



July 2020

CHILD WELFARE AND AGING PROGRAMS

HHS Could Enhance Support for Grandparents and Other Relative Caregivers

Accessible Version

GAO Highlights

Highlights of [GAO-20-434](#), a report to the Special Committee on Aging, U.S. Senate

Why GAO Did This Study

Grandparents and other kin often step in to provide stability and security when parents cannot care for their children. Taking on this responsibility can lead to significant hardships, especially for older caregivers. GAO was asked to study the challenges faced by grandparents and other older kin when becoming primary caregivers.

This report examines (1) what is known about the numbers of grandparents and other kin serving as primary caregivers for children, and the reasons for that care; (2) challenges kin caregivers face and how officials report addressing them in selected communities; and (3) the extent to which HHS has supported states' efforts to use relevant federal programs and initiatives. GAO analyzed U.S. Census Bureau survey and HHS administrative data; reviewed relevant literature, federal laws, regulations, guidance, and other documents; and interviewed officials from HHS, national organizations, and in four states (Mississippi, New Mexico, New York, and Ohio) and communities, selected for their relatively large numbers of grandparent caregivers and to reflect geographic and demographic diversity.

What GAO Recommends

GAO is making two recommendations to HHS on sharing information and best practices with states about federal programs that serve kin caregivers. HHS did not concur, stating that the agency already provides ongoing support. GAO maintains that implementing these recommendations would be helpful.

View [GAO-20-434](#). For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

July 2020

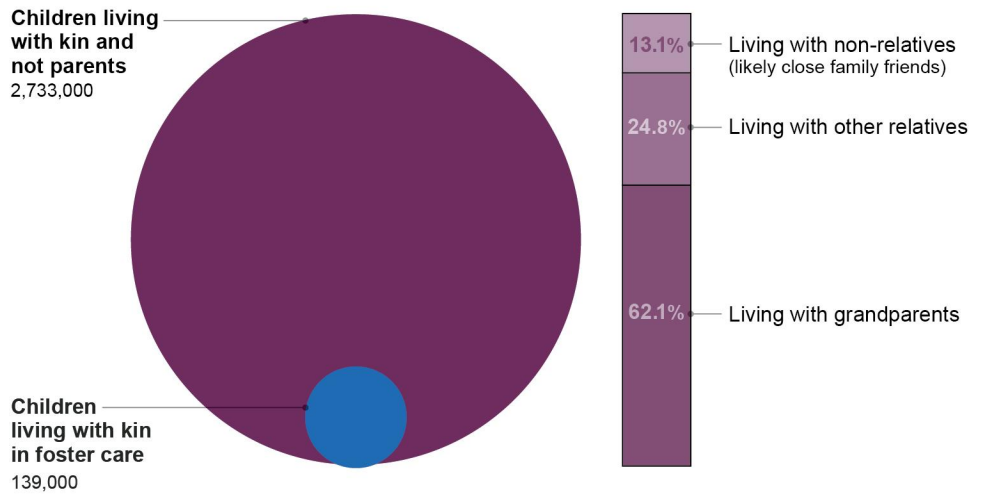
CHILD WELFARE AND AGING PROGRAMS

HHS Could Enhance Support for Grandparents and Other Relative Caregivers

What GAO Found

In 2018, an estimated 2.7 million children lived with kin caregivers—grandparents, other relatives, or close family friends—because their parents were unable to care for them. Most of these children were cared for outside the foster care system, which can affect the types of services and supports available. While children did not live with parents for a variety of reasons, parental substance abuse and incarceration were often cited in data and in interviews with program officials.

Most Children Living with Kin Are Not in Foster Care, 2018



Source: GAO analysis of HHS's Adoption and Foster Care Analysis and Reporting System data and U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement 1-Year Estimates. | GAO-20-434

Data Table for Most Children Living with Kin Are Not in Foster Care, 2018

Children living with kin in foster care	139,000
Children living with kin and not parents	2,733,000

Of the 2,733,000 children living with kin and not parents

Living with non-relatives (likely close family friends)	13.1%
Living with other relatives	24.8%
Living with grandparents	62.1%

Source: GAO analysis of HHS's Adoption and Foster Care Analysis and Reporting System data and U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement 1-Year Estimates. | GAO-20-434

Challenges faced by kin caregivers include having limited financial resources and needing legal assistance, particularly when caring for children outside foster care, according to survey data and studies GAO reviewed. This is, in part, because licensed foster parents generally receive foster care maintenance payments and other services. Officials in selected communities said they have addressed some challenges by, for example, providing temporary payments or legal representation to eligible kin caregivers. However, officials also said that

program eligibility criteria or insufficient funds can limit availability or result in waiting lists.

The Department of Health and Human Services (HHS) provides technical assistance and other support to help states use federal programs and initiatives established to serve kin caregivers. HHS officials said that these programs are optional, so they mainly provide assistance in response to states' requests. However, this approach has not led to widespread use. For example, 23 states used the option under the National Family Caregiver Support Program to serve older relative caregivers with 1 percent or more of their fiscal year 2016 funds (spent through 2018). State officials said they would like more guides or tools for using these programs. By not proactively sharing information and best practices, HHS may be missing opportunities to help states better support kin caregivers.

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Abbreviations

AAA	area agency on aging
ACF	Administration for Children and Families
ACL	Administration for Community Living
ACS	American Community Survey
AFCARS	Adoption and Foster Care Analysis and Reporting System

CPS-ASEC	Current Population Survey Annual Social and Economic Supplement
GAP	Guardianship Assistance Program
HHS	Department of Health and Human Services
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act of 1965, as amended
OPRE	Office of Planning, Research, and Evaluation
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families

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July 10, 2020

The Honorable Susan M. Collins
Chairman
The Honorable Robert P. Casey, Jr.
Ranking Member
Special Committee on Aging
United States Senate

When parents are absent or unable to care for their children for extended periods of time, it is grandparents, other relatives, and close family friends who have traditionally stepped in to care for these children, becoming their primary caregivers—referred to collectively in this report as “kin caregivers.”¹ In contrast to many traditional foster care arrangements, a kin caregiver has an existing relationship with a child that can help provide stability and security in situations of abuse, neglect, or during a difficult time, such as when a parent is struggling with addiction. Media reports and advocacy groups have raised awareness of the role kin caregivers play in the wake of the nation’s opioid crisis. Taking on this responsibility can require caregivers to navigate complex systems to access needed supports and services for the children, and lead to significant hardships for the caregivers, especially for older kin caregivers who may be living on fixed incomes or have health issues of their own. The pandemic caused by Coronavirus Disease 2019 (COVID-19) that spread across the country in 2020 has posed additional health and economic threats for older kin caregivers that are likely to exacerbate these hardships.²

Federal assistance for kin caregivers may be available through multiple programs, but two key sources of federal support are through child welfare programs under Title IV-E of the Social Security Act (Title IV-E),

¹For the purposes of this report, we are using the term “kin caregivers” to include grandparents and other relatives, such as aunts or uncles, who assume primary responsibility for raising children when parents are absent or unable to care for their children for extended periods of time. Non-relatives, such as close family friends, often referred to as “fictive kin,” also may be included in this definition.

²We conducted most of our audit work prior to the spread of COVID-19, but media reports in early 2020 have raised new concerns about kin caregivers during the pandemic. See, for example, Tara Bahrapour and Samantha Schmidt, “Millions of U.S. grandparents care for young kids – and are high risk for covid-19,” *The Washington Post* (Mar. 18, 2020).

and programs that serve older adults under Title III of the Older Americans Act of 1965, as amended (OAA).³ The Department of Health and Human Services (HHS) administers these Title IV-E and OAA Title III programs, which collectively received about \$10 billion in appropriations for fiscal year 2020. Recent legislation has also aimed to improve federal and state support for kin caregivers. For example, the Supporting Grandparents Raising Grandchildren Act, enacted in 2018, created the Advisory Council to Support Grandparents Raising Grandchildren, which is comprised of representatives from HHS and other federal agencies, non-federal members, and individuals with relevant experience. This council's goal is to identify, promote, coordinate, and publicly disseminate resources to help grandparents and other older relative caregivers meet the needs of the children in their care and maintain their own well-being.⁴

You asked us to study the challenges faced by grandparents and other older kin caregivers who assume primary responsibility for raising children.⁵ This report examines (1) what is known about the numbers and characteristics of grandparents and other kin serving as the primary caregivers for children, and the reasons for that care; (2) the challenges grandparents and other kin face as primary caregivers for children and how state and local officials report addressing these challenges in selected communities; and (3) the extent to which HHS has supported states' efforts to use federal programs and initiatives established to serve kin caregivers, including older kin caregivers.

To determine what is known about the numbers and characteristics of grandparents and other kin raising children, we analyzed nationally representative survey estimates and available administrative data. Specifically, we analyzed estimates for 2005 through 2018 from two key Census Bureau surveys—the American Community Survey (ACS) and

³See generally 42 U.S.C. § 670 *et seq.* (Title IV-E) and 42 U.S.C. § 3021 *et seq.* (OAA).

⁴See the Supporting Grandparents Raising Grandchildren Act, Pub. L. No. 115-196, 132 Stat. 1511 (2018). This act requires the Advisory Council to Support Grandparents Raising Grandchildren to issue two reports to the appropriate congressional committees, responsible state agencies, and the public. The Advisory Council first met in August 2019 and, according to HHS officials, its timeframes for releasing reports are still to be determined. In addition, the RAISE Family Caregivers Act, enacted in January 2018, directed the Secretary of HHS to convene a Family Caregiving Advisory Council and to develop a national family caregiving strategy. See Pub. L. No. 115-119, 132 Stat. 23 (2018) (codified at 42 U.S.C. § 3030s note).

⁵For the purposes of this report, we refer to older caregivers as those age 55 and older.



Source: GAO file photo, not depicting circumstances described in report. | GAO-20-434

the Current Population Survey (CPS)—on two different populations.⁶ We analyzed ACS estimates on grandparents who reported being primarily responsible for their grandchildren, and we analyzed CPS Annual Social and Economic Supplement estimates on children who lived in the home of a grandparent, other relative, or non-relative, without any parent. Some kin caregivers may care for children informally, while others become legal guardians or licensed foster parents. To gather more information about those who are foster parents, we also analyzed HHS's Adoption and Foster Care Analysis and Reporting System (AFCARS) data on children in foster care living with relatives in fiscal year 2018. We determined these data were reliable for the purposes of reporting the numbers and characteristics of grandparent caregivers and numbers of children living without their parents, within and outside of foster care. (See app. I for further details on our analysis of Census estimates and foster care data, and on our data reliability assessment.)

To better understand the reasons children may be living apart from their parents and with grandparents or other kin caregivers, and the challenges these kin caregivers may face, we analyzed estimates from HHS's 2013 National Survey of Children in Nonparental Care,⁷ and conducted a literature review of peer-reviewed studies. (See app. II for further details on our analysis of these survey data and assessment of their reliability, and app. III for more information on our literature review.) We also reviewed AFCARS data from fiscal year 2018 on the circumstances associated with children's removal from their homes and entry into foster care.

To gain insights into how states and localities are addressing kin caregivers' challenges, we conducted interviews with child welfare and agency on aging officials, as well as service providers, in four selected communities: Panola County, Mississippi; Bernalillo County, New Mexico; New York City, New York; and Clinton County, Ohio. We selected these four sites based on various factors, including geographic and

⁶All percentage estimates from the ACS have margins of error at the 95 percent confidence level of plus or minus 0.99 percentage points or less, unless otherwise noted; all numerical estimates other than percentages have margins of error of plus or minus 2.36 percent or less of the value of those numerical estimates, unless otherwise noted. All percentage estimates from the CPS have margins of error at the 95 percent confidence level of plus or minus 3.54 percentage points or less, unless otherwise noted; all numerical estimates other than percentages have margins of error of plus or minus 6.81 percent or less of the value of those numerical estimates, unless otherwise noted.

⁷All survey estimates from the National Survey of Children in Nonparental Care in this report are presented along with their margins of error at the 95 percent confidence level.

demographic diversity, urban or rural status, and relatively large numbers and proportions of grandparents caring for grandchildren. (See app. IV for further details on how we selected these communities and examples of ways each of these communities were addressing caregiver challenges.) We visited New York City and Clinton County, and conducted interviews with officials from Panola and Bernalillo counties by phone. To hear directly about the reasons for kin caregiving and the challenges kin caregivers face, we held three discussion groups with kin caregivers during our visits to New York and Ohio in September 2019. We also held two additional discussion groups with kin caregivers from across the country at a global intergenerational conference in Portland, Oregon, in June 2019.⁸ We gathered additional information from group participants through a written questionnaire.

To examine the extent to which HHS has supported state efforts to use federal programs and initiatives established to serve kin caregivers, we reviewed relevant federal laws, regulations, agency guidance, and other documents. We also interviewed officials from HHS's Administration for Children and Families (ACF) and Administration for Community Living (ACL), both from the agencies' central offices and four regional offices overseeing the selected communities. We focused on programs and initiatives overseen by HHS, since it is the primary federal agency responsible for programs providing services and supports for older adults and children.⁹ To inform all three of our research objectives, we also interviewed representatives from national organizations that work on issues related to kin caregiving, child welfare, and older adult programs, as well as two national legal organizations.¹⁰

We conducted this performance audit from January 2019 to July 2020 in accordance with generally accepted government auditing standards.

⁸We used these groups to test our discussion group question design.

⁹The OAA was reauthorized on March 25, 2020 by the Supporting Older Americans Act of 2020 which, among other things, made changes to a key program included in this report, the National Family Caregiver Support Program. Pub. L. No. 116-131, 134 Stat. 240. Because we performed our audit work prior to this date, the discussions of the National Family Caregiver Support Program in this report are based on the law as it was in effect prior to the reauthorization. A review of the Supporting Older Americans Act of 2020 was beyond the scope of this report.

¹⁰These organizations include the American Bar Association Center on Children and the Law, American Public Human Services Association, Brookdale Foundation, Generations United, Legal Services Corporation, and the National Association of Area Agencies on Aging.

Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

HHS administers several federal programs that can serve kin caregivers. These programs generally fall under two categories: (1) child welfare programs under Title IV-E that serve eligible caregivers, including kin caregivers, regardless of age; and (2) programs under OAA Title III that serve eligible older adults; in particular, one OAA program that serves older adults caring for related children. The child welfare programs are administered at the federal level by ACF's Children's Bureau, and the OAA programs are administered at the federal level by ACL's Administration on Aging. These programs are supported by ACF's and ACL's central and regional offices and are generally operated by state and local entities. (See app. V for more information on optional Title IV-E and OAA Title III programs and initiatives established to serve kin caregivers.)

Child Welfare Funding under Title IV-E of the Social Security Act

State and local child welfare agencies typically become involved in family situations after receiving reports of child abuse or neglect. When abuse or neglect is identified, the agency may provide services designed to improve the situation and avoid removing children from their homes. If such services cannot ensure a child's safety in their home, the agency may work with the family to determine another living arrangement for the child or petition a court to place the child in foster care. When children are placed in foster care, the state child welfare agency generally becomes responsible for determining where the child should live—such as in the home of a relative or with unrelated foster parents—and providing the child with support.

Although states are the primary providers of child welfare services, federal support for child welfare activities is available through multiple programs administered by ACF. The largest share of this federal funding is provided to states under Title IV-E of the Social Security Act for the

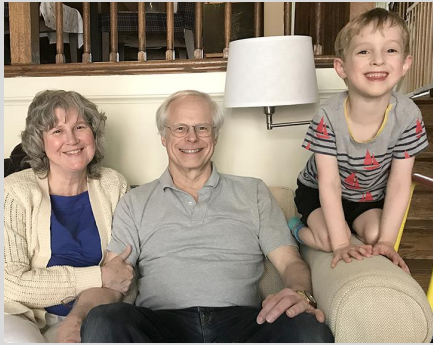
support of children in foster care (this program received \$5.3 billion in federal funding for fiscal year 2020), and for ongoing assistance to children who leave foster care via adoption or legal guardianship with kin (the adoption assistance program received \$2.9 billion in federal funding and the guardianship assistance program received \$217 million in federal funding for fiscal year 2020). The Title IV-E foster care, adoption assistance, and guardianship assistance programs reimburse state agencies for a portion of the payments made to families on behalf of eligible children and youth, as well as for allowable program administration and training costs.¹¹

As a condition of participating in Title IV-E, state child welfare programs must comply with a variety of federal requirements. For example, states receiving Title IV-E foster care funding must make foster care maintenance payments on behalf of eligible children whose foster care placements have been licensed or approved.¹² States are given flexibility to determine the amount of these payments, which are intended to help cover the cost of providing food, clothing, shelter, daily supervision, and other expenses related to caring for the child. Under Title IV-E, states are also responsible for establishing standards for foster family homes and child care institutions related to safety, sanitation, and protection of civil rights, among other things.¹³ Foster family home licensing standards vary by state and may include training, background checks, and home

¹¹See generally 42 U.S.C. §§ 670-679c; 45 C.F.R. pts. 1355-1356. Federal funding for child welfare services is also provided under Title IV-B of the Social Security Act and from other sources, including Temporary Assistance for Needy Families (TANF). This report focuses on Title IV-E.

¹²42 U.S.C. §§ 672, 675(4). States are reimbursed for a portion of the costs of providing foster care maintenance payments to support children meeting specific eligibility criteria. To be Title IV-E eligible, among other things, the child must have been removed from a home that meets the eligibility criteria for the Aid to Families with Dependent Children program (including income and resources requirements) that were in effect in 1996, and placed into a foster family home or child care institution that is licensed or approved by the state.

¹³42 U.S.C. § 671(a)(10).



Source: GAO file photo, not depicting the circumstances described in the report | GAO-20-434

inspections.¹⁴ Title IV-E requires states to consider giving preference to adult relatives over non-relatives when determining placement for a child, provided the relative meets all relevant state child protection standards.¹⁵

Several optional programs and initiatives are available under Title IV-E to assist kin caregivers. For example:

- **Title IV-E Guardianship Assistance Program.** Under Title IV-E, states may choose to offer a Guardianship Assistance Program, which provides kinship guardianship assistance payments to grandparents and other relatives who have assumed legal guardianship of children whom they previously cared for as foster parents.¹⁶
- **Title IV-E Kinship Navigator Program.** In 2018, the Family First Prevention Services Act amended Title IV-E to allow states to obtain Title IV-E federal reimbursement for a portion of their expenses related to operating kinship navigator programs, if HHS determines those programs meet certain evidence-based requirements (see app. VI for more information on these requirements).¹⁷ Generally, kinship navigator programs aim to assist kin caregivers in learning about, finding, and using programs and services to meet the needs of the

¹⁴Title IV-E requires states to provide procedures for criminal records checks, including fingerprint-based checks of national crime information databases, for any prospective foster or adoptive parent, and to check state child abuse and neglect registries for any prospective foster or adoptive parent and any other adult living in the home. Such checks are also required for any relative guardian and any other adult living in the home before the guardian may receive kinship guardianship assistance payments. 42 U.S.C. § 671(a)(20).

¹⁵42 U.S.C. § 671(a)(19). Within 30 days of a child's removal from parental custody, the state is required to exercise due diligence to identify all adult relatives, including grandparents, and notify them of the child's removal, explain their options to participate in the care and placement of the child, describe the requirements to become a foster family home and the additional services and supports that are available, and describe how to seek kinship guardianship assistance payments, where available. 42 U.S.C. § 671(a)(29).

¹⁶42 U.S.C. §§ 671(a)(28), 673(d).

¹⁷Pub. L. No. 115-123, § 50713, 132 Stat. 64, 245 (2018) (codified at 42 U.S.C. § 674(a)(7)). To be eligible for funding, HHS must determine that the programs are operated in accordance with promising, supported, or well-supported practices that meet specified requirements. 42 U.S.C. § 671(e)(4)(C). To help HHS make the determination, HHS relies on the Title IV-E Prevention Services Clearinghouse, established through a contract with a research organization, to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements.

children they are raising and their own needs, among other things.¹⁸ Prior to the availability of Title IV-E funding for these programs, some states, counties, and nonprofit organizations operated kinship navigator programs using other funding sources. HHS first provided federal funding for kinship navigator programs in 2009 through competitive Family Connection grants under Title IV-B of the Social Security Act.¹⁹ In fiscal years 2018 and 2019, HHS provided additional funding under Title IV-B to help states develop, enhance, or evaluate their kinship navigator programs.²⁰

- **Foster Family Home Licensing Standards.** Under Title IV-E, states may waive, on a case-by-case basis, non-safety licensing standards for relative foster family homes,²¹ such as those related to the required space in the home (e.g., the size of a bedroom). In addition, the Family First Prevention Services Act included provisions related to reviewing and improving licensing standards for placements in a relative foster family home. Specifically, the act required HHS to identify reputable model licensing standards for foster family homes

¹⁸42 U.S.C. § 627(a)(1).

¹⁹The Fostering Connections to Success and Increasing Adoptions Act of 2008 appropriated \$15 million annually for Family Connection grants in fiscal years 2009-2013, reserving \$5 million each year for grants to implement kinship navigator programs. Pub. L. No. 110-351, § 102, 122 Stat. 3949, 3953-56 (codified at 42 U.S.C. § 627). Thirteen kinship navigator programs operated by nonprofit organizations and state agencies received funding in 2009 in the first round of Family Connection grants, and seven kinship navigator programs operated by nonprofit organizations with state or county agency partners received funding in the second round in 2012. See James Bell Associates, Inc., *Family Connection Discretionary Grants, 2009-Funded Grantees, Cross-Site Evaluation Report-Final* (Arlington, VA: June 17, 2013); and Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Information Gateway, *Grantee Synthesis: Kinship Navigator Programs* (Washington, D.C.: 2019).

²⁰See Consolidated Appropriations Act, 2018, Pub. L. No. 115-141, div. H, tit. II, 132 Stat. 348, 731; and Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Pub. L. No. 115-245, div. B, tit. II, 132 Stat. 2981, 3085 (2018). Congress also appropriated \$20 million in funding for this purpose for fiscal year 2020. See Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. II, 133 Stat. 2534, 2573 (2019).

²¹42 U.S.C. § 671(a)(10)(D).

and required states to report to HHS on various aspects of their states' licensing standards for these homes (see text box).²²

According to HHS, the relevant statutes do not define "relative" for the purposes of these programs and initiatives, so Title IV-E agencies have flexibility to define the term in a reasonable manner, which may include non-relatives such as close family friends, often referred to as "fictive kin."

Family First Prevention Services Act Provisions on Foster Family Home Licensing Standards

The Family First Prevention Services Act, enacted in 2018, included provisions related to reviewing and improving licensing standards for placement in a relative foster family home. Specifically, the act required the Department of Health and Human Services (HHS) to identify reputable model licensing standards with respect to the licensing of foster family homes, and required states to report to HHS on the following:

- **Accordance with the model standards:** Whether the state licensing standards are in accord with the model standards, and if not, the reason for the specific deviation and a description as to why having a standard that is reasonably in accord with the corresponding national model standards is not appropriate for the state.
- **Waiving non-safety licensing standards for relatives:** Whether the state has elected to waive non-safety licensing standards for relative foster family homes, a description of which standards the state most commonly waives, and if the state has not elected to waive the standards, the reason for not waiving these standards.
- **Training and tools for caseworkers:** If the state has elected to waive non-safety licensing standards, how caseworkers are trained to use the waiver authority and whether the state has developed a process or provided tools to assist caseworkers in waiving such standards to quickly place children with relatives; and a description of the steps the state is taking to improve caseworker training or the process, if any.

Source: GAO summary of the Family First Prevention Services Act and HHS documents. | GAO-20-434

²²Pub. L. No. 115-123, § 50731, 132 Stat. 64, 251 (2018) (codified at 42 U.S.C. § 671 note and 42 U.S.C. § 671(a)(36)). After a period of public comment, HHS issued the final National Model Foster Family Home Licensing Standards in February 2019. See Notice for Proposed Model Family Foster Home Licensing Standards, Administration for Children and Families, 83 Fed. Reg. 37,495 (Aug. 1, 2018); and Information Memorandum ACYF-CB-IM-19-01, National Model Foster Family Home Licensing Standards (Feb. 4, 2019). HHS's model standards apply to foster family homes generally, and are not specific to relative foster family homes.

Older Adult Program Funding under the Older Americans Act

The OAA is the primary federal statute authorizing programs that provide social and nutrition services for older individuals, defined for purposes of the act as age 60 and older. Under Title III of the OAA, administered by ACL's Administration on Aging, states receive formula grants to provide a range of services, with the goal of developing comprehensive and coordinated community-based systems to serve older individuals.²³ State agencies, in turn, typically distribute funds to local area agencies on aging (AAA), which are public or private nonprofit entities responsible for planning and delivering services to older adults within their geographic service area. Services provided under Title III of the OAA include congregate and home-delivered meals, as well as supportive services, such as in-home care, transportation services, and minor home modifications. In fiscal year 2020, Title III appropriations totaled about \$1.5 billion.



Source: GAO file photo, not depicting the circumstances described in the report | GAO-20-434

Title III-E of the OAA also provides an option for states and AAAs to offer services to older adults who are caring for related children. Specifically, the National Family Caregiver Support Program (NFCSP) funds a range of supports that assist family caregivers of older adults,²⁴ with the option for the program to also serve grandparents or other relatives (excluding parents and fictive kin), age 55 and older, who are the primary caregivers of children.²⁵ At the time we conducted this work, states could use up to 10 percent of the total federal and non-federal share of funding under this

²³See generally 42 U.S.C. § 3021 *et seq.*; 45 C.F.R. pt. 1321. States are also required to contribute a share of non-federal funds.

²⁴42 U.S.C. §§ 3030s to 3030s-2. States must fund five types of services under this program: information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, organization of support groups, and caregiver training in the areas of health, nutrition, and financial literacy; respite care; and supplemental services on a limited basis.

²⁵Eligible relative caregivers of children are grandparents, step-grandparents, or other relatives (other than parents), by blood, marriage, or adoption, who are the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the child's primary caregiver. Funding is also available for older relative caregivers of individuals with disabilities. Fictive kin are not eligible under the NFCSP.

program to provide supports to older relative caregivers.²⁶ The NFCSP appropriations totaled about \$186 million for fiscal year 2020. NFCSP funding is provided to states based on the share of a state’s population age 70 and older.²⁷

Other Federal Programs That Can Support Kin Caregivers

Various other federal programs can also be used to assist kin caregivers. For example, under the Temporary Assistance to Needy Families (TANF) program, which provides cash assistance and other services to low-income families, some children may be eligible for a “child-only” benefit. In these cases, no adult is included in the TANF benefit calculation, either because no parent lives in the household or because the parents are ineligible for benefits.²⁸ Child-only TANF beneficiaries might include, for example, children living with a nonparent relative, or in limited circumstances, a non-relative caretaker. In addition, kin caregivers and their families who meet income and other applicable criteria may be eligible for other benefits and services available to broader populations, such as Medicaid and the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps.

More than Two Million Children Live with Grandparents or Other Kin Because Parents Are Absent for Various Reasons

According to 2018 data from the Current Population Survey (CPS), an estimated 2.7 million children were living with kin instead of their parents. Most of these children were being cared for outside of foster care arrangements. Most were living with grandparent householders (62

²⁶The Supporting Older Americans Act of 2020, enacted March 25, 2020, eliminated the funding cap for older relative caregivers. Pub. L. No. 116-131, § 218, 134 Stat. 240, 262. A review of this act was beyond the scope of this report.

²⁷States are required to match 25 percent of the federal funding they receive under the NFCSP.

²⁸Parents may be ineligible for certain reasons—for example, they may be noncitizens, or they may receive Supplemental Security Income benefits (which may disqualify them from TANF, depending on the state).

percent), while the remainder lived with other kin householders (including relatives and non-relatives).²⁹ The characteristics of grandparents who are the primary caregivers for children have changed over time, and this population differs from other adults in several ways, according to survey estimates. The reasons children do not live with their parents vary, but parental substance abuse and incarceration were often cited in national data, as well as in our interviews with representatives from national organizations and with state and local officials in the four selected communities.

Most Children Living with Kin Are Being Cared for Outside of Foster Care

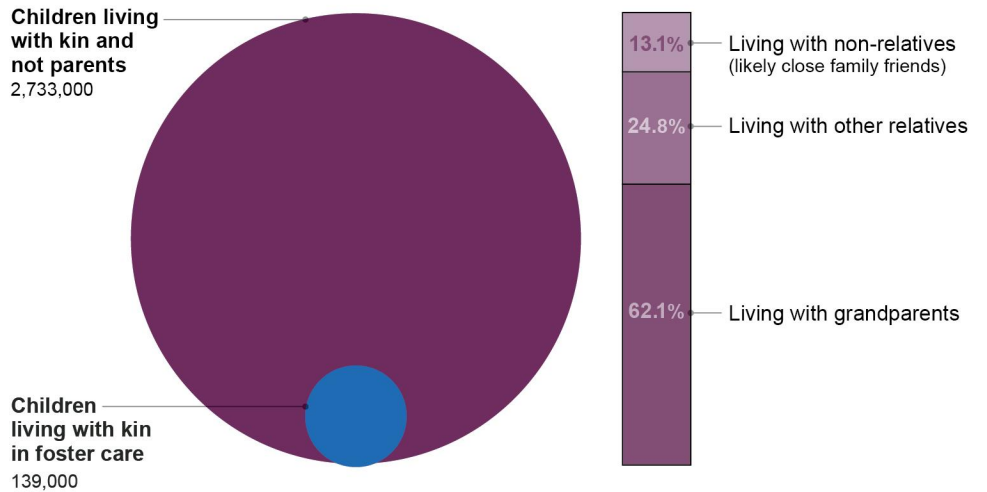
In 2018, an estimated 2.7 million children were living with grandparents or other kin householders (including relatives and non-relatives)³⁰ and without their parents, according to the CPS. This is roughly 20 times the number of children placed with kin caregivers through the foster care system (about 139,000), according to our analysis of CPS and HHS foster care data (see fig. 1).³¹

²⁹A householder is a person, or one of the people, in whose name the housing is owned or rented; if there is no such person, any adult member of the household excluding roomers, boarders, or paid employees may be designated as the householder. In Census surveys, the person designated as the householder is the “reference person” to whom the relationship of all other household members, if any, is recorded.

³⁰Data are not readily available on “fictive kin” caring for children. Depending on how a state defines “relative” for the purposes of foster care, children living with fictive kin may be included among the numbers of children living with relatives in foster care. Fictive kin are likely included in the non-relative category in CPS estimates.

³¹See app. I for more information on our analysis of CPS estimates of households with children who are not living with their parents and HHS data from the Adoption and Foster Care Analysis and Reporting System (AFCARS). All percentage estimates from the CPS have margins of error at the 95 percent confidence level of plus or minus 3.54 percentage points or less, unless otherwise noted; all numerical estimates other than percentages have margins of error of plus or minus 6.81 percent or less of the value of those numerical estimates, unless otherwise noted.

Figure 1: More Children Lived with Kin Outside of Foster Care than with Kin in Foster Care, 2018



Source: GAO analysis of HHS's Adoption and Foster Care Analysis and Reporting System data and U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement 1-Year Estimates. | GAO-20-434

Data table for Figure 1: More Children Lived with Kin Outside of Foster Care than with Kin in Foster Care, 2018

Children living with kin in foster care	139,000
Children living with kin and not parents	2,733,000

Of the 2,733,000 children living with kin and not parents

Living with non-relatives (likely close family friends)	13.1%
Living with other relatives	24.8%
Living with grandparents	62.1%

Source: GAO analysis of HHS's Adoption and Foster Care Analysis and Reporting System data and U.S. Census Bureau's Current Population Survey Annual Social and Economic Supplement 1-Year Estimates. | GAO-20-434

Note: The estimated 2.7 million children in this analysis excludes children reported as the foster child of the householder. However, according to Census Bureau officials, this number may still include some children in foster care because householders responding to Census surveys generally report children who are related to them as relatives, and not as children in foster care.

Whether a child is placed into foster care may affect the types of services and supports available to the child and caregiver. For example, unlike those caring for children outside of foster care, kin caregivers who are licensed foster parents would generally receive foster care maintenance payments on behalf of eligible children in their care. State child welfare agencies may also offer other support services to relatives who are foster parents, such as help enrolling the child in Medicaid and in school.

Characteristics of the Grandparent Caregiver Population Have Shifted and Differ from Other Adults

As previously illustrated in figure 1, most of the estimated 2.7 million children living with kin lived with a grandparent. Our analysis of American Community Survey (ACS) data found some changes in the numbers and characteristics of grandparent caregivers over time,³² and that the population of grandparent caregivers differs from the general population in some important ways. Comparable data on the characteristics of other kin caregivers are not available (see text box).³³

Census Bureau Estimates on Grandparents and Other Kin Caring for Children

Grandparent Caregivers

The American Community Survey provides estimates of the numbers and characteristics of grandparents who reported being primarily responsible for meeting the basic needs of their grandchildren. However, according to Census Bureau officials, this survey does not have similar estimates for other kin (such as aunts or uncles, or close family friends, often referred to as “fictive kin”) who are also caring for children.

Children Living with Grandparents or Other Kin Householders, without Any Parent

The Current Population Survey provides estimates of the numbers of all children who lived with grandparents and other kin householders (including relatives and non-relatives) without any parent. However, this survey does not specify whether the householder, or another person in the household, is the child’s caregiver.

Source: GAO interview with Census Bureau officials and review of Census Bureau documents. | GAO-20-434

Grandparent Caregiver Rates Vary by State

Grandparent caregivers are not distributed evenly across the country. When measured as a share of the U.S. population 30 and older,³⁴ an estimated 1.2 percent of adults nationwide were grandparent caregivers

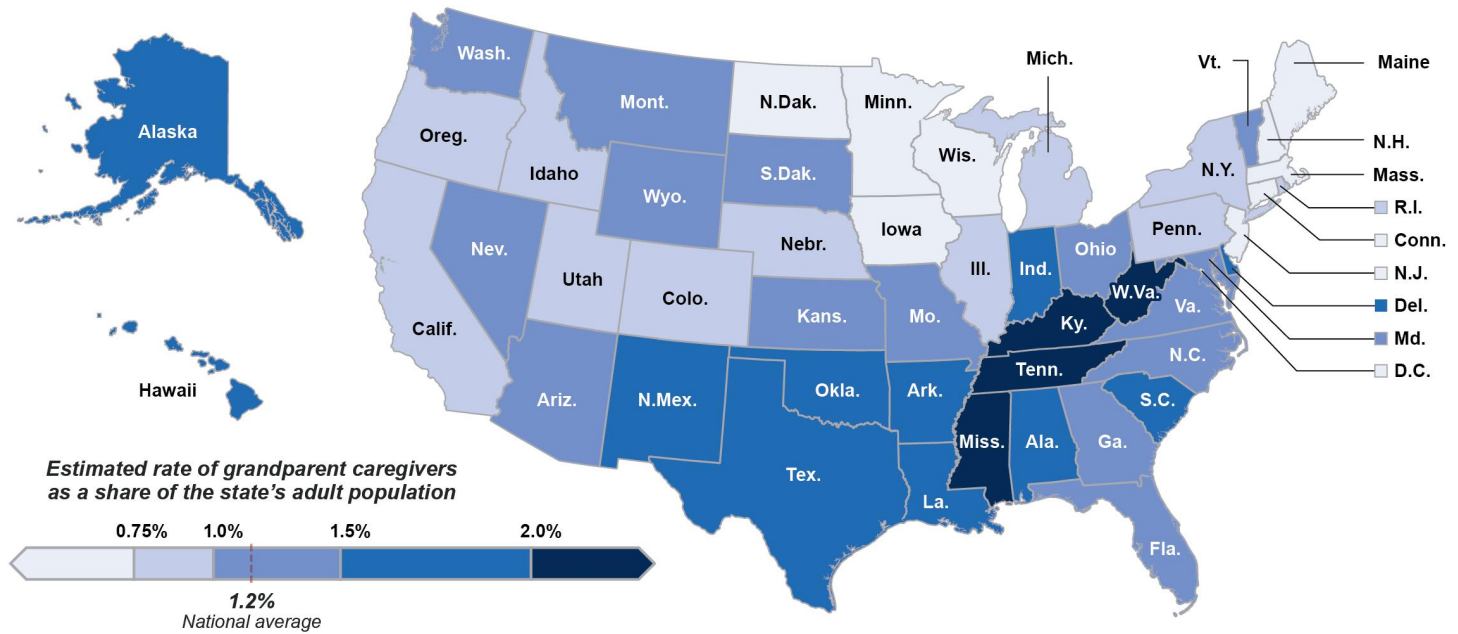
³²For example, between 2005 and 2018, there was a statistically significant increase in the average age of the grandparent caregiver population and the share of grandparent caregivers providing care for 5 years or more.

³³For more information on our analysis of these two Census Bureau surveys, see app. I.

³⁴Grandparent caregiver estimates are available from the ACS from 2005 onward. Previously, the estimates were available in the 2000 decennial Census. According to Census Bureau officials, they use the population age 30 and older to contextualize and compare data on grandparent caregivers to the general population because it is unlikely that people under age 30 would be grandparents. In addition, Census officials told us that the ACS does not have estimates on the overall grandparent population, or the overall caregiver population. For the purposes of this report, we will refer to the population age 30 and older as the general adult population.

in 2018, but caregiving rates differed by state (see fig. 2). Numbers of grandparent caregivers also varied by state. For example, among the four states from which we selected communities for more detailed study, the caregiving rate was relatively low in New York (an estimated 0.9 percent), but this represented a large number of grandparent caregivers (an estimated 114,630). In contrast, the caregiving rate was relatively high in Mississippi (an estimated 2.3 percent), but this represented a smaller number of grandparent caregivers (an estimated 40,250). The caregiving rates in our other two states, Ohio and New Mexico, fell in between these two.

Figure 2: Estimates on Grandparents Primarily Responsible for Grandchildren as a Share of the General Adult Population, by State, 2018



Source: GAO analysis of U.S. Census Bureau's American Community Survey 1-Year Estimates; U.S. Geological Survey (base map). | GAO-20-434

Data Table for Figure 2: Estimates on Grandparents Primarily Responsible for Grandchildren as a Share of the General Adult Population, by State, 2018

State	Estimated rate of grandparent caregivers as a share of the state's adult population
National average	1.2%
Alabama	1.94%
Alaska	1.75%
Arizona	1.28%

State	Estimated rate of grandparent caregivers as a share of the state's adult population
Arkansas	1.83%
California	0.95%
Colorado	0.92%
Connecticut	0.72%
Delaware	1.61%
District of Columbia	0.61%
Florida	1.06%
Georgia	1.45%
Hawaii	1.58%
Idaho	1.00%
Illinois	0.90%
Indiana	1.51%
Iowa	0.61%
Kansas	1.31%
Kentucky	2.10%
Louisiana	1.76%
Maine	0.59%
Maryland	1.12%
Massachusetts	0.74%
Michigan	0.88%
Minnesota	0.68%
Mississippi	2.26%
Missouri	1.08%
Montana	1.33%
Nebraska	0.79%
Nevada	1.44%
New Hampshire	0.70%
New Jersey	0.69%
New Mexico	1.99%
New York	0.94%
North Carolina	1.42%
North Dakota	0.64%
Ohio	1.32%
Oklahoma	1.88%
Oregon	0.84%
Pennsylvania	1.00%

State	Estimated rate of grandparent caregivers as a share of the state's adult population
Rhode Island	0.93%
South Carolina	1.59%
South Dakota	1.02%
Tennessee	2.01%
Texas	1.61%
Utah	0.81%
Vermont	1.09%
Virginia	1.26%
Washington	1.01%
West Virginia	2.38%
Wisconsin	0.67%
Wyoming	1.49%

Source: GAO analysis of U.S. Census Bureau's American Community Survey 1-Year Estimates; U.S. Geological Survey (base map). | GAO-20-434

Note: Census Bureau officials use the population age 30 and older to contextualize and compare data on grandparent caregivers to the general population. With the exception of grandparents who are primarily responsible for grandchildren, the American Community Survey does not have estimates on the overall grandparent population, or overall caregiver population.

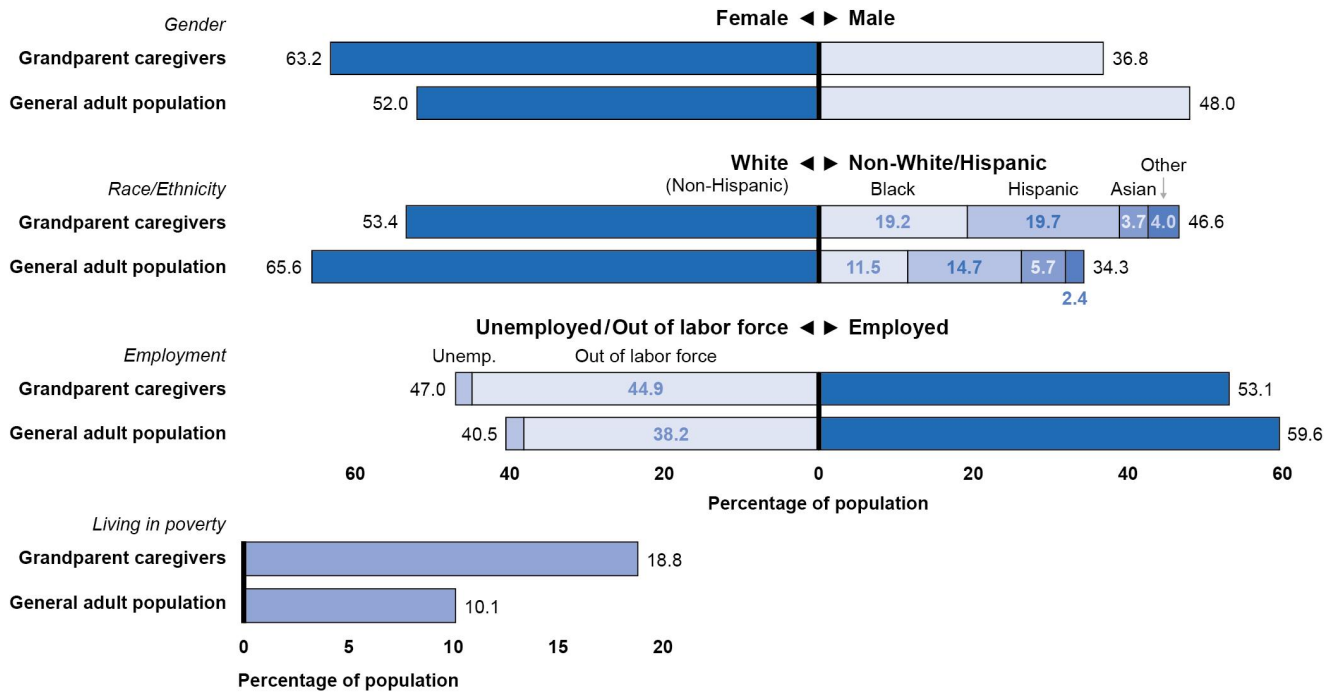
Grandparent Caregivers Are Disproportionately Female and Poor

In general, the grandparent caregiver population differed from the general adult population in several ways, according to 2018 estimates (see fig. 3). For example, grandparent caregivers were disproportionately female.³⁵ In addition, although more than one-half of the grandparent caregiver population was employed, they were more likely to be in poverty, and were more likely to be out of the labor force,³⁶ compared to the general adult population.

³⁵In general, women are more likely than men to be caregivers. See, for example, GAO, *Retirement Security: Some Parental and Spousal Caregivers Face Financial Risks*, [GAO-19-382](#) (Washington, D.C.: May 1, 2019).

³⁶According to the Bureau of Labor Statistics, persons who are neither employed nor unemployed are not in the labor force. This category includes retired persons, students, those taking care of children or other family members, and others who are neither working nor seeking work.

Figure 3: Characteristics of Grandparent Caregivers Compared to the General Adult Population, 2018



Source: GAO analysis of U.S. Census Bureau's American Community Survey 1-Year Estimates. | GAO-20-434

Data Table for Figure 3: Characteristics of Grandparent Caregivers Compared to the General Adult Population, 2018

Percentage of population	Grandparent caregivers	General adult population
Male	36.8	48.0
Female	63.2	52.0
White	53.4	65.6
Black	19.2	11.5
Hispanic	19.7	14.7
Asian	3.7	5.7
Other	4.0	2.4
Living in poverty	18.8	10.1

Source: GAO analysis of U.S. Census Bureau's American Community Survey 1-Year Estimates. | GAO-20-434

Note: In this figure, the general adult population refers to the population age 30 and older. Percentages may not sum to 100 because of rounding.

Grandparent Caregivers Are Growing Older and Caring for Children Longer

The number of grandparents who were primarily responsible for their grandchildren increased from an estimated 2.5 million in 2005 to almost 2.8 million in 2012, according to the ACS, and then, after 2012, the numbers decreased to an estimated 2.4 million in 2018.³⁷ These data also indicate that over this period, which covers the Great Recession of 2007-2009 and the subsequent recovery period, an increasing share of grandparents cared for their grandchildren for longer periods of time. In 2005, an estimated 37 percent of grandparent caregivers reported caring for their grandchildren for five or more years, compared to about 46 percent in 2018.

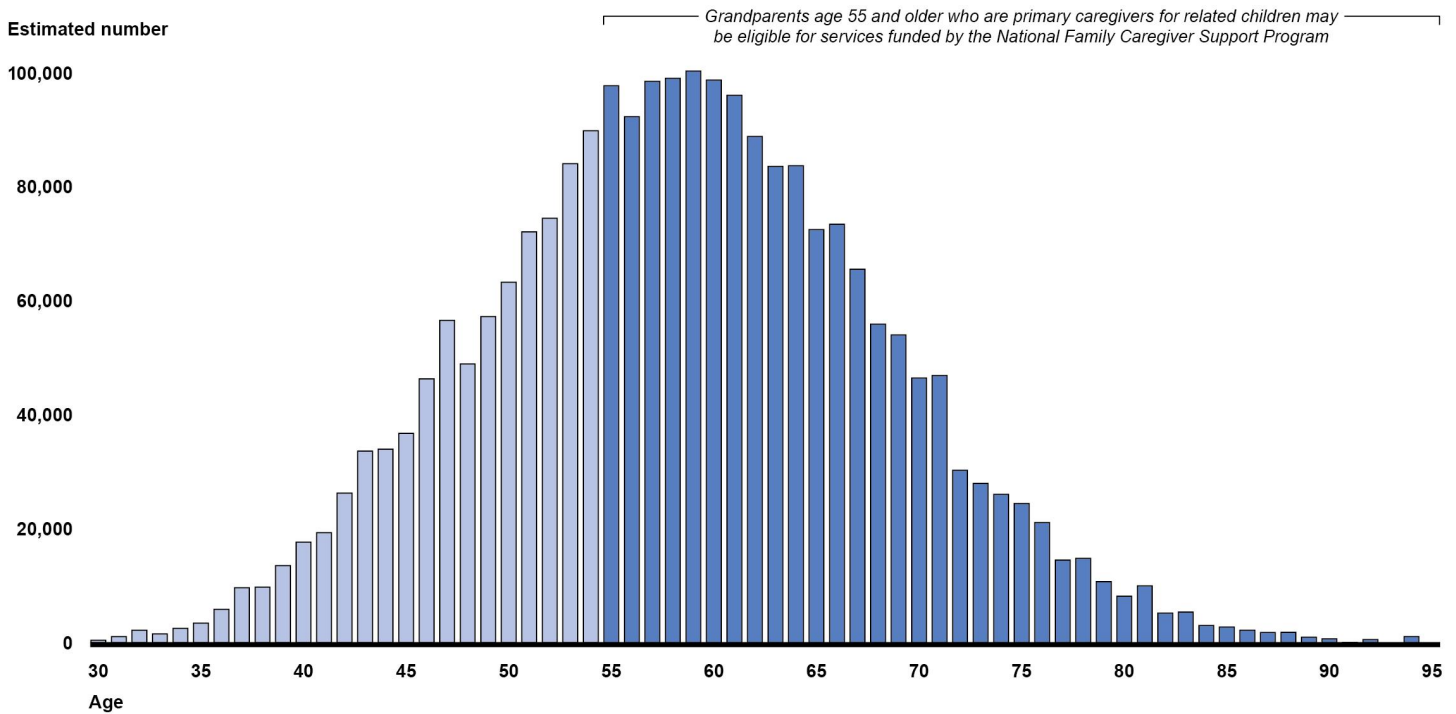
Between 2005 and 2018, ACS data indicate that some characteristics of the grandparent caregiver population shifted, while others stayed the same. For example, the grandparent caregiver population, as a whole, grew older during this period. Specifically, the average age of grandparent caregivers was 55 in 2005, and rose to nearly 59 in 2018.³⁸ However, grandparent caregivers' ages ranged widely (see fig. 4). In 2018, about one-third of grandparent caregivers were younger than age 55, which could affect their access to services. For example, only the two-thirds of grandparent caregivers who are age 55 and older are potentially eligible for services and supports under ACL's National Family Caregiver Support Program.³⁹

³⁷All percentage estimates from the ACS have margins of error at the 95 percent confidence level of plus or minus 0.99 percentage points or less, unless otherwise noted. All numerical estimates other than percentages have margins of error of plus or minus 2.36 percent or less of the value of those numerical estimates, unless otherwise noted.

³⁸The average age of the general adult population also increased, from 51.8 in 2005 to 54.1 in 2018.

³⁹In 2018, 65.9 percent of grandparent caregivers were age 55 and older; 34.1 percent were age 54 or younger.

Figure 4: Age Distribution of the Grandparent Caregiver Population, 2018



Source: GAO analysis of U.S. Census Bureau's American Community Survey 1-Year Estimates. | GAO-20-434

Data table for Figure 4: Age Distribution of the Grandparent Caregiver Population, 2018

Age	Estimated number
30	415
31	1051
32	2170
33	1530
34	2495
35	3434
36	5849
37	9638
38	9740
39	13514
40	17631
41	19302
42	26241
43	33624

Age	Estimated number
44	33966
45	36737
46	46300
47	56570
48	48912
49	57223
50	63270
51	72095
52	74502
53	84050
54	89850
55 (Grandparents age 55 and older who are primary caregivers for related children may be eligible for services funded by the National Family Caregiver Support Program)	97738
56	92322
57	98513
58	99046
59	100342
60	98759
61	96086
62	88833
63	83599
64	83705
65	72486
66	73443
67	65532
68	55899
69	54002
70	46448
71	46888
72	30264
73	27950
74	26032
75	24411
76	21068
77	14479
78	14809
79	10721

Age	Estimated number
80	8155
81	9954
82	5184
83	5384
84	3010
85	2720
86	2161
87	1791
88	1807
89	941
90	680
91	41
92	545
93	158
94	1067
95	141

Source: GAO analysis of U.S. Census Bureau's American Community Survey 1-Year Estimates. | GAO-20-434

Note: Relative margin of error (margin of error divided by estimated total caregivers) is less than 20 percent for most caregivers between ages 40 and 78.

In addition, between 2005 and 2018, the racial and ethnic composition of the grandparent caregiver population shifted. Although the population remained disproportionately Black and Hispanic compared to the general adult population, during this period, the share of grandparent caregivers who were Black decreased, while the shares who were White, Hispanic, Asian, and “Other” races increased.⁴⁰

⁴⁰In 2005, the grandparent caregiver population was estimated to be 50.1 percent White, 25.2 percent Black, 18.4 percent Hispanic, 2.9 percent Asian, and 3.5 percent “Other.” By comparison, in 2018, the grandparent caregiver population was estimated to be 53.4 percent White, 19.2 percent Black, 19.7 percent Hispanic, 3.7 percent Asian, and 4.0 percent “Other.” The race categories include only non-Hispanic members of White, Black, Asian, and “Other” categories. The Hispanic category includes Hispanics of all races. People who reported races other than White, Black, or Asian, and those who reported more than one race, are included in the category reported as “Other.”

Parental Substance Abuse and Incarceration Were Often Cited as Reasons for Kin Caregiving

Parental Substance Abuse

Parental substance abuse was often cited among the various reasons for kin caregiving, according to available national survey and administrative data, as well as representatives from several national organizations and state and local officials we interviewed in selected communities.⁴¹ For example, the one-time National Survey of Children in Nonparental Care in 2013 asked caregivers the reasons children were not living with each of their parents. An estimated 19 percent of children were living with relative caregivers instead of their mother due to the mother's substance abuse, and 14 percent were not living with their father for the same reason.⁴²

⁴¹For an overview and compilation of select GAO reports on drug misuse, including trends, the social and economic effects (including children placed in foster care and childhood trauma), and challenges in addressing the crisis, see GAO, *Drug Misuse: Sustained National Efforts Are Necessary for Prevention, Response, and Recovery*, [GAO-20-474](#) (Washington, D.C.: March 26, 2020).

⁴²Respondents could select more than one reason from a set of options for each parent, which were developed from existing research literature and the experience of social workers who interact with families regularly. All estimates from the National Survey of Children in Nonparental Care are subject to sampling error. The margins of error for the estimates of parental substance abuse at the 95 percent confidence level are no more than plus or minus 4.6 percentage points. See app. II for more information on our analysis of this survey.

Comments from Kin Caregivers

“The reason why I take care of those children—I have full custody—is because my daughter started drinking and taking pills and she leaves those kids alone.”

—67-year-old caregiver for three grandchildren

“I have full custody of two of my grandchildren. I originally got them because my son and the mom were both addicted to opiates and other drugs... Then my son fought his way back from that and was sober almost a year and a half, got custody back... and then died in an automobile accident... [Their] mom is still in active addiction—she’s alive, but she’s in active addiction still. They’ve lived in my home for 3 years. And then I also have temporary custody of my friend’s daughter... as well, and she and her husband both are in active addiction.”

—49-year-old caregiver for a biological child, two grandchildren, and a friend’s child

Source: GAO discussion groups and questionnaires. | GAO-20-434

Representatives from national organizations we interviewed also cited substance abuse as a reason that grandparents and other kin were caring for children. For example, one representative said that drug and alcohol abuse has always been a significant reason for kin caregiving, including during the recent opioid crisis. Similarly, in the four selected communities, state and local officials most often cited substance abuse as a factor that led to grandparents and other kin assuming primary responsibility for raising children.

Substance abuse is also the second-most common reason nationally, after neglect, that child welfare agencies removed children from their homes and placed them into foster care (with relatives or non-relatives), according to HHS foster care data.⁴³ For example, in fiscal year 2018, 36 percent of children were removed from their homes due to a parent’s drug abuse, and 5 percent were removed due to a parent’s alcohol abuse. HHS research also suggests a possible link between drug abuse and children living in foster care. Specifically, one study issued in 2018 by HHS’s Office of the Assistant Secretary for Planning and Evaluation found that counties’ drug overdose death and drug-related hospitalization rates from 2011 to 2016 correlated with foster care entry rates, even after accounting for a number of socioeconomic, demographic, and other county-level factors.⁴⁴

⁴³Neglect was the most common reason children were removed from their homes and placed into foster care in fiscal year 2018 (62 percent of children). According to HHS, caseworkers have not always reliably indicated substance abuse as a reason for a child’s removal from a home, even when substance abuse is present. However, according to HHS, ACF and states have taken steps to increase data reliability.

⁴⁴Robin Ghertner, Melinda Baldwin, Gilbert Crouse, Laura Radel, Annette Waters. “ASPE Research Brief: The Relationship between Substance Abuse Indicators and Child Welfare Caseloads.” Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 9, 2018.

Parental Incarceration

Comment from a Kin Caregiver

“My granddaughter has been incarcerated three times because of her lifestyle. Six years ago she asked me to watch my two great-grandchildren for the summer— I didn’t know she wouldn’t be back to get them.”

—65-year-old caregiver for two great-grandchildren

Source: GAO discussion groups and questionnaires. | GAO-20-434

Parental incarceration, which is sometimes linked to substance abuse,⁴⁵ also has been cited by various sources as a key reason for kin caregiving. Specifically, an estimated 15 percent of children were living with relative caregivers because their fathers were incarcerated, and 7 percent because of incarcerated mothers, according to the 2013 National Survey of Children in Nonparental Care.⁴⁶ More broadly, 7 percent of children placed into foster care (with relatives or non-relatives) were removed from their homes due to parental incarceration, according to HHS foster care data from fiscal year 2018. Representatives we interviewed from national organizations, as well as officials in the four selected communities, also often cited parental incarceration as a reason for kin caregiving.

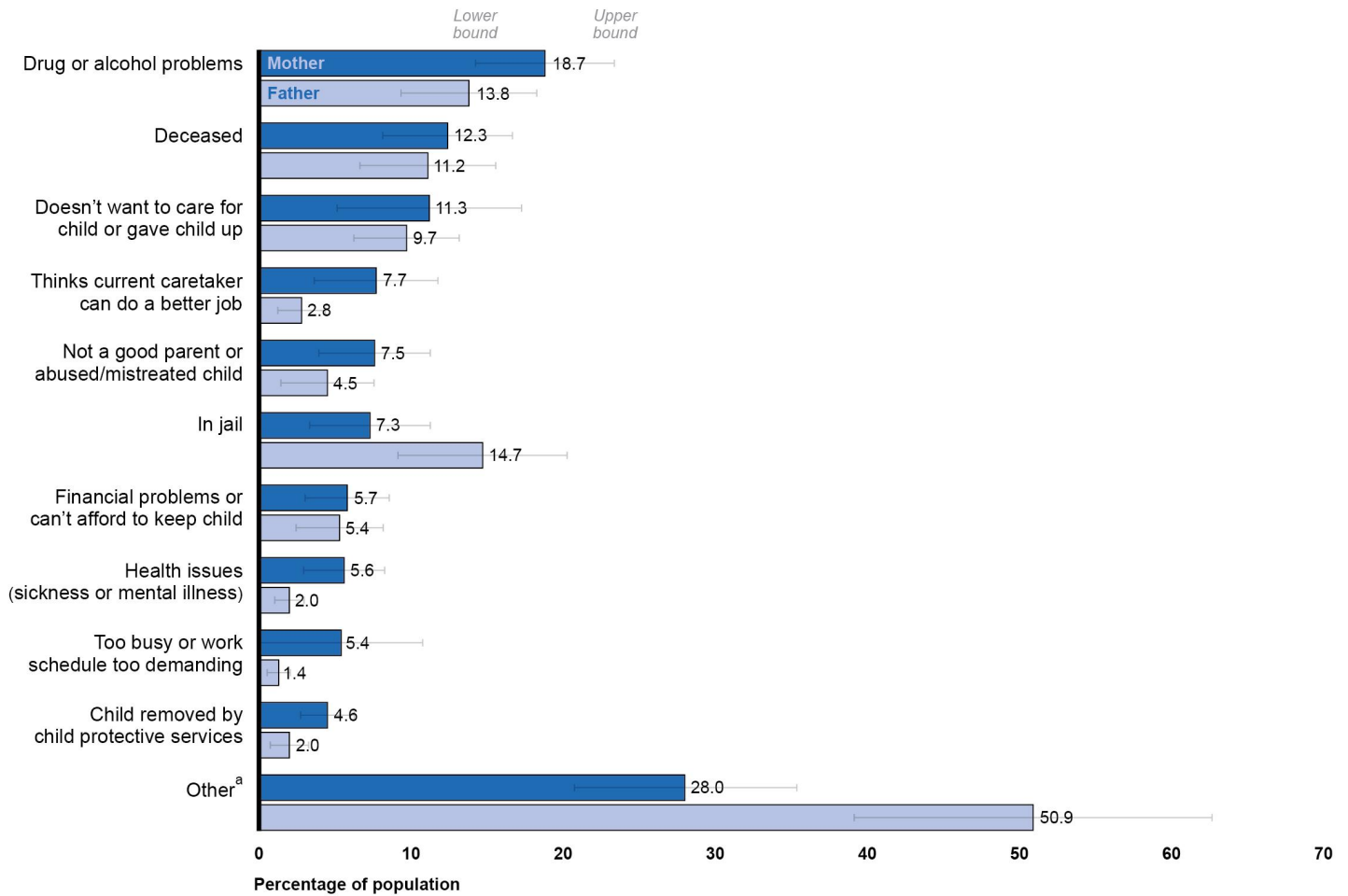
Poverty and Other Factors

Various other factors, such as poverty, also have been cited as reasons for kin caregiving, and these factors can be interrelated. For example, relative caregivers responding to the 2013 National Survey of Children in Nonparental Care selected a wide array of reasons children were living apart from their parents, including a parent’s death, unwillingness to provide care, and financial problems (see fig. 5).

⁴⁵See, for example, GAO, *Child Welfare: More Information and Collaboration Could Promote Ties Between Foster Care Children and Their Incarcerated Parents*, [GAO-11-863](#) (Washington, D.C.: Sept. 26, 2011).

⁴⁶The margins of error for the estimates of parental incarceration at the 95 percent confidence level are no more than plus or minus 5.6 percentage points.

Figure 5: Reasons Relative Caregivers Cited for Children Not Living with Parents, 2013



Source: GAO analysis of estimates from the 2013 National Survey of Children in Nonparental Care. | GAO-20-434

Data Table for Figure 5: Reasons Relative Caregivers Cited for Children Not Living with Parents, 2013

	Mother Lower bound	Mother Median	Mother Upper bound	Father Lower bound	Father Median	Father Upper bound
Drug or alcohol problems	14.2	18.7	23.3	9.3	13.8	18.3
Deceased	8.1	12.3	16.6	6.6	11.2	15.7
Doesn't want to care for child or gave child up	5.1	11.3	17.4	6.2	9.7	13.2
Thinks current caretaker can do a better job	3.6	7.7	11.7	1.2	2.8	4.4
Not a good parent or abused/ mistreated child	3.9	7.5	11.2	1.4	4.5	7.6

	Mother Lower bound	Mother Median	Mother Upper bound	Father Lower bound	Father Median	Father Upper bound
In jail	3.3	7.3	11.3	9.1	14.7	20.2
Financial problems or can't afford to keep child	3.0	5.7	8.5	2.4	5.4	8.3
Health issues (sickness or mental illness)	2.9	5.6	8.3	1.0	2.0	2.9
Too busy or work schedule too demanding	0.0	5.4	10.8	0.5	1.4	2.2
Child removed by child protective services	2.7	4.6	6.4	0.7	2.0	3.3
Other ^a	20.6	28.0	35.5	39.1	50.9	62.7

Source: GAO analysis of estimates from the 2013 National Survey of Children in Nonparental Care. | GAO-20-434

Note: Respondents were able to select multiple reasons. We excluded some categories from this figure because estimates were calculated based on fewer than 20 responses. These categories included detained/deported for immigration violations, problems with spouse/partner, and neighborhood not good for raising children. Error bars display 95 percent confidence intervals for estimates.

^aThe “other” category captured reasons not specified on the survey instrument; according to a Department of Health and Human Services report, these “other” reasons varied widely.

Representatives from national organizations and officials in the selected communities also offered a range of reasons that grandparents and other kin are caring for children. Officials in all four areas (Panola County, Mississippi; Bernalillo County, New Mexico; New York City; and Clinton County, Ohio) cited parents’ mental health challenges. Officials in Panola

Comment from a Kin Caregiver

“My son and daughter-in-law OD’d on heroin and were arrested and put in prison for 2 years. I became my grandson’s caregiver, and am still raising him now.”

—56-year-old caregiver for a grandchild

Source: GAO discussion groups and questionnaires. | GAO-20-434

and Bernalillo counties said generational poverty or economic conditions were factors.⁴⁷ One representative from a national organization also said that the economy is a major factor because parents may be unable to keep their jobs or care for themselves. She said that in some cases, parents must travel to find employment and leave their children with grandparents. Officials in New York City explained that it is seldom a single factor that leads to kin caregiving, but rather a combination of several complex and interrelated factors. For example, a parent’s substance abuse could lead to parental incarceration or death, or mental health issues could precede homelessness or substance abuse.

⁴⁷Some research suggests that grandparent caregiving rates are associated with poverty rates. See, for example, Lydia Anderson. “The Opioid Prescribing Rate and Grandparents Raising Grandchildren: State and County Level Analysis.” Social, Economic, and Housing Statistics Division Working Paper 2019-04. U.S. Census Bureau.

Challenges and Efforts to Serve Grandparents and Other Kin Caregivers Vary by Community and Type of Care

Grandparents and other kin caring for children can face a range of challenges, such as having limited financial resources and needing assistance with legal matters and child care. Officials we interviewed in the four selected communities—Panola County, Mississippi; Bernalillo County, New Mexico; New York City; and Clinton County, Ohio—described various strategies to address these challenges. At the same time, officials said that certain programs and services had limited availability due to their eligibility criteria (based on the caregiver’s household income or status as a licensed foster parent or legal guardian, among other factors) and insufficient program funds that result in waiting lists.

Wide Range of Challenges Can Confront Grandparents and Other Kin Caring for Children

We identified a wide range of challenges that grandparents and other kin caregivers may face when raising children, based on our review of relevant studies,⁴⁸ the 2013 National Survey of Children in Nonparental Care,⁴⁹ and interviews with representatives from national organizations and state and local officials in the selected communities. These challenges include lack of awareness of support services, having limited financial resources, needing legal assistance, and difficulty finding affordable child care, among others.

Lack of Awareness of Support Services

One key challenge for many grandparents and other kin caregivers is a lack of awareness of the services and supports that may be available to assist them in caring for children. While most relative caregivers responding to the 2013 National Survey of Children in Nonparental Care

⁴⁸For further details about our review of studies on grandparent caregiver challenges, see app. III.

⁴⁹For further details about our analysis of data from the 2013 National Survey of Children in Nonparental Care, a one-time national survey of caregivers, see app. II.

said they had a good understanding of the services available in their community, an estimated 15 percent of children were living with relative caregivers who said they did not.⁵⁰ Several studies in our literature review also found that grandparents often did not know what types of services and supports they were eligible for, or how to apply.⁵¹ Some representatives from national organizations and officials in the selected communities also said that kin caregivers may lack awareness of available services and supports, particularly when they step into the caregiver role unexpectedly and have little time to plan. As some New York City officials noted, this may be the first time some kin caregivers have needed assistance from social service agencies.

Comment from a Kin Caregiver

“The fact is... I’ve been in the child welfare [system] for 15 years and I [work in the child welfare system] for a living. Had I not had that experience— and it was still very hard for me to find any resources— I can’t imagine what other grandparents go through, trying to get through that system.”

—46-year old caregiver for a grandchild

Source: GAO discussion groups and questionnaires. | GAO-20-434

Once aware of available services and supports, kin caregivers may not know where to start or how to apply. For example, officials from New Mexico’s state agency on aging said one of the biggest challenges for kin caregivers in the state is navigating the various services that are available to support them across government agencies and programs. Representatives from a national organization and officials in some communities said that staff working in public assistance offices may not always provide kin caregivers accurate information on the benefits that may be available to them because the programs are not designed for kin caregivers. We have previously reported that federal, state, and local agencies administer programs that provide assistance to low-income individuals through a fragmented and complex system that can be difficult for clients to navigate.⁵² This challenge may be greater for caregivers who are not connected to the child welfare system, according to representatives from several national organizations and officials in the selected communities. In addition, some officials said that older kin caregivers, in particular, may not be comfortable using the internet and struggle to fill out online applications for assistance.

⁵⁰The margin of error for this estimate at the 95 percent confidence level is plus or minus 6.1 percentage points.

⁵¹See, for example, Martha R. Crowther, Cassandra D. Ford, and Tina Peterson, “A Qualitative Examination of Barriers for Urban and Rural Custodial Grandparents,” *Journal of Intergenerational Relationships*, vol. 12, no. 3 (July 2014): pp. 207-226. Inability to access social services was one of the five themes identified by this study, which involved four focus groups with 33 grandparents in urban and rural Alabama. See app. III for more information on our literature review.

⁵²See GAO, *Federal Low-Income Programs: Multiple Programs Target Diverse Populations and Needs*, [GAO-15-516](#) (Washington, D.C.: July 30, 2015).

Limited Financial Resources

Another key challenge grandparents and other kin caregivers may face is limited financial resources, particularly when they are not licensed foster parents. Representatives from national organizations and officials across the selected communities said that many kin caregivers have difficulty meeting the basic needs of the children in their care because they live on low or fixed incomes.⁵³ An estimated 19 percent of grandparents who are primary caregivers for children lived below the federal poverty threshold in 2018, according to the American Community Survey. Some kin caregivers, particularly in high-poverty areas, may struggle to pay their own bills, and caring for children can increase this financial strain. Some studies in our literature review also found that grandparent caregivers faced challenges generating and shifting income streams later in life, and incurred unexpected expenses as a result of taking in their grandchildren.⁵⁴ For example, more than 70 percent of grandparents and other kin who responded to New York City's 2017 survey of informal caregivers said that they could not make ends meet or were just getting by.⁵⁵ In addition, even kin caregivers who have sufficient incomes to meet their own needs face financial challenges when adding one or more children to the household, often with little to no notice, according to representatives from a national organization and officials in the four selected communities. Yet, as noted by some officials, some kin caregivers' household incomes may be too high to qualify for assistance from means-tested programs, like SNAP.⁵⁶ One child welfare official in Bernalillo County, New Mexico, said that kin caregivers may be caught between having too much money to qualify for public assistance and not

⁵³In general, prior GAO work has found that many retirees and workers approaching retirement have limited financial resources. See, for example, GAO, *Retirement Security: Most Households Approaching Retirement Have Low Savings*, [GAO-15-419](#) (Washington, D.C.: May 12, 2015).

⁵⁴See, for example, Sandra J. Bailey, Deborah C. Haynes, and Bethany L. Letiecq, "How Can You Retire When You Still Got a Kid in School?" *Economics of Raising Grandchildren in Rural Areas*, *Marriage & Family Review*, vol. 49 (2013): pp. 671-693.

⁵⁵A New York City law enacted in 2016 required the city's Department for the Aging (DFTA) to develop and conduct a survey of unpaid caregivers and develop a comprehensive plan to address the needs of these caregivers. DFTA designed the study with the Mayor's Office for Economic Opportunity with input from the city's child welfare agency, the Administration for Children's Services, and others.

⁵⁶By contrast, according to HHS officials, the income of a grandparent or kin caregiver with whom a child is placed would not generally be relevant in determining eligibility for programs under either title IV-B or IV-E of the Social Security Act.

having enough money to meet the medical, dental, and other needs of the child.

Comment from a Kin Caregiver

"I have a ... 5- and 6-year-old, and all I get to help is \$205 [a month]. That will pay one utility. So we basically live off of my Social Security because I'm 67."

—67-year-old caregiver for two grandchildren

Source: GAO discussion groups and questionnaires. | GAO-20-434

Some kin caregivers do not receive the financial assistance that may be available. In the 2013 National Survey of Children in Nonparental Care, an estimated 48 percent of children had relative caregivers who said they had not received any payments for taking care of the child in the previous 12 months, including foster care or adoption assistance payments, Social Security survivor benefits, child support payments from the child's parent, or payments from TANF.⁵⁷ Even if kin caregivers are not eligible for TANF payments for themselves, they may be able to receive a TANF child-only payment—a key source of financial support for kin caregivers—on behalf of eligible children in their care.⁵⁸ However, some representatives from national organizations and officials in the selected communities said that kin caregivers may not apply for these benefits, in part, because TANF generally requires the recipient to cooperate with child support enforcement actions against the children's parents, among other reasons.

This challenge may be greater for caregivers who are not licensed foster parents and, therefore, do not receive foster care maintenance payments on behalf of the child. For example, officials at a nonprofit service provider in New York City said there is a significant difference in the level of financial assistance received by kin caregivers who are engaged with the child welfare system, compared to kin caregivers who are not, especially if they are caring for more than one child. In a prior report, we found that children in foster care with licensed foster parents are generally eligible for greater benefits and services than children in other living arrangements.⁵⁹ At that time, in 2011, the national average minimum monthly foster care payment for one child was \$511, while the average

⁵⁷The margin of error for this estimate at the 95 percent confidence level is plus or minus 10.4 percentage points.

⁵⁸Kin caregivers may be eligible to receive a TANF payment if they meet financial and nonfinancial eligibility requirements. Even if a caregiver does not qualify for TANF benefits, they may apply for and receive benefits on behalf of a child in their care. In these situations, only the child's income is considered for eligibility. If the child has little or no income, it is likely they will be eligible to receive TANF.

⁵⁹GAO, *TANF and Child Welfare Programs: Increased Data Sharing Could Improve Access to Benefits and Services*, GAO-12-2 (Washington, D.C.: Oct. 7, 2011). For this report, we surveyed state TANF and child welfare administrators in 50 states and the District of Columbia and conducted site visits in three selected states (Tennessee, Texas, and Washington). This report provides the most recent comparison of foster care payments and TANF child-only payments across states, according to officials from one national organization we interviewed.

monthly TANF child-only payment was \$249. That review also found that gaps between the TANF child-only payment and foster care payment increased as caregivers cared for additional children because the TANF child-only payment may decrease for each individual child as the number of children increases, while the foster care payment does not, based on the information collected from the three selected states in that review.

Need for Legal Assistance

Grandparents and other kin caregivers may need legal assistance, although this need may differ for those involved with the child welfare system, compared to those who are not. When a child welfare agency approaches a relative to care for a child, the relative could benefit from legal assistance to help them make consequential decisions about whether to pursue becoming a licensed foster parent, according to representatives from national organizations and some officials we interviewed in the selected communities. Officials said that these decisions—which can have important implications for eligibility for financial and other assistance—often need to be made quickly, and relatives may make these decisions without legal assistance. Once a kin caregiver becomes a licensed foster parent, however, the child welfare agency may help with enrolling the child in school and in Medicaid, and obtaining other needed services and supports. The child welfare agency may also help pay the legal costs for the foster parent to pursue adoption or legal guardianship of the child if the agency determines the child cannot reunify with his or her parents.

Officials we interviewed said that grandparents and other kin caregivers outside of the child welfare system may need to establish legal authority to care for and make decisions on behalf of a child for such things as enrolling the child in school or accessing health care or other benefits. However, officials said that obtaining legal assistance to establish a kin caregiver's legal authority to make these decisions can be a challenge. For example, while many relative caregivers reported not needing this type of assistance, an estimated 14 percent of those responding to the 2013 Survey of Children in Nonparental Care said it was somewhat or very difficult to obtain legal assistance on behalf of the child.⁶⁰ Some studies in our literature review also found that grandparent caregivers faced challenges and needed assistance and resources regarding

⁶⁰The margin of error for this estimate at the 95 percent confidence level is plus or minus 4.7 percentage points.

custody and adoption of the children in their care.⁶¹ In addition, some officials we interviewed reported that kin caregivers may experience delays enrolling a child in school or obtaining health care for the child if they do not have the child's birth certificate or a document establishing the caregiver's legal authority to make these decisions. For example, an official from one nonprofit service provider near Clinton County, Ohio, said some children miss school until their caregivers can figure out the system and establish a legal relationship.

Representatives from two national legal organizations said the process of establishing a caregiver's legal right to make decisions for a child is complicated because states have different laws, processes, and options (see text box). For example, depending on the circumstances, a kin caregiver may pursue a court proceeding to receive legal guardianship or custody, or obtain a written power of attorney from the parent to make certain decisions on behalf of the child. These representatives added that attorneys can help kin caregivers understand the consequences of pursuing different options, such as guardianship versus adoption. Attorneys can also help older kin caregivers plan for the child's care in the event of their death or incapacitation.

⁶¹See, for example, Crowther, Ford, and Peterson, "A Qualitative Examination of Barriers for Urban and Rural Custodial Grandparents."

Examples of Legal Care and Custody Options for Kin Caregivers

A number of different legal options may be available to kin caregivers—grandparents, other relatives, or close family friends—seeking to provide care and custody to a child. Because these options are governed by state law, how the options are defined, how they may be implemented, and which ones are available in any particular case will vary, depending on the state and the specific circumstances (such as whether the family has been involved in the child welfare system). These options may include:

- **Adoption.** Granted by a court and terminates the parental rights of the parents, making the kin caregiver the parent in the eyes of the law.
- **Guardianship.** Granted by a court, but does not terminate the parental rights of the parents. It allows kin caregivers to access services on behalf of the child without the parent. Various types of guardianship may be available, including temporary guardianship.
- **Legal Custody.** Granted by a court and, similar to guardianship, allows kin caregivers to access services on behalf of the child. It also does not terminate the parental rights of the parents.
- **Power of Attorney.** Parent signs a document authorizing the kin caregiver to access particular services, such as medical treatment and educational services, on behalf of the child. It does not typically involve going to court and does not terminate parental rights.

Source: GAO analysis of documents from the U.S. Department of Health and Human Services (HHS) and Grandfamilies.org, a collaboration between the American Bar Association Center for Children and the Law, Generations United, and Casey Family Programs. | GAO-20-434

However, representatives from national organizations and officials in the selected communities said that kin caregivers often do not have access to legal assistance for various reasons, including lack of awareness or inability to pay for private legal services. For example, a representative from a national legal organization said that kin caregivers may not be aware that they need to establish legal authority with respect to the child until something happens—for example, they are unable to enroll the child in school or the child's parents want to take the child back. A representative from a national advocacy group for kin caregivers said they have heard from caregivers who have exhausted their savings on private legal fees—money that could have been used to support the children. Public legal aid organizations may provide free or minimal-cost legal services to kin caregivers, but according to representatives from national legal organizations, these services may not be available in all areas. According to representatives from the Legal Services Corporation, an independent nonprofit established by federal law that provides grants to nonprofit legal aid organizations across the country,⁶² its grantees can

⁶²The Legal Services Corporation awards grants to legal services providers to provide civil legal assistance to low-income individuals. See 42 U.S.C. §§ 2996-2996I.

only serve a fraction of the eligible population and must, therefore, prioritize services.

Need for Child Care Assistance

Comment from a Kin Caregiver

"It was [a] vicious cycle: I gotta take time off because I [didn't have anyone] to watch my son, but then we need this job to eat. It was this crazy game I had to play every month... Ok, we gotta let this bill slide."

—38-year-old caregiver for a cousin she legally adopted and a biological son

Source: GAO discussion groups and questionnaires. | GAO-20-434

Obtaining child care can also be a challenge for grandparents and other kin caregivers, according to national surveys, as well as interviews with representatives from national organizations and state and local officials in selected communities.⁶³ According to the American Community Survey, an estimated 53 percent of grandparent caregivers were employed in 2018 and, therefore, may need to find child care during working hours. In addition, according to the 2013 National Survey of Children in Nonparental Care, an estimated 24 percent of children's relative caregivers said it was somewhat or very difficult to obtain child care.⁶⁴

One study in our literature review found that child care was a significant expenditure for grandparent caregivers, and was often more costly when the grandchildren had emotional or physical needs that precluded them from center-based child care.⁶⁵ Similarly, representatives from national organizations and state and local officials said that kin caregivers had difficulty finding and affording child care, including respite care to give caregivers a break. Counselors at a nonprofit in New York City said that older kin caregivers need access to respite care, particularly in the summer when school is out. Caring for children, particularly at an older age, is exhausting, they said.

Accessing affordable child care may be more difficult for informal kin caregivers, compared to those who are foster parents. For example, officials from the local child welfare and aging agencies in New York City said the city's child welfare agency administers child care vouchers,

⁶³We previously reported that many families struggle to afford child care, particularly those who are low income. See, for example, GAO, *Child Care: Access to Subsidies and Strategies to Manage Demand Vary Across States*, [GAO-17-60](#) (Washington, D.C.: Dec. 15, 2016).

⁶⁴The margin of error for this estimate at the 95 percent confidence level is plus or minus 7.7 percentage points.

⁶⁵See Bailey, Haynes, and Letiecq, "How Can You Retire When You Still Got a Kid in School?"

funded by the New York State Child Care Block Grant,⁶⁶ but does not prioritize grandparents and other kin caregivers for vouchers unless the child is in foster care.⁶⁷ They said that a grandparent caregiver recently requested child care but they were unable to prioritize this request because the grandparent was not involved with the child welfare system. The agency instead placed this caregiver on the waiting list for child care assistance. Officials noted, however, that the city has universal pre-kindergarten starting at age 4, as well as for 3-year olds in certain high-need school districts.⁶⁸

Other Challenges Faced by Kin Caregivers

We identified a range of other challenges that grandparents and other kin caregivers may face, including accessing affordable housing to meet their needs and a range of health-related challenges, such as stress and social isolation. These other challenges may interact to compound the key challenges faced by kin caregivers described above. For example, as noted in one study, grandparent caregivers' social isolation contributed to a sense of fragmentation in the services and supports available to them across multiple agencies; health problems, in turn, were complicated by financial strain. Financial strain made families more dependent on overburdened legal services, social services, and mental health

⁶⁶The Child Care and Development Block Grant, together with additional funding authorized under section 418 of the Social Security Act, provides federal funding to states for child care programs, including for child care subsidies to low-income parents. See 42 U.S.C. §§ 9858-9858r and 42 U.S.C. § 618; 45 C.F.R. pt. 98. Within the parameters of federal statute and regulations, states generally determine their own policies for these funds, including eligibility requirements and subsidy amounts. According to New York child welfare officials, the state combines that funding with other state and federal funds to create the New York State Child Care Block Grant. According to these officials, parents or caretakers who may apply for child care assistance under the New York State Child Care Block Grant include legal guardians, foster parents, kin caregivers, or other persons standing "in loco parentis." Certain relatives may also be eligible child care providers, provided that such relatives are not members of the public assistance filing unit or the child care services unit.

⁶⁷According to a New York planning document, "Child Care and Development Fund (CCDF) Plan for New York, FFY 2019-2021," local agencies may establish local priority populations for child care services.

⁶⁸New York City child welfare officials added that families eligible for low-income child care assistance under the New York State Child Care Block Grant can enroll in an EarlyLearn program that serves children ages 0 to 4.

programs, contributing to the fragmentation in securing consistent support.⁶⁹

Representatives from a national organization and several officials in the selected communities said that affordable housing is a major challenge for older kin caregivers in particular. One of the studies in our literature review focused on housing challenges faced by grandparents raising grandchildren, and this study found that their housing challenges stem from (1) poverty and financial strain, (2) grandparents' age-related physical issues, (3) changes in family composition when taking in children, and (4) obstacles to obtaining needed benefits.⁷⁰ Some officials we interviewed said that kin caregivers may live in small apartments and houses, including senior housing, which might not be suitable for or allow children. In addition, officials told us that bringing children into the household could violate private lease agreements or jeopardize caregivers' housing situation if a housing voucher is meant only for certain members of the household.⁷¹ Officials from New York City's agency on aging said that caregivers may suddenly need a larger apartment to care for one or more children but this is particularly difficult because the city has an affordable housing crisis.

Caregivers also may face a range of mental and physical health challenges that could be exacerbated by caregiving responsibilities. An estimated 49 percent of children's relative caregivers said they often feel tired, worn out, or exhausted from raising a family, according to the 2013 National Survey of Children in Nonparental Care.⁷² In addition, an estimated 34 percent of children's relative caregivers reported having a physical health condition that limited the amount or kind of work or

⁶⁹Youjung Lee, Lisa V. Blitz, and Miranda Srnka, "Trauma and Resiliency in Grandparent-Headed Multigenerational Families," *Families in Society: The Journal of Contemporary Human Services* (January 2015).

⁷⁰See Lauren Polvere, Camille Barnes, and Eunju Lee, "Housing Needs of Grandparent Caregivers: Grandparent, Youth, and Professional Perspectives," *Journal of Gerontological Social Work*. vol. 61, no. 5 (2018): pp. 549-566.

⁷¹For more information about the housing challenges faced by kin caregivers, see Generations United, "A Place to Call Home: Building Affordable Housing for Grandfamilies" (Washington, D.C.: 2019).

⁷²The margin of error for this estimate at the 95 percent confidence level is plus or minus 10.1 percentage points.

activities they could do in or outside the household.⁷³ Several studies in our literature review found that grandparent caregivers faced various physical and mental health challenges.⁷⁴ Representatives from national organizations, as well as state and local officials in the selected communities, reported that kin caregivers faced health-related challenges, including stress and social isolation. For example, officials from New Mexico's agency on aging said that kin caregivers often sacrifice their own needs to care for the children, and caregiving can cause or worsen health problems and long-term stress. Some officials told us that kin caregivers are coping with loss and trauma, as are the children in their care. For example, a representative from a national organization said kin caregivers are often grieving in many ways—for the loss or absence of the child's birth parent, the loss of the traditional grandparent role, or not having the life they expected in retirement. A representative from a national organization and some state and local officials said that caregivers can be under particular stress when the child's biological parents are still in the picture. Some officials said that kin caregivers involved in the child welfare system may face additional stress because they have to coordinate and communicate with the child's caseworker, as well as the biological parents.

Efforts to Address Grandparents' and Other Kin Caregivers' Challenges Varied across Selected Communities

The four communities we selected varied in how they used federal and state programs and other strategies to address the key challenges faced by grandparents and other kin caregivers. All four had undertaken efforts to address kin caregivers' lack of awareness of available support services, ranging from providing direct services (such as one-on-one case management and support groups) to sharing information and referrals to available services and supports (such as through a statewide kinship navigator program). For example, New York has a statewide Kinship

⁷³The margin of error for this estimate at the 95 percent confidence level is plus or minus 7.7 percentage points.

⁷⁴See, for example, Cheryl Smithgall, Sally Mason, Lisa Michels, Christina LiCalsi, and Robert Goerge. "Intergenerational and Interconnected: Mental Health and Well-Being in Grandparent Caregiver Families." *Families in Society: The Journal of Contemporary Social Services* (2009): pp. 167-175. See also, Tina L. Peterson, "Changes in Health Perceptions among Older Grandparents Raising Adolescent Grandchildren," *Social Work in Public Health*, vol. 32, no. 6 (2017): pp. 394-406.

Navigator program, as well as local Kinship Caregiver Programs in New York City and other counties, that can provide case management, support groups, and parenting classes for kin caregivers. The Ohio Children's Trust Fund uses document fees and other funding sources to pay for information and referral services, peer support, and parent education programs for kin caregivers in Clinton County and other counties in southwest Ohio, according to state child welfare officials. In addition, all four communities had implemented some efforts to assist caregivers with limited financial resources by referring them to programs such as TANF and SNAP. Officials in Clinton County, Ohio, could also connect certain kin caregivers to the state's Kinship Permanency Incentive program that provides temporary financial assistance to defray the initial cost of placing a child in the home.

Some of the selected communities had specific programs to address kin caregiver challenges, such as difficulty accessing legal services and child care assistance. For example, Bernalillo County, New Mexico, was unique among the four selected communities in that the state and local agencies on aging fund two nonprofit groups to help kin caregivers with legal issues.⁷⁵ These issues ranged from providing direct legal representation in kinship guardianship proceedings to assisting caregivers in obtaining caregiver authorization affidavits to allow caregivers to enroll children in school or obtain other services. In addition, to address kin caregivers' need for child care assistance, Clinton County officials said they could refer caregivers to a statewide program to provide child or respite care.

Finally, the four communities had some strategies to address kin caregivers' other challenges, as well, such as housing. For example, New York City had established a subsidized housing complex specifically for grandparents and other kin caregivers age 50 and older. (See fig. 6.) For additional examples of other strategies, see appendix IV.

⁷⁵New Mexico child welfare agency officials reported in May 2020 that they had recently contracted with four legal services organizations to assist kin caregivers.

Figure 6: Examples of Strategies to Address Kin Caregivers' Challenges in Selected Communities



Officials from this area agency on aging planned to establish a “kinship meals” program to provide home-delivered meals for children age 18 and younger, as well as older kin caregivers.



Kin caregivers participate in a parenting class at a nonprofit organization. The organization also provides support groups and kinship navigation services.



One child welfare agency launched community-led Family Enrichment Centers as part of efforts to prevent families from becoming involved with the child welfare system. These family-friendly spaces allow community members to build social connections, while also designing Center offerings. Center staff estimate that about 30 percent of members are grandparents and other kin raising children.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 CLOSED	2 CLOSED	3 GFA AFTER SCHOOL SUPPORT GROUP SCHOOL	4 GFA AFTER SCHOOL CLOSED	5 GFA AFTER SCHOOL 3:00-6:00 PM	6 GFA AFTER SCHOOL SCHOOL	7 GFA AFTER SCHOOL SCHOOL
8 CLOSED	9 GFA AFTER SCHOOL SCHOOL	10 GFA AFTER SCHOOL SCHOOL	11 GFA AFTER SCHOOL SCHOOL	12 GFA AFTER SCHOOL SCHOOL	13 GFA AFTER SCHOOL SCHOOL	14 GFA AFTER SCHOOL SCHOOL
15 CLOSED	16 GFA AFTER SCHOOL SCHOOL	17 GFA AFTER SCHOOL SCHOOL	18 GFA AFTER SCHOOL SCHOOL	19 GFA AFTER SCHOOL SCHOOL	20 GFA AFTER SCHOOL SCHOOL	21 GFA AFTER SCHOOL SCHOOL
22 STADIUM C. O. OAM	23 GFA AFTER SCHOOL SCHOOL	24 GFA AFTER SCHOOL SCHOOL	25 GFA AFTER SCHOOL SCHOOL	26 GFA AFTER SCHOOL SCHOOL	27 GFA AFTER SCHOOL SCHOOL	28 GFA AFTER SCHOOL SCHOOL
29 CLOSED	30 GFA AFTER SCHOOL SCHOOL	31 GFA AFTER SCHOOL SCHOOL				
SPECIAL NOTES						

A calendar in an apartment building for grandparents and other older kin caregivers shows a variety of activities planned for caregivers and children, such as support groups and after-school care. The building provides housing and on-site programs for eligible adults age 50 and older who are caring for children.

Source: GAO (photos) and interviews with officials in selected sites (captions). | GAO-20-434

Text of Figure 6: Examples of Strategies to Address Kin Caregivers' Challenges in Selected Communities

Collage of 4 photos

- Officials from this area agency on aging planned to establish a “kinship meals” program to provide home-delivered meals for children age 18 and younger, as well as older kin caregivers.
- Kin caregivers participate in a parenting class at a nonprofit organization. The organization also provides support groups and kinship navigation services.
- One child welfare agency launched community-led Family Enrichment Centers as part of efforts to prevent families from becoming involved with the child welfare system. These family-friendly spaces allow community members to build social connections, while also designing Center offerings. Center staff estimate that about 30 percent of members are grandparents and other kin raising children.
- A calendar in an apartment building for grandparents and other older kin caregivers shows a variety of activities planned for caregivers and children, such as support groups and after-school care. The building provides housing and on-site programs for eligible adults age 50 and older who are caring for children.

Source: GAO (photos) and interviews with officials in selected sites (captions). | GAO-20-434

Officials in our selected communities also told us that the eligibility criteria for certain programs, along with other factors, limited the extent to which the programs were available to all kin caregivers. For example, to be eligible for financial assistance under Ohio’s Kinship Permanency Incentive program, program documents state that a judge must have awarded the caregiver legal custody or guardianship, and the caregiver’s income must not be higher than 300 percent of the federal poverty guidelines.⁷⁶ In addition, officials said the assistance is temporary and payment amounts are less than foster care maintenance payments. To be eligible to live in New York City’s subsidized housing complex specifically for grandparents and other relative caregivers, officials told us that kin caregivers must have a legally sanctioned relationship with each child and a low income.⁷⁷

⁷⁶Ohio Department of Job and Family Services, “Ohio Resource Guide for Relatives Caring for Children,” JFS 08146 (Rev. 4/2019).

⁷⁷More broadly, New York City child welfare officials told us that grandparents or other kin caregivers in public housing can reach out to the management office for an exception to policy or can apply for a guest application so the child can stay in the household for up to one year. Officials also said that children in foster care may be granted temporary permission to be in a household, and that kin caregivers must have guardianship or custody of a child to be granted permanent permission.

HHS Primarily Supports States through Written Guidance, Technical Assistance, and Information Sharing

Some program officials in selected communities said they are limited in the extent to which they can address kin caregiver challenges and have had to create waiting lists for some services because of the intensity of needs or insufficient program funds. For example, in New Mexico, officials told us that one of the nonprofit legal assistance groups for kin caregivers has a waiting list for legal representation in kinship guardianship cases.⁷⁸ In Panola County, Mississippi, an official from the area agency on aging told us they have prioritized spending their limited funds from the National Family Caregiver Support Program on respite care for caregivers of older adults and not for caregivers of children.

HHS Provides Technical Assistance and Other Support to States, but Use of Programs to Serve Kin Caregivers Varies and Challenges Remain

To help states use federal programs and initiatives established to serve grandparents and other kin caregivers, HHS primarily provides technical assistance and other supports in response to states' requests. However, this approach has fallen short of gaining widespread use of certain programs and initiatives established to serve grandparents and other kin caregivers. In addition, state officials in the selected communities said they would like more support, such as better access to information and best practices from other states. By not periodically and proactively encouraging more widespread use of these programs and initiatives, HHS may be missing opportunities to better support kin caregivers, including older kin caregivers.

⁷⁸New Mexico child welfare agency officials commented that their new contracts with legal services organizations are intended to help eliminate waiting lists for legal services.

Two HHS divisions—the Administration for Children and Families (ACF) and the Administration for Community Living (ACL)—oversee key sources of federal support for kin caregivers through child welfare programs under Title IV-E, and programs that serve older adults under Title III of the Older Americans Act (OAA). But based on our analysis of available data, most kin caregivers do not participate in these programs. Specifically, most kin caregivers are not foster parents, and about a third of grandparent caregivers are too young to receive assistance for older relative caregivers under Title III-E of the OAA, the National Family Caregiver Support Program.

Kin Caregivers by the Numbers:

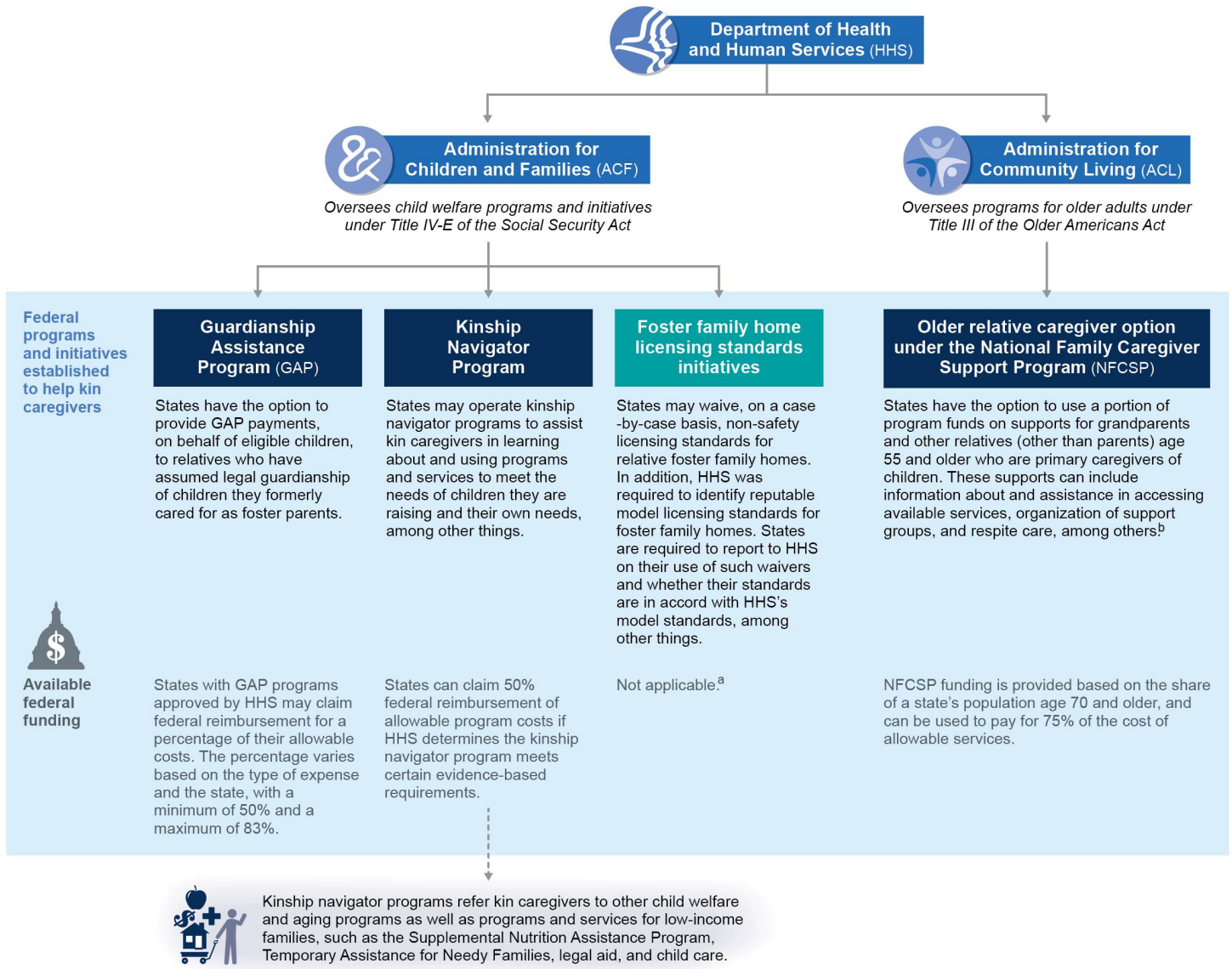
In 2018, an estimated 2.7 million children lived with grandparents and other kin—a number roughly 20 times larger than the number of children placed with kin caregivers through the foster care system.

In 2018, an estimated 34 percent of grandparent caregivers were younger than age 55.

Source: GAO analysis of American Community Survey and Current Population Survey estimates, and Adoption and Foster Care Analysis and Reporting System data. | GAO-20-434

Within Title IV-E and OAA Title III-E, certain optional programs and initiatives have been established to enhance supports for kin caregivers (see fig. 7 and app. V for more information). To help states implement these programs and initiatives, ACF and ACL primarily provide written program implementation guidance, as well as technical assistance and information sharing through their regional offices. In addition, ACF has distributed grant funding to states and contracted with two entities to help assess the effectiveness of kinship navigator programs, given the evidence-based requirements for these programs to qualify for Title IV-E reimbursement.

Figure 7: Federal Agencies That Oversee Programs Serving Kin Caregivers



Source: GAO analysis of HHS program data and information. | GAO-20-434

Text of Figure 7: Federal Agencies That Oversee Programs Serving Kin Caregivers

Department of Health and Human Services (HHS)

- **Administration for Children and Families (ACF):** Oversees child welfare programs and initiatives under Title IV-E of the Social Security Act
 - **Guardianship Assistance Program (GAP):** States have the option to provide GAP payments, on behalf of eligible children, to relatives who have assumed legal guardianship of children they formerly cared for as foster parents.
 - **Available federal funding:** States with GAP programs approved by HHS may claim federal reimbursement for a percentage of their allowable costs. The percentage varies based on the type of expense and the state, with a minimum of 50% and a maximum of 83%.
 - **Kinship Navigator Program:** States may operate kinship navigator programs to assist kin caregivers in learning about and using programs and services to meet the needs of children they are raising and their own needs, among other things.
 - **Available federal funding:** States can claim 50% federal reimbursement of allowable program costs if HHS determines the kinship navigator program meets certain evidence-based requirements.
 - Kinship navigator programs refer kin caregivers to other child welfare and aging programs as well as programs and services for low-income families, such as the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, legal aid, and child care.
 - **Foster family home licensing standards initiatives:** States may waive, on a case-by-case basis, non-safety licensing standards for relative foster family homes. In addition, HHS was required to identify reputable model licensing standards for foster family homes. States are required to report to HHS on their use of such waivers and

whether their standards are in accord with HHS's model standards, among other things.

- Federal funding not applicable^a
- **Administration for Community Living (ACL):** Oversees programs for older adults under Title III of the Older Americans Act
 - **Older relative caregiver option under the National Family Caregiver Support Program (NFCSP):** States have the option to use a portion of program funds on supports for grandparents and other relatives (other than parents) age 55 and older who are primary caregivers of children. These supports can include information about and assistance in accessing available services, organization of support groups, and respite care, among others.^b
 - **Available federal funding:** NFCSP funding is provided based on the share of a state's population age 70 and older, and can be used to pay for 75% of the cost of allowable services.

Source: GAO analysis of HHS program data and information. | GAO-20-434

^aStates provide monthly foster care maintenance payments on behalf of eligible children living in licensed foster family homes. States may claim federal reimbursement for a percentage of these payments. The percentage varies by state, with a minimum of 50 percent and a maximum of 83 percent.

^bPrior to the enactment of the Supporting Older Americans Act of 2020, states were permitted to use no more than 10 percent of their total NFCSP funding to support older relative caregivers. The act, enacted on March 25, 2020, eliminated this funding cap.

Written Guidance

ACF and ACL provide written guidance on program implementation on their websites to help states understand, implement, and use federal programs and initiatives to serve kin caregivers. For example, ACF published instructions on how states can qualify for Title IV-E funding for kinship navigator programs and Guardianship Assistance Programs (GAP) shortly after enactment of the laws authorizing such funding for

these programs.⁷⁹ Similarly, ACF issued National Model Foster Family Home Licensing Standards in 2019 through an information memorandum, in response to a requirement in the Family First Prevention Services Act.⁸⁰ ACF also provides program guidance on its Child Welfare Information Gateway website, including publications for child welfare professionals and families that provide an overview of the key federal programs that can support kin caregivers.⁸¹

For its part, ACL published program instructions when the National Family Caregiver Support Program (NFCSP) was initially authorized,⁸² and its website provides general program information and guidance on program changes due to subsequent reauthorizations of the OAA. For example, the website lists answers to frequently asked questions related to the 2006 OAA reauthorization, including eligibility changes to the NFCSP, as well as information about whether respite and supplemental services can be provided under the program to grandparents and other older adults caring for related children.⁸³

⁷⁹See Administration for Children and Families, Program Instruction ACYF-CB-PI-18-11, *Requirements for Participating in the Title IV-E Kinship Navigator Program* (Nov. 30, 2018). The initial Program Instruction for the Title IV-E Guardianship Assistance Program, ACYF-CB-PI-08-07 was superseded by Administration for Children and Families, Program Instruction ACYF-CB-PI-10-01, *Title IV-E Plan Amendment – Guardianship Assistance Program; Title IV-E Guardianship Demonstration Projects; Fostering Connections to Success and Increasing Adoptions Act of 2008* (Feb 18, 2010). Another guidance document provided further instructions on Title IV-E GAP. See Program Instruction ACYF-CB-PI-10-11, *Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351) Comprehensive Guidance, Titles IV-B and IV-E Plan Requirements, Title IV-E Plan Amendment – Definition of “Child”, Extension of Title IV-E Assistance, Patient Protection and Affordable Care Act* (Public Law (P.L.) 111-148) (July 9, 2010). This information is available on the Children’s Bureau website: <https://www.acf.hhs.gov/cb/resource/title-iv-e-guardianship-assistance>.

⁸⁰See Administration for Children and Families, Information Memorandum ACYF-CB-IM-19-01, *National Model Foster Family Home Licensing Standards* (Feb. 4, 2019).

⁸¹For example, see “Bulletins for Professionals: Working with Kinship Caregivers,” and “Factsheet for Families: Kinship Caregivers and the Child Welfare System,” accessed in January and February 2020, respectively, <https://www.childwelfare.gov/pubs/kinship/>.

⁸²See Administration for Community Living, Program Instructions AoA-PI-01-02, *State Guidance to Implement Title III, Part E – National Family Caregiver Support Program* (Jan. 8, 2001).

⁸³Among other things, the 2006 reauthorization of the OAA lowered the eligibility age minimum from 60 to 55 for older relative caregivers. See the Older Americans Act Amendments of 2006, Pub. L. No. 109-365, § 320, 120 Stat. 2522, 2551.

Technical Assistance and Information Sharing

Federal ACF and ACL officials said their regional offices help states understand program implementation guidance and comply with program requirements, in part, during their reviews of states' plans for child welfare and OAA services. For example, ACF officials stated that their regional offices hold regular site visits and discussions with states as they review states' Child and Family Services Plans (5-year strategic plans for strengthening states' overall child welfare systems), as well as annual updates to those plans.⁸⁴ Similarly, ACL officials said regional officials engage with states when they develop new state plans on aging, which, among other things, formalize the state's priorities for OAA Title III programs.⁸⁵ Officials added that many states' plans on aging include specific goals, strategies, and activities related to older relative caregivers. They said that regional officials also proactively reach out to new state agency leadership to discuss the OAA and review all of the programs.

In addition to these reviews, ACF and ACL officials said their regional offices provide states with other technical assistance in response to state requests and facilitate information sharing. Regional ACF and ACL officials said they generally provide an initial round of technical assistance when programs are new, and subsequently respond to questions when states contact them. Almost all the officials we spoke with from the state child welfare agencies and agencies on aging in the selected communities confirmed that they contact regional ACF and ACL officials with requests for technical assistance, and said that regional officials were responsive and helpful. For example, officials from the Ohio state agency on aging said they requested and received guidance from regional ACL officials regarding allowable NFCSP services.

With respect to child welfare programs, ACF augments the technical assistance and information sharing support provided by regional offices through a contracted provider, the Capacity Building Collaborative Center for States, which is tasked with assisting states in implementing best practices related to federal child welfare program requirements. For example, the Center facilitates peer networks called constituency groups to connect child welfare professionals doing similar work. Officials from one ACF regional office said they encourage states to join the

⁸⁴See 42 U.S.C. §§ 622, 629b, 45 C.F.R. § 1357.15.

⁸⁵See 42 U.S.C. § 3027.

constituency group listservs—such as the Foster Care Managers Group—to participate in state-to-state information sharing and receive relevant program information. However, the Center does not have a constituency group for child welfare professionals who work specifically with kin caregivers.⁸⁶

Regional ACF and ACL officials said they also help states by facilitating regional information sharing through regional calls, meetings, listservs, and webinars.⁸⁷ For example, regional ACF officials serving the Southeast said they facilitate state-to-state networking and share responses to questions from states and information from the listservs. Officials in all four of the regional ACL offices we spoke with said they hold regular regional calls with state officials to discuss a range of program topics, although other information sharing practices varied. Regional ACL officials serving the Mid-Atlantic area said they had offered a webinar about the NFCSP, while those serving the Southeast said they hosted meetings with directors of state agencies on aging at conferences to discuss best practices. Those serving the Midwest said they had shared NFCSP spending data with states to show how some states use the program to serve older adults caring for related children.⁸⁸

Additional ACF Efforts to Support State Title IV-E Kinship Navigator Programs

ACF has taken additional steps to support state efforts to implement Title IV-E Kinship Navigator Programs, as no programs had met the evidence-based requirements as of March 2020. Specifically, in fiscal years 2018 and 2019, ACF was appropriated funding under Title IV-B for grants to states for developing, enhancing, or evaluating kinship navigator

⁸⁶ACF officials noted that they are in the process of convening a community of practice for kinship care to assist states in developing supports to this population of caregivers. In addition, officials noted that the Child Welfare Information Gateway maintains a Kinship Navigator listserv that allows state officials and others to share information and best practices on kinship navigator programs.

⁸⁷ACF Children's Bureau officials have also presented national webinars focused on the Title IV-E Guardianship Assistance Program and kinship navigator programs, including one webinar conducted jointly with ACF Office of Family Assistance that shared information on kinship navigator programs with state TANF officials.

⁸⁸Regional ACL officials said the data they shared is available for states to review on the ACL AGing, Independence, and Disability (AGID) Program Data Portal website (<https://stageagid.acl.gov/>).

programs.⁸⁹ ACF provided these grants via a formula to all states that applied. In fiscal year 2018, 47 states received a grant, and all states except one received the funding in fiscal year 2019.⁹⁰ HHS officials said these grants were the primary mechanism to help states prepare their kinship navigator programs to participate in the Title IV-E funding opportunity. For example, HHS encouraged states to consider using the grants to evaluate their existing kinship navigator programs, since at least one study demonstrating a program's promise or effectiveness is needed to meet the requirements for Title IV-E reimbursement (see app. VI for more details on these requirements).⁹¹

In addition, ACF has contracted with two entities to help assess the effectiveness of child welfare programs and services, including kinship navigator programs: the Title IV-E Prevention Services Clearinghouse (Clearinghouse) and the Supporting Evidence Building in Child Welfare Project (Evidence Building Project). The Clearinghouse was developed in accordance with the Family First Prevention Services Act to review and rate certain programs and services that may be eligible for Title IV-E funding.⁹² To assist with the evaluation of kinship navigator programs, the Clearinghouse published additional resources for states, including a website and a Handbook of Standards and Procedures with information about the Clearinghouse review process and ratings for kinship navigator programs (see fig. 8). These resources describe the ratings that characterize the extent of evidence for a particular program or service. One state official said the handbook was helpful and provided clarity on how to meet the evidence-based requirements. Kinship navigator

⁸⁹See Consolidated Appropriations Act, 2018, Pub. L. No. 115-141, div. H, tit. II, 132 Stat. 348, 731; and Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, Pub. L. No. 115-245, div. B, tit. II, 132 Stat. 2981, 3085 (2018). Congress also appropriated \$20 million in funding for this purpose for fiscal year 2020. See Further Consolidated Appropriations Act, 2020, Pub. L. No. 116-94, div. A, tit. II, 133 Stat. 2534, 2573 (2019).

⁹⁰In fiscal year 2018, Delaware, Idaho, Maine, and South Dakota did not apply for or receive a grant. In fiscal year 2019, North Dakota did not apply for or receive a grant.

⁹¹To be eligible for Title IV-E funding, HHS must determine that kinship navigator programs are operated in accordance with promising, supported, or well-supported practices that meet specified requirements. 42 U.S.C. §§ 674(a)(7), 627(a)(1), 671(e)(4)(C).

⁹²See Pub. L. No. 115-123, § 50711(d), 132 Stat. 64, 243 (2018), codified at 42 U.S.C. § 676(d)(2). The Further Consolidated Appropriations Act, 2020, appropriated \$2.75 million for the Title IV-E Prevention Services Clearinghouse. Pub. L. No. 116-94, div. A, tit. II, 133 Stat. 2534, 2573 (2019).

programs have also been a priority area for the Evidence Building Project, which aims to build the research evidence base for child welfare programs primarily by conducting program evaluations.⁹³ More specifically, the project focuses on evaluating programs and services that already have some evidence of effectiveness. In response to a request for nominations for evaluation, states and other child welfare organizations submitted eight kinship navigator programs for consideration. However, the project determined that none of these programs were appropriate for evaluation because, for example, the programs did not have evidence of effectiveness or were not yet operating.

⁹³The Evidence Building Project contract is managed by the ACF Office of Planning, Research, and Evaluation (OPRE). The contract was awarded to the Urban Institute in 2016. OPRE officials said the Evidence Building Project team meets annually with ACF Children's Bureau officials to identify priorities for evidence building, as part of a larger process to identify interventions for evaluation through the project. The project plans to provide broad-based evaluation methods and programs consultation, but OPRE officials said these services/resources are in the planning stages. They will provide general support (e.g., briefs, webinars), not technical assistance specific to a particular program.

Figure 8: Title IV-E Prevention Services Clearinghouse Review Process



Source: Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures. | GAO-20-434

Text of Figure 8: Title IV-E Prevention Services Clearinghouse Review Process

Excerpt from the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures shows how programs and services rated in the prevention services clearinghouse.

1. Identify programs and services
2. Select and prioritize programs and services
3. Literature search
4. Study eligibility screening and prioritization
5. Evidence review
6. Program and service ratings

Source: Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures. | GAO-20-434

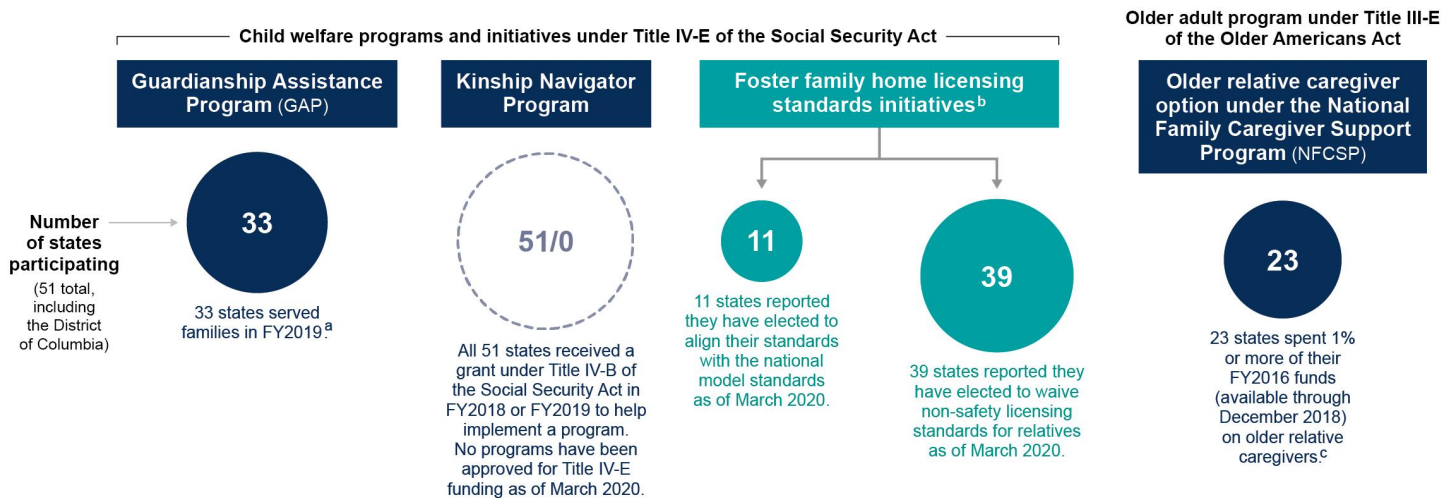
States' Use of Programs to Serve Kin Caregivers Varies and Challenges Remain

Despite the support that ACF and ACL reported providing, data show that many states are not using the optional federal programs and initiatives that were established to serve kin caregivers (see fig. 9). No states were receiving Title IV-E funding for kinship navigator programs as of March 2020, because no programs had been found to meet the evidence-based requirements to qualify for Title IV-E reimbursement. At that time, the Title IV-E Clearinghouse had reviewed three kinship navigator programs (two operated by nonprofit organizations and one by a state child welfare agency) and was in the process of reviewing an additional program.⁹⁴ Some states, like New York, have kinship navigator programs that existed prior to the availability of Title IV-E reimbursement. These programs are funded by other sources, and ACF officials said they do not track how many states have such programs. We also found that many states are not making significant use of the older relative caregiver option under the NFCSP. ACL data indicated that 23 states had used the option to serve grandparents and other older relative caregivers through this program

⁹⁴In December 2019, ACF issued program instructions that outlined a process by which a state can apply to claim Title IV-E transitional payments until the Clearinghouse can rate and review its kinship navigator program. To be eligible for transitional payments, according to these program instructions, states must have completed an independent systematic review and meet other criteria similar to the evidence-based requirements for the Clearinghouse rating. As of February 2020, no states have applied to claim these transitional payments for kinship navigator programs, according to ACF officials.

with 1 percent or more of their fiscal year 2016 funds (which were available for spending through the end of 2018).⁹⁵ Further, just five of those 23 states had spent close to 10 percent of their fiscal year 2016 funds—at the time the maximum allowable—to serve grandparents and other older relative caregivers.⁹⁶ A snapshot of ACL data on spending during fiscal year 2018 indicates that additional states are spending federal funds on this population, but sometimes in small amounts.⁹⁷

Figure 9: Numbers of States Using Optional Federal Programs and Initiatives Established to Serve Kin Caregivers, as of March 2020



Source: GAO analysis of Department of Health and Human Services (HHS) program data and information. | GAO-20-434

FY= Fiscal year

⁹⁵According to ACL officials, states have 3 fiscal years to spend their NFCSP allotments, and the most recent complete spending data available at the time of our review was for the fiscal year 2016 allotment (which was available through December 2018).

⁹⁶States are also required to contribute a share of non-federal NFCSP funding. Prior to March 25, 2020, states could use up to 10 percent of their total federal and non-federal NFCSP funding to provide supports to older relative caregivers. The Supporting Older Americans Act of 2020, enacted March 25, 2020, eliminated this funding cap.

⁹⁷For example, eight states spent less than \$10,000 in federal funds on older relative caregivers in fiscal year 2018. The amount of NFCSP funds states spent in fiscal year 2018 is a snapshot of NFCSP spending that occurred in fiscal year 2018, and may have come from a state's fiscal year 2016, 2017, or 2018 NFCSP allotment. See app. VII for more information.

Text for Figure 9: Numbers of States Using Optional Federal Programs and Initiatives Established to Serve Kin Caregivers, as of March 2020

Child welfare programs and initiatives under Title IV-E of the Social Security Act

	Number of states participating (51 total, including the District of Columbia)
Guardianship Assistance Program (GAP)	33 states served families in fiscal year (FY) 2019. ^a
Kinship Navigator Program	All 51 states received a grant under Title IV-B of the Social Security Act in FY2018 or FY2019 to help implement a program. No programs have been approved for Title IV-E funding as of March 2020.
Foster family home licensing standards initiatives ^b	11 states reported they have elected to align their standards with the national model standards as of March 2020.
	39 states reported they have elected to waive non-safety licensing standards for relatives as of March 2020.

Older adult program under Title III-E of the Older Americans Act

	Number of states participating (51 total, including the District of Columbia)
Older relative caregiver option under the National Family Caregiver Support Program (NFCSP)	23 states spent 1% or more of their FY2016 funds (available through December 2018) on older relative caregivers. ^c

Source: GAO analysis of Department of Health and Human Services (HHS) program data and information. | GAO-20-434

^aArkansas, North Carolina, and Oklahoma have been approved by HHS to operate a Title IV-E GAP, but did not serve any children in fiscal year 2019, according to HHS data, so those states were not included in the count of 33 participating states. In addition, HHS officials said that, as of February 2020, three additional states (Florida, Iowa, and Virginia) have approved Title IV-E GAP amendments, but were likely not yet serving any children. In total, as of February 2020, 39 states have been approved by HHS to operate a Title IV-E GAP. In addition, although not shown in this figure, Title IV-E GAP programs have also been approved in Puerto Rico, the Virgin Islands, and in 14 federally recognized tribes.

^bThe Family First Prevention Services Act included a provision titled “Reviewing and Improving Licensing Standards for Placement in a Relative Foster Family Home,” which required states to report

to HHS on their use of waivers of non-safety licensing standards for relative foster family homes and whether their state foster family home licensing standards were in accord with HHS's national model standards. HHS issued these standards in February 2019.

⁹⁸According to HHS officials, states have 3 fiscal years to spend their NFCSP allotments, and the most recent complete data available at the time of our review was for the for the fiscal year 2016 allotment (which was available through December 2018). States are also required to contribute a share of non-federal NFCSP funding. This figure shows states' spending under the NFCSP prior to the enactment of the Supporting Older Americans Act of 2020 on March 25, 2020, which eliminated the funding cap for older relative caregivers. Prior to this act, states could use up to 10 percent of their total federal and non-federal NFCSP funding to serve this population. See app. VII for more information.

Some of the states that are not using these programs and initiatives have relatively large populations of grandparent caregivers, according to American Community Survey estimates. For example, Mississippi has one of the largest shares of grandparent caregivers in the country, relative to the general adult population, but it did not use the option to spend a portion of its fiscal year 2016 NFCSP funds on services and supports for grandparents and other older adults caring for related children.⁹⁸ It also did not have a Title IV-E GAP or a Title IV-E Kinship Navigator Program as of March 2020, but the state was in the process of trying to establish a kinship navigator program. (See app. VII for each state's use of these federal programs and initiatives, and each state's share of grandparent caregivers.)

States may not be using these federal kin caregiver programs and initiatives for a number of reasons, according to federal ACF and ACL officials and state officials we interviewed, although federal officials have not systematically assessed these reasons across states. ACF officials said reasons some states are not using GAP may include difficulty funding the state matching portion of the payments and low numbers of relatives licensed through the state's foster care system.⁹⁹ ACF officials also said that most states are trying to set up and design kinship navigator programs that could become eligible for Title IV-E funding, but some may not have the resources to conduct evaluations to meet the

⁹⁸In a more recent snapshot of spending data from ACL in fiscal year 2018, Mississippi spent about \$100,000 on older adults caring for related children. This spending may have come from a prior year's allotment, according to HHS.

⁹⁹In 2018, HHS reported that lack of GAP program use in some states may signal barriers that need to be identified and addressed, but ACF officials have not done such an assessment. See Office of the Assistant Secretary for Planning and Evaluation, *Title IV-E GAP Programs: A Work in Progress* (Washington, D.C.: Feb. 6, 2018). In 2014, GAO conducted a national survey of state child welfare agencies, and 13 states reported that state budget constraints for the state match portion of payments were a major factor in their state's decision not to establish a GAP program at that time. See GAO, *Foster Care: HHS Need to Improve Oversight of Fostering Connections Act Implementation*, [GAO-14-347](#) (Washington, D.C.: May 29, 2014).

evidence-based requirements.¹⁰⁰ According to our analysis of kinship navigator grant applications from fiscal years 2018 and 2019, states are in various stages of developing, enhancing, and evaluating their programs.

In addition, according to representatives from two national organizations and officials from the state agency on aging in two of the selected states, local agencies on aging may not use the option to spend NFCSP funds on supports for older adults caring for related children. Instead, they said these agencies are prioritizing their spending on meeting the basic needs of their older adult clients more generally. ACL officials also said that states not spending NFCSP funds on older adults caring for related children might be using other state and local funds to serve that population. Further, they commented that when developing their OAA state plans, states consider the funding options and collaborations that are best suited to the needs of older individuals in their respective states and local communities.

ACF and ACL's approach to providing support to states may limit the agencies' reach to states that have already implemented or are actively considering these programs, rather than to states without programs to encourage more widespread use. While ACF and ACL have some ongoing mechanisms to check in with states about their programs in general, regional officials we interviewed said that they primarily provide technical assistance specific to serving kin caregivers in response to states' requests. ACF and ACL central office officials said that any state that would like more information and technical assistance has opportunities to convey that need. However, some states may not reach out for support or know what type of support would be helpful, particularly for GAP, the Title IV-E Kinship Navigator Program, and the NFCSP. For example, state child welfare officials in one of the selected states that received a Title IV-B grant in 2018 and 2019 for their kinship navigator program told us they were unsure about what additional support they would need from ACF to implement a program that would qualify for Title IV-E Kinship Navigator Program reimbursement. In another example, an official from an ACL regional office said that states in the region had not asked for technical assistance related to the NFCSP, even though three

¹⁰⁰In addition, the Evidence Building Project in 2018 reviewed evidence from 21 kinship navigator programs that ACF had previously funded from non-Title IV-E sources. Based on that review, OPRE officials said states need evaluation-related technical assistance, including possibly individualized technical assistance, to meet the evidence-based requirements to operate a Title IV-E Kinship Navigator Program.

of those states did not use the option to spend fiscal year 2016 funds on grandparents and other older adults caring for related children.

ACF and ACL officials said that these federal kin caregiver programs are optional, that they respect the decisions some states have made not to implement them, and that they generally do not continue to conduct outreach to those states specifically regarding the programs for kin caregivers. For example, while some regional officials we interviewed described efforts to reach out to states that were not using GAP, ACF central office officials explained that the program is not new, and the agency does not need to provide additional guidance if states are not requesting it. Similarly, ACL officials told us they do not advocate for or against state use of NFCSP funds on services for older adults caring for related children because those decisions should be made by state and local government officials. However, circumstances in states can change for various reasons, such as a new administration, new budget priorities in response to changing economic conditions, or other unexpected challenges like COVID-19.¹⁰¹ Without an ongoing process to periodically check in and discuss each program with states, ACF and ACL may not be well-positioned to help states reassess whether they want to operate these programs.

Both ACF and ACL have various goals and responsibilities with respect to supporting states' efforts to implement kin caregiver programs and initiatives. For example, HHS has an agencywide goal to "strengthen the economic and social well-being of Americans across the lifespan," and has outlined several strategies related to facilitating families' access to services, supporting kinship caregivers, and supporting placement of children in foster care with relatives.¹⁰² ACF's regional offices are tasked with promoting implementation of new program and service initiatives,

¹⁰¹ACL officials noted that they hold weekly calls with state agencies on aging as well as routine calls with a larger community of stakeholders on aging and disability issues. Also, they created a COVID-19 website (<https://acl.gov/COVID-19>) as the primary vehicle for sharing the latest and most accurate information on services during the pandemic.

¹⁰²See HHS's Strategic Goal 3 as part of its fiscal year 2018-2022 Strategic Plan, accessed November 19, 2019, <https://www.hhs.gov/about/strategic-plan/strategic-goal-3/index.html>. HHS also has a strategic objective under this goal to maximize the independence, well-being, and health of older adults, people with disabilities, and their caregivers, and ACL officials confirmed this includes older adult caregivers of children.

according to ACF's website.¹⁰³ ACL's regional offices are tasked with advancing the development of national programs serving older adults, according to an ACL statement on its organizational structure. By not continuing to proactively provide information and best practices about these programs and initiatives to serve kin caregivers, ACF and ACL may be missing opportunities to help states better support grandparents and other kin caregivers.

Despite the technical assistance and other support ACF and ACL officials reported providing, officials in some states and communities told us about specific ways they would like ACF and ACL to provide additional help. For example, state child welfare officials in two of the selected states said they would like more ways to share information across states on the national model foster family home licensing standards, including tools or guides other states have developed.¹⁰⁴ In addition, officials from the state agency on aging in two selected states said they would like to have more webinars about the NFCSP and more information-sharing mechanisms, such as listservs. An official from one of those state agencies on aging also said she would like more technical assistance from ACL to better understand how OAA programs, such as the NFCSP, can be used to support older adults caring for related children. Similarly, local agency on aging officials in one community said it would be helpful if ACL provided information on promising practices with good returns on investment, and a list of funding sources other area agencies on aging (AAA) have used to serve grandparents and other older adults caring for related children.¹⁰⁵

¹⁰³In addition, although GAP is no longer a new program, ACF's fiscal year 2021 Budget Justification notes that the agency will also continue to work closely with states to help them implement the program. See Department of Health and Human Services, Administration for Children and Families, *Fiscal Year 2020 Justification of Estimates for Appropriations Committees* (Washington, D.C.: 2019).

¹⁰⁴ACF officials noted that states have a mechanism for understanding what other states are doing regarding the national model foster family home licensing standards through the Foster Care and Adoption Managers communities of practice and listserv. They said these two groups meet regularly by phone and hold a yearly in-person meeting. In addition, regional offices can address this topic through their calls with states.

¹⁰⁵The Supporting Older Americans Act of 2020 authorized ACL to use NFCSP funding to conduct activities of national significance that promote quality and continuous improvement and include program evaluation, training, technical assistance, and research. Pub. L. No. 116-131, § 217(b)(5), 134 Stat. 240, 261 (codified at 42 U.S.C. § 3030s-1(i)). According to ACL officials, this authority will enhance ACL's capacity to address needs expressed by the aging network.

Representatives from three national organizations also said ACL could do more to share best practices with AAAs, such as how to stretch limited resources by coordinating with other local organizations that already serve grandparents and children, including child welfare agencies. For example, one representative said that instead of providing services to older kin caregivers themselves, AAAs could partner with other community organizations working with this population to provide services, such as support groups. Representatives at another national organization reported they have recognized AAAs that have programs for older kin caregivers, which could be replicated by others. The AAA recognized in 2019 had partnered with a school district to identify children being raised by grandparents and used NFCSP funds to provide school supplies and book bags.

Although officials in selected communities indicated they would like more support from HHS in using these optional programs and initiatives to support grandparents and other kin caregivers, there are some key limitations. Challenges for kin caregivers will likely remain even if all states used these federal programs and initiatives. Some have eligibility requirements for participants, such as age or the need to be licensed foster parents, that may leave out a large number of kin caregivers. In addition, the availability of funding may also limit the number of kin caregivers who can be served. Title IV-E programs provide states with federal reimbursement for a portion of their program costs, but states still must contribute funding. In addition, federal funding for the NFCSP is allocated to states using a formula based on the share of the population age 70 and older, which may not match a state's share of older adults caring for related children. States must also contribute funding for these OAA services.¹⁰⁶ Further, Title IV-E Kinship Navigator Programs can only refer kin caregivers to programs that are available in a given state or community, and these programs may not always align with caregivers' needs.

The Advisory Council to Support Grandparents Raising Grandchildren—created in 2018 by the Supporting Grandparents Raising Grandchildren Act—has been called upon to identify, promote, coordinate, and publicly disseminate resources to help grandparents and other older relative caregivers meet the needs of the children in their care and maintain their own well-being. Specifically, the Advisory Council, which includes

¹⁰⁶States are required to match 25 percent of the federal funding they receive under the NFCSP.

representatives from ACF and ACL, is required to issue a report including (1) best practices, resources, and other useful information for grandparents and other older relatives raising children, (2) any gaps in those best practices, resources, and information, and (3) any additional federal legislative authority necessary to implement these best practices, resources, and information, and to address any gaps. According to HHS officials, as of February 2020, the timeframes for releasing a report are still to be determined.

Conclusions

Grandparents and other kin caregivers play an important role in raising millions of children nationwide, through the foster care system and, to a greater extent, outside the foster care system. A number of federal programs have been established to help serve kin caregivers of children. Most recently, the Family First Prevention Services Act opened up additional opportunities for child welfare agencies to use federal Title IV-E funds on services and supports for children living with grandparents or other kin through Title IV-E Kinship Navigator Programs. Such programs can help link kin caregivers to needed services and supports in their communities, including those beyond the scope of programs administered by child welfare agencies and agencies on aging. Yet these caregivers may still face a range of challenges in fulfilling this often-unexpected role. Older kin caregivers may be particularly vulnerable, given age-related health and financial challenges that compound challenges directly related to caregiving.

Despite federal agencies' various goals and responsibilities to support state efforts to implement federal kin caregiver programs and initiatives, many states are not using them as much as they could, if at all. ACF and ACL officials said because programs are optional they primarily provide technical assistance and other supports in response to states' requests, particularly once the programs are no longer new. But by not continuing to proactively provide information and best practices about these programs and initiatives, ACF and ACL may be missing opportunities to help states better support kin caregivers, including grandparents and other older kin caregivers. States may need reminders and more information, especially as their circumstances change, such as with the economic and health shocks of COVID-19.

Recommendations for Executive Action

We are making the following two recommendations—one to ACF and one to ACL:

The Assistant Secretary for the Administration for Children and Families (ACF) should establish an ongoing process to proactively share information and best practices with states about programs it administers that are available to serve kin caregivers, especially in states with a relatively large share of grandparent caregivers. This could be achieved, for example, by leveraging regional office staff to provide additional assistance and information sharing, particularly related to kinship navigator programs. (Recommendation 1)

The Administrator for the Administration for Community Living (ACL) should establish an ongoing process to proactively share information and best practices with states about using National Family Caregiver Support Program (NFCSP) funds to serve older relative caregivers of children, especially in states with a relatively large share of grandparent caregivers. This could be achieved, for example, by leveraging regional office staff to share information from states and area agencies on aging that have successfully used this program to serve older relative caregivers. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to HHS for review and comment. In its comments, reproduced in appendix VIII and summarized below, the agency did not concur with our recommendations. HHS also provided technical comments, which we incorporated as appropriate.

With respect to both of our recommendations, HHS officials stated in its written comments that the agency already provides sufficient ongoing support to states. Therefore, HHS asserted that our first recommendation is duplicative of its current efforts, and that our second recommendation is overly prescriptive and the agency is already meeting the goals of the

recommendation.¹⁰⁷ In its comments, HHS summarized the technical assistance, information sharing, and other efforts provided by ACF and ACL. In particular, the agency noted that both ACF and ACL regional offices have close working relationships with states and share information and best practices. We have added additional detail to the report about these efforts. However, while the ACF regional officials we interviewed confirmed they provide various types of technical assistance and other support, such as when they review states' strategic plans for providing child welfare services overall, they frequently noted that they did not share best practices specifically related to serving kin caregivers. Similarly, the ACL regional officials we interviewed said they generally provide a round of technical assistance and support when programs are new, and they provide additional support later if agency leadership changes that the state level. But they said the technical assistance related to serving grandparents and other older relative caregivers through the National Family Caregiver Support Program is generally provided in response to states' requests.

As we note in our report, use of these federal programs established to serve grandparents and other kin caregivers is not widespread across states—including among states with relatively high shares of these caregivers—and state officials we interviewed said they would like more assistance in using these programs. Moreover, state officials may not always know what questions to ask, making a proactive approach from ACF and ACL more important. We continue to believe that HHS could do more to proactively share information and best practices for using these programs with states.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report will be available at no charge on the GAO website at <https://www.gao.gov>.

¹⁰⁷Regarding the first recommendation, HHS said that the Title IV-E Prevention Services Clearinghouse is not a viable option for providing technical assistance and sharing best practices regarding kinship navigator programs, as we initially suggested in the recommendation language of our draft report. Although we believe that information the Clearinghouse provides to clarify evaluation standards and provide answers to frequently asked questions will be helpful to states interested in establishing Title IV-E Kinship Navigator programs, we removed the language referring to the Clearinghouse from our recommendation.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or larink@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IX.



Kathryn A. Larin
Director, Education, Workforce,
and Income Security Issues

Appendix I: Methodology for Analyzing Census Estimates and Data on Children in Foster Care

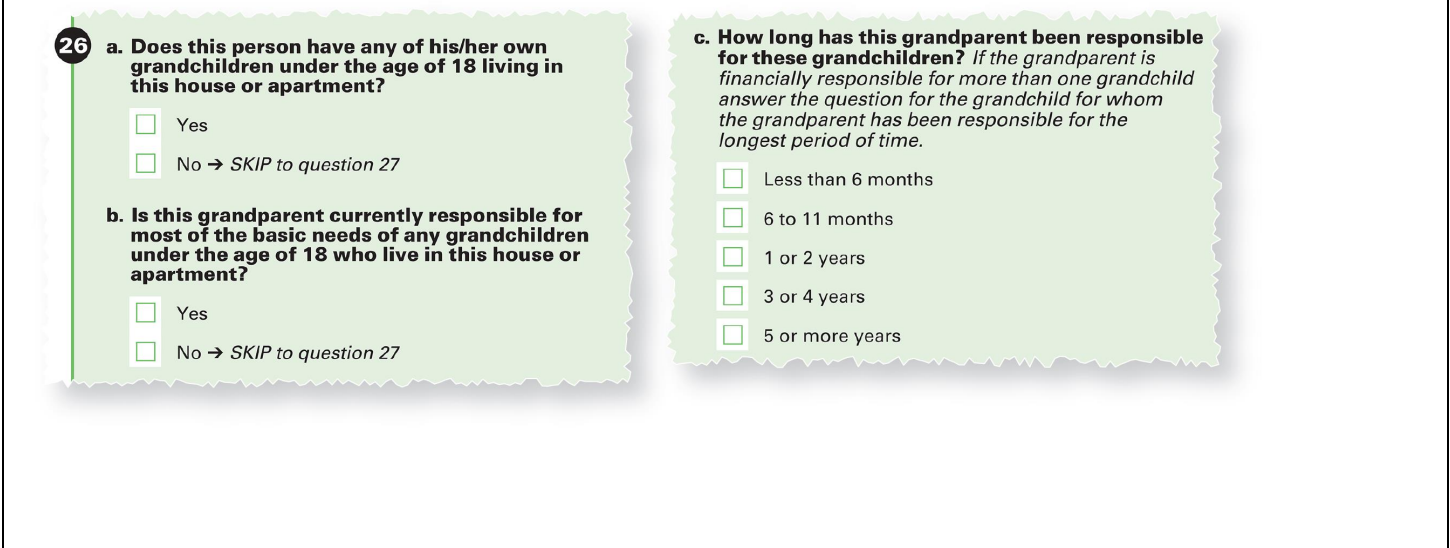
To determine the numbers and characteristics of grandparents and other kin raising children, we analyzed nationally representative survey estimates and available administrative data. Specifically, we analyzed estimates from 2005 through 2018 from two key Census Bureau surveys—the American Community Survey (ACS) and the Current Population Survey (CPS)—on two different populations.

Analysis of American Community Survey (ACS) Estimates on Grandparent Caregivers

We analyzed the Census Bureau's Public Use Microdata Sample of the ACS. ACS is the premier source for detailed population and housing information in the United States, according to the Census Bureau. It is an ongoing national survey that collects information from a sample of householders, and more than 3.5 million households are contacted to participate each year. We analyzed trend data on grandparents who reported being primarily responsible for their grandchildren, including length of care, sex, race/ethnicity, age, poverty status, employment status, and family structure. Specifically, we identified grandparent caregivers as those who reported being responsible for most of the basic needs of any grandchildren under age 18 in the same household (see fig. 10 for ACS survey questions).

Figure 10: American Community Survey (ACS) Questions on Grandparent Caregiving

The following questions have appeared on the ACS survey since 2005. The topic was introduced on the Decennial Census in 2000, and was transferred to the ACS when it replaced the Decennial Census long-form in 2005. The image below shows how the question appears in the 2020 ACS.



Source: ACS survey instrument and Census Bureau website. | GAO-20-434

Text of Figure 10: American Community Survey (ACS) Questions on Grandparent Caregiving

American Community Survey (ACS) questions on grandparent caregiving

The following questions have appeared on the ACS survey since 2005. The topic was introduced on the Decennial Census in 2000, and was transferred to the ACS when it replaced the Decennial Census long-form in 2005. The image below shows how the question appears in the 2020 ACS.

26a: Does this person have any of his/her own grandchildren under the age of 18 living in the house or apartment?

26b: Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

26c: How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than

one grandchild answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time:

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

Source: ACS survey instrument and Census Bureau website. | GAO-20-434

Because the survey data are based on probability samples, estimates are calculated using the appropriate sample weights provided, which reflect the sample design. To account for the sample representation and design used in the ACS, we used the person weight present in the ACS data. We used the successive difference replication method to estimate the standard errors around any population estimate. We tested the statistical significance of the difference for grandparents raising grandchildren and the general adult population at p-value <0.05 level. In addition, we tested the statistical significance of the change between 2005 and 2018 for these two groups.

The race categories include only non-Hispanic members of White, Black, Asian, and “Other” categories. The Hispanic category includes Hispanics of all races. People who reported races other than White, Black, or Asian, and those who reported more than one race, are included in the category reported as “Other.”

We defined an individual as employed if they reported that they were at work, or with a job but not at work. This included civilian employees and servicemembers. In addition, we considered a family and all individuals in that family to be in poverty if their family’s total income was less than Census’s poverty measure threshold for that year.

Analysis of Current Population Survey (CPS) Estimates on Children Living without Parents in Households Headed by Grandparents and Other Kin

To determine the number of children who lived without either parent and in the home of a grandparent, other relative, or non-relative, we analyzed the National Bureau of Economic Research collection of Census public use microdata file for CPS-Annual Social and Economic Supplement (ASEC). CPS-ASEC is based on a sample of the civilian, non-

institutionalized population of the United States. More than 75,000 households are interviewed each year based on area of residence to represent individual states and the country as a whole. The survey provides data on family characteristics and household composition. Although ACS has a larger sample size, CPS-ASEC has a parent indicator, which allowed us to identify children who did not have either parent living in the household.

In our analysis, children are defined as those who were reported as:

- younger than age 18,
- never married,
- not a householder,
- not a parent, spouse, or unmarried partner of the householder, and
- not living in group quarters.

We further defined children living with kin (a grandparent, other relative, or non-relative) as those who were (a) children without either parent present in the household, and (b) not reported as the foster child, housemate/roommate, or roomer/boarder of the householder. The householder refers to the person (or one of the people) in whose name the housing unit is owned or rented (maintained) or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees. If the house is owned or rented jointly by a married couple, the householder may be either spouse. The person designated as the householder is the “reference person” to whom the relationship of all other household members, if any, is recorded.

Because the survey data are based on probability samples, estimates are calculated using the appropriate sample weights provided, which reflect the sample design. To account for the sample representation and design used in the CPS-ASEC, we used the person weight present in the CPS-ASEC data. We used the successive difference replication method to estimate the standard errors around any population estimate.

Analysis of Data on Children in Foster Care

We also reviewed the Department of Health and Human Services’ (HHS) Adoption and Foster Care Analysis and Reporting System (AFCARS) data on the number of children in foster care and the percent of those

children living with relatives in fiscal year 2018.¹ AFCARS data are provided to HHS by states on all children in foster care for whom the state child welfare agencies have responsibility for placement, care, or supervision, and on children who are adopted with state child welfare agency involvement. We also reviewed AFCARS data from the same year on the circumstances associated with children's removal from their homes and entry into foster care.

Data Reliability

To assess the reliability of these data for the purposes of understanding the numbers and characteristics of grandparents and other kin caregivers, we interviewed relevant Census Bureau and HHS officials and reviewed available documentation. We found the ACS estimates to be sufficiently reliable for the purposes of providing information on the numbers and characteristics of grandparent caregivers. We found the CPS-ASEC estimates to be sufficiently reliable for the purposes of providing information on the number of children who are not living with either parent and their relationship to the householder.² Finally, we found that the AFCARS data were sufficiently reliable for providing information on the numbers of children in foster care and the circumstances associated with their entry into foster care.

¹See HHS, Administration for Children and Families (ACF), "The AFCARS Report: Preliminary FY 2018 Estimates as of August 22, 2019 – No. 26."

²We removed children reported as the foster child of the householder from our analysis. However, according to Census Bureau officials, CPS-ASEC estimates on children living in households headed by grandparents and other relatives may still include some children in foster care because householders responding to Census surveys generally report children who are related to them as relatives, and not as children in foster care.

Appendix II: Methodology for Analyzing Estimates from the National Survey of Children in Nonparental Care

To better understand the reasons children may be living apart from their parents and with grandparents or other kin caregivers, we analyzed estimates from the 2013 National Survey of Children in Nonparental Care, conducted by the Department of Health and Human Services (HHS). The survey was a follow-up to the 2011-2012 National Survey of Children's Health, and included interviews with caregivers in almost 1,300 households identified as having a child under age 18 living without either parent present at the time the follow-up interviews were conducted. Our analysis included estimates only for households in which the caregiver was a relative of the child. We defined relatives as those who indicated that they (or their partner) were a maternal grandparent, paternal grandparent, great grandparent, aunt/uncle, sibling, or other relative of the reference child. We did not include non-relative caregivers in our analysis.

Among other information, the National Survey of Children in Nonparental Care collected information on the reasons children were not living with a parent. Respondents could select more than one reason from a set of options for each parent, which were developed from existing research literature and the experience of social workers who regularly interact with families. The survey also collected information on the difficulties the caregivers faced with certain aspects of caregiving (see table 1 for results of that analysis). Because the survey estimates are based on a probability sample, the sample is only one of a large number of samples that might have been drawn. Since each sample could have provided different estimates, we express our confidence in the precision of the sample's results as a 95 percent confidence interval (e.g., plus or minus 7 percentage points). This is the interval that would contain the actual population value for 95 percent of the samples that could have been drawn. To assess the reliability of these data for the purposes of providing national estimates of the reasons that children are not being cared for by their parents and the challenges their relative caregivers face, we

**Appendix II: Methodology for Analyzing
Estimates from the National Survey of Children
in Nonparental Care**

interviewed relevant HHS officials and reviewed available documentation.
We found the estimates to be sufficiently reliable for this purpose.

Table 1: Relative Caregivers' Responses Regarding the Ease or Difficulty of Various Aspects of Caregiving, 2013

	Aspect of Caregiving	Somewhat or very easy	Somewhat or very difficult	Never needed	Didn't know about/never tried
Obtaining Information	Obtaining information on adoption, guardianship	50.1%	16.0%*	31.1%	2.8%*
	Obtaining information about the school system	76.7%	5.5%*	17.5%	—
Financial Resources	Obtaining public assistance, such as food stamps [now the Supplemental Nutrition Assistance Program], Medicaid, Social Security, or Temporary Assistance for Needy Families	45.0%	21.2%	31.8%	2.0%*
	Obtaining clothing	63.6%	18.7%	16.8%	—
	Obtaining a bed or other furniture	60.6%	17.2%	21.6%	—
	Obtaining food from a pantry or food bank	30.2%	6.4%*	60.9%	2.5%*
Legal Assistance	Obtaining legal assistance	38.6%	13.9%*	46.2%	1.3%*
Child Care Assistance	Obtaining child care	36.0%	23.6%	39.4%	—
Other Challenges^a	Obtaining transportation assistance	22.2%*	9.1%*	66.5%	2.3%*
	Obtaining a support group	11.2%*	4.8%*	72.8%	11.1%*

Source: GAO analysis of estimates from the National Survey of Children in Nonparental Care, 2013. | GAO-20-434

Note: Cells containing an em dash (—) were omitted because the estimates were calculated based on fewer than 20 responses. The 95 percent confidence intervals for estimates in this table are within plus or minus 11.5 percentage points of the estimates themselves. Estimates marked with an asterisk (*) have 95 percent confidence intervals within plus or minus 6.0 percentage points of the estimates themselves. Percentages may not sum to 100 because of rounding.

^aThe survey did not have questions about the accessibility or availability of affordable housing.

Appendix III: Methodology for Conducting a Literature Review of Studies on Grandparent Caregiver Challenges

To understand the challenges that grandparent caregivers face, we conducted a literature review of peer-reviewed studies published from 2009 to March 2019. To begin our search, we compiled a list of potentially relevant studies to identify relevant key words and phrases. We then used these key words and phrases to search various databases. Our initial search produced 129 studies. Two GAO analysts and a research methodologist collectively reviewed study abstracts and determined that 23 studies met our criteria and were included in our literature review. Studies met our criteria if they directly focused on challenges faced by grandparents, were based on scholarly peer-reviewed research, and published in the United States. (See table 2.)

Table 2: Studies on Challenges Faced by Grandparent Caregivers That Met GAO Criteria for Inclusion in Literature Review

	Title	Author (s)	Publication	Year of Publication
1	It's a Battle and a Blessing: The Experience and Needs of Custodial Grandparents of Children with Autism Spectrum Disorder	Hillman, Jennifer L.; Anderson, Connie M.	Journal of Autism and Developmental Disorders	2018
2	Housing Needs of Grandparent Caregivers: Grandparent, Youth, and Professional Perspectives	Polvere, Lauren; Barnes, Camille; Lee, Eunju	Journal of Gerontological Social Work	2018
3	Changes in Health Perceptions among Older Grandparents Raising Adolescent Grandchildren	Peterson, Tina L.	Social Work in Public Health	2017
4	Understanding Grandfamilies: Characteristics of Grandparents, Nonresident Parents, and Children	Pilkaukas, Natasha V.; Dunifon, Rachel E.	Journal of Marriage and Family	2016
5	Race/Ethnic Differentials in the Health Consequences of Caring for Grandchildren for Grandparents	Chen, Feinian; Mair, Christine A.; Bao, Luoman; Yang, Claire	Journals of Gerontology: Social Sciences	2015
6	An Exploratory Study of Grandparents Raising Grandchildren and the Criminal Justice System: A Research Note	Guastafarro, Wendy P.; Guastafarro, Katelyn M.; Stuart, Daniella	Journal of Crime and Justice	2015

Appendix III: Methodology for Conducting a Literature Review of Studies on Grandparent Caregiver Challenges

Title	Author (s)	Publication	Year of Publication
7 Trauma and Resiliency in Grandparent-Headed Multigenerational Families	Lee, Youjung; Blitz, Lisa V.; Srnka, Miranda	Families in Society: The Journal of Contemporary Social Services	2015
8 Rewards and Unique Challenges Faced by African-American Custodial Grandmothers: The Importance of Future Planning	Crowther, Martha R.; Huang, Chao-Hui (Sylvia); Allen, Rebecca S.	Aging & Mental Health	2015
9 Psychological Profile, Salivary Cortisol, C-Reactive Protein, and Perceived Health of Grandmothers with Childrearing Responsibility	Ross, Mary Ellen Trail; Kang, Duck-Hee; Cron, Stanley	Journal of Family Issues	2015
10 A Qualitative Examination of Barriers for Urban and Rural Custodial Grandparents	Crowther, Martha R.; Ford, Cassandra D.; Peterson, Tina	Journal of Intergenerational Relationships	2014
11 Grandparents Raising Grandchildren: The Influence of a Late-Life Transition on Occupational Engagement	Marken, Dory M.; Howard, Jenna B.	Physical & Occupational Therapy In Geriatrics	2014
12 "How Can You Retire When You Still Got a Kid in School?": Economics of Raising Grandchildren in Rural Areas	Bailey, Sandra J.; Haynes, Deborah C.; Letiecq, Bethany L.	Marriage & Family Review	2013
13 Grandparents Caregivers' Perceptions of Emotional Distress and Well-Being	Bundy-Fazioli, Kimberly; Fruhauf, Christine A.; Miller, Jacque L.	Journal of Family Social Work	2013
14 Longitudinal Analysis of Resourcefulness, Family Strain, and Depressive Symptoms in Grandmother Caregivers	Musil, Carol M.; Jeanblanc, Alexandra B.; Burant, Christopher J.; Zauszniewski, Jaclene A.; Warner, Camille B.	Nursing Outlook	2013
15 Needs for Information about Supportive Resources: A Predictor of Needs for Service and Service Use in African American Grandmother Caregivers	Carr, Gloria F.; Gray, Jennifer; Hayslip, Bert Jr.	Journal of Intergenerational Relationships	2012
16 The Role of Caregiver Burden in Understanding African American Custodial Grandmothers	Carr, Gloria F.; Hayslip, Bert; Gray, Jennifer	Geriatric Nursing	2012
17 The Experiences of African American Grandmothers in Grandparent-Headed Families	Kelch-Oliver, Karia	The Family Journal: Counseling and Therapy for Couples and Families	2011
18 Grandparent Caregivers' Use of Resources and Services, Level of Burden, and Factors that Mediate their Relationships	Conway, Pat; Boeckel, Jennifer; Shuster, Lisa; Wages, Jennifer	Journal of Intergenerational Relationships	2010
19 African American Grandmothers Raising Grandchildren: A Phenomenological Perspective of Marginalized Women	del Bene, Susan B.	Journal of Gerontological Nursing	2010
20 The Health-Related Quality of Life of Custodial Grandparents	Neely-Barnes, Susan L.; Graff, J. Carolyn; Washington, Gregory	Health & Social Work	2010

Appendix III: Methodology for Conducting a Literature Review of Studies on Grandparent Caregiver Challenges

Title	Author (s)	Publication	Year of Publication
21 American Indian Grand Families: A Qualitative Study Conducted with Grandmothers and Grandfathers Who Provide Sole Care for their Grandchildren	Cross, Suzanne L.; Day, Angelique G.; Byers, Lisa G.	Journal of Cross Cultural Gerontology	2010
22 "No Matter What I Do They Still Want Their Family": Stressors for African American Grandparents and Other Relatives	Linsk, Nathan; Mason, Sally; Fendrich, Michael; Bass, Michael; Prubhughate, Priti; Brown, Allene	Journal of Family Social Work	2009
23 Intergenerational and Interconnected: Mental Health and Well-being in Grandparent Caregiver Families	Smithgall, Cheryl; Mason, Sally; Michels, Lisa; LiCalsi, Christina; George, Robert	Families in Society: The Journal of Contemporary Social Services	2009

Source: GAO analysis of studies in our literature review. | GAO-20-434

As part of the literature review, we captured demographic information provided by the articles about the study’s participants, information about the study’s methodology, limitations of the study, the study’s findings, and any recommendations for policy makers or practitioners. Because many of the studies that met our criteria for inclusion utilized qualitative methods such as focus groups and interviews, our literature results are not generalizable. In addition, many of these studies had relatively small sample sizes and focused on specific subgroups of grandparent caregivers, such as African-American grandmothers, or grandparent caregivers in a particular state or region.

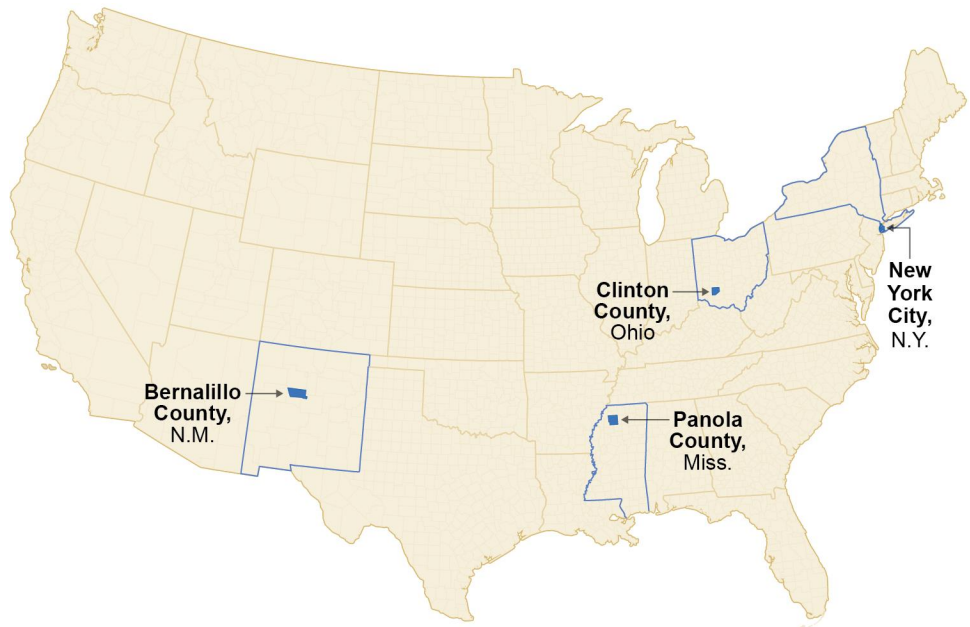
Appendix IV: Profiles of Selected States and Communities

This appendix provides additional information on the four communities we selected to gain insights into how states and localities are addressing kin caregivers' challenges.¹ We selected these four communities based on geographic dispersion (one state within each of the four Census regions in the United States) and relatively large numbers and proportions of grandparents who reported being responsible for their grandchildren in the 2017 American Community Survey (ACS), compared to the state's population age 30 and older. The four communities are Panola County, Mississippi; Bernalillo County, New Mexico; New York City, New York; and Clinton County, Ohio (see fig. 11). We also sought to select communities to obtain variation across other factors, such as racial diversity, urbanicity, and available federal and state programs to serve kin caregivers. In addition, we sought to include one community in a state with relatively high rates of drug overdose deaths, as measured by the Centers for Disease Control and Prevention.²

¹For the purposes of this report, we are using the term "kin caregivers" to include grandparents and other relatives, such as aunts or uncles, who assume primary responsibility for raising children. Non-relatives, such as close family friends, often referred to as "fictive kin," also may be included in this definition. However, the eligibility criteria for the programs discussed in this appendix vary; for example, non-relative caregivers are not eligible for the National Family Caregiver Support Program (NFCSP).

²Age-adjusted death rates were calculated as deaths per 100,000 population using the direct method and the 2000 standard population. See CDC/NCHS, National Vital Statistics System, Mortality. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Accessed April 19, 2019.

Figure 11: Map of States and Local Communities Selected by GAO for Review of Efforts to Address Kin Caregiver Challenges



Source: GAO; U.S. Geological Survey (base map). | GAO-20-434

In each site, we first interviewed officials at the state agencies responsible for administering the child welfare programs under Title IV-E of the Social Security Act (Title IV-E) and programs for older adults under Title III of the Older Americans Act (OAA). At the local level, we interviewed officials from the county or city child welfare agency, including agency leaders and front-line caseworkers. We also interviewed the director and program staff from the area agency on aging (AAA) that served each selected community. In addition, we interviewed officials from key service providers who work directly with kin caregivers. In total, we conducted more than 30 interviews across these four sites.

In the profiles that follow, we summarize information on selected demographic characteristics, strategies for addressing challenges identified by grandparents and other kin caregivers, and use of optional federal programs and initiatives overseen by the Department of Health and Human Services (HHS) that were established to serve kin caregivers. (For more information on these programs and their eligibility criteria, see app. V). These programs and initiatives include:

- **Title IV-E Guardianship Assistance Program (GAP):** Provides payments to relatives who have assumed legal guardianship of

children they formerly cared for as foster parents. States that choose to operate a Title IV-E GAP receive federal reimbursement for a percentage of program costs.

- **Kinship Navigator Program:** States may choose to operate a kinship navigator program to assist kin caregivers in learning about, finding, and using programs and services. States whose programs meet certain evidence-based requirements are eligible for federal reimbursement under Title IV-E for a percentage of program costs. In fiscal years 2018 and 2019, HHS awarded grants under Title IV-B of the Social Security Act to states for developing, enhancing, and evaluating kinship navigator programs.
- **Title IV-E foster family home licensing standards initiatives:** States are required to report to HHS on their use of certain options under Title IV-E. These include:
 - Whether the state has elected to waive non-safety licensing standards for relative foster family homes, and
 - Whether their state foster family home licensing standards are in accord with HHS's national model standards.
- **OAA older relative caregiver option under the National Family Caregiver Support Program (NFCSP):** States have the option to use a portion of their NFCSP funding to support relatives (other than parents) age 55 and older who are the primary caregivers for children.

The profiles are based on information from the Census Bureau and interviews and documents obtained from relevant federal officials, state and local officials, and providers in the four selected communities.



Panola County, Mississippi

Use of Federal Programs

Mississippi's use of optional federal programs and initiatives established to serve grandparents and other kin caregivers under Titles IV-B or IV-E of the Social Security Act and Title III of the OAA:

- Kinship Navigator Program:** State child welfare officials said they were in the early stages of developing a program. The plan is to start with a single site, where services can be coordinated. The state used a Title IV-B grant in FY 2018 to conduct a feasibility study. In FY 2019, the state planned to use another Title IV-B grant to implement the program in the single site.
- Title IV-E GAP:** The state does not have this program.
- Title IV-E foster family home licensing standards initiatives:** The state child welfare agency reported to HHS that it waives non-safety licensing standards, on a case-by-case basis, for relatives. The state also reported to HHS that its standards were not in accordance with HHS's national model foster family home licensing standards because it said certain model standards would present barriers to licensing homes in a timely manner.
- OAA older relative caregiver option under the NFCSP:** In FY 2018, the state agency on aging said it spent money from this program for the general population of caregivers, and not specifically for older adults caring for related children. For example, the AAA serving Panola County reported providing outreach and respite care for the general population of caregivers, which includes people caring for older adults and persons with disabilities.

Area in Context

	Panola County	Mississippi
Number of grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	1,105	47,309
Two most common races for grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	Black	Black
	Most Common 64%	50%
Second Most Common	White	White
	36%	47%
Percent of families below poverty level (ACS, 2017, 5-year estimates)	16%	17%
Drug overdose death rate (Centers for Disease Control and Prevention, age-adjusted rate per 100,000 population, 2017)	n/a	12
Imprisonment rate (Bureau of Justice Statistics, rate per 100,000 residents, 2016)	n/a	624

Source: GAO analysis of U.S. Census Bureau American Community Survey (ACS), Bureau of Justice Statistics, and Centers for Disease Control and Prevention data. | GAO-20-434

Note: In addition to reporting race, 2 percent of Mississippi grandparent caregivers reported their ethnicity as Hispanic or Latino.

Kin Caregiver Challenges and Strategies for Addressing Them

Lack of Awareness of Support Services

- Mississippi Access to Care centers across the state provide information and referrals for older adults, individuals with disabilities, and their families.
- The local child welfare agency offers support groups for foster parents.

Limited Financial Resources

- Local officials refer kin caregivers to programs, such as Temporary Assistance for Needy Families (TANF), that provide assistance to low-income children and families.

Need for Legal Assistance

- The local child welfare agency provides referrals to outside legal aid organizations.

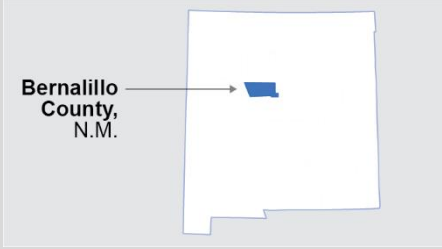
Need for Child Care Assistance

- Kin caregivers who are foster parents and/or receiving TANF may be eligible for child care assistance.

Other Strategies

- State child welfare officials have a state program, called "in-CIRCLE," for children at risk of going into foster care, which provides behavioral health and other services to the entire family.

Sources: GAO interviews with state and local officials and information from agency documents; U.S. Geological Survey (base map). | GAO-20-434



Bernalillo County, New Mexico

Use of Federal Programs

New Mexico’s use of optional federal programs and initiatives established to serve grandparents and other kin caregivers under Titles IV-B and IV-E of the Social Security Act and Title III of the OAA:

- Kinship Navigator Program:** State child welfare officials said they recently established a program that provided some kinship navigator services. As of June 2020, HHS reported that it had not been submitted for review to receive Title IV-E funding. The state used FY 2018 and 2019 Title IV-B grants to develop this program. A small portion was used on a contract to help child welfare agencies find family members.
- Title IV-E GAP:** The state established this program in 2016.
- Title IV-E foster family home licensing standards initiatives:** The state child welfare agency reported to HHS that it does not waive non-safety licensing standards for relatives, although agency officials said they are considering doing so in the future. The state reported to HHS that its licensing standards are in accordance with HHS’s national model foster family home licensing standards.
- OAA older relative caregiver option under the NFCSP:** In FY 2018, officials from the state agency on aging said they spent some money on grandparents and other older adults caring for related children through this program. Officials noted that most AAAs in the state choose to provide other services that they believe are greater priority and underfunded, such as meals and transportation for older adults.

Area in Context

	Bernalillo County	New Mexico
Number of grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	6,535	29,380
Two most common races for grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	White 62%	White 55%
Second Most Common	American Indian 6%	American Indian 24%
Percent of families below poverty level (ACS, 2017, 5-year estimates)	13%	16%
Drug overdose death rate (Centers for Disease Control and Prevention, age-adjusted rate per 100,000 population, 2017)	n/a	25
Imprisonment rate (Bureau of Justice Statistics, rate per 100,000 residents, 2016)	n/a	335

Source: GAO analysis of U.S. Census Bureau American Community Survey (ACS), Bureau of Justice Statistics, and Centers for Disease Control and Prevention data. | GAO-20-434

Note: In addition to reporting race, 57 percent of New Mexico grandparent caregivers reported their ethnicity as Hispanic or Latino.

Kin Caregiver Challenges and Strategies for Addressing Them

Lack of Awareness of Support Services

- The state child welfare agency established a program that provides kinship navigator services, including a toll-free phone line to refer kin caregivers to available resources, as part of the SHARE New Mexico online directory.

Limited Financial Resources

- Local officials refer kin caregivers to programs, such as TANF, that provide assistance to low-income children and families.
- The state has a Title IV-E GAP to provide ongoing financial assistance to kin caregivers who have legal guardianship of children they cared for as foster parents. In March 2020, a state law was enacted that officials said would expand the state-subsidized guardianship program to include children who are not eligible for Title IV-E.

Need for Legal Assistance

- Local agencies can refer kin caregivers to several organizations for assistance with a range of legal issues, including legal representation in kinship guardianship proceedings or assistance with caregiver authorization affidavits.

Need for Child Care Assistance

- Kin caregivers who are foster parents and/or receiving TANF may be eligible for child care assistance.

Other Strategies

- Local AAA officials said they provide services and meals at multigenerational and community centers so grandparents can spend time with peers.
- The state child welfare agency participates in a legislative Taskforce on Grandparents Raising Grandchildren, which was formed in 2015.

Sources: GAO interviews with state and local officials and information from agency documents; U.S. Geological Survey (base map). | GAO-20-434



New York City, New York

Use of Federal Programs

New York’s use of optional federal programs and initiatives established to serve grandparents and other kin caregivers under Titles IV-B and IV-E of the Social Security Act and Title III of the OAA:

- Kinship Navigator Program:** The state has had a kinship navigator program since 2006. As of June 2020, HHS reported that it has not yet been submitted for review to receive Title IV-E funding. The state child welfare agency used its FY 2018 and 2019 Title IV-B grants to pilot virtual case management services, among other things.
- Title IV-E GAP:** The state’s program, KinGAP, was created in April 2011. Local child welfare officials said that New York City has the majority of the state’s participants. Since 2013, they reported that more than 2,000 children have exited foster care and achieved permanency through KinGAP.
- Title IV-E foster family home licensing standards initiatives:** The state child welfare agency requested a delay (until April 2020) in reporting to HHS on whether its standards are in accordance with HHS’s national model foster family home licensing standards and whether it elected to waive non-safety licensing standards for relatives.
- OAA older relative caregiver option under the NFCSP:** In FY 2018, the state agency on aging said it spent a portion of NFCSP funds on grandparents and older adults caring for related children through this program, on services such as support groups, counseling, and respite care.

Area in Context

	New York City	New York State
Number of grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	62,568	123,568
Two most common races for grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	Black	White
	Most Common 33%	47%
Second Most Common	White	Black
	24%	26%
Percent of families below poverty level (ACS, 2017, 5-year estimates)	16%	11%
Drug overdose death rate (Centers for Disease Control and Prevention, age-adjusted rate per 100,000 population, 2017)	n/a	19
Imprisonment rate (Bureau of Justice Statistics, rate per 100,000 residents, 2016)	n/a	256

Source: GAO analysis of U.S. Census Bureau American Community Survey (ACS), Bureau of Justice Statistics, and Centers for Disease Control and Prevention data. | GAO-20-434

Note: In addition to reporting race, 26 percent of New York grandparent caregivers reported their ethnicity as Hispanic or Latino.

Kin Caregiver Challenges and Strategies for Addressing Them

Lack of Awareness of Support Services

- The state’s non-Title IV-E kinship navigator program provides information, education, and referrals through a website and warmline. The Kinship Caregiver Program in New York City (and in some counties) provides direct services, like case management and support groups.
- The state child welfare agency developed brochures and supports a helpline for kin caregivers. City child welfare officials said foster care providers offer targeted training and services to kin foster parents.

Limited Financial Resources

- Local officials refer kin caregivers to programs, such as TANF, that provide assistance to low-income children and families.
- The state has a Title IV-E GAP to provide ongoing financial assistance to kin caregivers who have legal guardianship of children they cared for as foster parents. Caregivers may receive assistance for children up to age 21.

Need for Legal Assistance

- Local officials provide referrals to outside legal aid organizations. One local service provider provides in-house legal services for kin caregivers.

Need for Child Care Assistance

- Kin caregivers who are foster parents and/or receiving TANF may be eligible for child care assistance.

Other Strategies

- As a part of a strategy to prevent children's entry into foster care, the city child welfare agency funds three Family Enrichment Centers where community members can build social connections and access supports.
- The city housing authority and nonprofit groups provide housing and supportive services for eligible grandparents and other relatives age 50 and older who are caring for children.

Sources: GAO analysis of interviews with state and local officials and information from agency documents; U.S. Geological Survey (base map). | GAO-20-434



Clinton County, Ohio

Use of Federal Programs

Ohio’s use of optional federal programs and initiatives established to serve grandparents and other kin caregivers under Titles IV-B and IV-E of the Social Security Act and Title III of the OAA:

- Kinship Navigator Program:** The state child welfare agency was in the process of developing a kinship navigator program, based on a previously evaluated strategy used for a separate child welfare effort. The state used its FY 2018 and 2019 Title IV-B grants to develop its Kinship and Adoption Navigator Program. The state submitted its model to the Title IV-E Prevention Services Clearinghouse. In March 2020, the Clearinghouse determined the state’s program did not meet criteria to receive a rating because program evaluations did not meet criteria for design and execution. The state plans to submit an appeal to the Clearinghouse.
- Title IV-E GAP:** The state does not have this program.
- Title IV-E foster family home licensing standards initiatives:** The state child welfare agency requested a delay in reporting to HHS on whether its licensing standards are in accordance with HHS’s national model foster family home licensing standards and whether it elected to waive non-safety licensing standards for relatives. As of March 2020, HHS reported that the state’s submission was under review.
- OAA older relative caregiver option under the NFCSP:** In FY 2018, officials from the state agency on aging said they spent money on grandparents and other older adults caring for related children through this program on services such as counseling, support groups, and respite care. Officials said they encourage AAAs to spend funds according to the needs in the region.

Area in Context

	Clinton County	Ohio
Number of grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)	520	102,751
Two most common races for grandparents responsible for grandchildren (ACS, 2017, 5-year estimates)		
Most Common	White 74%	White 68%
Second Most Common	Black 15%	Black 22%
Percent of families below poverty level (ACS, 2017, 5-year estimates)	11%	11%
Drug overdose death rate (Centers for Disease Control and Prevention, age-adjusted rate per 100,000 population, 2017)	n/a	46
Imprisonment rate (Bureau of Justice Statistics, rate per 100,000 residents, 2016)	n/a	449

Source: GAO analysis of U.S. Census Bureau American Community Survey (ACS), Bureau of Justice Statistics, and Centers for Disease Control and Prevention data. | GAO-20-434

Note: In addition to reporting race, 6 percent of Ohio grandparent caregivers reported their ethnicity as Hispanic or Latino.

Kin Caregiver Challenges and Strategies for Addressing Them

Lack of Awareness of Support Services

- The state child welfare agency is establishing a kinship navigator program available statewide, based on prior demonstration projects, as well as programs in other states.
- The state child welfare agency developed a guide for relatives caring for children; local officials also developed a “Kinship Care” packet to provide information on available benefits.
- The local child welfare agency offers support groups for kin caregivers; local service providers offer kinship navigators, support groups, and parenting classes.

Limited Financial Resources

- Local officials refer kin caregivers to programs, such as TANF, that provide assistance to low-income children and families.
- The state has a Kinship Permanency Incentive program to provide temporary financial assistance to kin caregivers who have legal custody of the child and meet income and other eligibility criteria.

Need for Legal Assistance

- Local officials provide referrals to outside legal aid organizations.

Need for Child Care Assistance

- The state's Kinship Caregiver Child Care Program provides “reasonable and necessary relief of child caring functions” to kin caregivers, including respite care.

Other Strategies

- Local AAA officials said they planned to establish a “kinship meals” program to provide home-delivered meals for children age 18 and younger, as well as older kin caregivers.

Sources: GAO interviews with state and local officials and information from agency documents; U.S. Geological Survey (base map). | GAO-20-434

Appendix V: Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

This appendix provides additional information on the Department of Health and Human Services (HHS) programs and initiatives we identified as established to serve kin caregivers, based on our review of relevant literature and interviews with HHS officials and representatives from national organizations.¹ HHS officials we interviewed were not aware of additional programs targeted to grandparents and other relative caregivers. Table 3 provides descriptions of each program or initiative, the relevant HHS division providing oversight, and the relevant authorizing legislation.

¹For the purposes of this report, we are using the term “kin caregivers” to include grandparents and other relatives, such as aunts or uncles, who assume primary responsibility for raising children. Non-relatives, such as close family friends, often referred to as “fictive kin,” also may be included in this definition. However, the eligibility criteria for the programs discussed in this appendix vary; for example, non-relative caregivers are not eligible for the National Family Caregiver Support Program (NFCSP).

Appendix V: Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

Table 3: Optional Title IV-E Child Welfare and Older Americans Act (OAA) Programs and Initiatives Established to Serve Kin Caregivers, as of February 2020

Program or Initiative	Description	Department of Health and Human Services (HHS) Division	Source / Authorizing Legislation
Title IV-E Guardianship Assistance Program (GAP) ^a	<p>Provides payments, on behalf of children, to grandparents and other relatives who have assumed legal guardianship of children they formerly cared for as foster parents.</p> <p>To be eligible, the child must have been eligible for foster care maintenance payments while residing for at least 6 consecutive months in the home of the prospective guardian, among other criteria.</p> <p>States with an HHS-approved plan to operate a GAP can claim federal reimbursement for a percentage of allowable GAP costs. The percentage varies based on the type of expense and the state, with a minimum of 50 percent and a maximum of 83 percent.</p>	Administration for Children and Families (ACF) / Children's Bureau	Fostering Connections to Success and Increasing Adoptions Act of 2008 / Title IV-E of the Social Security Act
Title IV-E Kinship Navigator Program ^b	<p>Kinship navigator programs assist kin caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, among other things.</p> <p>If the kinship navigator program meets certain requirements, states can claim a 50 percent federal reimbursement for allowable program costs. The reimbursement is available to states for kinship navigator programs that HHS determines are operated in accordance with promising, supported, or well-supported practices. To assist it in making these determinations, HHS uses the Title IV-E Prevention Services Clearinghouse to review and rate these programs.</p> <p>States have discretion to define the scope of the population served through a Title IV-E Kinship Navigator Program.^b States also have the flexibility to operate a Title IV-E Kinship Navigator program directly or through contracted service providers.</p>	ACF / Children's Bureau	Family First Prevention Services Act (2018) / Title IV-E of the Social Security Act

Appendix V: Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

Program or Initiative	Description	Department of Health and Human Services (HHS) Division	Source / Authorizing Legislation
Title IV-E foster family home licensing standards initiatives ^c	<p>HHS was required to identify reputable licensing standards for foster family homes, and states were required to report to HHS on, among other information, (1) whether their state licensing standards are in accord with the model standards, and (2) whether the state has elected to waive standards for relative foster family homes, and if so, a description of the standards most commonly waived.</p> <p>State foster family home licensing standards apply to kin caregivers who are caring for children as foster parents. Children placed in a licensed foster family home are eligible for monthly foster care maintenance payments. States can claim federal reimbursement for a percentage of the costs of these payments. The percentage varies by state, with a minimum of 50 percent and a maximum of 83 percent.</p>	ACF / Children's Bureau	Family First Prevention Services Act (2018) / Title IV-E of the Social Security Act

Appendix V: Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

Program or Initiative	Description	Department of Health and Human Services (HHS) Division	Source / Authorizing Legislation
Option to serve older relative caregivers under the National Family Caregiver Support Program (NFCSP)	<p>NFCSP grants to states fund supports for caregivers of older adults. A portion of NFCSP funding may be used to support “older relative caregivers,” which includes (1) relatives (other than parents) age 55 and older who are the primary live-in caregivers of children age 18 or younger, and (2) relatives (including parents) age 55 and older who are the primary live-in caregivers of adults with disabilities age 18 to 59. For caregivers of children, relatives include grandparents, step grandparents, or other relatives of the child by blood, marriage, or adoption, who are the primary caregiver because the child’s biological or adoptive parents are unable or unwilling to serve as the primary caregivers. Fictive kin caring for children are not eligible for these services.</p> <p>States are required to contribute a share of non-federal funds (25 percent). As of February 2020, states could spend up to 10 percent of their total NFCSP funding (federal and non-federal) on supports for older relative caregivers of children or adults with disabilities. (This funding cap was eliminated by the Supporting Older Americans Act of 2020, enacted March 25, 2020.)</p> <p>States are required to provide five types of services under the NFCSP: information to caregivers about available services; assistance to caregivers in gaining access to the services; individual counseling, organization of support groups, and caregiver training in the areas of health, nutrition, and financial literacy; respite care; and supplemental services on a limited basis.</p>	Administration for Community Living (ACL)	Older Americans Act (2000) ^d

Source: GAO analysis of Department of Health and Human Services’ program information. | GAO-20-434

^aSome states may also operate state-funded guardianship assistance programs. For example, in 2014 we reported that 16 of the states that had elected to adopt a federal Title IV-E Guardianship Assistance Program had previously operated a state-funded program. See GAO, *Foster Care: HHS Needs to Improve Oversight of Fostering Connections Act Implementation*, [GAO-14-347](#) (Washington, D.C.: May 29, 2014).

^bStates are eligible for federal reimbursement for Title IV-E Kinship Navigator Programs, regardless of whether the expenditures are incurred on behalf of children who are, or are potentially, eligible for foster care maintenance payments. 42 U.S.C. § 674(a)(7).

^cWe refer to these two reporting requirements as “initiatives” for the purposes of this report.

^dThe National Family Caregiver Support Program was established as part of the 2000 reauthorization of the Older Americans Act (OAA). Program eligibility initially applied to adults age 60 and older caring for related children, but the eligibility age was lowered to age 55 and older when the OAA was reauthorized in 2006.

Appendix VI: Independent and Systematic Evidence Review by the Title IV-E Prevention Services Clearinghouse

Enacted in 2018, the Family First Prevention Services Act requires that certain foster care prevention services and programs, and kinship navigator programs, meet evidence-based standards to receive Title IV-E funding.¹ These programs and services are only eligible for such funding if they meet the requirements of a “promising practice,” a “supported practice,” or a “well-supported practice,” as defined in the statute.² The Administration for Children and Families (ACF) established the Title IV-E Prevention Services Clearinghouse (Clearinghouse) to review available evidence and rate programs and services for this purpose.

The Clearinghouse uses a systematic review process to rate each program and service. As described in the Clearinghouse’s Handbook of Standards and Procedures, this includes reviewing how studies of a program or service were designed and carried out, and rating the level of evidence generated from these studies.³ Studies must meet certain criteria, such as using quantitative methods and having an appropriate control group (i.e., a randomized controlled trial or quasi-experimental design). Studies also must examine the program or service’s impact on at least one “target outcome.” Kinship navigator programs include target outcomes in the domains of child safety; child permanency; child and adult well-being; and access, referral, and/or satisfaction with programs and services.

¹Pub. L. No. 115-123, §§ 50711 and 50713, 132 Stat. 64, 232-45 (2018).

²See 42 U.S.C. § 671(e)(4)(C) for these definitions.

³Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., and Brown, S. R. (2019). Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, version 1.0, OPRE Report # 2019-56, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at: <https://www.acf.hhs.gov/opre/resource/the-prevention-services-clearinghouse-handbook-of-standards-and-procedures>.

For each eligible study, the Clearinghouse uses design and execution standards to rate individual contrasts (i.e., a comparison of a treated condition to a counterfactual condition on a specific outcome). The design and execution ratings—low, moderate, or high—indicate the strength of the evidence for each contrast, rather than for entire studies. All contrasts that meet moderate or high design and execution standards for each study (or if available across multiple studies) are examined to determine the program or service rating.

The Clearinghouse assigns each program or service one of four ratings to characterize the extent of evidence:

1. **Well supported:** A program or service is rated as a well supported practice if it has at least two contrasts with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one of the contrasts must demonstrate a sustained favorable effect of at least 12 months after the end of treatment on at least one target outcome.
2. **Supported:** A program or service is rated as a supported practice if it has at least one contrast in a study carried out in a usual care or practice setting that achieves a rating of moderate or high on design and execution and demonstrates a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome.
3. **Promising:** A program or service is designated as a promising practice if it has at least one contrast in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome.
4. **Does not currently meet criteria:** A program or service receives this rating if (a) programs or services for which all eligible contrasts with moderate or high design and execution ratings have no statistically significant favorable effects and (b) programs and services that do not have any eligible contrasts with moderate or high design and execution ratings.

Appendix VII: States' Use of Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

This appendix provides a summary of each state's use of optional federal programs and initiatives we identified as having been established under Title IV-E of the Social Security Act (Title IV-E) and Title III-E of the Older Americans Act (OAA) to serve kin caregivers,¹ as well as each state's share of grandparent caregivers relative to the adult population, according to Census Bureau data. Given that no state currently operates a kinship navigator program that receives Title IV-E funding, the kinship navigator information listed in table 4 instead shows each state's receipt of federal grants under Title IV-B of the Social Security Act in fiscal years 2018 and 2019 to develop, enhance, or evaluate kinship navigator programs. The table includes the most complete and recent data available for each of these programs as of March 2020.

¹For the purposes of this report, we are using the term "kin caregivers" to include grandparents and other relatives, such as aunts or uncles, who assume primary responsibility for raising children. Non-relatives, such as close family friends, often referred to as "fictive kin," also may be included in this definition. However, the eligibility criteria for the programs discussed in this appendix vary; for example, non-relative caregivers are not eligible for the National Family Caregiver Support Program (NFCSP).

Appendix VII: States' Use of Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

Table 4: States' Use of Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

States	Estimated share of grandparent caregivers in 2018 ^a	Kinship navigator program ^b		Title IV-E Guardianship Assistance Program (GAP)	Title IV-E foster family home licensing standards initiatives ^c		Option to serve older relative caregivers under the OAA's National Family Caregiver Support Program (NFCSP)		
	Estimated share of grandparent caregivers in 2018 ^a	Received Title IV-B grant in fiscal year 2018 ^b	Received Title IV-B grant in fiscal year 2019 ^b	Has approved Title IV-E Plan as of February 2020	State elected to align licensing standards with model licensing standards as of March 2020	State elected to waive non-safety standards for relatives as of March 2020	Percent of fiscal year 2016 NFCSP funds spent on supports for older relative caregivers (spent over 3 fiscal years) ^d		Snapshot of NFCSP spending on older relative caregivers in fiscal year 2018 ^e
Alabama	1.9%	Yes	Yes	Yes	312	No	No	5%	\$108,249
Alaska	1.8%	Yes	Yes	Yes	131	No	Yes	0%	\$75,678
Arizona	1.3%	Yes	Yes	No	—	No	Yes	9%	\$182,298
Arkansas	1.8%	Yes	Yes	Yes	0	No	Yes	0%	\$0
California	1.0%	Yes	Yes	Yes	10,319	No	No	0%	\$845,333
Colorado	0.9%	Yes	Yes	Yes	101	No	Yes	2%	\$22,424
Connecticut	0.7%	Yes	Yes	Yes	698	No	Yes	9%	\$181,694
Delaware	1.6%	Did not apply	Yes	No	—	No	No	0%	\$43,570
District of Columbia	0.6%	Yes	Yes	Yes	568	No	Yes	0%	No Data
Florida	1.1%	Yes	Yes	Yes	0	No	Yes	9%	\$477,188
Georgia	1.4%	Yes	Yes	No	—	Yes	Yes	0%	\$0
Hawaii	1.6%	Yes	Yes	Yes	405	No	Yes	0%	\$57,425
Idaho	1.0%	Did not apply	Yes	Yes	8	No	Yes	0%	\$0
Illinois	0.9%	Yes	Yes	Yes	2,018	Yes	Yes	0%	\$664,738
Indiana	1.5%	Yes	Yes	Yes	213	Yes	Yes	0%	\$46,555
Iowa	0.6%	Yes	Yes	Yes	0	No	Yes	3%	\$38,668
Kansas	1.3%	Yes	Yes	No	—	No	Yes	0%	\$5,318
Kentucky	2.1%	Yes	Yes	No	—	Yes	Yes	7%	\$87,641
Louisiana	1.8%	Yes	Yes	Yes	97	No	No	0%	\$0
Maine	0.6%	Did not apply	Yes	Yes	93	Yes	No	0%	\$1,933
Maryland	1.1%	Yes	Yes	Yes	524	Yes	No	5%	\$184,624

Appendix VII: States' Use of Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

States	Estimated share of grandparent caregivers in 2018 ^a	Kinship navigator program ^b	Title IV-E Guardianship Assistance Program (GAP)		Title IV-E foster family home licensing standards initiatives ^c		Option to serve older relative caregivers under the OAA's National Family Caregiver Support Program (NFCSP)		
	Estimated share of grandparent caregivers in 2018 ^a	Received Title IV-B grant in fiscal year 2018 ^b	Received Title IV-B grant in fiscal year 2019 ^b	Has approved Title IV-E Plan Amendment as of February 2020	Monthly average number of children served in fiscal year 2019	State elected to align licensing standards with model licensing standards as of March 2020	State elected to waive non-safety standards for relatives as of March 2020	Percent of fiscal year 2016 NFCSP funds spent on supports for older relative caregivers (spent over 3 fiscal years) ^d	Snapshot of NFCSP spending on older relative caregivers in fiscal year 2018 ^e
Massachusetts	0.7%	Yes	Yes	Yes	928	Yes	Yes	0%	\$135,231
Michigan	0.9%	Yes	Yes	Yes	568	No	Yes	7%	\$225,887
Minnesota	0.7%	Yes	Yes	Yes	951	No	Yes	0%	\$85,395
Mississippi	2.3%	Yes	Yes	No	—	No	Yes	0%	\$97,085
Missouri	1.1%	Yes	Yes	Yes	4,757	No	Yes	2%	\$24,720
Montana	1.3%	Yes	Yes	Yes	380	No	Yes	0%	No Data
Nebraska	0.8%	Yes	Yes	Yes	28	State's report under HHS review	State's report under HHS review	0%	\$4,637
Nevada	1.4%	Yes	Yes	Yes	129	No	Yes	7%	\$75,048
New Hampshire	0.7%	Yes	Yes	No	—	No	No	0%	\$126,591
New Jersey	0.7%	Yes	Yes	Yes	539	Yes	Yes	5%	\$149,769
New Mexico	2.0%	Yes	Yes	Yes	66	Yes	No	3%	\$31,417
New York	0.9%	Yes	Yes	Yes	1,439	Legislative delay approved by HHS	Legislative delay approved by HHS	1%	\$222,452
North Carolina	1.4%	Yes	Yes	Yes	0	No	Yes	0%	\$18,326
North Dakota	0.6%	Yes	Did not apply	No	—	No	Yes	0%	\$2,213
Ohio	1.3%	Yes	Yes	No	—	State's report under HHS review	State's report under HHS review	0%	\$78,308
Oklahoma	1.9%	Yes	Yes	Yes	0	Yes	Yes	10%	\$133,559

Appendix VII: States' Use of Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

States	Estimated share of grandparent caregivers in 2018 ^a	Kinship navigator program ^b		Title IV-E Guardianship Assistance Program (GAP)		Title IV-E foster family home licensing standards initiatives ^c		Option to serve older relative caregivers under the OAA's National Family Caregiver Support Program (NFCSP)	
	Estimated share of grandparent caregivers in 2018 ^a	Received Title IV-B grant in fiscal year 2018 ^b	Received Title IV-B grant in fiscal year 2019 ^b	Has approved Title IV-E Plan as of February 2020	Monthly average number of children served in fiscal year 2019	State elected to align licensing standards with model licensing standards as of March 2020	State elected to waive non-safety standards for relatives as of March 2020	Percent of fiscal year 2016 NFCSP funds spent on supports for older relative caregivers (spent over 3 fiscal years) ^d	Snapshot of NFCSP spending on older relative caregivers in fiscal year 2018 ^e
Oregon	0.8%	Yes	Yes	Yes	1,830	No	No	5%	\$55,536
Pennsylvania	1.0%	Yes	Yes	Yes	2,670	No	Yes	0%	\$1,151,586
Rhode Island	0.9%	Yes	Yes	Yes	156	No	Yes	0%	\$56,716
South Carolina	1.6%	Yes	Yes	No	—	No	Yes	3%	\$107,179
South Dakota	1.0%	Did not apply	Yes	Yes	25	No	Yes	0%	\$6,232
Tennessee	2.0%	Yes	Yes	Yes	1,128	Yes	Yes	4%	\$50,462
Texas	1.6%	Yes	Yes	Yes	3,102	No	Yes	3%	\$43,884
Utah	0.8%	Yes	Yes	No	—	No	Yes	0%	\$691
Vermont	1.1%	Yes	Yes	Yes	32	No	Yes	1%	\$7,203
Virginia	1.3%	Yes	Yes	Yes	—	No	Yes	0%	\$4,199
Washington	1.0%	Yes	Yes	Yes	326	No	Yes	6%	\$196,417
West Virginia	2.4%	Yes	Yes	Yes	388	No	Yes	3%	No Data
Wisconsin	0.7%	Yes	Yes	Yes	770	No	Yes	0%	\$41,682
Wyoming	1.5%	Yes	Yes	No	—	No	Yes	8%	\$58,509
States Using Program/ Initiative		47	50	39	33	11	39	23	

Source: GAO analysis of the Census Bureau's American Community Survey (ACS) estimates and Department of Health and Human Services (HHS) program data and information. | GAO-20-434

Note: In this table, "Title IV-E" and "Title IV-B" refer to Titles IV-E and IV-B of the Social Security Act, respectively; "OAA" refers to the Older Americans Act.

^aThis is the estimated percentage of grandparent caregivers as a share of the state's adult population, defined as age 30 and older, according to ACS.

^bIn fiscal years 2018 and 2019, HHS was appropriated funding under Title IV-B for grants to states for developing, enhancing, or evaluating kinship navigator programs, which HHS provided via a formula to all states that applied. Funding for this purpose has also been appropriated for fiscal year 2020. While no states currently operate a Title IV-E Kinship Navigator Program, states may have an existing kinship navigator program funded through non-Title IV-E sources, such as the federal fiscal year 2018 or 2019 Kinship Navigator grants funded under Title IV-B, or state-based funding sources. However, HHS officials said they do not track how many states have an existing non-Title IV-E kinship navigator program.

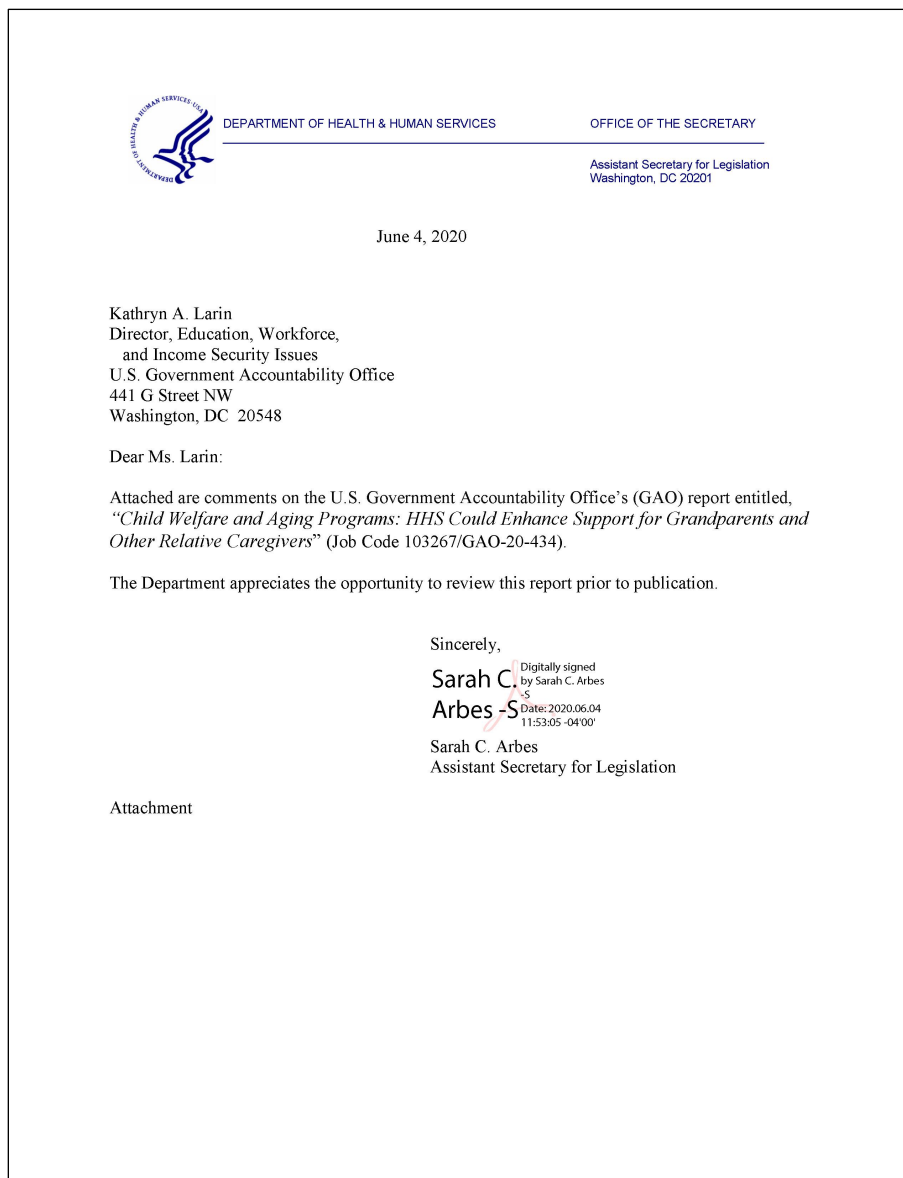
Appendix VII: States' Use of Optional Federal Programs and Initiatives Established to Serve Kin Caregivers

^cThe Family First Prevention Services Act required states to report to HHS on (1) whether their state licensing standards for foster family homes are in accord with model standards developed by HHS, and (2) whether the state has elected to waive certain standards for relative foster family homes, among other information. States are not required to ensure that their standards are in accord with the model licensing standards or to waive any licensing standards for relative foster family homes. We refer to these two reporting requirements as "initiatives" for purposes of this table. In these columns, "Yes/No" indicates whether the state has reported using the foster family home licensing option.

^dAccording to ACL officials, states have 3 fiscal years to spend their NFCSP allotments, and the most recent complete data available at the time of our review was for the fiscal year 2016 allotment. For this allotment, officials said funds must have been obligated by September 30, 2016 and liquidated by December 30, 2018. States are also required to contribute a share of non-federal NFCSP funding. Prior to March 25, 2020, states could use up to 10 percent of their total federal and non-federal NFCSP funding to provide supports to "older relative caregivers." The Supporting Older Americans Act of 2020, enacted March 25, 2020, eliminated this funding cap.

^eThe amount of NFCSP federal funds states spent in fiscal year 2018 is a snapshot of NFCSP spending that occurred in fiscal year 2018, and may have come from a state's fiscal year 2016, 2017, or 2018 NFCSP allotment. For example, in the table above, a state that spent 0 percent of the fiscal year 2016 NFCSP allotment on older relative caregivers but spent NFCSP funds in fiscal year 2018 for that purpose likely used funds from the 2017 or 2018 NFCSP allotment during fiscal year 2018.

Appendix VIII: Comments from the Department of Health and Human Services



GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — CHILD WELFARE AND AGING PROGRAMS: HHS COULD ENHANCE SUPPORT FOR GRANDPARENTS AND OTHER RELATIVE CAREGIVERS (GAO-20-434)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1

The Assistant Secretary for the Administration for Children and Families (ACF) should establish an ongoing process to proactively share information and best practices with states about programs it administers that are available to serve kin caregivers, especially in states with a relatively large share of grandparent caregivers. This could be achieved, for example, by leveraging regional office staff—as well as other relevant entities, such as the Title IV-E Prevention Services Clearinghouse—to provide additional assistance and information sharing, particularly related to kinship navigator programs.

HHS Response

HHS non-concurs. GAO's recommendation "to establish" an ongoing process to proactively share information and best practices does not fully consider the scope of assistance already available to states on an ongoing basis. We provide a more in-depth explanation of the nature of the working relationship between the ACF regional offices and the states to explain why we view this recommendation as duplicative. We also provide information about existing resources available through our capacity building and information sharing networks.

Regional Offices:

ACF regional offices have a close working relationship with grantees and regularly share information and best practices with the states. There are many ongoing levels of communication, resource sharing, and technical assistance happening between the regional offices and the states. Therefore, it is not correct to conclude that technical assistance and other support is primarily provided on a request basis only. A core function of regional office staff is to engage regularly with the states on the implementation of state programming. This ongoing engagement facilitates addressing states' questions, concerns, issues, and needs quickly and efficiently through resource sharing, peer-to-peer consultation, and technical assistance.

Regional offices hold regional peer-to-peer calls (some quarterly and others more frequently), individual joint planning sessions throughout the year, individual program improvement discussions, routine communication via check-in calls and emails, as well as topical discussions based on interest/needs like court improvement, independent living, title IV-E claiming, practice issues, case review, continuous quality improvement, etc. Because of the ongoing communication and joint planning efforts with jurisdictions, regional offices have a thorough understanding of the needs and issues faced by each jurisdiction, as well as jurisdictions' strengths and challenges. Regional office staff are, therefore, often keenly aware of the rationale for decisions jurisdictions make related to program operation and implementation.

GAO's assessment of the ACF's regional office approach does not fully consider the level of familiarity with the grantees' needs, operations and implementation of federal programming.

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED — CHILD WELFARE AND AGING PROGRAMS: HHS COULD ENHANCE SUPPORT FOR GRANDPARENTS AND OTHER RELATIVE CAREGIVERS (GAO-20-434)

For instance, as part of the technical assistance provided to states by regional offices, the assigned program specialists regularly hold conference calls and site visits to discuss program and practice issues related to safety, permanency and well-being efforts states undertake to support the children and families they serve. This includes discussions on new federal regulations, policies and best practices. As part of our oversight related to mandated monitoring, regional staff hold discussions around identified practice issues including placement practices with kinship families. In addition, discussions are held with states during the review of updated title IV-E state plans and yearly review of the mandated Child and Family Services Plan and Annual Progress and Services Report to identify and strategize around practice issues.

Since 2009, ACF has been working with states to incorporate the principles of implementation science into their practice to help states better assess their underlying practice issues and work toward improving services to children and families. Implementation science provides a structured process to assess child welfare practices and develop meaningful and sustained systems change. The principles include a collaborative effort with stakeholders within the state child welfare system and an emphasis on data and integration of state plans and state initiatives. This is the framework that the regional offices use to have conversations regarding practice improvement efforts including permanency and expansion of kinship placement efforts.

Other Technical Assistance, Capacity Building and Information Services:

During the course of the study, we also described the support available to grantees from our contracted technical assistance provider, the Capacity Building Center for States, which includes individualized technical assistance as well as Communities of Practice with the Foster Care and Adoption Managers. The Communities of Practice provide a forum for identification and sharing of best practices on a peer-to-peer level. A similar effort with kinship care state managers is being convened to support relative placements and to assist states in developing supports to this population of caregivers through policy and practice efforts.

The Child Welfare Information Gateway, another contracted service of the Children's Bureau, provides a wealth of information, on many child welfare topics, including an entire section focused on kinship care. See: <https://www.childwelfare.gov/topics/outofhome/kinship/>. There agencies and other interested individuals may find fact sheets, podcasts, state-level contacts and much more. For the twelve month time period between May 2019 and May 2020, that page received 78,727 page views. The Gateway also maintains listservs for the Children's Bureau, including a Kinship Navigator Listserv, allowing state kinship care contacts and their stakeholders to participate in sharing information and best practices on kinship navigator programs. For the same time period, that listserv had 280 posts.

In addition to events sponsored by our contracted technical assistance providers, Children's Bureau Central Office staff have presented on national webinars focused on the title IV-E Guardianship Assistance Program and Kinship Navigator programs, including one webinar conducted jointly with the ACF Office of Family Assistance that shared information on kinship navigator programs with state TANF officials.

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Finally, GAO included the Title IV-E Prevention Services Clearinghouse as a possible vehicle for technical assistance and the sharing of best practices. We do not see this as a viable option. In order to maintain both independence and objectivity, the Prevention Services Clearinghouse does not provide direct technical assistance to stakeholders seeking to align design, implementation, or analysis of their evaluations with the Clearinghouse's Handbook of Standards and Procedures. The Clearinghouse has and will continue to answer specific questions aimed at clarifying the technical content included in the Handbook of Standards and Procedures. The project's website allows users to find program or service ratings, learn about the review process, sign up for email updates, and find answers to frequently asked questions.

Recommendation 2

The Administrator for the Administration for Community Living (ACL) should establish an ongoing process to proactively share information and best practices with states about using National Family Caregiver Support Program (NFCSP) funds to serve older relative caregivers of children, especially in states with relatively large share of grandparent caregivers. This could be achieved, for example, by leveraging regional office staff to share information from states and area agencies on aging that have successfully used this program to serve older relative caregivers.

HHS Response

HHS non-concurs with the recommendation as it is overly prescriptive and we achieve the goals through the actions we are already taking. ACL staff have close working relationships with state agencies and use a variety of mechanisms to communicate and share information and innovative practices. Because of their continuous engagement with state agencies, ACL staff have extensive knowledge of each state's challenges, strengths and priorities across the broad scope of supports and services for older adults including older relative caregivers and tailor assistance accordingly. States have ample opportunities to request information and assistance from ACL staff. Staff routinely solicit from states the topics and issues for agenda items for routine and annual meetings as well as for peer-to-peer sharing.

In support of providing states with greater flexibility and options for providing services to older relative caregivers of children, one of ACL's legislative priorities during the Older Americans Act (OAA) reauthorization process was the elimination of the 10 percent cap on the use of NFCSP funds for older relative caregivers of children. While the public health emergency has redirected staff resources, ACL will be engaging states on the changes in the OAA including the elimination of the cap. The passage of the RAISE Caregiver Act and the Supporting Grandparents Raising Grandchildren Act has given high levels of visibility to the issues faced by caregivers. As the lead agency implementing these Acts we will be actively promoting and disseminating the strategies, information, and best practices that are products of these efforts.

Text of Appendix VIII: Comments from the Department of Health and Human Services

Page 1

June 4, 2020

Kathryn A. Larin

Director, Education, Workforce, and Income Security Issues

U.S. Government Accountability Office 441 G Street NW

Washington, DC 20548

Dear Ms. Larin:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers" (Job Code 103267/GAO-20-434).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Sarah C. Arbes

Assistant Secretary for Legislation

Attachment

Page 2

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT) REPORT ENTITLED — CHILD WELFARE AND AGING PROGRAMS: HHS COULD ENHANCE SUPPORT FOR GRANDPARENTS AND OTHER RELATIVE CAREGIVERS (GAO-20-434)

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Appendix IX: GAO Contact and Staff Acknowledgments

GAO Contact

Kathryn A. Larin at (202) 512-7215 or larink@gao.gov

Staff Acknowledgments

In addition to the contact above, Margie K. Shields (Assistant Director), Rachael Chamberlin (Analyst-in-Charge), Julie Anderson, Pin-En Annie Chou, Robert Gudea, Elizabeth Hartjes, LaToya Jeanita King, Arthur Thomas Merriam, Jr., Rachel Stoiko, and Stephen C. Yoder made key contributions to this report. Also contributing to this report were James Bennett, Sarah Cornetto, Justin Gordinas, Nhi Nguyen, Stacy Ouellette, Kathryn O’Dea Lamas, Claudine Pauselli, and Almeta Spencer.

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