

STATE OF GRANDFAMILIES

2018

LOVE WITHOUT BORDERS

GRANDFAMILIES AND IMMIGRATION



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Executive Summary

After being detained at the border, Juan found himself in the loving care of his grandparents. He credits their love and direction for guiding him on how to move forward, **“[My grandparents] taught me to live happy [and now] every day is a joy.”**



More than 2.6 million children are being raised in the United States by grandparents, other relatives and close family friends with no parent in the household.¹ These “grandfamilies” or “kinship families” are families in which relatives or close family friends step up to raise children unexpectedly because their parents cannot due to opioid or other substance use, mental health challenges, incarceration, death or other issues. With increased immigration enforcement and children being separated from their parents at the U.S. border, grandparents and other relatives are stepping up to raise many of these children, too. The national data is compelling. Although we do not know how many of these grandfamilies form as a result of a parent’s detainment or deportation, we do know that approximately 21 percent of the 2.6 million children in grandfamilies - or 544,000 children - are living in immigrant grandfamilies, meaning the child, he parent(s), and/or the kinship care provider(s) are foreign-born.²

While the reasons grandfamilies come together differ, one thing typically remains the same: children suffer loss and trauma from being removed or separated from their parents. This loss can cause irreparable harm to a child’s development. Moreover, separation from a parent who is detained or deported can compound a child’s existing trauma,

which they may have as a result of living in a dangerous and violent environment in their home country or their long journey to the U.S. When this, and all types of separation happen, finding a loving relative to care for the children can buffer the effects of the children’s stress and reduce the trauma of separation. Decades of research repeatedly confirms that children thrive in grandfamilies when they have the support they need.³

Most grandfamilies face challenges in raising children they did not expect or plan to raise. Grandfamilies who come together as a result of a parent’s detention or deportation face additional hurdles. Restricted access to support and services to help meet the children’s needs, language barriers, and fear of government agencies complicate the ability of caregivers to help the children succeed. Improving supports for grandfamilies will result in better outcomes for children while reducing costs to taxpayers by decreasing the likelihood of children ending up in our already overburdened foster care system.

Federal, state, and local agencies, policymakers, and advocates have the opportunity to support immigrant grandfamilies, and this report contains concrete policy and program recommendations to help guide them.

KEY FACTS AND FINDINGS

- More than 2.6 million children live in grandfamilies or kinship care without their birth parents in the home. ⁴
- Approximately 21 percent of the 2.6 million children in grandfamilies – or 544,000 children – are living in immigrant grandfamilies, meaning the child, the parent(s), and/or the kinship care provider(s) are foreign-born. ⁵
- Between 2003 and 2013, the U.S. government deported over 3.7 million immigrants to their home countries and 20 to 25 percent were parents to children who are U.S. citizens. ⁶
- Even more children are at risk of having a parent detained or deported: between 2009 and 2013, about 5.1 million children lived with a parent who lacked immigration status (“undocumented”). About 79 percent of these children were U.S. citizens. ⁷
- Children of parents who have been detained or deported often go into the care of a grandparent or other family member. ⁸
- Grandparents and other relative caregivers are a vital protective factor for these children who have experienced trauma as a result of separation from their parents or other traumatic stress. ⁹
- Most grandparents and other relatives face a host of challenges caring for children who cannot remain with their parents.¹⁰ Grandfamilies with immigrant members face compounded challenges including restricted access to supports and services to help the children, language barriers, and fear of government agencies. ¹¹



Children of parents who have been deported often go into the care of a grandparent or other family member.

RECOMMENDATIONS: FEDERAL

- Establish partnerships between national non-profit grandfamilies advocacy groups and immigration advocacy groups.
- Include the U.S. Department of Homeland Security (DHS) and the Office of Refugee Resettlement (ORR) in the federal Advisory Council to Support Grandparents Raising Grandchildren.
- Advocate against policies by ORR and DHS that discourage family members from coming forward as “sponsors” of children.
- Encourage ORR to require that vulnerable children get home studies and that each child released from ORR custody receive follow-up contact by ORR-funded agencies to connect them to community-based services.
- Ensure that “Public Charge” determinations do not have a detrimental effect on children.

Approximately **21 percent of the 2.6 million** children in grandfamilies - or **544,000 children** - are living in immigrant grandfamilies, meaning the child, the parent(s), and/or the kinship care provider(s) are foreign-born.¹²

RECOMMENDATIONS: STATE AND LOCAL

- Assist parents with contingency planning for children, help caregivers consent to health care and education for the children, and provide useful guides to parents and caregivers.
- Make child welfare, economic security, housing, aging and other relevant agencies more accessible to the immigrant community through interpreter services and partnerships with community organizations.
- Improve grandfamilies’ access to eligible federal programs by simplifying the process and ensuring that each state has opted into providing health insurance for income eligible, qualified immigrant children.
- Facilitate foster care licensure for relatives by ensuring that states do not impose additional immigration requirements on relatives seeking to become foster parents.
- Make available supportive services to grandfamilies that have no immigration eligibility requirements, such as kinship navigator programs and services through the National Family Caregiver Support Program.

Increased immigration enforcement likely creating more grandfamilies: More than 1 in 5 children in grandfamilies have immigrant caregivers, immigrant parents and/or are immigrants themselves ¹³

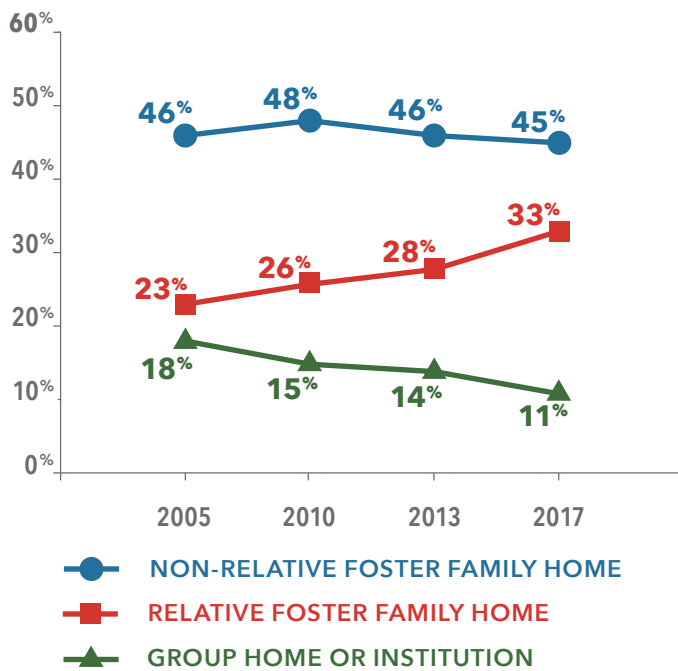
More than 2.6 million children are being raised in the United States by grandparents, other relatives and close family friends with no parent in the household.¹⁴ Among these children are children being raised by relatives within the foster care system. That system relies heavily on relatives – now more than ever. In 2017, 33 percent of the children in foster care were with relatives, which represents an increase of more than nine percentage points over the last decade.¹⁵ In addition to the opioid crisis,¹⁶ increased immigration enforcement is also undoubtedly causing the numbers of children with relatives in foster care to increase. The number of children with relatives outside of the foster care system are even more dramatic. For every one child in foster care living with a relative, there are 19 children outside of the system living with a relative.¹⁷ All of these grandfamilies – whether inside or outside of foster care, are just that, “grand” families in which relatives or close family friends step up to raise children they did not plan or expect to raise.

immigrant grandfamilies, meaning the child, the parent(s), and/or the kinship care provider(s) are foreign-born.¹⁹ Additional Census Bureau data suggests that the kinship care provider or spouse is much more likely to be foreign born than the child.²⁰

Some of these grandfamilies may have come together because the children’s parents were deported. Between 2003 and 2013, the U.S. government deported over 3.7 million immigrants to their home countries and over 90 percent were from Mexico, Honduras, Guatemala, and El Salvador.²¹ Between 20 to 25 percent of all deported immigrants were parents of children who are U.S. citizens.²²

Many U.S. citizen children have immigrant parents who lack lawful immigration status and are therefore at risk of detention or deportation. Between 2009 and 2013, about 5.1 million children lived with a parent who lacked immigration status, often referred to as “undocumented.”²³ These children represented 7 percent of the entire U.S. child population, and about 79 percent of these children were U.S. citizens.²⁴

Children in Foster Care¹⁸



Approximately 21 percent of the 2.6 million children in grandfamilies – or 544,000 children – are living in

In addition to detentions and deportations, the administration’s “zero tolerance” immigration policy, announced in early May 2018,²⁵ separated a reported 2,654 children from their parents.²⁶ After separation, these children were placed in the legal custody of the Office of Refugee Resettlement (ORR), which is a program of the U.S. Department of Health and Human Services (HHS). As of September 2018, 437 children are still in ORR custody. Of the 437 children, 211 have parents who are not “eligible for reunification” or are not available for discharge, six of these children are under age 5, and 165 children have parents who have already been deported.”²⁷ Some of the remaining children have been released by ORR to “sponsors” who are grandparents, other relatives or close family friends, as have unaccompanied minors who have come to the United States without their parents.

A 2015 HHS-funded study of five field sites showed that sometimes the stress associated with one parent’s detention or deportation becomes so overwhelming for the remaining parent that they place the children in the care of another person, “usually a relative or family

friend in the community.”²⁸ Though the specific data is not available on the numbers of children who are raised in a grandfamily for parental immigration-related reasons, the existing data on children living in immigrant grandfamilies, along with anecdotal reports, concerns around the country, and estimates of deported parents, suggest there are many such children. Many of these grandfamilies live in the shadows and may not want to be counted because of fear of government agencies. This report seeks to shed light on the important role these families play in the lives of children.

While this report focuses on grandfamilies with no parents in the home, often only one parent - usually the father - is deported, leaving the mother with her children.²⁹ In some situations, the mother and their children may move in with grandparents or other relatives creating a multigenerational household. These children are not counted among the 544,000 children living without a parent in the home, but they too come together for immigration-related reasons and can have similar strengths and challenges to immigrant grandfamilies.

Regardless of the reasons causing grandfamilies to come together, all children who have been separated from their parents suffer trauma, which can cause “irreparable harm to lifelong development by disrupting a child’s brain architecture,” according to the American Academy of Pediatrics.³⁰ Some researchers have compared the effects of losing parent to deportation to the psychological trauma a child suffers when a parent is incarcerated.³¹ This type of traumatic stress causes detrimental short- and long-term health effects like depression, post-traumatic stress disorder and heart disease.³² Furthermore, family separation, detention or deportation often compounds existing trauma among children who have fled their home countries and experienced danger and violence in those countries or on their long journey to the United States.³³



Casey Family Programs' Child and Family Services

Helping Support Immigrant Grandfamilies

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. The foundation works in support of a range of public, private, tribal and community partners by providing strategic consulting, direct services and nonpartisan child welfare information and education.

Child and Family Services (CFS) is the direct services arm of the foundation providing help to families through their nine field offices in five states – Arizona, California, Idaho, Texas and Washington. Given the geographic location of the offices, CFS serves many families and grandfamilies where immigration is a factor in attaining these goals. These field offices partner with local child welfare systems to provide services that include identifying and placing children in temporary or permanent families and/or partnering with local social workers to focus on facilitating legal permanency for these families and generally enhancing well-being for youth and families who are referred for services.



All of CFS' work is family-centered, culturally responsive, trauma-and healing-informed and aimed at promoting strong ties to extended family and communities. A large portion of the youth that Casey Family Programs serves are placed with grandparents or other relative caregivers. Even for those children who cannot be placed with relatives, CFS continues its work to find and engage relatives as important resources for children in order to ensure the children have a community that supports them.

CFS' specific work includes finding and engaging relatives and supporting the youth and caregivers in these families through an array of services. The services provided include educational and mental health supports, availability of flexible funds to meet tangible family needs, clinical case management services, Family Group Conferencing and linking families to other resources such as kinship navigator programs. All of this work is aimed at giving children permanent homes and carries a commitment to continuing to assist the family after the child has secured a permanent home with them. The services focus on supporting and solidifying family and youth well-being, their community networks and access to resources. For children in kinship families whose parents have been deported, this may mean reunification with parents in Mexico, Guatemala or other countries.

Over the past 10 years, CFS has developed practice expertise and needed infrastructure for their international work, such as insurance for workers to cross the border and key partnerships with the Mexican and other consulates, specialized child welfare units, foreign child welfare agencies and legal aid organizations. This has contributed to numerous instances of permanency across the border, including reunifying children with their parents.

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Grandfamilies have important strengths: Children in grandfamilies thrive

As reported in Generations United's 2017 State of Grandfamilies Report, the most important protective factor for children who have suffered adverse childhood experiences (ACEs), such as separation from parents, is having a positive, supportive relationship with even just one caring adult.³⁴ This vital relationship helps children buffer the effects of their stress response systems.

Grandparents and other relative caregivers are typically uniquely suited to be the supportive adult a child needs to help mitigate the impact of trauma. Research comparing the outcomes of children in foster care with relatives to those in foster care with non-relatives is illustrative. Children in foster care with relatives have more stable and safe childhoods with a greater likelihood of having a permanent home.³⁵ About 34 percent of all children adopted

from foster care are adopted by relatives and 10 percent of children who exit foster care exit into guardianships.³⁶ Moreover, children in foster care with relatives are less likely than those in foster care with non-relatives to re-enter the foster care system after returning to birth parents.³⁷

Compared to children in foster care with non-relatives, children in foster care with relatives also experience fewer school changes, have better behavioral and mental health outcomes, and are more likely to report that they "always feel loved."³⁸ Children living with relatives keep their connections to brothers, sisters, extended family and community and their cultural identity.³⁹ These positive outcomes align with research on family-based protective factors that promote resiliency among children who have been exposed to violence.⁴⁰

Grandfamilies face common challenges regardless of the reason they come together

Regardless of the reason grandfamilies come together, and despite having many strengths, they also face many challenges. The types of challenges differ whether the family is inside or outside the child welfare system.

Grandfamilies Outside the Child Welfare System

For the vast majority of grandfamilies who are outside the child welfare system, accessing services and supports can be nearly impossible without a legal relationship between the relative caregiver and the child. Without adoption, legal custody or guardianship, relatives face issues enrolling the children in school, accessing special education services and consenting to health care on their behalf. Obtaining such a relationship can be threatening to family dynamics. The U.S. Supreme Court has long found that parents have a fundamental right to make decisions concerning their children's care, custody, and control. Because of this right, in order for a grandparent or other relative to be awarded legal custody, guardianship or adoption

of a child, the first step in a case is to prove in court that the parent is unfit. This is a significant emotional hurdle that can take a deep toll of families. Even if relative caregivers want to move forward and obtain a legal relationship, there are significant challenges finding affordable legal assistance.

"Even if relative caregivers want to move forward and obtain a legal relationship, there are significant challenges finding affordable legal assistance."

The lack of a legal relationship is typically not a barrier to accessing financial assistance, but that assistance is limited and often difficult to access. Temporary Assistance for Needy Families (TANF) or "welfare" is usually the only source of ongoing financial support for grandfamilies outside the child

welfare system.⁴¹ There are two types of TANF grants - family grants and child-only grants. Many grandfamilies, especially those with older caregivers who have been working for decades and have saved for retirement, have too many assets or too much income to qualify for family grants. Most grandfamilies qualify for child-only TANF grants, which are based solely on the income of the child, but the process for applying for these grants is often very unclear, secretive, and requires caregivers to assign their rights to the state to collect child support from the parents. This assignment of child support can stop relatives from applying, because they do not want to cause more problems for birth parents who are often trying to rebuild their lives and re-parent and/or they fear the parents may retaliate and take the children to unsafe living situations.

If relatives manage to overcome these barriers and access this much-needed support, TANF child-only supports are typically quite low. For example, several years ago, the national average minimum monthly foster care payment was \$511 per child while the average TANF child-only payment was \$249 with only incremental increases for additional children.⁴²

Grandfamilies Inside the Child Welfare System

Grandfamilies that form because a child comes to the attention of the child welfare system may have the option for caregivers to become licensed foster parents. If a relative is licensed, the child receives services, monthly foster care maintenance payments, and possibly the ability to eventually exit foster care with similar monthly adoption or guardianship assistance payments.⁴³ Many relatives caring for children in the legal custody of the state child welfare system, however, are not licensed. These caregivers are subject to the same rules as a licensed provider, but without the ongoing support and services to meet the need of the children in their care. Data is not publicly available on how many of the 33 percent of children placed with relatives in the child welfare system are with licensed relatives. Rather than receiving the much larger foster care maintenance payments and related services, many of these children are simply referred to TANF.



photo courtesy of Julie Jones

Grandfamilies face many additional challenges if they have family members who are immigrants

For a variety of reasons, all of these challenges are compounded in grandfamilies affected by immigration issues, including families in which the parents have been detained, deported or separated from their children and/or caregivers or children have issues with their own immigration status.

The following can present additional challenges for children inside or outside the child welfare system or who have been released from ORR custody to sponsors:

Restricted Access to Federal Programs That Can Help

There are several federal financial assistance and other income support programs that can help

grandfamilies, but access to these programs is severely restricted for relative caregivers and children who have lawful immigration status but are not U.S. citizens due to a twenty-year-old federal law. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) or “welfare reform” created two categories of immigrants for eligibility for many federal programs: “qualified” and “not qualified.” The law excludes both “qualified” and “not qualified” immigrants from eligibility, with a few exceptions.

"Qualified" Immigrants ⁴⁴

The qualified immigrant category includes Lawful Permanent Residents (LPRs or people with green cards); refugees; people granted asylum or withholding of deportation/removal, and conditional entrants; people granted parole by the U.S. Department of Homeland Security (DHS) for a period of at least one year; Cuban and Haitian entrants; certain spouses who have been abused/battered and their children; and survivors of trafficking.

PRWORA further restricts eligibility for many qualified immigrants by distinguishing between those who entered the United States “before” and those who entered “on or after” the date the law was enacted, August 22, 1996. It bars most immigrants who entered the United States “on or after” that date from federal means-tested public benefits for five years after they secure qualified immigrant status.

"Unqualified" Immigrants ⁴⁵

Individuals without immigration status i.e., undocumented immigrants), as well as the many people who are lawfully present in the United States, but not for a full five years, are considered “not qualified” for these programs.





Programs that are often available to help children in grandfamilies include:

FINANCIAL ASSISTANCE

Temporary Assistance for Needy Families (TANF) or “welfare” - Often the only source of ongoing financial support for grandfamilies, there are two types of TANF grants - family grants and child-only grants. Many grandfamilies have too many assets or too much income to qualify for family grants. Most grandfamilies could qualify for child-only TANF grants, which are based solely on the income of the child, but they are typically much smaller grants.

Social Security - Survivors and other benefits may be available to children in grandfamilies based on their parent’s work record. For those children being raised by grandparents-only (not other relatives) they may qualify based on the grandparent’s work record.

Supplemental Security Income (SSI) - SSI provides cash benefits to eligible adults and children with disabilities that seriously limit their activities. Children who get SSI should also qualify for medical care through Medicaid and assistance with food.

HEALTH INSURANCE

Medicaid - Public health insurance for individuals who meet income guidelines.

Children’s Health Insurance Program (CHIP) - Public health insurance for children. It may be combined with Medicaid in your state or it may be a separate program.

Emergency Medicaid - Public health insurance for emergency medical care only.

Medicare Part A (hospital care) and Part B (medical insurance) - Public health insurance for older individuals.

NUTRITION SUPPORT

Supplemental Nutrition Assistance Program (SNAP) - Formerly known as “food stamps”, SNAP provides assistance to buy food for the entire household.

Women, Infants and Children food assistance program (WIC) - A nutrition program that can help eligible relative caregivers meet the nutrition needs of children they raise under age 5. Children must have certain types of health conditions to qualify. Pregnant, breastfeeding and non-breastfeeding postpartum women may also be eligible.

School Lunch Programs - Free or low-cost meals to income-eligible students.

The chart below lays out the general federal immigration requirements for several programs. It also notes that states have the option, under the federal Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), to extend Medicaid and CHIP to immigrant children and pregnant women who are lawfully residing in the United States but have not met the five-year requirement for qualified immigrants. As of January 1, 2018, 33 states extended coverage to these children, and 25 states extended coverage to pregnant women.⁴⁶

Eligibility of Grandfamily Members for Federal Supports by Immigrant Status⁴⁷

Children (age 18 and younger)		Caregivers		
Lawful Permanent Resident (LPR) + 5 years of continuous residency in U.S.	"Qualified" Immigrants	LPR + 40 quarters of work	LPR + 5 years of continuous residency in US	"Qualified" Immigrants
WIC	WIC	WIC	WIC	WIC
School Lunch Program	School Lunch Program	School Lunch Program	School Lunch Program	School Lunch Program
Emergency Medicaid	Emergency Medicaid	Emergency Medicaid	Emergency Medicaid	Emergency Medicaid
		SSI ⁱ		
	SNAP ⁱⁱ	SNAP	SNAP	SNAP
CHIP	CHIP (if state opts in)			
TANF		TANF ⁱⁱⁱ	TANF	
	Social Security ^{iv}			Social Security ^v
Medicaid	Medicaid (if state opts in)	Medicaid ^{vi}	Medicaid	
Foster Care Maintenance Payments				
				Medicare Part A (hospital care)
			Medicare Part B (medical insurance)	

ⁱ Children under age 18 trying to access SSI can get credit for the work requirement through their parents' work record. See www.ssa.gov/ssi/spotlights/spot-non-citizens.htm.

ⁱⁱ U.S. Department of Agriculture, Food and Nutrition Service (2018). SNAP Policy on Non-Citizen Eligibility. Retrieved from www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility.

ⁱⁱⁱ A few states require 40 quarters of work to qualify for TANF.

^{iv} Qualified immigrant children may be able to qualify for Social Security based on their parent's or grandparent's work record.

^v To be eligible for Social Security, a qualified immigrant must have completed 10 years of work credits in the U.S. or 10 years of work credits in the U.S. combined with work credits from about 25 countries with which the U.S. has Social Security agreements. See www.investopedia.com/advisor-network/articles/social-security-benefits-non-us-citizens/.

^{vi} A few states require 40 quarters of work to qualify for Medicaid.

The Olsons: Immigration Issues Leave Grandfamily in the Dark

Sharon Olson never anticipated how her life would change when she said goodbye to her young son as he left for his first overseas assignment with the Air Force in 1988.

Two years later, she learned that not only was she going to be a grandmother for the first time but that a darling little girl from her future daughter-in-law's first marriage was part of the package. Sharon explains, "We knew very little about the history of the mother, but immediately fell in love with little Beth who was three at the time."

Sharon's son was transferred to an airbase in Florida, where Beth and her mother followed not long after he was settled. That fall, Sharon's grandson was born and it seemed the little family was doing well, so it was a complete surprise when her daughter-in-law took off for England with both children.

Sharon's son was able to fly over and bring his son back home, but the mom and Beth – both English citizens – could not travel until some things were fixed with the visas. "We didn't know at the time that everything for Beth was connected to her mother's passport and visa."

Eventually, they made it back to the U.S. It became clear to the Olsons that Beth's mom struggled with mental health issues. Beth also has severe developmental disabilities that require full-time care.

"We honestly did not know where to turn."

To complicate things even further, there was another baby on the way. The Olsons took in Beth for a while to give her mom a break. After the baby was born, Beth's mom continued to be under a great deal of stress, so Beth remained with the Olsons. But as Sharon recalls, "We knew that little Beth should be a part of their family." So Sharon flew with her granddaughter to Florida so Beth could be with her half-siblings, mother and Sharon's son. That was short-lived, and the mother took all three children and left for England once again. The family had to fight through red tape to bring the children back to the U.S. where Sharon's son had been reassigned to an air force based in New Mexico.

The Olsons eventually ended up with their grandchildren after Child Protective Services, responding to reports with concerns about the children's welfare, removed them from their parents care and sent the children to Sharon in Minnesota.

Unbeknownst to Sharon, no formal paperwork was filed between the states so Sharon and her husband did not have legal custody of the children which meant they could not receive supports or services for the children from either New Mexico or Minnesota. Sharon remembers, "We honestly did not know where to turn."

Despite the sympathetic ears of social workers in their county, the family was not eligible for many assistance programs. Sharon made the difficult decision to give up her career to help raise Beth and her half-siblings. After some time, Sharon's grandson returned to live with his dad.

Through extensive advocacy, they eventually secured legal custody of Beth and Sharon's younger granddaughter. The Olsons were then able to get critical benefits to help meet the children's needs through the TANF child-only grant and Medicaid.

They also found an ally working in immigration when Beth, 11 at the time, was scheduled for deportation because she lacked the necessary paperwork to stay in the U.S. Sharon knew that if Beth was deported, she would end up in an institution in England since she did not have family there willing to care for her. "Beth came to the country legally, but there was a disruption in the family and she was caught in the crosshairs," Sharon explains "We stepped in to care for her, but we have been left in the dark." The immigration ally guided Sharon through the process, which authenticated Beth's green card.

Today, Beth is 30, but due to her severe developmental disabilities, the Olsons, now in their retirement years, continue to care for Beth fulltime as they face their own health challenges. And they are again faced with an immigration challenge. Beth's green card expires this year.

After researching the process of reapplying for the green card, Sharon realized the cost is not something she can afford. Helping Beth become a U.S. citizen would help ease the burden Sharon and her husband are experiencing, but she is worried that Beth will be considered a public charge and not qualify because of the benefits she receives. Sharon describes, "We just don't know where to start plus we worry about whether the supports and services she needs will continue to be there for her."

Sharon and her husband sacrificed their savings to ensure Beth gets the care and support she needs. "There has to be a better way. There has to be a way to protect the innocent."

5.1 million

children in the U.S. lived
with an undocumented
parent (2009-2013) ⁴⁸

79%

of these
children
are U.S.
citizens.

3.7 million

immigrants deported
(2003-2013)

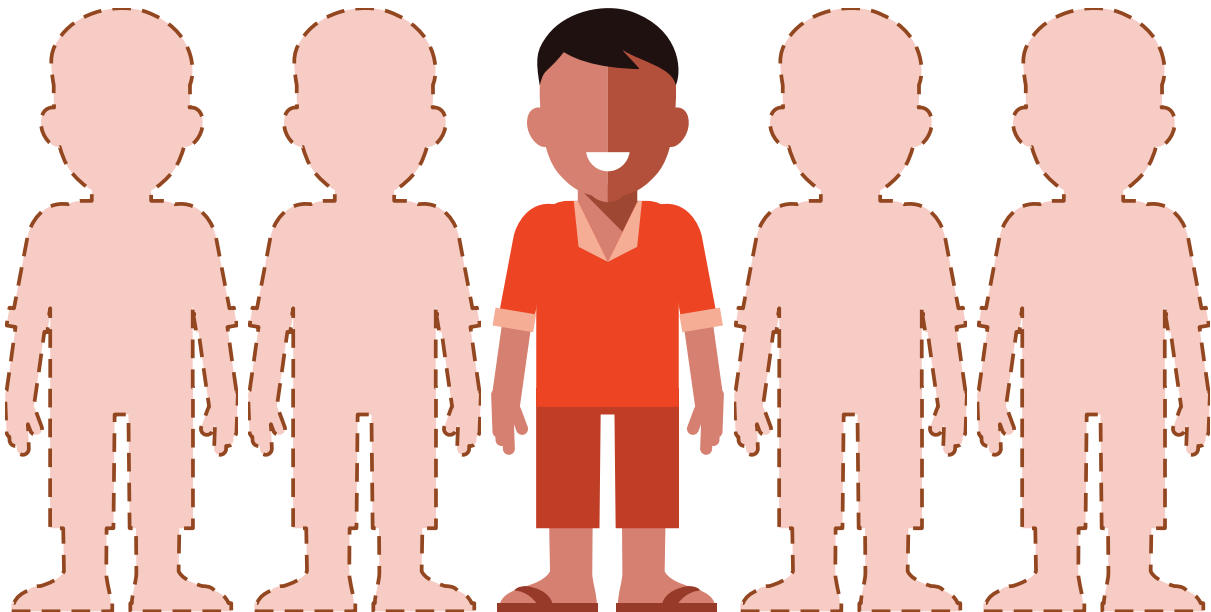
20%-25%

are parents of
children who
are U.S.
citizens ⁴⁹

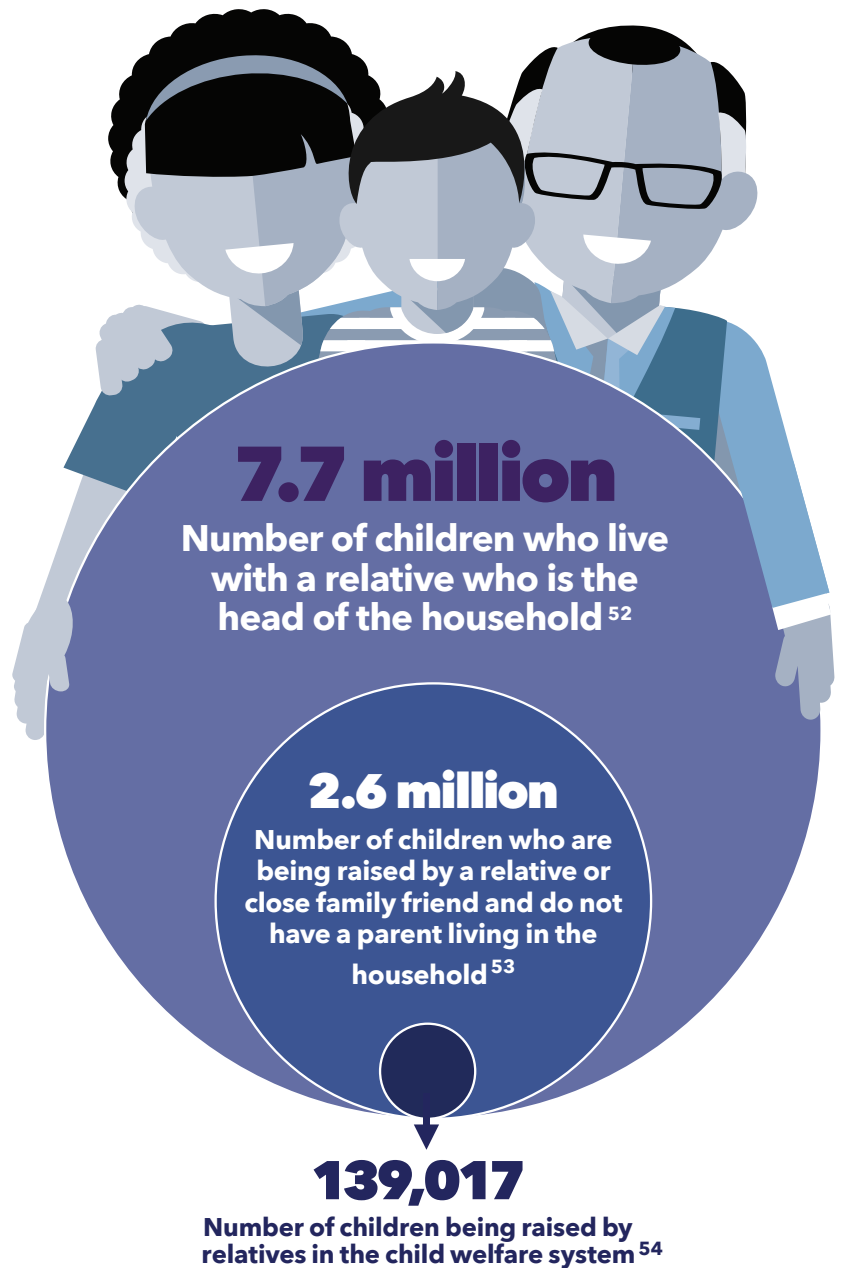
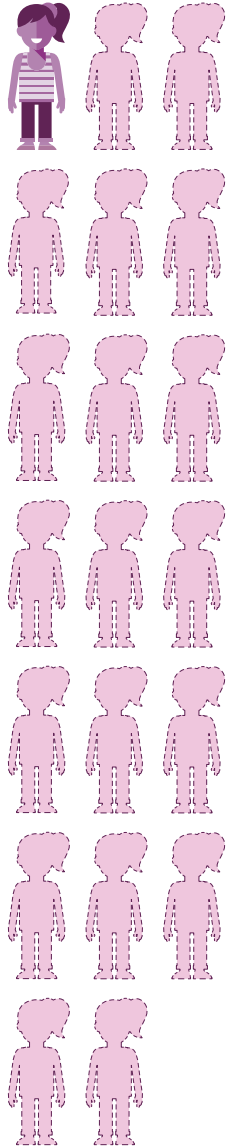


1 in 5 children

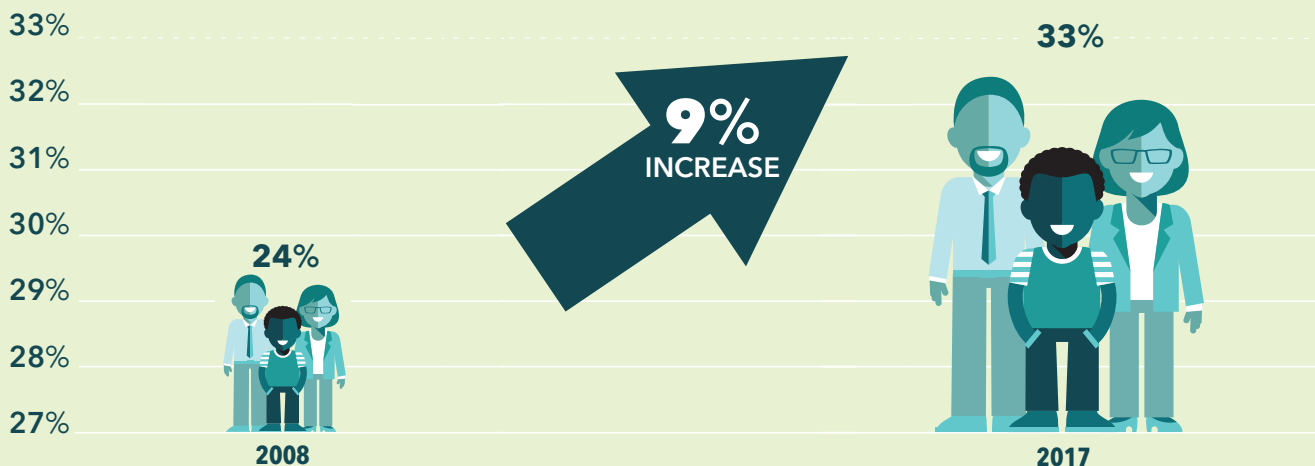
in grandfamilies lives in an immigrant grandfamily ⁵⁰



For every **1** child in foster care with relatives there are **19** children being raised by grand-parents or other relatives outside of the foster care system.⁵¹



Percent of Children in Foster Care Being Raised by Relatives⁵⁵



Immigration Requirements That Bar Relatives from Becoming Licensed Foster Parents

Federal foster care maintenance payments for children in foster care are almost exclusively based on the children's eligibility. In addition to meeting income and other requirements, children must either be U.S. citizens or "qualified" immigrants for five years before the state can be reimbursed through federal funds for the children's foster care maintenance payments.

Child welfare agencies are not required to verify the immigration status of foster parent applicants for federal reimbursement of foster care payments with one exception. For children who are not U.S. citizens or "qualified" immigrants for at least five years, the relative caregivers themselves must either be U.S. citizens or qualified immigrants for five years. Similar requirements apply for children and caregivers seeking adoption assistance or support from the Guardianship Assistance Program when exiting foster care.⁵⁶

Although this is the extent of the federal government's restrictions on immigration status for foster care payments, some states impose further rules. About twenty states have explicit requirements in their foster care licensing standards that require all foster parents to either be U.S. citizens or have another form of lawful immigration status, regardless of the child's eligibility. Only three of those states explicitly exempt relatives from their state's immigration status licensing standards, while several others have waivers or other procedures that may allow a relative with undocumented immigration status to serve as a relative foster parent with the child receiving federally reimbursable monthly maintenance payments.⁵⁷

As the assistance from these monthly maintenance payments is on average more than double the monthly TANF child-only grant amount, it is an important source of support for children who are in the legal custody of the child welfare system. Such support promises better outcomes for children because it reduces the risk of them being separated from extended family and placed in traditional foster care with people who are unfamiliar to them.⁵⁸

"Public Charge" Concerns with Accessing Services and Benefits for Children

In families where the relative caregiver or the child may be a "qualified" immigrant, but lacks Lawful Permanent Resident (LPR) status and is seeking to get it, trying to access services or benefits to meet the needs of the child can further jeopardize the grandfamily.⁵⁹ For example, if a caregiver is attempting to obtain LPR status, U.S. Citizenship and Immigration Services (USCIS) can deny that status if it determines that the caregiver is or is likely to become a "public charge." That term is used to describe people who depend or will depend in the future on public benefits that provide cash, such as TANF or SSI, for their income. This includes TANF child-only grants, which are based on the income of the child, and are designed to help meet solely the needs of the child.

On September 22, 2018, a proposed rule change was released by DHS that will significantly expand the services or benefits that could be considered in determining whether a person is likely to become a public charge.⁶⁰ Once published in the Federal Register, the rule will be open for public comment.

In a break with past policy and practice, immigrants' use of programs related to their own health, nutrition and housing or that of the children in their care, including children who are U.S. citizens, would be considered in deciding whether to grant LPR status. Use of programs that are critical to children and their caregivers in so many grandfamilies, such as Medicaid, SNAP/food stamps, and Section 8 affordable housing vouchers could block a caregiver or child's access to LPR status.⁶¹ Under the proposed rule, foster care maintenance payments would continue to be exempt from "public charge" determinations.

Earlier in 2018, information about the proposed rule was leaked to the media and immigrants around the country were begging to be cut off from many of these programs. The leak resulted in compelling stories of mothers turning in breast pumps obtained through help from WIC, illustrating how the impact of such a rule is certain to harm children.

It is notable that a recent study by the libertarian Cato Institute found that "immigrants are less likely to consume welfare benefits and, when they do,

Northwest Immigrant Rights Project (NWIRP) Supporting Children in Immigrant Grandfamilies

Northwest Immigrant Rights Project (NWIRP) in Washington State helps many children who have been released from Office of Refugee Resettlement (ORR) custody to live with grandparents, aunts, uncles and other family who are “sponsors”. The lawyers at this nonprofit are often able to get these children “Special Immigrant Juvenile Status” as many of these children have experienced parental abuse or neglect in their home countries or were abandoned by their parents. Obtaining this status is a complicated and time-consuming process as it can involve removal proceedings, a family court case, paperwork to obtain a visa for the child, and a waiting list that can last years for a green card or Lawful Permanent Resident (LPR) status. The lawyers at NWIRP work with these children and their relative caregivers throughout the process and, as two clients put it, their lawyer “become my friend, basically a second mother”.



Since the children have typically suffered abuse, neglect, violence and trauma, NWIRP lawyers refer them to counseling services, help them with schools that are challenged to appropriately serve English Language Learner (ELL) students, and inform them about the process to obtain school lunches and Apple Health (Medicaid). Washington State is one of the estimated 33 states that provide health insurance to children

who are “qualified immigrants,” but have not lived in the United States with legal status for five years. Although the children are their clients, NWIRP helps support the relative caregivers by providing resource information and referrals for them as well. For a short video about this non-profit’s vital work, see <https://youtu.be/iISzbDCNBuc> by Interchange Media.

Juan credits the love & direction of his grandparents for guiding him on how to move forward. His grandparents surrounded him with extended family and a community of love and support.

Juan * is one of many success stories resulting from NWIRP’s work. As a teenager, Juan escaped abuse in his home in Guatemala and fled to the United States. After being detained at the border, he eventually found himself in the loving care of his grandparents in Washington State, and a lawyer at NWIRP was able to obtain “Special Immigrant Juvenile Status” for him. Now age 20, Juan has graduated high school and plays guitar in a musical group. He credits the love and direction of his grandparents for guiding him on how to move forward. His grandparents surrounded him with extended family and a community of love and support. Family members taught him to play the guitar and took him to church regularly. For the first time in his life, Juan experienced simple things like weekend family gatherings where they cooked, ate and laughed together. As Juan beautifully puts it, my grandparents “taught me to live happy” and now “every day is a joy.”

*Names and relationships were changed to protect the families’ identities.

they generally consume a lower dollar value of benefits than native-born Americans.”⁶² In addition to TANF and SSI, Cato defined welfare benefits to include the very supports that the propose “public charge” rule would include for the first time: Medicaid and SNAP. Including these programs in “public charge” is only likely to further jeopardize vulnerable children who need health care and nutrition support.

Escalating Immigration Enforcement

In addition to the fears around “public charge” determinations, and the challenges of raising children without health insurance or other supports, grandparents and other relatives may decide they cannot step forward to raise children if the danger of their own detention or deportation would pose too big a danger to themselves and their family. Imagine the trauma of a child who not only experiences her parent’s detention or deportation, but also that of her grandparents. As a society, we need grandparents and other relatives to continue to step up and raise their kin. Without relatives, many more children would need to enter unrelated foster care, potentially severing all ties with their families and culture, and costing taxpayers much more money.

A 2018 Memorandum of Agreement (MOA) between ORR and DHS threatens the ability of grandparents and other relatives to continue to serve as “sponsors” for their related children in ORR custody.⁶³ Departing with past practice, immigration and other information must be collected and shared among the agencies on the children’s potential sponsors, “usually family members”⁶⁴ and anyone else living with the sponsor “to inform determinations regarding sponsorship of unaccompanied alien children who are in the care and custody of HHS and to identify and arrest those who may be subject to removal.”⁶⁵ With more information sharing among DHS and ORR, ICE (Immigration and Customs Enforcement) is detaining “sponsors” and the trauma children have already suffered is compounded by them feeling responsible for the arrest. Luis, a boy in Washington State, knows this all too well. Shortly after he was released from ORR custody to live with his aunt, she was arrested by ICE in front of him and put into deportation hearings. Luis feels responsible. He knows that she was arrested because she

stepped forward to care for him. According to the Women’s Refugee Commission and the National Immigration Justice Center, “the MOA’s targeting of sponsors increases the risk that a child will be released to a more distant relative, an unrelated sponsor, into a foster care program or not released at all.”⁶⁶

In addition to targeting “sponsors” of children, U.S. immigration enforcement is now focused on almost all individuals without immigration status. Under the Obama Administration, enforcement priorities were developed during the second term that focused on convicted criminals and others who posed a danger to public safety; moreover, parents and children were allowed to seek asylum at the border without being separated. In 2017, U.S. DHS Executive Orders and Implementing Memoranda made almost all individuals without immigration status a “priority” for enforcement. Immigration arrests of non-criminals doubled within the first few months of the Trump Administration alone⁶⁷ and the number has continued to rise, including parents with young children.⁶⁸ The situation at the southern border has been even more compelling with the administration’s “zero tolerance” immigration policy, separating children from their parents.

Limited Home Studies and Follow-Up Services for Children who are Released from ORR Custody

The Office of Refugee Resettlement (ORR) typically orders only a limited number of home studies on potential sponsors of children. The federal Trafficking Victims Protection Reauthorization Act (TVPRA)⁶⁹ specifies certain broad categories of children who should have home studies and ORR can interpret these categories narrowly as they apply to specific children. The process of a home study then often identifies the need for post release services for certain children while other children may not receive any such services. In 2015, only about 15 percent of children received post-release services.⁷⁰ These services are important to ensuring that children who have experienced trauma transition well into their sponsors’ home and are safe. Post-release services include help enrolling in school and connecting to legal assistance and local community services. These services follow the child and they include at least monthly contact with the child, with home visits and reports as well.

Six months after release, the local follow-up service provider assesses the child's situation to determine whether continued follow-up services are needed, and ORR decides if an extension will be granted.⁷¹

Trauma and Fear of Government

Many of the children who have been in ORR custody have fled violence in their countries of origin and may have compounded trauma as they seek asylum from governments that have either failed to protect them or are the source of the violence. These children may have grown up fearing the government and trusting only their parents and family members as their protectors.

Limited or No English

Finally, many of the children and caregivers in immigrant grandfamilies may have limited English proficiency. For example, the vast majority of deported parents are sent back to Mexico, Guatemala, El Salvador and Honduras, countries in which the primary language is Spanish, with many speaking an indigenous language only. Consequently, grandfamily members from these countries may struggle to understand and communicate in English. Trying to navigate systems on behalf of children is challenging enough for most grandfamilies, but limited English abilities make it that much more difficult to complete forms, understand legal options, and communicate with case workers and other service providers.

"Shortly after Luis was released from ORR custody to live with his aunt, she was arrested by ICE in front of him and put into deportation hearings. **Luis feels responsible. He knows that she was arrested because she stepped forward to care for him."**



Policy and Program Recommendations to Support Immigrant Grandfamilies

All of these compounded challenges for grandfamilies with immigrant members can be addressed by implementing policy and program recommendations at the federal, state and local levels. By prioritizing and supporting grandfamilies, including those that form as a result of immigration issues, research shows that our children, families, and ultimately our country will benefit as these young people grow into contributing productive adults.

The following recommendations are directed at policymakers, government agencies, community-based organizations, service providers, and advocates.

Federal Recommendations

Establish partnerships between national non-profit grandfamilies advocacy groups and immigration advocacy groups:

- National nonprofit groups should share resources and learning across groups to better serve all grandfamilies impacted by immigration issues.
- Materials tailored to the immigration community should include grandfamilies' resources and information, including how to help support children who have suffered trauma.
- Materials and training for grandfamilies should include immigration concerns.

Include the U.S. Department of Homeland Security (DHS) and the Office of Refugee Resettlement (ORR) in the federal Advisory Council to Support Grandparents Raising Grandchildren:

- HHS should include federal immigration agencies in the Advisory Council to Support Grandparents Raising Grandchildren, which was created as a result of enactment of the federal Supporting Grandparents Raising Grandchildren Act of 2018.⁷² The Council, comprised of relative caregivers and federal agencies that impact grandfamilies, will work together to better coordinate federal resources and support grandfamilies.
- The Council should consider the needs of immigrant grandfamilies in its work.

Advocate against policies by ORR and DHS that discourage family members from coming forward as "sponsors" of children:

- ORR should not share information on sponsors with DHS solely for the purpose of civil immigration enforcement

against sponsors and to arrest them after they agree to step forward to care for children.

- Immigration and kinship national nonprofits should work together to educate Congress that children who cannot be with their parents do best with relatives and that if these relative sponsors can no longer safely step forward it will increase the risk that children will be released to a more distant relative, an unrelated sponsor, into foster care or not released at all.

Encourage ORR to require that vulnerable children get home studies and that each child released from ORR custody receive follow-up contact by ORR funded-agencies to connect them to community-based services:

- ORR should reassess their process of requesting home studies and ask for studies for vulnerable children released to sponsors.
- ORR should not essentially limit follow-up contact to the small percentage of children who receive home studies. All children should receive follow-up contact to safeguard them by connecting them with educational, legal, and other local resources.
- ORR funded-agencies should partner with local grandfamilies' service providers to maximize resource sharing with relative sponsors of children.

Ensure that "Public Charge" determinations do not have a detrimental effect on children:

- Advocates should work to ensure that the federal government continues to exempt programs that provide health insurance, nutrition assistance and other essential supports to children and their caregivers from "public charge" determinations.
- Advocates must provide comments to DHS once the proposed "public charge" rule that breaks with past practice and policy is published in the Federal Register.
- Like foster care maintenance payments, TANF child-only grants should be included among programs exempted from "public charge" determinations as these are often the only source of financial support to help meet the needs of children that relative caregivers did not expect or plan to raise.

State and Local Recommendations

Assist parents with contingency planning for children, help caregivers' consent to health care and education for the children, and provide useful guides to parents and caregivers:

- **Ensure that parents who are under threat of detention or deportation have useful tools to give other family members the legal authority to care for children.**

► **Standby Guardianship:** If your state has a standby guardian law, work to expand it, like Maryland and New York, to allow detention or deportation to be a triggering event. Typically, standby guardian laws allow parents to designate a standby guardian in the event of their incapacity, debilitation or death; upon that triggering event, the person designated as the standby files a petition in court to be so named and thereby has the authority to consent and access services on behalf of the child. In May 2018, Maryland expanded its standby guardian law to include “adverse immigration action” as a triggering event⁷³ and about a month later, New York expanded its standby guardian law to similarly include “administrative separation” as a triggering event.

New York’s law is more expansive and also allows a legal guardian, legal custodian or primary caretaker like a grandparent, in addition to a parent, to complete a form with two witnesses, and designate another individual to serve as the “standby guardian”. In the event the parent/guardian or primary caregiver is detained or deported, the standby guardian would immediately have guardianship of the child when they get notice of that “administrative separation” and within a certain time period would need to file a petition with the court to be appointed the guardian.⁷⁴

- **Power of Attorney:** Ensure that your state has a power of attorney law, whereby a parent can convey legal authority to a relative to care for children.
- **Work to enact or expand educational and health care consent or authorization laws.**⁷⁵ Unlike many standby guardian laws and all power of attorney laws, these laws do not require the parents to convey legal authority to care for the child, which is critical if caregivers cannot locate parents. These laws can be used for any grandfamily, including those where the parents are suddenly detained or deported. They involve a simple affidavit without court involvement so that relative caregivers can consent to

Resources for Contingency Planning for the Children

- **Appleseed** has updated its *Protecting Assets and Child Custody in the Face of Deportation: A Guide for Practitioners Assisting Immigrant Families*, which provides concrete information on a range of family issues in the face of immigration detention and deportation.
- **The Women’s Refugee Commission** has a general resource page on its website for families facing separation, which includes a comprehensive guide in both English and Spanish for families dealing with detention, deportation, and child welfare systems, called *Detained and Deported: What About My Children?*
- In California, the **Immigrant Legal Resource Center** (ILRC), has a Family Preparedness Plan for immigrant families.
- **Mobilization for Justice in New York City** has a Family Plan to Prepare for Deportation, which points to New York’s specially designated power of attorney or “parental designation form” as a useful tool.
- In Washington State, **Legal Counsel for Youth and Children** along with other community partners, has an Immigrant Safety Plan for Youth and Children. This guide points to Washington’s temporary parental custody legal agreement, and “intention of parents for care of minor child,” which were created specifically for the community of immigrants. This guide also has checklists and contact information for obtaining birth certificates, passports, and other documents that families will need.

health care and trauma-informed mental health services. With this authority, relatives can also participate in the Individualized Education Program (IEP) process for the children in their care, so they can get assessed for any special education and related services they may need.

- **Work with all relevant stakeholders** and ensure that organizations that work directly with immigrants know about these legal mechanisms, include them in contingency planning guides along with other relevant benefit, service and program information for grandfamilies.

Make child welfare, economic security, housing, aging and other relevant agencies more accessible to the immigrant community through interpreter services and partnerships with community organizations:

- **Translate written materials** and forms into Spanish and other languages relevant to your community and its immigrant population.
- **Provide interpreters** and also allow family members and friends to serve as interpreters.
- **Train agency front line workers** on the challenges that immigrant grandfamilies face, including the trauma and loss that the children suffer, basic and relevant immigration policies, and how to help these families without jeopardizing them.
- **Partner with organizations that serve immigrants** in your communities to refer grandfamilies to services and programs. Ensure that those organizations specifically include "grandfamilies" in their written materials and outreach.

Improve grandfamilies' access to eligible federal programs by simplifying the process and ensuring that each state has opted into providing health insurance for eligible, qualified immigrant children:

- **Provide clear eligibility guidelines** applicable in your state and easy to complete forms, which are translated into the relevant languages for your immigrant community.
- **Specifically name grandparents and other relatives on application forms**, so applicants are not discouraged when they only see the word "parents."
- **Ensure that relative caregivers and agency frontline workers understand and clearly communicate that these caregivers are eligible to receive benefits on behalf of children they raise.** Grandfamilies and agencies should understand that no federal law requires that the relatives have legal custody or guardianship of the children to access these supports. In order to prove that the caregiver is raising the child, documentation requests should not include a court order granting a legal relationship.

- **Ensure your state has opted into providing Medicaid and CHIP** for "qualified" immigrant children and pregnant women who have not met the 5-year requirement and help those children and pregnant women access this much-needed health insurance.

Facilitate foster care licensure for relative caregivers:

- **Adhere to existing federal law concerning foster care licensure, and do not impose additional immigration standards.**
- **Consider enacting laws that provide that children in foster care may be placed with an approved/licensed relative regardless of that relative's immigration status**, such as California's "Reuniting Immigrant Families Act of 2012".⁷⁶ The law also permits relative caregivers to use identification from a foreign consulate or a foreign passport in order to conduct criminal background checks.

Make available supportive services that have no immigration requirements:

- **Offer Kinship Navigator Programs**, which provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to the benefits and services that they or the children need. These programs exist around the country and are expanding dramatically thanks to ongoing federal funding through the Family First Prevention Services Act and one-time funds offered in 2018. Even if some caregivers choose not to try to access public benefits because their immigration status prevents it, they are fearful of the government, or they simply do not want it, the navigator should still be able to help connect the caregiver and children to resources such as educational services for the children, support groups, and counseling.
- **Collaborate with the State Units on Aging**, which distribute federal funds to Area Agencies on Aging to implement the National Family Caregiver Support Program (NFCSP), to ensure that services are provided to grandfamilies. NFCSP can provide an array of supportive services, such as counseling, support groups, and respite, to caregivers age 55 and older who are raising children, without regard to immigration status. However, not all states and Area Agencies on Aging (AAAs) serve grandfamilies, despite the fact that up to 10 percent of funding can be used for them.
- **Ensure Kinship Navigator Programs and AAAs partner with immigration advocacy groups** both to educate the staff of the AAAs about working with immigrant families, and to have a referral source for these families.

Maria and Jose: Love Knows No Boundaries

At Casey Family Programs, social workers persistently work to ensure that youth are connected to family, kin, culture and community, regardless of where they may live and the complexities of working across international borders. This is just one of many stories across Casey's field offices of how grandparents were assisted in obtaining legal and relational permanency of their grandchildren.

Maria and Jose*, both 55, are raising their grandchildren, Rebecca, Lily, Mari and Alicia. Maria and Jose were born in Mexico and have lived in the United States for almost 20 years. Jose became a U.S. citizen in the 1990s after the Immigration Reform and Control Act of 1986. When the girls came to live with them, Maria had permanent residency and her green card and was working on obtaining U.S. citizenship.



The four girls came to live with Maria and Jose after Child Protective Services became involved with the children's family and their mother was deported. Despite employment and health challenges, Jose and Maria were able to care for all the girls. Their adult daughter Yolanda,* lived in another state with her own family. When she heard that her nieces were going to be placed with her parents, she and her family moved back to the area so that she could support her mother in caring for the girls. Maria became a U.S. citizen a year after the girls were placed with her.

Child Protective Services contacted Casey Family Programs to assist with legal permanency for the girls. When Yolanda was unavailable, Jose and Maria also often turned to another aunt who lives in the area to provide respite. Other nearby relatives were able to attend a Family Group Conference about the children. Together, they made a plan for ongoing contact and to provide support for Maria, Jose and their four granddaughters.

Maria and Jose's granddaughters were dependents of the state for **almost two years** until Maria and Jose were finally able to obtain legal custody.

Maria and Jose's granddaughters were dependents of the state for almost two years until Maria and Jose were finally able to obtain legal custody. Throughout this time, the four girls were able to occasionally contact their mother in Mexico via phone or on Facebook, though they indicated they wanted to stay with their grandparents. The family received help getting passports, so they could visit extended family and their mother in Mexico. Maria and Jose's son, the girls' birth father received services, moved in close to his parents, and now has supervised visits with his daughters.

With the supportive services of Casey Family Programs, the girls were able to find permanency with their grandparents and enjoy the support of many family members.

State	(%) Children in Foster Care Raised in Grandfamilies or Kinship Care ⁷⁷ 2016	(#) Children in Foster Care Raised in Grandfamilies or Kinship Care 2016	(%) Children in Kinship Care ⁷⁸ 2016-2018	(#) Children in Kinship Care 2016-2018
United States	32%*	139,017	4%	2,677,000
Alabama	10%	509	6%	67,000
Alaska	26%	734	6%	11,000
Arizona	48%	7,999	4%	72,000
Arkansas	20%	984	5%	38,000
California	32%	17,437	3%	282,000
Colorado	26%	1,482	3%	33,000
Connecticut	37%	1,529	2%	16,000
Delaware	12%	96	5%	11,000
District of Columbia	19%	158	8%	9,000
Florida	44%	10,474	5%	193,000
Georgia	29%	3,633	3%	88,000
Hawaii	43%	677	5%	17,000
Idaho	31%	463	2%	7,000
Illinois	40%	6,437	3%	90,000
Indiana	37%	7,431	4%	59,000
Iowa	33%	1,978	3%	20,000
Kansas	30%	2,202	3%	20,000
Kentucky	4%	349	9%	96,000
Louisiana	36%	1,609	6%	66,000
Maine	31%	563	2%	6,000
Maryland	37%	1,418	2%	34,000
Massachusetts	27%	2,969	2%	27,000
Michigan	35%	4,057	2%	52,000
Minnesota	38%	3,343	2%	29,000
Mississippi	40%	2,162	8%	56,000
Missouri	28%	3,510	4%	55,000
Montana	46%	1,533	3%	7,000
Nebraska	33%	1,324	2%	12,000
Nevada	39%	1,597	5%	33,000
New Hampshire	24%	288	3%	7,000
New Jersey	36%	2,339	3%	65,000
New Mexico	22%	581	6%	29,000
New York	38%	7,420	3%	130,000
North Carolina	27%	2,807	4%	84,000
North Dakota	20%	277	3%	5,000
Ohio	19%	2,551	4%	113,000
Oklahoma	32%	3,197	5%	44,000
Oregon	33%	2,501	4%	36,000
Pennsylvania	35%	5,605	3%	77,000
Puerto Rico	14%	582	N.A.	N.A.
Rhode Island	39%	651	2%	5,000
South Carolina	6%	222	7%	74,000
South Dakota	24%	336	3%	7,000
Tennessee	9%	749	4%	66,000
Texas	35%	10,704	3%	249,000
Utah	27%	760	2%	17,000
Vermont	31%	416	3%	3,000
Virginia	6%	290	3%	55,000
Washington	34%	3,758	3%	51,000
West Virginia	21%	1,262	6%	24,000
Wisconsin	38%	2,774	2%	26,000
Wyoming	27%	270	3%	4,000

*As noted earlier in the report, in 2017 33% of children in foster care were raised in grandfamilies or kinship care. This chart reflects 2016 data because state by state 2017 data is not yet publicly available.

For twenty years **Generations United's National Center on Grandfamilies** has been a leading voice for 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. Center staff conduct federal advocacy, provide technical assistance to state-level practitioners and advocates, and train grandfamilies to advocate for themselves. The Center raises awareness about the strengths and needs of the families through media outreach, weekly communications and awareness-raising events. It offers a broad range of guides, fact sheets and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports and can be found at www.gu.org and www.grandfamilies.org.

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