosh, how blessed was I, so sometimes you love them; sometimes you do not love them, talking about your grandparents, but the truth of the matter is you always love them; you do not always express it well.

I am sure that Tamir and I have that in common, and I am sure that he loves you beyond recognition and appreciates your sacrifice and, frankly, the fact that you have 10 other kids that were not your kids that you were able to help, not only help along the way, but you helped them graduate from school as well, which is a testament to your sacrificial love and support of your community, and we need more examples like that. If each one would reach just one, not 10 but just one, our country would be certainly better off, so thank you for your sacrifice.

You did touch on the topic of resources and the importance of finding support groups and support systems, and I would love to talk for one second with Ms. Clifton about the importance of legislation that may provide more resources, certainly the CCDBG grants that come through the reauthorization act, that for the first

time makes kinship care families and children with parents over 65 eligible for support regardless of work or income requirements.

Kim, I would love to just have you talk with us about the child care experiences in South Carolina from a grandparent's perspective and explain how this bill could provide more resources.

Ms. CLIFTON. I think it is really important. One of the biggest challenges that kinship caregivers and grandfamilies face is finding child care. Often, it is associated with the need to work, and caregivers are forced to quit jobs because they have to—they do not have child care. They do not have affordable, accessible child care.

Of course, that was really exacerbated by the pandemic because even when caregivers can access child care right now there are so few places open that have room, but because vouchers, child care vouchers, have not been accessible by most kinship families and they have a time limit of 52 weeks, it has been really hard.

We have certainly worked with grandparents who have quit jobs because it makes more sense to be home with the kids because they do not have child care and they need to know that the children in their care are safe, and it puts enormous financial pressure on these families when they cannot work and do not have the alternative to keep a job because they do not have child care, so I think the enhancement adding kinship families and the grandfamilies over 65 would be an enormous benefit to families.

Senator TIM SCOTT. Excellent. Thank you very much.

I know Ms. Engel also is living the reality and the truth of each one reaches one, so often we talk about the sacrifices of the grandparents when they are taking the grandkids, and that is certainly one perspective and a real perspective.

I would also suggest that it is an investment, not just a sacrifice, but an investment of the most important currency we have, the currency of love, and sometimes as I read scripture, it says love is not just the emotion; it is the commandment. It is a commitment to do something, and certainly I think you have demonstrated that commitment to do something good on behalf of those you love.

I hope that when we walk away from this hearing today we do not think of it just from a sacrificial perspective, but sacrifice and investment leads to a healthier human being who happens to be related to you, and that is all good news, so I really do appreciate and respect your affinity for doing the right thing and for investing your life, your time, and your energy and your resources into your grandson's life, and to that end, I am going to turn right back because I do like South Carolina. I have an affinity for my home State and the expertise that HALOS brings to the table as it relates to resourcing. In the legislation introduced by Chairman Casey, myself, and Senator Young, the Informing Grandfamilies Act, it would require states to communicate with grandparents who receive or are applying for TANF, provide more information about additional supports.

Sometimes we live in vacuums, and when we are busy taking care of our loved ones, we do not necessarily have the margin in our schedules to figure out how this complex web of resources actually works on our behalf, so to the extent that you could help us understand how South Carolina, through things like the Informing

Grandfamilies Act, could provide more support to raising your grandchildren.

Ms. CLIFTON. I think that would be an enormous benefit. Right now, often grandparents do not even know they can access TANF, and that can be very cumbersome trying to apply. We deal with many families that get rejected, and then we help them navigate the system and advocate because they are eligible regardless of income through child-only grants, but if they were given more knowledge about community resources, any resources, any benefits they may be eligible for, it would be great because what we know is kinship caregivers and grandfamilies, grandparents raising grandchildren, are less likely to know about resources even when they exist. They are less likely to have knowledge of them or be able to access them, so utilizing TANF is a way to provide resources for families because many of them do access them, access TANF. It would be a huge benefit.

Senator TIM SCOTT. Excellent.

Ms. CLIFTON. Yes.

Senator TIM SCOTT. Thank you, ma'am. I know I am basically out of time, so I will not ask another question, but I will prepare you for another question. I oftentimes think to myself that there is a system of social services for our seniors or for our grandparents and then we have a separate system of social services for our grandchildren, who are the younger folks, and the chasm between the two might be problematic, so if we could figure out how to have a one-stop approach, that might be helpful as well. I will give you a chance to talk about that in just a minute.

Ms. CLIFTON. Okay.

Senator TIM SCOTT. Thank you.

The CHAIRMAN. Thank you, Ranking Member Scott.

We will next turn to Senator Gillibrand who is appearing virtually.

Senator GILLIBRAND. Thank you so much, Mr. Chairman. During today's hearing, we have heard and learned about many programs and services aimed at helping families that are not set up to accommodate grandfamilies or kinship families. These resources involve access to programs such as SNAP, Social Security, and others that can be life-changing for many grandparents across the country who have to navigate the challenges of child care. Additionally, the complex nature of legal guardianship laws can lead to difficulties for grandparents looking to access these programs and to provide for their grandkids.

Ms. Stevens, thank you so much for sharing your journey of becoming the primary caregiver for your grandson, Tamir, and for bringing him here today.

Ms. STEVENS. Thank you.

Senator GILLIBRAND. While navigating this journey, what are some of the biggest challenges you have had to overcome and what resources did you wish you had access to, to ease taking care of the role of caregiver for your grandson?

Ms. STEVENS. Well, some of the challenges that I had to overcome was getting to these places and finding the help that I needed. Can you repeat that again because I am having a hard time?

Senator GILLIBRAND. Just if there are any other challenges that really speak to this hearing about things you wish were different.

Ms. STEVENS. Okay. Well, I wish that I could have had more resources. I wish that I could have had a mentor or somebody to help him, you know, because I could not do but so much and still cannot do but so much.

Senator GILLIBRAND. Yes. Yes, that makes sense, very much so.

Ms. Butts, through your work with Generations United, you have seen how the COVID-19 pandemic has exacerbated the challenges that grandfamilies endure. In what ways can these proposals, proposed changes, provide the support that is needed by grandfamilies, especially emerging from the pandemic?

Ms. BUTTS. Thank you, Senator. The Grandfamilies Act will do a host of things to make the supports more available and stronger for the families. That includes financial supports, like access to TANF and Social Security, addressing legal barriers by promoting guardianship laws to help grandfamilies have the legal authority to make decisions and secure supports, promote collaboration by facilitating cross-sector partnerships, and investing in peer supports.

I want to emphasize the promoting collaboration because, as Senator Scott said, sometimes we have systems that do not speak to each other and the new Grandfamilies and Kinship Families Support Network, the National Technical Assistance Center, is designed to facilitate those kinds of conversations, and we are seeing some beginnings of some blossoming relationships, some communication that we have not seen before, so the Grandfamilies Act is going to really help the families as well as some of the things that this Committee has supported in the past.

Thank you.

Senator GILLIBRAND. Based on what we just heard from Ruth, she said that she wanted more mentorship for her son, more technical assistance so she knows which programs have resources for her. Will those challenges be addressed?

Ms. BUTTS. Yes, in terms of promoting collaboration and also in making sure that we are investing in peer supports because what we have learned—we are very fortunate to get to work with a number of grandparents around the country—is that being able to support each other, to talk with other people that are also walking the walk as you are makes a real difference, to have that voice. It helps inform policy, it helps inform practice, and it makes our community stronger, so that peer support is very important.

Senator GILLIBRAND. Thank you.

Ms. Engel, given your experience as a grandparent caregiver and as the founder of the Grand Family Coalition, to what degree do you believe the community-based organizations have been able to provide families with complex structures the tools and services they need to overcome the challenges that they are met with?

Ms. ENGEL. Coming into being a grandparent raising a grandchild is rarely expected or planned. It does not come with a guidebook because, like many families, the needs are all different and situations are very different.

What is really different is that we are unique in the fact that we have an advanced knowledge of relationships to the parent and usually the children. The needs are never going to be the same, but

because we are unique, being inclusive when referring to an aging population, it is considered that they may have children which are not traditional things. When referring to a grandfamily or kinship, we may also refer to a sibling raising sibling or an aunt or an uncle.

Most importantly, the situation often leaves us without many services, and it depends, and many other factors. When raising someone else's children, services should go to the children as they are the ones who are having the abandonment, and yes, we are—yes, we would have been navigating a peer to walk with me through what the “what if” and “what depends,” I could have managed so much better.

Senator GILLIBRAND. Well, thank you, ma'am, and thank you, Mr. Chairman.

The CHAIRMAN. Senator Gillibrand, thanks very much.

We will turn next to Senator Kelly.

Senator KELLY. Thank you, Mr. Chairman.

Ms. Engel and Ms. Stevens, I want to start off by thanking both of you for being here today and sharing your experiences. I became a grandfather just last year, and I think it is very special that your grandchildren are able to be here with both of you today.

I am glad we are having this hearing today. This is an important topic. In my State of Arizona, there are about 62,000 grandparents who, like the two of you, are the primary responsible caregivers for their grandchildren. More than half of foster children in Arizona are placed with their grandparents or other family members, which is higher than the national average. This is encouraging because we know that kids do best with their families, but we also know that most of these caregivers are unlicensed and thus are not getting all the support and services that a licensed foster parent might be eligible for.

That is why today I am joining Chairman Casey, Senator Young, and Ranking Member Scott to introduce the Informing Grandfamilies Act, and this bill will ensure that states are communicating to kinship caregivers and grandfamilies what additional supports and relief programs that may be available to them. You know, things like nutrition assistance or home energy assistance, so for the two of you, Ms. Engel and Ms. Stevens, thinking back to when you initially became a grandparent caregiver, would having this information readily available have been helpful to you?

Ms. ENGEL. I think some of it would have been useful to us except for the barriers that I ran into is that I am not low income, and so many of those resources did not fit my needs. I did not have access to them because I was not involved with the child welfare system. I did not get services through them because I did not qualify for Medicaid. I made too much money to get housing assistance or anything like that.

I did not—I could have used some mentor myself. My grandson could have used a mentor. I could have managed to have someone navigate the system for me, the legal system. None of those things were available to me at all, none of the resources, and so it was a challenge and something that was very difficult for me to overcome.

Senator KELLY. It sounds like legal help and mentorship would have been helpful.

Ms. ENGEL. Absolutely.

Senator KELLY. Right. Ms. Stevens?

Ms. STEVENS. Well, I agree that both legal—I mean, mentorship for myself and my grandson would have been helpful to me because I was really struggling. I knew about all the TANF or Social Security, but I did not know how to get it, and I could not get help to get it, so I did not really get a lot of help until he got about eight, when I joined Family Friends and they started giving me information and telling me where to go and what to do, so that is how I got the help, and right now, any resource that I could get can still help me. It would have helped me back then.

Senator KELLY. Sometimes navigating these Federal programs are a challenge, you know, of itself.

Ms. STEVENS. Yes.

Senator KELLY. Well, thank you, Ms. Stevens and Ms. Engel.

I want to switch to a different topic here with Ms. Clifton. Rising costs, it is an issue that is impacting seniors across the board. The cost for gas and groceries, they keep rising. Rent is going up. In the Phoenix metropolitan area, rent has increased 30 percent in 2021, and that is not sustainable for families, let alone families led by grandparents who may be on a fixed income.

That is why one of my top priorities is to bring down the cost of prescription drugs. That would help the budget, you know, because we know that so many grandparents would do anything for their grandchildren and that includes skipping the medicine they need to put food on the table, so we cannot let that happen, so that is just another reason why ensuring that folks can take advantage of their programs that do exist, like yours, is so important.

Ms. Clifton, as someone who works directly with members of your community, I am sure you hear so many stories about this. Could you share some of those with us and some of your successes, when you have been able to connect with folks, connect folks with the services they need?

Ms. CLIFTON. Sure. In particular with the prescription drugs, what we are seeing is grandparents continue to push their own needs aside, mental health, physical health, when their grandchildren are in need, so with rising prices, prescription drugs that are not paid for by Medicare become a real problem, so what we are seeing is grandparents will just stop taking their own medicine to make sure that they can fill prescriptions for the children in their care.

One of our family advocates and I were discussing this yesterday, and she said it takes—speaking of cumbersome bureaucracies, trying to access Medicaid for the kids is often a real barrier, so before they are able to access Medicaid, they are trying to pay for prescriptions for their grandchildren and for themselves, and again, if they are going to lose one of those, it is going to be for themselves even if we know grandparents raising grandchildren tend to be in poorer health. They are not going to access really vital drugs, prescription medicines, I am sorry, for themselves to treat chronic disease.

Senator KELLY. Well, thank you. You know, regardless of where I travel across the State of Arizona, one thing I hear over and over again is that the price of prescription medication is too high. I mean, it goes up faster than inflation, faster than the price of gasoline lately. It is just too expensive, and it is up to Congress to do something about it, so thank you.

The CHAIRMAN. Senator Kelly, thanks very much.

As I mentioned earlier, everyone is juggling hearings. Senator Scott had at least two this morning and might have a third I am not aware of, but Senator Braun joined us this morning as part of the hearing.

I will now turn to Ranking Member Scott for a followup question from before.

Senator TIM SCOTT. Certainly one of the things I would like to point out that Ms. Stevens has, I think, said very well is that when you are taking care of your grandchild who has special needs the transportation conundrum is incredibly important, and that is something that as we think through the future of our acts that we want to pass perhaps we take a serious look at the transportation conundrum that you have talked so clearly about.

I want to give Ms. Clifton an opportunity to answer the question that I was starting to ask as it relates to the silos of consciousness, streams of consciousness. One is for our seniors from a social service delivery system; one is for those grandkids or for younger folks. There is a bridge that needs to be built between the two, and perhaps you might illuminate how we get there, perhaps.

Ms. CLIFTON. I completely agree with you and enjoyed hearing what Ms. Butts said earlier about collaboration. I think that in general there is a lack of collaboration between systems, but you are absolutely right; the child welfare system does not really speak to the systems that help the aging.

I would even say, again, we are very fortunate to have our local Area Agency on Aging that does support grandparents raising grandchildren, but even so, we do not always think about when we are working with grandparents the other ways that AAA could help them. We are focused on the family unit and them raising their grandchildren.

I think that there are a lot of ways to build bridges between these two that would really illuminate and help because I think, in general, the child welfare system does not do a good job of addressing the needs grandparents have that are specific to an aging population and it would be a great benefit to see more collaboration.

Senator TIM SCOTT. Thank you very much.

The CHAIRMAN. Ranking Member Scott, thanks very much.

I know we are awaiting another Senator for questioning, but I wanted to pose a question to Ms. Engel on the subject of grandchildren with disabilities. Obviously, there is so much work we have got to do in the disability space generally, but in the context of grandchildren and coming through the pandemic and so much else.

You said in your opening that—and made reference to the educational needs of your grandson, who has multiple disabilities, and you said, “Our school systems are most often ill-prepared with spe-

cialized training in support of these youth.” You also talked about the challenges of securing services for him from his school. As you assumed responsibility for your grandson, what information would have been available for you regarding school services?

Ms. ENGEL. I had the smarts to get my daughter to sign a delegation of power, I was able to get my grandson enrolled into school, to visit the doctors, to get vaccinations, so I was good there.

It was after being told that my grandchild, through the kindergarten teacher, that I needed to educate him in order for her to teach him, I was a little overwhelmed, so after—excuse me. I am sorry. Teaching him and being able to—having him kicked out of school many times, over and over, I did not learn about an education plan. It was then that I learned how I was ill prepared, how ill prepared our schools are, for handling children with trauma and mental disorders.

There is trauma-informed, and there is trauma-respective. Our school systems do not have the latter. Grandparents are ill prepared to even understand the trauma and how to parent them, no more than the school system does. The school did not understand it, know how to identify it, let alone how to deal with it. There are very little programs for children with mental disorders.

It took me nine years to find the programs for our grandson that works, and it was in the deep, dark—it was a deep, dark secret, and it was understaffed and unsupported. Our school systems are not prepared to handle children with mental disabilities.

The CHAIRMAN. Ms. Engel, thanks very much for your answer.

We will now turn to Senator Rosen.

Senator ROSEN. Well, thank you, Chairman Casey. I appreciate you, Ranking Member Scott as well, and I really want to extend a special thanks to the witnesses for being here today.

You know, in the United States, over a quarter of Latinos and nearly a third of Asian Americans live in multigenerational households. Such households are particularly common in Nevada, where Latinos make up nearly 30 percent of our State’s population, and we have one of the fastest growing AAPI populations in the country, so more than half of lower-income adults and 45 percent of middle-income adults report that caregiving is one of the reasons for living in a multigenerational household, so as the cost of child care and other kinds of caregiving continue to increase, the number of multigenerational households will likely to continue to increase as well.

Ms. Butts, what trends can you tell me that you are observing among grandparents living in multigenerational households in diverse states like Nevada, and how do you think the pandemic impacted the grandparent caregivers living in those households more specifically?

Ms. BUTTS. Multigenerational households are on the rise in our country, and they are on the rise to stay for a number of reasons, as you just pointed out, whether it be need to provide care for children or for older adults, to pool resources, and to strengthen our families. With grandparents living in multigenerational households, oftentimes those are skip generations households, and they do not have the combined access to resources or the combined resources that other households have.

The grandparents have been isolated because of COVID-19, when we were told as older adults to stay away from children. They could not stay away from children. They needed to provide that care. There was the children that were afraid because they did not want to infect their grandparents. There was all of a sudden everybody needed to be able to go online, and they may not have had access to internet or equipment, so the pandemic has had a tremendous influence, which is why we also are supporting extending the life of the advisory council and taking a deeper dive into the impact of COVID and what can be done to support families, grandfamilies, that have been impacted especially hard by COVID. Thank you.

Senator ROSEN. Thank you. I look forward to that report because we want to see Congress can do to continue to provide resources for these core caregiving duties, and you touched a little bit upon mental health concerns, particularly for the pandemic but for children living with their grandparents. We know we are in the midst of a youth mental health crisis worsened by the pandemic. Two-thirds of children and teens, they have expressed feeling down, hopeless, depressed during the pandemic, and more than 200,000 children have lost a parent or primary caregiver to COVID-19 because, sadly, they passed away, and so these children may be living with grandparents or other family caregivers. They are just going to require additional mental health resources, not just now but most likely into the future.

Ms. Engel, could you speak to some of the challenges that children who are part of grandfamilies may face in losing a parent or primary caregiver, whether it is due to the pandemic or something else, and how that trauma can affect the children and their grandparent caregivers?

Ms. ENGEL. Well, I will tell you that I support over 100 and some grandparents in my organization. Every one of them struggles. The pandemic was just an added situation.

When a child loses his parent, him or her loses a parent, that is a connection that is made at birth, and once that connection is lost it becomes a trauma because they do not know where they belong. They do not know how, why they are in the situation. They take blame for themselves. The COVID just added onto that because they are isolated and they do not understand the situation.

Most of the kids that I know that are being raised by grandparents also come with trauma due to some kind of fetal exposure. The trauma of losing a parent, it is impacting the mental health of these kids dramatically, and then again, with the schools systems not being able to understand that, not being able to support them, these children are struggling.

It will also perpetuate onto the next generation, as it has with my family. My daughter did not receive the support she needed when she was in need of mental health. It perpetuated to my grandson, and now it will continue on if we do not do something about it.

Senator ROSEN. Yes. Well, thank you for that.

I see my time is up, but I do want to say that particularly an impact of the pandemic or the loss of a parent, grandparents have lost a child, the child has lost a parent, so there is family trauma

going forward a grieving family has to deal with while trying to take on all these new roles, and we need to really address this with our mental health workers and their capacity to work on these types of issues.

Thank you, Mr. Chair.

The CHAIRMAN. Senator Rosen, thanks very much.

I wanted to say to our witnesses we are having something we usually do not have, which is an expedited wrap-up today because of the votes. One vote was called about 10 minutes ago, so Senator Scott and I, the Ranking Member, will submit statements, closing statements for the record, but we want to thank each of you for your testimony today, for your presence here, and for your own personal experience and expertise you bring to these issues, and the word that kept coming to mind for me was sacrifice, the sacrifice of so many grandparents, grandfamilies, to give love and support to their children and help the rest of us along the way, so we are grateful for that commitment and that sacrifice.

The record for this hearing will be open for seven days until next Thursday, June 30th, for Senators who might have additional questions or statements for the witnesses, but again, thank you for your presence here today. Thank you for your testimony.

The hearing is adjourned.

[Whereupon, at 11:14 a.m., the Committee was adjourned.]

CLOSING STATEMENTS

**CLOSING STATEMENT OF SENATOR
ROBERT P. CASEY, JR., CHAIRMAN**

In today's hearing, we heard powerful testimony from grandparents who are fighting for their grandchildren's futures.

We learned about the many barriers that they face. We cannot let any grandfamily fall through the cracks. We must ensure that every grandparent and kinship caregiver across the country has the resources and support they need to care for their children, regardless of their background.

That's why Democrats are committed to addressing the long-term impact of systemic racism and health inequities on all Americans, including grandfamilies.

Today's hearing highlighted the critical role that grandparents play in supporting our Nation's children.

Ms. Stevens shared in her testimony that she is proud of her role as a grandparent caregiver. Her heroic efforts to support her grandson have not gone unnoticed.

It's time that Congress fights to support these families the way they deserve.

I want to once again thank all the witnesses for contributing their time and expertise today.

If any Senators have additional questions for the witnesses or statements to be added, the hearing record will be kept open for seven days, until next Thursday, June 30.

Thank you all for participating and this concludes today's hearing.

**CLOSING STATEMENT OF SENATOR
TIM SCOTT, RANKING MEMBER**

Thank you, Chairman Casey, for today's hearing, and thank you to each and every witness for providing your expertise and stories.

Today's hearing has highlighted how important it is for us to recognize and value grandparents raising grandchildren. Since the Aging Committee identified the need for Congress to establish an Advisory Council to support grandparents raising grandchildren back in 2017, we have made great progress.

Kinship caregiving is increasingly recognized in federal laws, including the Families First Prevention Service Act, and the National Family Caregiver Program authorized through the Older Americans Act.

States have responded, adopting a "kin first" approach to placing kids whose parents cannot raise them. Congress can help by passing the Informing Grandfamilies Act, which will ensure grandparents raising grandchildren are fully informed about all the resources available to them. Congress must ensure funds appropriated for states' child-welfare agencies go to grandparents raising grandchildren, too. The Child Care and Development Block Grant Reauthorization Act, which I introduced with Senator Burr takes an important step in that direction.

Thanks to the testimony of the witnesses at today's hearing, we are even better informed and prepared to take further steps to support grandparents raising grandchildren, like how my grandparents helped raise me.

Thank you all for your testimony today.

APPENDIX

Prepared Witness Statements

Written Testimony of Donna M. Butts, Executive Director, Generations United**Strengthening Support for Grandfamilies
During the COVID-19 Pandemic and Beyond****United States Senate Special Committee on Aging
Thursday, June 23rd, 2022, 10:00 AM**

Generations United applauds Senator Casey and Senator Scott for your leadership in conducting this hearing and is pleased to provide testimony to the Senate Special Committee on Aging. Chairman Casey, Ranking Member Scott, and members of the Committee, thank you for your commitment to families and the opportunity today to talk with you about grandparents and other relatives raising children, also known as grandfamilies or kinship families. My name is Donna Butts and I have the honor as serving as the executive director of Generations United.

About Generations United

Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies, and programs for the enduring benefit for all. Launched in 1986, the organization was officially incorporated as a 501(c)(3) in 1996. As the only national nonprofit focused solely on intergenerational solutions, Generations United acts as a catalyst for stimulating collaboration among disparate organizations focused on aging, children, and youth and provides a forum to explore areas of common ground to advance innovative public policies and programs.

For almost twenty-five years, Generations United's National Center on Grandfamilies has been a leading voice for issues affecting families headed by grandparents, other relatives, and close family friends. Through the Center, Generations United leads an advisory group of organizations, caregivers, and youth that sets the national agenda to advance public will in support of these families. The Center's work is guided by the GRAND Voices Network of grandfamily caregivers representing 46 states and 12 tribes. Center staff conduct federal advocacy, train grandfamilies to advocate for themselves, and raise awareness about the strengths and needs of the families through an annual State of Grandfamilies report, media outreach, weekly communications, and awareness-raising events. As of the fall of 2021, Generations United, along with five national partners and an array of subject matter experts, is also running the first-ever national technical assistance center on grandfamilies and kinship families, known as the Grandfamilies & Kinship Support Network (Network). Through a cooperative agreement with the U.S. Department of Health and Human Services' Administration for Community Living, the Network is providing a new way for government agencies and nonprofit organizations in states, tribes, and territories to collaborate and work across jurisdictional and systemic boundaries – all to improve supports and services for grandfamilies and kinship families now and into the future. More information can be found at www.gu.org and www.grandfamilies.org.

Introduction

Families are the cornerstone of our civil society, our neighborhoods, towns, and cities. Regardless of political affiliation, families and their well-being unite us. When parents are unable to raise their children, grandparents and extended family step up and wrap children in the protective cocoon of family, providing roots and connection to culture, keeping siblings under one roof, and showering children with the one thing money cannot buy – love.

Currently more than 2.6 million children benefit from the sacrifices of grandparents, other relatives, or close family friends, and they thrive in this loving care. Caregivers may step into this role for a host of reasons, including the parent’s substance use, mental illness, military deployment, or death. This list grows whenever our country faces an assault, including most recently the COVID-19 pandemic. Whatever the reason, the caregivers often give up dreams of their own future – a carefree retirement, travel, dates with friends – and instead invest their hope for the future in the children they never planned to raise. They cannot and should not have to do this alone and without our support. We are grateful for the important actions the Special Committee on Aging has taken to support the families and thank you for understanding there is still more to accomplish on their behalf.

Grandparents Raising Grandchildren

The vast majority of children raised by relatives are cared for by their grandparents. Approximately 2.4 million grandparents are responsible for grandchildren according to the U.S. Census Bureau. Among those celebrating Father’s Day recently were the 270,000 children who live in a household headed only by a grandfather. These family heroes face tremendous challenges stepping into the role of parent. Approximately one in four have a disability, 48 percent are 60 or older, 17 percent live below the poverty line, and far more are close to it. While these grandparents may expect this caregiving role to be temporary, research shows nearly half (46 percent) have been responsible for the children for five or more years.

Just over half (56 percent) of these caregivers are in the workforce, but many find that the lack of affordable childcare and the demands of providing for children who have experienced trauma force them to quit their jobs and dedicate their full attention to the children. Many are retired and living on fixed incomes. Some must return to work after taking on the children in order to provide for the growing family. Countless grandfamilies report spending down their retirement savings to address the needs of the children. Others turn their retirement savings into college tuition payments.

While the majority are married (67 percent), many grandparents face this full-time caregiving role alone. Single grandmothers raising grandchildren are most likely to face financial hardship. Grandmothers living in their own homes, raising grandchildren with no parent present, have the highest rates of poverty among these caregivers.

Grandparents frequently step into their full-time caregiving role unexpectedly and do not have an automatic legal relationship to the children, unlike parents, who have inherent legal rights and plan or expect to raise children. Grandparent caregivers face challenges accessing necessities such as health care, affordable housing, school enrollment and educational

supports, and food and nutrition assistance. They often neglect their own health, mental health, and nutrition, prioritizing the children's needs. They may suffer from social isolation and depression because they do not want their peers to know about their situation or because their peers are no longer parenting. The stress and stigma that many feel while trying to navigate complex systems only exacerbate these challenges.

Grandparent Keith Lowhorne of Alabama, a member of Generations United's GRAND Voices Network, described it this way in a recent interview for the Today Show. He said, "We were thrown into a world we knew nothing about. Babies born with addiction." Mr. Lowhorne and his wife accepted three of their grandchildren into their home when authorities were threatening to put them in foster care because of their parent's substance use issues. They went on to spend countless hours and \$40,000 to gain legal custody and adopt the children. In describing interactions with the systems his family needed to have contact with, Mr. Lowhorne said, "I don't know of any grandparent who asked to be in this position so don't treat us like the enemy."

Children Raised in Grandfamilies

Relatives play a unique and vital role in providing safe, stable, and permanent homes for 2.6 million children. For every child in foster care with relatives, there are 19 being raised in grandfamilies outside of the foster care system. When they cannot be raised by their parents, children do best with relatives. Compared to children in foster care with non-relatives, children in foster care with relatives have more stable and safe childhoods, better behavior and mental health outcomes, experience fewer school changes, and are more likely to report "always feeling loved." However, because the vast majority of children in grandfamilies are outside the foster care system, these families are less likely to get access to services to help them meet the needs of the children in their care, even though most came to them after experiencing significant trauma.

Children in grandfamilies are diverse in terms of race, ethnicity, and socioeconomic status, and they are found across the nation in urban, suburban, and rural areas. Black, American Indian, and Alaska Native children are more likely to live in grandfamilies than any other racial or ethnic groups. They are also more likely to be placed in foster care than to receive in-home services, even when they have the same challenges and characteristics as White children. According to the American Bar Association, many factors may explain the evidence of disproportionality and disparity surrounding certain racial groups and low-income families in the child welfare system, including child welfare professional bias and limited access to services. This comes on top of the impact of the historical trauma and residual effects of slavery, segregation, displacement, the forced removal of children from homes, and placement in boarding schools. Despite this history, Black and Indigenous families have continued to care for children, reducing the trauma of separation and keeping them connected to their roots through the strength of their long-standing cultural traditions of kin caring for kin.

Impact of the COVID-19 Pandemic

The COVID-19 pandemic has had a profound impact on grandfamilies and is contributing to their numbers. There are an estimated 140,000 orphans in the U.S. due to COVID-19, many now being raised by kin. While we do not know exact numbers, one legal nonprofit in New Mexico is serving over 100 new grandfamilies formed due to parental covid deaths. This includes teenagers seeking to be declared adults so they can raise their siblings. And that is just one legal provider. Anecdotally, we know it has happened and is happening throughout the country.

Grandfamilies that formed prior to the pandemic have found that their challenges have been heightened. Due to the suddenness of the onset of caregiving responsibilities and the lack of an automatic legal relationship to the children, grandfamilies have long faced barriers to housing, health care, nutrition, children's education, and financial assistance, all of which were in even shorter supply during the public health emergency. The pandemic added job loss, critical technology barriers to in-home schooling and work, and new health and safety fears. Furthermore, these families faced heightened anxiety about who would care for the children if they got sick and could no longer do so. Unlike parents, most grandfamily caregivers cannot simply name a guardian for the children in their will. A nationwide survey of grandfamilies taken during the pandemic showed 30 percent had no caregiving plan for the children if the caregivers were to die or become too sick to care for them. These caregivers are often older and are more likely to be disabled than the caregivers in parent-headed families. They are also disproportionately Black and Indigenous. All these factors caused them to be at greater risk for negative outcomes if they contracted the virus.

The parents' absence and the circumstances that caused these children to go live with kin caused trauma. While the presence of loving family buffers that trauma, many of the members of these families – both the caregivers and the children – experienced compounded trauma during the isolation and challenges of the pandemic. The families are facing heightened struggles with mental health issues, stress, isolation, and, from what we are seeing anecdotally, an increase in death by suicide.

Supporting Grandfamilies and Kinship Families

The COVID-19 pandemic continues to shine a light on the need for improved supports and services for grandfamilies, which Generations United and our partners have highlighted for decades. For those who are stepping into the role of parent suddenly, programs like quality kinship navigators can play a critical part in helping families understand and find their way through complex and fragmented systems and secure available benefits.

Federal, state, local, and tribal governments and community-based organizations must work together, breaking down silos and collaborating seamlessly to support the families in order to meet the needs of children and caregivers. States, tribes, and localities should learn from each other and adopt proven practices and innovations. Congress must make greater investments in supports and services that are working, like support groups, peer navigators, respite care, quality mental health care, and income supports. Often, the most trusted and effective helpers

are fellow caregivers who have been through it themselves and now operate programs and supports to help others like them. All programs, supports, and services must be fully informed by and engage the voices and wisdom of the caregivers, like Mr. Lowhorne, and the young people in grandfamilies who they are designed to serve.

Thanks to the leadership of this committee, two bold, new federal initiatives are beginning to make a difference in the lives of older caregivers and the children in their care. For more than two years, the federal Advisory Council to Support Grandparents Raising Grandchildren has worked across government and private systems, engaging and listening to the voices of the caregivers themselves, to draft a comprehensive initial report to Congress outlining recommendations that could make a significant difference in the lives of grandfamilies. The work of the Council has been critical, and it is not done. To ensure the report and recommendations do not sit on a shelf, Congress needs to extend the life of the Council to assist with implementation and oversight.

Among the recommendations of the Council was the imperative to establish a national technical assistance center on grandfamilies and kinship care. As a part of the American Rescue Plan Act, funding was made available to create and run such a center over the next five years. Generations United successfully competed for the cooperative agreement, which is administered by the Administration for Community Living, launching and building what is now called the Grandfamilies & Kinship Support Network: A National Technical Assistance Center. Given the patchwork of systems, services, and supports for the families across the country, the role of the technical assistance center is essential. It will facilitate connections between various government agencies, integrate nonprofit providers, elevate exemplary programs and practices for replication, offer macro and micro technical assistance, and become the hub that is needed to coordinate and strengthen support for the families. Importantly, the work of the technical assistance center is informed by members of grandfamilies as well as key partners representing the diversity of the families, including the National Indian Child Welfare Association and the National Caucus and Center on Black Aging.

On behalf of the families, our partners, and others who care deeply about grandfamilies and kinship families, Generations United thanks Congress for supporting the new technical assistance center and the Advisory Council to Support Grandparents Raising Grandchildren. These two initiatives play critical roles in raising awareness about the families and supporting coordination across agencies to better serve the caregivers and the children in their care.

Recommendations:

While progress has been made, there is much to be done to better serve, support, and meet the diverse needs of grandfamilies and kinship families. Generations United makes the following recommendations:

Implement the Recommendations of the Federal Advisory Council to Support Grandparents Raising Grandchildren: The Council, which was formed as a result of the actions of this committee, released an initial report to Congress in November 2021, with 22 recommendations for how to better support grandparents and other relatives raising children. The

recommendations focus on outreach and awareness, supports and services, authentic caregiver engagement, financial and workplace security, research, data, and evidence-based practices. Congress and the Administration should also look to the more specific and detailed recommendations of the National Family Caregiving Strategy, which are being jointly developed by the Supporting Grandparents Raising Grandchildren Council and the RAISE Family Caregiving Council and are expected to be released later this year.

Authentically Engage Members of Grandfamilies, Including Kin Caregivers and the Children/Youth They Raise: Ensure legislation continues to promote the engagement of the voices, experience, and skills of caregivers and young people who are living in or have lived in grandfamilies, as they are critical to ensuring that policy and practice are realistic and effective in supporting the families. Invest in community-based programs led and staffed by caregivers and individuals who have lived in grandfamilies.

Promote Services to Grandfamilies through the Network of Organizations Serving Older Americans: Urge states and territories to use funding available through the National Family Caregiver Support Program (NFCSP) to serve grandfamilies. NFCSP funds may be used to provide supportive services to caregivers and children in grandfamilies regardless of whether they are involved with the child welfare system or have legal custody of the child. In 2020, USAging polled their members and found only 52 percent were providing services specifically for grandfamilies/grandparents raising grandchildren. Increased funding for the National Family Caregiver Support Program and Title VI Native American Aging Programs are critical to ensure adequate resources are available to meet the full range of family caregiving needs facing communities. Policy should also support national experts and other resources to help educate the aging network about grandfamilies and the most effective services to support them. These services should be documented and promoted so they can be replicated. This should include collaboration between aging services and other key agencies serving grandfamilies, such as child welfare and Temporary Assistance for Needy Families.

Support the Development and Sustained Use of Quality Kinship Navigator Programs: Provide multi-year federal funding to help states, territories, and tribes develop, operate, and evaluate kinship navigator programs that meet evidence-based standards; address unnecessary barriers to kinship navigator programs meeting Family First Prevention Services Act evidence-based standards; and provide ongoing technical assistance to kinship navigator programs. These programs should support grandfamilies outside the child welfare system by partnering with aging services, income support programs, housing organizations, and community-based supports and report on use and outcomes of the funds. Child welfare agencies should be encouraged to contract with community-based organizations that are trusted by grandfamilies to deliver kinship navigation services.

Ensure Adequate Financial Support for Grandfamilies to Meet Basic Needs:

- Improve access to Temporary Assistance for Needy Families (TANF) for grandfamilies by encouraging states, tribes, and localities to increase the monthly child-only grant

amount to mirror foster care maintenance payments in each jurisdiction, and to provide the same amount of TANF child-only support for any eligible child in the home. Direct HHS to issue guidance, similar to what existed under Aid to Families with Dependent Children (AFDC), that facilitates the use of the good cause exemption to the requirement to assign child support to the government, including when it raises fear that parents will be violent toward the caregivers or children. For TANF family grants that include the caregivers, encourage all states, tribes, and territories to make clear exemptions to work requirements and time limits, as many jurisdictions already do.

- Improve access to family foster care maintenance payments for children in child welfare custody with relatives by directing HHS to clarify that federal law requires that all children placed in a relative's home by a child welfare agency should be supported in the same way as those who are in non-kin foster families.
- Improve the adequacy of and access to Social Security to better meet the needs of grandfamilies by reinstating the student benefit and by ensuring children being raised by other relatives – such as aunts or uncles – in addition to grandparents would be eligible for Social Security based on their caregivers' work records.
- Expand the adoption tax credit to allow adults who have taken guardianship of children through the court system to also claim the credit and make it refundable again to support families who do not make enough income to owe taxes.

"I was retired from my job with the federal government by that time, and I depleted my 401(k) to adopt and continue caring for my grandchildren. That was supposed to fund our retirement, but the grandchildren became our priority." — Sarah Smalls, Grandparent Caregiver, Virginia

Ensure Access to Health Care for Both Children and Caregivers: Access to quality health care and services is critical to meeting the physical and mental health needs of children and caregivers in grandfamilies. Federal support for Medicaid, the Children's Health Insurance Program (CHIP), and Indian Health Service programs must be preserved, including Early and Periodic Testing and Diagnostic Treatment (EPSDT) benefits, to ensure that the special health needs of children are diagnosed and treated in a timely way. States and territories should enhance Medicaid outreach efforts to grandfamilies. Less than half of eligible children in kinship care receive Medicaid. Efforts should also include tribal governments to improve outreach to American Indian and Alaska Native grandfamilies and leverage Medicaid service agreements that many tribes have with the states. Private health care insurers should allow grandparents and other relatives raising children to include those children on their health care plans without requiring adoption, which is not always feasible or appropriate.

Promote Trauma-Informed Mental Health Services and Support Groups:

- Invest and encourage greater availability and access to quality, trauma-informed mental health providers that are familiar with the unique dynamics of grandfamilies. Elevate ways federal funds can support the development and operation of support groups and counseling for grandfamilies, such as through the National Family Caregiver Support Program.

- Encourage states, tribes, and territories to offer a continuum of tailored mental health, substance use, and in-home services and supports for children, parents, and caregivers in grandfamilies, available through the Family First Prevention Services Act.

Improve Access to Food and Nutrition Programs for Grandfamilies:

- Create a “child-only” SNAP benefit that does not consider caregiver income in making eligibility determinations and, instead, is based on the income of the child only, like the TANF child-only grant.
- Ensure automatic access to free and reduced school meals (breakfast and lunch) for all children including those living in grandfamilies.
- Increase outreach and awareness about the availability of the WIC program for grandfamilies.

Improved Access to Educational Supports for Children: Ensure the U.S. Department of Education uses inclusive language in communications with families, directing outreach to caregivers and families, not just parents. Ensure grandfamily caregivers are invited to Individual Educational Plan meetings for children and fully involved in ongoing planning.

Ensure Equity for Grandfamilies in Housing Programs:

- Expand the pool of affordable housing and urge the U.S. Department of Housing and Urban Development, U.S. Department of the Interior, and U.S. Treasury Department to provide clear written guidance stating that their housing programs cannot block assistance from lawfully eligible households that include grandfamily caregivers without legal custody of the children they are raising.
- Enact federal legislation to facilitate the expansion of specially designed grandfamily housing and provide direct assistance to grandfamilies for their housing stabilization, including providing dedicated support for the coordination of onsite supportive services. This would leverage the impact of recent appropriations for a competitive grants program to build such housing.

Support Equitable Legal Services and Supports for all Grandfamilies:

- Direct the Legal Services Corporation to elevate best practices and engage in innovative practices to support grandfamily caregivers with legal matters such as dealing with custody, guardianship, and adoption, filing papers, securing transportation to court, or preparing wills or other documents to outline their wishes for the children. Promote pro-bono partnerships with law firms to help grandfamilies.
- Allow funding through Title IV-E of the Social Security Act to be used to reimburse attorneys for representation of kinship caregivers, as is now allowed for attorneys providing services to children and parents.

“We’ve had the question posed like, ‘what happens if I end up in the hospital and I can’t care for my child? What happens if I don’t survive?’ You’d like to think that we’d all have that planned out carefully, but because there’s always the expectation that the kids will go home at some point, I

think we procrastinate on making that final plan. It's got to be in the forefront for millions." — Ms. Bette Hoxie, grandparent caregiver, Maine

Direct Agencies and Their Grantees to Apply a Diversity, Equity, and Inclusion Lens to Policy, Practice, Messaging, and Materials: This involves assessing content and collateral materials (including print, electronic, social media, etc.) associated with policies and programs to determine if their messages will resonate with targeted grandfamilies. Adapt policies and practices as needed to effectively and equitably serve the ethnically, socioeconomically, and culturally diverse grandfamilies population.

Fund and Promote Public Awareness about Grandfamilies: Support a campaign to educate the public about the important role grandparents and other relatives play in raising children, mitigating trauma, and keeping children out of foster care and with family. Include information to help grandfamilies become aware of and connect to available supports, benefits, and services in their communities.

Enhance Data Collection on all Grandfamilies to Better Address Inequities Across Systems:

- Direct the U.S. Census Bureau and HHS to collect and analyze additional data about grandfamilies who are not involved with the foster care/child welfare system, as well as about children in foster care with kin. This includes tracking the number of children who have come to the attention of the foster care/child welfare system but are diverted from that system; disaggregated racial and ethnic data, including tribal affiliation; and demographic information on other kin and the children they raise (currently such data is reported for grandparents/grandchildren only).
- Encourage states and territories to work with tribes to better understand data trends among American Indian and Alaska Native grandfamilies.

Facilitate Collaboration Between Grandfamilies Support Organizations and Programs: Enact a competitive grant program through the Administration for Community Living that incentivizes and supports states, tribes, local agencies or nonprofits to establish cross-sector partnerships that promote interagency collaborations and foster the integration of activities for grandfamilies and kinship families. This would build on recommendations for interagency collaboration from the federal Supporting Grandparents Raising Grandchildren Advisory Council and leverage the work of the Grandfamilies & Kinship Support Network: A National Technical Assistance Center.

Conclusion

"People see me now and think I'm a new person. I wake up with purpose and it's a blessing." — Keith Lowhorne, Alabama

Most grandparent caregivers, including Mr. Lowhorne, say they never saw themselves raising another generation of children. Yet they step up and, despite complicated systems, hurdles, and hardships, they provide the loving homes in which children thrive. But they cannot and should not have to do this alone. Collectively, they save our country more than \$4 billion a year by keeping children connected to their roots and out of foster care. They are doing their very

best and they deserve our best. We should not expect them to fit into systems and services designed for other families, but, instead, create connecting pathways that respect their unique and complex circumstances.

Thank you for the opportunity to testify today on behalf of Generations United and the grandfamilies and kinship families we believe in and support.

Resources for Further Information and Recommendations:

[Grandfamilies and Kinship Families: Strengths and Challenges Fact Sheet](#)

[Generations United's Annual State of Grandfamilies Reports](#)

[Generations United's Toolkits for Servicing Latino, African American, American Indian and Alaska Native Grandfamilies- Helping Children Thrive Through Connection to Family and Culture](#)

[Grand Facts State Fact Sheets](#)

[Grandfamilies & Kinship Support Network: A National Technical Assistance Center](#)

Written Testimony of Kim Clifton, MSW
Executive Director, HALOS
“Strengthening Support for Grandfamilies During Covid-19 Pandemic and Beyond”
United States Senate Special Committee on Aging
Thursday, June 23, 2022, 10:00 am

“I didn’t want my babies to go into foster care.” I have heard this repeatedly from grandparents describing the sacrifices they make to raise their grandchildren.

Chairman Casey, Ranking Member Scott, and Members of the Committee, thank you for holding this hearing on the effects of the Covid-19 pandemic on grandfamilies. On behalf of HALOS, I am honored to provide this testimony highlighting the experiences of the resourceful, strong, and resilient grand and kinship families in our programs.

Children placed with grandparents and other relatives, also called kinship care, do better than those in traditional foster care. They tend to have fewer behavior problems and mental health issues, and it is this sense of belonging, of feeling that someone wanted them, and staying in the loving care of family that promotes these positive outcomes. Beyond the sense of belonging, grandparents and other relatives are more likely to keep siblings together and to be permanent placements for children compared to traditional foster care. However, they face unique obstacles, many of them exacerbated by the Covid-19 epidemic.

The mission of HALOS is to promote safe and nurturing homes for children in kinship care. Since 2008, we have provided services and support to approximately 1,500 grand and kinship families. This represents only a fraction of the kinship families in the state. There are 67,000 children living in true kinship care in South Carolina without a biological parent present, and over 51,000 grandparents in South Carolina alone are fully responsible for their grandchildren.

Grand and kinship families more often have lower incomes, yet they continue to take children into their homes with no financial assistance or other types of support. South Carolina, like some other states, seeks to place children with family before they are placed in protective custody, so they do not become licensed foster parents. When she took in her grandchildren, Ericka said, “I

prayed to God to help me provide for my grandchildren.” She was retired and living off her monthly social security income when she welcomed her young grandson and granddaughter into her home. “HALOS saved us. We had nowhere to go.”

State-wide and community-based navigation programs like HALOS fill the void for grandparents who take children outside of the child welfare system. HALOS connects caregivers to needed resources for themselves and the children in their care—resources that grandparents and kinship caregivers are less like to know about or have access to, even when they exist in their communities.

Navigation programs are not available in most regions of South Carolina and access to these services varies widely among states. Title IVB funds for kinship navigation are inadequate, and their use is not consistent among states. The funds renew annually, making it difficult for states to strategize long-term with community partners on how to best serve grand and kinship families.

Justin began living with his great-grandmother, Martha, when he was eight years old. Martha had not parented in over 40 years. In his first eight years, Justin suffered physical abuse and neglect. Martha, like most grand and kinship caregivers, did not receive training in understanding the effects of trauma on children or how to provide trauma-informed care for her grandson. She loved him and was determined to keep him with her, but she did not know what to do to help him deal with his anger and manage his violent outbursts. At HALOS, we were able to connect Martha with trauma informed mental health and child advocacy services for Justin, and we referred her to the Trident Area Agency on Aging for respite care for herself. We are lucky that our local Area Agency on Aging utilizes funds from the National Caregiver Support Program to support grandfamilies. This support is not consistent among the Area Agencies on Aging.

Financial requests rose dramatically at HALOS during the Covid-19 pandemic because caregivers were furloughed, laid off or forced to quit jobs due to lack of childcare. Hannah, a grandmother raising three grandchildren, worked as a janitor at a local school before Covid. When schools shut down, Hannah lost her job. When Hannah reached out to HALOS for help paying rent she said, “I have never had to ask anyone for help. I raised my kids and now my grandkids, and I have worked all my life.” HALOS sought out and was fortunate to receive and

distribute over \$450,000 for emergency financial assistance from private and government sources to mitigate the effects of the pandemic for those families.

But the return to work has not solved the persistent poverty already faced by most grand and kinship families, and special funds for financial assistance during Covid have dried up. Most kinship and grand families have low incomes and need financial assistance just to make ends meet. HALOS has served over nine hundred families since 2019, and 80% of these families' incomes fall below 200% of the federal poverty level, and 50% fall below 100% of the federal poverty level.

Delores is 77 years old and is raising her two teen-aged grandsons. They live off her \$1,278 social security monthly income. That amount of income does not cover their basic expenses. Like many people in their 70s, Delores struggles with health problems and is not able to work. Delores is not alone. We know that most grandparents raising grandchildren are older and tend to be in poorer health. Providing budgeting or job-finding assistance does not help. They just do not have enough money to survive.

But Delores has not given up since she took the boys as babies. Delores is another example of why grandparents and other relatives are the best placement for children when possible. Delores took her grandson Erik in as an infant. When his brother Shawn was born two years later, Delores was not sure if he was her biological grandchild. But, she said, "I always worried that if I didn't take him, one day Erik would ask me why I didn't help his brother." Grandparents and other kin are more likely to keep siblings together in the same home, connected to their families and communities.

In most cases, grandparents and other relatives step in *before* children must be placed into foster care. Because of that, they do not receive financial compensation or support. They are doing it selflessly without thinking of the costs to themselves—emotionally, physically, and financially. For every child placed in foster care in South Carolina, 164 live in the care of relatives outside of the foster care system.

Grandparents and other relatives are more likely than foster care to be a *permanent* placement for children when they cannot live with their parents. Because of this, as the children grow their

needs change over time. But because they are not biological parents, everything is much harder. Grand and kinship caregivers must deal with complicated bureaucracies like Medicaid, Social Security, and SNAP, among others, but they are time consuming, and often caregivers give up. HALOS helps them navigate these systems. They often need the children's birth certificates and other documentation that is not accessible because they are not birth parents. Policies, services, and systems that touch kinship families should ensure that kinship caregivers have the same access and rights as birth parents.

Grandparents and other kinship caregivers often must step in without notice and are not able to plan or prepare to care for children. Shelana and her husband were both working when they had to take in three grandchildren due to their daughter's drug use. They had not planned to have three children in daycare and were using their savings when they found HALOS. Our staff were able to help them advocate for childcare assistance through the state, and they saved over \$25,000. But childcare assistance is not available for most grand and kinship caregivers.

Grandparents step in because they love their grandchildren, but they need support. They need access to financial assistance, childcare, and legal services. Systems like Medicaid, SNAP, TANF and Social Security need to evaluate how their policies make it harder for grand and kinship families to access their services. Navigation programs need to be consistently available in and throughout each state. Lastly, caregivers need respite and access to quality mental health services for themselves. They often neglect their own care to ensure that their grandchildren, their babies, can thrive.

**Testimony to the Senate Special Committee on Aging Hearing
June 23, 2022**

Importance of Peer Support – We shouldn't have to do this alone
A Statement by Gail Engel
Founder/Executive Director Grand Family Coalition

Chairman Casey, Ranking Member Scott, and members of the Senate Special Committee on Aging, thank you for allowing me to share my story and perspective. It is an honor to be here.

My name is Gail Engel, my husband and I have raised our grandson since he was less than 1-year-old. We later adopted him, now 15, and co-parenting our 14-year-old granddaughter. Our daughter experienced trauma as a child by a father who had suffered from his own mental health issues. I didn't place trauma on my child, we experienced it together. Yet the guilt, shame and stigma kept me from seeking help.

1“Negative experiences in childhood and the teenage years may put children at risk for chronic health problems, mental illness, and substance use in adulthood.” Center for Disease Control

Our daughter suffers from physical and mental health problems that she has not been able to overcome. As a single mother of two children, one of whom had challenging behaviors, and was living in poverty. Her inability to adequately care for the children and fear of child welfare involvement, we stepped in.

Raising a child, a second time around has many challenges; physically, socially, emotionally, and financially. At the age of 52, I was already caring for my aging mother. We felt alone and lost contact with friends. The physical demands, such as teaching a child how to ride a bike with two knee replacements was impossible. Many times, we have asked ourselves if we could do this. The cost of raising a child has not allowed us to retire. The funds put aside for retirement may not sustain us past age 82, a mere 15 years away. With a diagnosis of Autism, IDD and Cognitive Function Disorder, after adopting him we were able to collect Supplemental Security Insurance (SSI) to help financially.

*“According to the US Department of Agriculture, in 2015, a family will spend approximately \$12,980 annually per child in a middle-income (\$59,200-\$107,400)
<https://www.usda.gov/media/blog/2017/01/13/cost-raising-child>”*

Children with trauma and developmental delays are often unable to access the part of the brain needed to learn and often with a fight or flight response to any disciplinary action. Schools are most often ill prepared with specialized training to support these youth. My grandson has suffered unnecessarily due to continuous punitive punishment and being labeled as a “behavior” child. Having to pay out of pocket to get a medical diagnosis, we were finally able to advocate for an IEP Individualized Educational Plan. Even with that, the inadequately trained staff, services and supports, his emotional wellbeing and education have suffered dramatically.

“Children who have been abused do not have “behavior problems’ that need to be addressed. They have extreme survival skills that need to be understood”.
- Paula Goodwin @myintegrativetherapist

“Adverse Childhood Experiences (ACEs) Adverse childhood experiences (ACEs) can have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. CDC works to understand ACEs and prevent them. Preventing ACEs could potentially reduce many health conditions. For example, by preventing ACEs, up to 1.9 million heart disease cases and 21 million depression cases could have been potentially avoided. Center for Disease Control and Prevention <https://www.cdc.gov/violenceprevention/aces/index.html>

Having to educate myself, and seek out resources, that were mostly non-existent, I discovered that in my own small community there were more than 3000 grandparents raising grandchildren. I found many struggling just as we were and now serve over 140 families.

Building upon my own experience, I have built a community of grandparents and other kin rising kin, by creating a place where grandfamilies and services connect. Grand Family Coalition was created out of my own need to survive. www.grandfamilycoalition.org

It should not be ignored that aging has its own challenges, and grandfamilies are taking on an additional role. Often taking in grandchildren with little warning and often having to return to the work force to maintain stability for the long haul of raising a child to adulthood. Often winding up with significant legal expenses to retain the legal responsibility of the children. They most often isolate to avoid judgment, guilt, and shame, and experience a secondary trauma. They must navigate a complex system to find resources, that are often lacking and inadequate. Grandfamilies are stepping up, while the world is unaware of their complexities or even their existence.

Grand Family Coalition relies on grants, donation, and volunteer staff to support our mission. We also know the need for our services is in every community. Other small non-profits such as Grand Family Coalition have the experience and knowledge to support grandfamilies. However due to limited funding, they struggle to take root. We need funding to expand our work and reach, and to be compensated for our efforts.

My ask would be to encourage collaboration among the many systems that are responsible for assisting children and families so that more dollars can be put in the hands of the small non-profits that do the beneficial work for grand and kinship families.

Gail Engel, Grandparent Caregiver
Founder, Grand Family Coalition
Grand Voice Member Generations United

**Statement of Ruth Stevens
Grandparent Caregiver
June 23rd, 2022
Hearing before the U.S. Senate Special Committee on Aging**

Good morning, Chairman Casey, Ranking Member Scott and members of the Senate Special Committee on Aging. Thank you for allowing me to speak with you all today as a grandmother and a caregiver.

My name is Ruth Stevens. I am 75 years old. I was born in North Philadelphia, and I grew up in the same community I live in now. I have two biological children, a daughter and a son. My grandson Tamir is here with me today. I've always loved taking care of children and I hate to see them unhappy. I've raised more than 10 children who were not my own. It's very dangerous on the streets of North Philadelphia and every child that I have taken care of graduated school and stayed off drugs while they lived with me. I taught the children I had how to ride a bicycle, read and take care of themselves. I went with them on trips, no matter what I had to do, I made sure I went with them to their activities and that they knew someone was there for them.

When my grandson Tamir was born, I found out that he was placed in foster care with a white family in Northumberland, PA, who I keep in touch with today, and they wanted to adopt him. Tamir is my grandson and he needed to be with me. I took the train, which was about 3 1/2 hours from Philadelphia to see the family a few times trying to get him though knew I needed legal support. A community member told me about the Senior Law Center and shared that they may be able to help me. It took about a month, and I was eventually able to bring Tamir home with me. He was about 8 weeks old. I had to do what I had to do to get my grandchild. It was not easy; Tamir was on a breathing machine, an oxygen machine and an asthma machine. He needed a lot of support.

I was 50 years old when I got him, and it was not easy. I did not drive and brought him to all of his medical appointments on the bus or the train. I got help from different programs in the community. I was on public assistance. I received a small check to take care of him. We struggled for a while until he was able to get on disability insurance.

A community member told me about the Temple University Family Friends program where I connected with other grandparents. Family Friends is a program based at Temple University that provides support to grandparents and kinship families in Philadelphia who have taken on the role of primary caregiver for related children with special needs. The program serves 160 families and children annually. With the Temple program, I receive a lot of support. We met once a month before COVID as a support group to help address issues of stress and isolation of the grandparents and kinship family members. We went on trips, and they connected us to resources in the city. I always had somewhere to take Tamir. During COVID, we were not able to get together or have activities and it was very difficult. We do have a trip coming up at an amusement park and Tamir and I are going on the trip. Tamir's mentor from the Temple program took him to play basketball, and they went to the games together. His mentor often calls

to check on me and Tamir to make sure we are okay. The Family Friends program is my support system. I have been in the program since Tamir was 8 years old.

Tamir is doing ok, I guess. He just graduated from high school. He has asthma but has not had an asthma attack in a while. Tamir still faces challenges with his hearing, and he has hearing aids. His hearing aids cost about \$2,000. He just got a small job at Walmart, which is good, but I am working with Community Legal Services to make sure that he can keep his disability benefits.

He still has challenges even though, as a teenager, he thinks he is ok. He doesn't get sick as often anymore, which is a good thing. Sometimes he acts like he cares about me but sometimes he acts like I'm his worst enemy. It can be isolating. I am able to go to therapy once a week to meet other older ladies. We talk and laugh together and that is my fun.

During the pandemic, my iPad was the only way I communicated. There was nothing else I could do. I went from iPad to laptop, cleaned my house and kept myself busy. Now I am starting to go outside and do other activities. Taking care of kids makes me feel loved. I know somebody loves me. It gives me a sense of purpose. Even though it is very hard, I enjoy it. It is very dangerous for these kids out there on the streets. I do the best that I can to keep Tamir safe and I am proud of myself for raising him.

Questions for the Record

U.S. Senate Special Committee on Aging
“Strengthening Support for Grandfamilies during the COVID-19 Pandemic and Beyond”
June 23, 2022
Questions for the Record
Ms. Kim Clifton

Senator Mike Braun

Question:

Addressing the opioid epidemic in America requires a multidimensional approach, like ensuring proper prescriber and patient education on the addictive nature of opioids. I am proud to have two pieces of legislation on this issue with Senator Ed Markey—the *LABEL Opioids Act* and the *Safer Prescribing of Controlled Substances Act*—which would increase awareness on the dangers of opioids to both prescribers and patients alike. Many grandparents are raising grandchildren as a result of the biological parents struggling with opioid use disorder. In your years of experience as a social worker, and in your role as Executive Director of HALOS, I am sure you have seen firsthand the destructive nature of the opioid crisis on families. How important would you gauge provider and patient education on the dangers of opioids to be?

Response:

Most children end up in kinship care because of parental substance abuse, mental illness, and/or incarceration. These are the same children served by HALOS. We have seen a rise in the need for kinship services with the opioid epidemic, much like other kinship programs across the country. Many children in kinship care are exposed to opioids in utero, and caregivers do not understand the how this affects them in later life, or how to help them. While substance abuse is out of the scope of my expertise, provider and patient information, along with other efforts to curb distribution and use, would be beneficial to children.

Question:

Has the rise in fentanyl overdoses in America contributed to worsening conditions for biological parents struggling with substance use? And if so, to what degree has this impacted the number of grandparents raising grandchildren and the creation of kinship families that you come across in your work?

Response:

We currently do not track how many children we serve are in kinship care as a result of fentanyl overdoses, but we have seen a rise in parental death due to overdoses overall in the past two years.

Question:

Many children benefit from being in grandfamilies and kinship care arrangements as opposed to foster care or the child welfare system. However, in many instances, kinship caregivers do not have legal guardianship of the children in their care and as a result face barriers to accessing

social support programs and resources available for foster parents in their respective state. How do we better address local barriers to kinship families and grandparents on the path to becoming licensed caregivers and challenges to accessing resources through state and community-based programs?

Response:

In a state like South Carolina that diverts children from foster care into kinship care, it is very hard for caregivers to become licensed kinship foster parents specifically because they step in before the child(ren) are placed in foster care. States like South Carolina would benefit from not using Safety Plans as a tool to remove children “voluntarily” and place them with relatives. If a child needs to be removed from their home for their own safety, they should be placed in foster care, ideally with a kinship caregiver. Policies should allow placement with appropriate family members prior to licensing. If a child does not need to be removed for their own safety, families would benefit from intensive in-home work with trained social workers, ideally preventing a removal and creating a safer and more stable environment for the children in the home.

Not all kinship caregivers wish to be licensed for a variety of reasons. Of those that choose to be licensed, many cannot be due because they lack the means to make their homes qualify for inspection or have a non-felony criminal record far in the past, that disqualifies them to become licensed foster parents. We know that kinship caregivers are overwhelmingly poor. At HALOS, 89% of the families we serve are below 200% of the federal poverty level. Yet, in South Carolina, those children can remain placed with those caregivers, who are not able to be licensed. What often happens is the poorest families who need the stipend and support the most, are denied licensure (while the children continue to be placed with them) not because of safety, but because they can't qualify for licensure). Barriers need to be removed for these families.

When licensure isn't an option, there must be support in the community. Navigation programs need to be available across each state, along with wraparound support services and case management. As you pointed out, caregivers who aren't licensed need access to quality low-cost or free legal assistance regarding custody and rights. HALOS is lucky to collaborate with Charleston Legal Alliance, a sliding fee legal center, so that caregivers can receive objective, accurate information and make informed decisions about custody.

U.S. Senate Special Committee on Aging
“Strengthening Support for Grandfamilies during the COVID-19 Pandemic and Beyond”
June 23, 2022
Questions for the Record
Ms. Gail Engel

Senator Susan Collins

Question:

We know from Census Bureau data that there are more grandparents caring for their grandchildren than in the past, and that grandparents are also now caring for their grandchildren longer than they previously did. In 2005, about 37 percent of grandparents cared for their grandchildren for 5 or more years, compared to about 46 percent in 2018.

With overdose deaths reaching new records, including more than 100,000 lives lost in 2021, and the ongoing mental health crisis that was exacerbated by COVID-19, the number of grandparents raising their grandchildren for five or more years may even be higher today and this trajectory is not likely to change soon.

I’ve heard from grandparents raising grandchildren in Maine that while they hope their children are able to get better and resume their role as parents, sometimes this is not always possible, no matter how much support they are getting. Ms. Engel, you mentioned you are experiencing this firsthand as you have raised your grandson for nearly fifteen years.

Through your personal experience and community work, do you think this is related to the ongoing opioid epidemic and mental health crisis?

Response:

Senator Collins, thank you for your questions. In my experience with the families my organization serves, the increase in the percentage of grandparents caring for their grandchildren for five or more years is due to a lot of variables. Child welfare has discovered that children do much better when placed with family. When we ask why, it is because we know that there is less disruption to the children’s placements. Family offers a more stable environment where children relate and feel a sense of belong and connection to their biological family. I was told by a police officer that if I had not taken my grandson in, with his disability, statistics say that he would have been in 10 foster homes by the time he was 6 and most likely would not have made it. What a thought to carry around all these years.

I was shocked to hear the number of children who lost their parents to COVID and can imagine it will have a huge impact on the placement of children with family and foster care. Overdoses and the Opioid Crisis is overwhelming but our grandfamilies report a large number of parents with addictions due to untreated metal health. The Co-Founder of

my organization lost her daughter to an overdose on meth and left 4 children behind. One child was left blind due to the drug exposure during mothers' pregnancy and all four with severe trauma from the shuffle back and forth between foster care and home, a constant disruption to their lives, and parents who were hooked on meth.

Our grandfamilies report to us that it isn't just the Opioid Crises. That it goes hand in hand, drugs and alcohol are the medication of choice to self-medicating their mental illness. Meth is the drug that seems to have a no return policy that goes with it. Once addicted they don't seem to make it back to reality. Grandfamilies also report, that where there are drugs, there is alcohol. Fetal Alcohol Spectrum Disorder in children is also on the rise. In our organization and across the country it is reported that at minimum 1/3 of these children are being diagnosed with Autism, and FASD, while another third of these children are diagnosed with ADD, Bipolar disorder and more. We have not seen the full effect of the mental health crises that is affecting the next generation due to the parent's choices

My daughter being able to take back custody of her son has always been my hope. However, after a short time, it became more apparent to my daughter that it was not in my grandson's best interest to remain in her custody. My daughter has never been able to get the resources she needed to address her mental health. As a single mother with untreated mental health, raising two children, and a limited income, the pressure of raising a child with disability would have pushed her into a total breakdown. My husband and I are grateful that because of our commitment to work with our daughter, she has been able to remain a positive influence in our grandson's life. If a parent overcomes addiction or is able to treat their mental illness, this does not automatically make them fit to take custody of their children. Overcoming addiction is a significant triumph and parents who accomplish this should have the opportunity of remaining in their children's lives as long as the relationship is a healthy one for the child. There is a lot to consider, disruption of the child's life, best interest of the child's mental health, relationships, relapse of addiction, ability to provide, and so much more that need to be taken into consideration.

Mental Health is on the rise in our country and there are so many unknown factors that result in poor mental health, and it affects people of all ages. We don't know exactly why. Is it economy, society, drugs abuse, opioids? My mother became addicted to opioids, prescribed to her freely for her severe arthritic pain at the age of 89. My daughter could not find mental health support after experiencing traumatic events in her life, which has impacted her and her children's lives. My grandson has suffered from poor mental health and suicidal due to the trauma he has experienced from lack of support for his disability in the school system. Finally in 9th grade we found a teacher that understood him. Resources are lacking and not being addressed. Now we have a new generation of children with trauma, chemical exposure and disabilities that are growing this mental health crises. We need to be looking up stream as to how we are going to address the Mental Health crises, or grandparents and other kin taking on the responsibility of their kin are going to continue to be on the rise.

Question:

As we heard at this hearing, the caregiver burden is significant and grandparents caregivers may face physical, mental, and financial health challenges. Does the projected length of care – including the physical and financial demands – affect the willingness of grandparents and other relatives to either step into the role initially or lead to burnout?

Response:

We take on our grandchildren because it is the right thing to do and because they are family. There is a connection and love for family that can't be broken. Although some relatives may try to step up and take these children in, this role is just too much for some and in some cases, it may be better for the children if these kin do not step in.

Those that are able, it is for the love of family. One of my grandmothers who is not 86, has raised her grandson who is now 18 years old, said to me “I thought it would just be a matter of putting another bean in the pot”.

We all think it is going to be short lived and have hope that the parents will “straighten up”, “get their act together” and we do all we can to hold it all together, often at our own expense. We give up relationships with other empty nester friends. We feel the stigma and shame when we hear “the apple doesn't fall far from the tree” and ask ourselves if we are doing the right thing. Humans give their lives for the good of others through war and in hard times. Why would we not do the same for the children of our own children? They are an extension of us. We do it unselfishly and most often in the end must make a choice between our own children, and their children's children. Yes, it is a horrific challenge and a drain on our own wellbeing. Financially it is a sacrifice because we didn't plan on raising children on into our golden years. We are not built to sustain long term employment and start over planning for raising more children. Many times, taking in 2-3 and even as many as 6 or 7 children. It is just what we do as family, at any cost. If you had a crumb to your name, would you share it with your starving neighbor? Of course, you would, we are Gods creation, and we care for one another, why would we not want to do this for our family.

Yes, it does cause burnout, hardship, and secondary trauma. Even more reason that these children are not abandoned by the child welfare system, they are orphans that need supported. These are children that come with a suite case full of behaviors problems and a good dose of trauma. The burn out for us is real because there is no relief for our efforts: respite, financial assistance, mental health support, general resources, or even basic peer support. We are put in this challenging position, taking in kin, not because of our own choices but the consequences of our children's decisions which is a hard reality to face.

My deepest gratitude for your support, listening and ongoing efforts to bring awareness to the needs of grandfamilies and the children in their care.