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Medicine**

Grandparent and Kinship Families: A Journey of Access to Services and Supports

Prepared for:

**Massachusetts
Commission on the Status
of Grandparents Raising
Grandchildren**

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Executive Summary

Since its inception in 2008, the Massachusetts Commission on the Status of Grandparents Raising Grandchildren (Commission) has been instrumental in driving advocacy efforts to improve services and resources for grandparents raising grandchildren.¹ In Massachusetts, 31,404 grandparents are raising minor grandchildren — about one third with no parent present in the household.² The Commission engaged UMass Chan Medical School (UMass Chan) to study whether access to state-level services and supports of grandparent and kinship families differs depending on whether the caregiving arrangement was formalized through the Department of Children and Families (DCF)/Juvenile Court or through another legal avenue such as the Probate and Family Court (referred throughout this report as Caregiving Pathway I and Caregiving Pathway II). This study has identified significant differences in access to state-level services and supports between these two groups. Grandparent and kinship families have significantly greater access to services and supports when they become legally recognized primary caregivers through DCF/Juvenile Court rather than when they petition the Probate and Family Court for custody.

As described in **Sections I and II** of this report, grandparents or other relative caregivers frequently assume parenting responsibility unexpectedly and often under traumatic circumstances with no time to prepare for their caregiving roles, unlike birth parents, adoptive parents, or foster parents who usually plan to care for a child and have training and support to do so.³ Grandparents and other kin step in to care for related children under difficult circumstances when parents are unable to care for their children such as addiction, serious mental and behavioral health illness, financial insecurity, incarceration, and death.⁴ The child welfare system recognizes children in these families experience better outcomes than those raised by non-relative foster care families.⁵ It has become increasingly more reliant on grandparent and kin caregivers. UMass Chan research shows that children placed with grandparents and other relatives have far better outcomes than children who are placed with non-relatives and despite taxpayers saving an estimated \$4 billion per year because these children are not placed in the custody of the state, grandparent and kin caregivers have minimal or no support from the child welfare system and pay the price through their physical, emotional, and financial health and wellbeing.³ Although gaining more recognition, the needs of these families — especially those not involved with DCF — remain largely unaddressed by the health and human services, educational, and legal systems at both the national and state levels.⁶

The needs of grandparents and kin caregivers stem from multigenerational trauma, the detrimental impact of caregiving on their own physical and emotional wellbeing, financial and housing insecurity; and the lack of

¹ Commission on the Status of Grandparents Raising Grandchildren. (n.d.). About the Commission. Retrieved from http://www.massgrg.com/massgrg_2019/about_the_commission.html

² U.S. Census Bureau. (2022). American Community Survey 5-Year Estimates, Table S1002. Retrieved from <https://data.census.gov/cedsci/table?q=S1002&tid=ACST5Y2020.S1002>

³ Generations United. (2017). State of Grandfamilies Annual Report: In Loving Arms: The Protective Role of Grandparents and Other Relatives in Raising Children Exposed to Trauma. Retrieved from <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>

⁴ Advisory Council to Support Grandparents Raising Grandchildren. (2021, November 16). *Supporting Grandparents Raising Grandchildren Act (SGRG) Initial Report to Congress*. ACL Administration for Community Living. Retrieved from https://acl.gov/sites/default/files/RAISE_SGRG/SGRG-InitialReportToCongress_2021-11-16.pdf

⁵ Van Etten, D., & Gautam, R. (2012). Custodial grandparents raising grandchildren: lack of legal relationship is a barrier for services. *Journal of gerontological nursing*, 38(6), 18–22. Retrieved from <https://doi.org/10.3928/00989134-20120509-02>

⁶ Hayslip, B., Knight, R.P., Page, K.S., & Phillips, C.S. (2020). Thematic Dimensions of Grandparent Caregiving: A Focus Group Approach. Retrieved from <https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1092&context=grandfamilies>

sufficient resources, services, and supports.⁷ UMass Chan has created a profile of Massachusetts grandparent caregivers and the children in their care in **Section III**, to provide additional statistics describing how resources differ on Caregiving Pathways I and II. These significant differences are illustrated through the story of a family in **Section IV**. Case management, service coordination, and system navigation are not available to grandparents and other kin caregivers who achieved custody through another legal avenue such as Probate and Family Court on Caregiving Pathway II.

As the need for grandparent and kin caregivers grows and research illuminates the benefits and value of these caregivers, it is essential for the Commonwealth to cultivate and act on opportunities to address the unique and significant needs and challenges faced by these families. Massachusetts has many near-term opportunities to continue driving policy leadership for grandparent and kinship families as described in **Section V**. Key recommendations include:

1. PROMOTE PUBLIC AWARENESS & UNDERSTANDING

- Establish technical assistance features within the child welfare system to disseminate information and enhance the knowledge, collaboration, and continuity across State agencies about the needs and available support for grandparent and kinship families in Massachusetts
- Develop and launch public campaign, especially aimed at families outside of the child welfare system, to increase community awareness, knowledge, and information about available services and supports

2. MITIGATE INEQUITIES BY INVESTING IN ADDITIONAL SERVICES AND SUPPORTS

- Address inequities for grandparent and kinship families established through probate and family court, such as by increasing financial assistance available through Transitional Aid to Families with Dependent Children (TAFDC) child-only grants, other forms of financial assistance that would directly benefit these families, and by co-locating a service coordinator or counselor/navigator in these courts to improve access to case management, service coordination, and systems navigation
- Invest in equitable access to services for grandparent and kinship families in the most common arrangement: those formed informally, without a legal arrangement through DCF or the court
- Measure demographic trends, characteristics, and needs of grandparent and kin caregivers, including the benefits of these familial caregivers on children in their care and to the health, human, and social service systems

3. USE THE UNIQUE STRENGTHS OF THE MASSACHUSETTS SYSTEM & LEVERAGE FEDERAL RESOURCES

- Expand the reach and ability of the Massachusetts Commission on the Status of Grandparents Raising Grandchildren to support all types of grandparent and kinship families in Massachusetts
- Leverage the current strengths of federal initiatives and programs such as the Kinship Navigator Program to provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to needed benefits and services and create federal programs that directly subsidize

⁷ Anderson, L. (2019). United States Census Bureau. United States Bureau of the Census Social, Economic, and Housing Statistics Division (working paper). Retrieved from <https://www.census.gov/library/working-papers/2019/demo/SEHSD-WP2019-04.html>

families outside of the child welfare system such as subsidized guardianship program or housing opportunities

- Expand the Kinship Navigator pilot program with the court system

4. INVEST IN DATA COLLECTION AND REPORTING

- Develop a systemic strategy to comprehensively catalog existing state and federal services and supports available for these families
- Devise a statewide approach to consistently collect and regularly report data from health and human services agencies and the court system on grandparent and kin caregivers and their families
- As data collection improves and reporting improves, support a comprehensive interdisciplinary study that further examines how grandparent and kin caregivers save the Massachusetts child welfare and health and human service systems millions of dollars annually, resulting in better quality of life outcomes for children

I. Introduction

Background

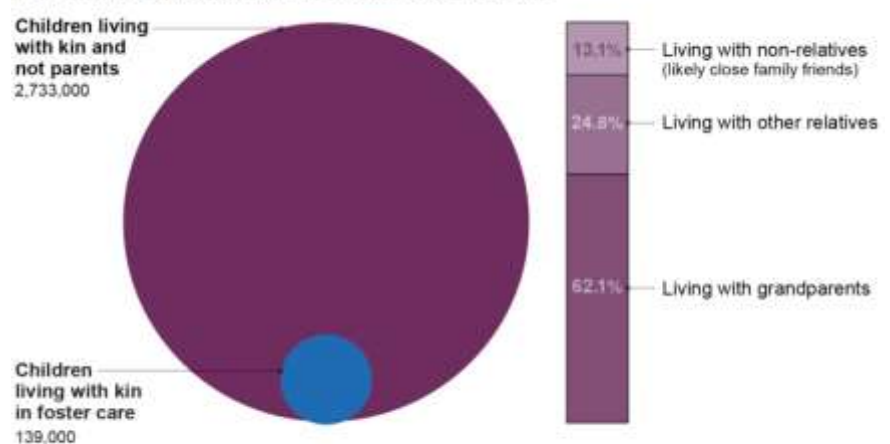
Past research shows that a variety of factors contribute to creation of grandparent and kinship families, including addiction, serious mental and behavioral health illness, financial insecurity, incarceration, and death.⁴ Like in other states, Massachusetts grandparents and other kin become the primary caregivers to related children and form grandparent and kinship families; These families exist either in formal arrangements or informal arrangements.

This report differentiates between grandparent and kin caregivers who have formal, legal arrangements and those who do not. In the context of this report, formal caregiving arrangements are those in which grandparent or other kin have become the legally recognized primary caregiver, either through involvement with the Department of Children and Families (DCF)/Juvenile Court, or through some other legal mechanism such as directly petitioning the Probate and Family Court for temporary or permanent custody.⁸ This report refers to caregiving arrangements created privately, without involving any state level agency, as informal caregiving.

Most grand families and kinship families are informal arrangements, with no child welfare system involvement.^{9,10} Given how many of these arrangements are informal, it is difficult to estimate just how many grandparents and kinship caregivers exist nationally, and by extension in the Commonwealth of Massachusetts. A 2020 report released by the Government Accountability Office (GAO) using 2018 American Community Survey (ACS) data and Health and Human Services Adoption and Foster Care Analysis System (AFCARS) report found that of an estimated 2,733,000 children in 2018 who were living with kin and grandparent caregivers, only 6% were involved with the child welfare system. The rest of the children living with kin and grandparent caregivers, 94% were living outside the child welfare system. Because those families exist outside the child welfare system, there are very few formal supports and services in place to assist these families, nor is there recognition of the needs and challenges of these families.^{4,11}

Since state fiscal year (SFY) 2019, several studies have been conducted

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

⁸ Commonwealth of Massachusetts. (n.d.). Probate and Family Court. Retrieved from <https://www.mass.gov/orgs/probate-and-family-court>

⁹ Ward, J., Kothari, B. H., Bank, L., & McBeath, B. (2016). [Foster Care Placement Change: The Role of Family Dynamics and Household Composition](https://doi.org/10.1016/j.childyouth.2016.06.024). Child Youth Services Review, 68, 44–50. doi:10.1016/j.childyouth.2016.06.024

¹⁰ The Annie E. Casey Foundation. (2012). Stepping Up for Kids: What Government And Communities Should Do To Support Kinship Families. Baltimore, MD: Retrieved from <https://www.aecf.org/resources/stepping-up-for-kids>

¹¹ United States Government Accountability Office. (2020, August). Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers. Retrieved from <https://www.gao.gov/assets/gao-12-2.pdf>

on behalf of the Commonwealth to examine opioid use and the impact on grandparents and other relatives raising related minor children, known as grand families and/or kinship families. The first study identified the number of individuals in Massachusetts raising related children and the number of those individuals who are raising these children due to opioid addiction of one or both parents.¹² A second study, in fiscal year 2021, examined the lived experience of grandparents raising minor grandchildren. The components of lived experience studied included the benefits and challenges of assuming a grandparenting role; emotional, physical, and financial health and well-being; resiliency and the impact of COVID-19 pandemic. It illuminated four interconnected themes consistent with national findings and reports: *(1) trauma affects grandparents and their families on multiple levels; (2) parenting grandchildren impacts emotional, physical, and financial well-being of grandparents; (3) the health and human service systems may be improved to better respond to the unique needs of grand families; and (4) love for their grandchildren underlies grandparents' deep commitment to them.* It further identified key resources needed to help overcome parenting challenges and secure a better future for grand families, including system navigation, assistance with finding and paying for services, legal and educational assistance and advocacy, respite, peer supports, and grandparent support groups.¹³

Since its inception in 2008, the Commission on the Status of Grandparents Raising Grandchildren (Commission) has been instrumental in driving advocacy efforts to improve services and resources for grandparents raising grandchildren.¹ As the only state entity focused on this specific population, the Commission plays a key role in elevating the voices of grandparents raising grandchildren. The Commission continues to diligently advocate for grandparents through research to show how this population is impacted and opportunities within the Commonwealth of Massachusetts to better support grandparents raising grandchildren.

In SFY 2022, in pursuit of the Commonwealth's commitment to identify resources and develop policy recommendations to address the needs of grandparent and kinship caregivers, the State Legislature provided funding to the Commission to continue work in this policy area.^{5,14} This report describes the study done in SFY 2022 by UMass Chan on behalf of the Commission.

Study Purpose and Approach

The main purpose of this study was to identify and describe how eligibility and access to services and supports through the child welfare system varies for legally recognized caregivers, depending on how the caregiving arrangement was formalized; either through DCF/Juvenile Court or through another legal avenue such as Probate and Family Court (referred throughout this report as Caregiving Pathway I or Caregiving Pathway II).

The Commission engaged UMass Chan to:

1. Update the profile of Massachusetts grandparent caregivers with publicly available data
2. Identify, catalog, and quantify the services and supports available to grandparent and other kinship families, to the extent that Massachusetts information is publicly available, and

¹² Commonwealth Medicine. (2019, September). Grandparents or Relative Caregivers Raising Children in Massachusetts Due to Parental Opioid Use. Retrieved from http://www.massgrg.com/massgrg_2019/assets/files/UMass-Report-Grandparents-Raising-Grandchildren-Updated-09062019.pdf

¹³ The results of this study are still under review and not publicly available at this time.

¹⁴ Budget Summary FY2022 Enacted, 0950-0030. (2022). Retrieved from <https://budget.digital.mass.gov/summary/fy22/enacted/health-and-human-services/children-and-families/09500030>.

3. Compare the services and supports available to grandparent and kinship families based on the legal foundation of their caregiving relationships: those established through DCF/Juvenile Court, and those through other legal avenues such as Probate and Family Court¹⁵

As described in **Section II**, UMass Chan researched and identified the unique needs and challenges faced by grand and kinship families, cataloged the services, and supports available to grandparent and kinship families and conducted key informant interview. Grandparents and other kin caregivers on Caregiving Pathway I receive case management, service coordination, and system navigation. Under this arrangement the family has a DCF caseworker responsible for connecting the family to services and supports with the goal of sustaining permanency and meeting the needs of the children they are raising. Conversely, management, coordination, and system navigation are not available to grandparents and other kin caregivers on Caregiving Pathway II. UMass Chan conducted interviews of state agencies to determine or verify the services available to families on each caregiving pathway.

UMass Chan created a profile of demographic data in **Section III** as additional foundation for how resources differ on Caregiving Pathways I and II.

In **Section IV**, the UMass Chan study team applied the research from Sections II and III. It constructed a composite vignette of a representative Massachusetts grand family. The vignette reflects the common demographics as well as lived experience of challenges and barriers as described in the literature and previous studies conducted by UMass Chan. It tells a story of the family going down Caregiving Pathways I and II through a catalog and journey maps to illustrate the differences in access to services and supports. It catalogs the differences in services available to the family depending on whether the caregiving arrangement was formalized either through DCF/Juvenile Court involvement or through another legal avenue e.g., Probate and Family Court (Caregiving Pathway II).

In **Section V**, the study team identifies policy opportunities to support Massachusetts grandparent and kinship families.

¹⁵ Please note that while Informal relationships comprise the majority of grandparent and kin caregiver family arrangements, families with informally established relationships are not eligible for many services and supports. Only grandparent and kin caregiver families with formal, legally recognized custodial relationships, are eligible for the services and supports examined in this report.

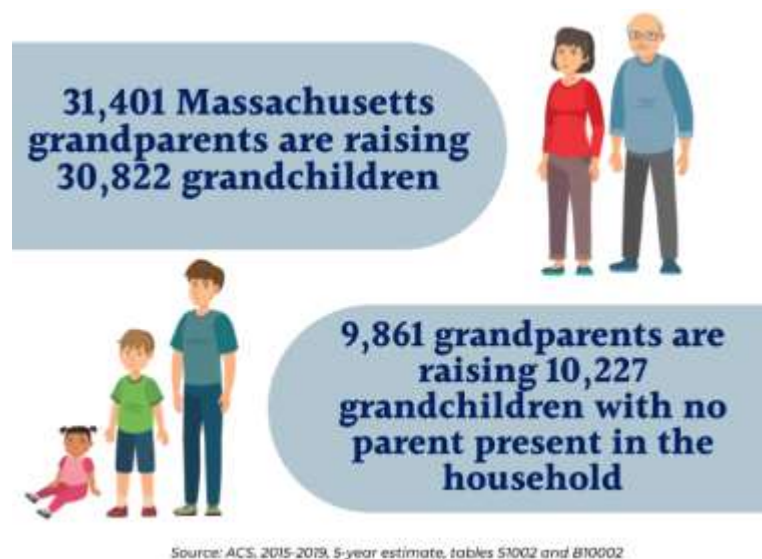
II. The Research: Statistics, Literature, Catalog, and Interviews

Updated Statistics on Massachusetts Grandparent and Kinship Caregivers

The UMass Chan study team compiled information from several public sources to update existing statistics on Massachusetts grandparent and kin caregivers. The sources included data from the U.S. Census' American Community Survey (ACS) 5-year estimates from the years 2015 to 2019, data obtained directly from state agencies including DCF, the Department of Transitional Assistance (DTA), and others, as well as conducting an environmental scan of existing national data collected about these types of families.¹⁶

Important data points include the number of grandparent caregivers in Massachusetts (specifically those families who do not have a parent present in the household), the number of grandchildren that these grandparent caregivers are responsible for, and how many of these grandparent or kin caregivers have a formal caregiving relationship and are receiving services and supports through DCF.

In Massachusetts, 31,404 grandparents are raising minor grandchildren with or without a parent present.² About one third of those grandparents (31.4% or 9,861) are raising an estimated 10,277 grandchildren with no parent present in the household.¹⁷



In recent years, grandparent and kin caregivers have risen to national attention, due in part to the opioid crisis, which has contributed to the growth of these families.^{7,15} With the passage of the Supporting Grandparents Raising Grandchildren (SGRG) Act in July 2018, Congress authorized the establishment of an advisory council to support grandparents and other kin caregivers who are raising children, including grandchildren.¹⁸ The SGRG Act recognizes that "when children cannot remain safely with their parents, placement with relatives is preferred over placement in foster care with nonrelatives because placement with relatives provides stability for children and helps them maintain family connections."⁴ However, only a fraction of these families are formalized through custodial agreements through DCF or comparable child welfare agencies, or probate and family court. National or state level data is collected on the number of grandparents raising minor grandchildren, but no data is collected on kin caregivers and their families.

¹⁶ The data available in the ACS is for grandparent caregivers only. For most statistics, the ACS does not differentiate between grandparents who are raising their grandchildren with a parent present, and those grandparents who do not have a parent present when collecting information. Additionally, the ACS does not collect any information about kin caregivers to related children.

¹⁷ U.S. Census Bureau. (2022). American Community Survey 5-Year Estimates, Table B10002. Retrieved from <https://data.census.gov/cedsci/table?q=B10002&tid=ACSDT5Y2020.B10002>

¹⁸ [S.1091 - 115th Congress \(2017-2018\): Supporting Grandparents Raising Grandchildren Act | Congress.gov | Library of Congress](#) (2018, July 7).

The Literature: Grandparent and Kin Caregivers and Families Face Unique Challenges

Grandparents and other relatives raising grandchildren face unique needs and challenges that parents raising children do not experience. Grandparent and kinship families are unique because they are rarely created by choice.

Grandparents or other kin caregivers frequently assume parenting responsibility unexpectedly and often under traumatic circumstances with no time to prepare for their caregiving roles, unlike birth parents, adoptive parents, or foster parents who usually plan to care for a child and have training and support to do so.³ Grandparent and kin caregivers have little support to navigate the unfamiliar and complex systems available to help meet the needs of the children in their care.^{19,20}

“38% of children under 3 in the child welfare system have experience 4 or more ACEs (adverse childhood experiences).”³

A growing body of literature demonstrates that these grandparent and kinship families encounter financial, mental, and physical health, legal, and housing challenges.²¹ Although gaining more recognition, the needs of these families remain largely unaddressed by the health and human services, educational, and legal systems at both the national and state levels. While other family characteristics influence access to needed services and supports, an informal grandparent and kinship family’s lack of legal status significantly exacerbates their lack of access to needed and appropriate services.⁶

The SGRG Act brought federal recognition to these challenges and recognized that grandparents would benefit from better service coordination and dissemination of information and resources available to support them in their caregiving responsibilities. In addition, the advisory council was charged with producing a congressional report that described the strengths and challenges of grand families, service gaps, and unmet needs.⁴ As part of the report, the advisory council launched a Request for Information (RFI) that yielded over 1,900 comments from more than 300 respondents, delivered in a congressional report on the strength and challenges faced by grand families, as well gaps in available services and supports and recommendations to remedy the challenges identified.⁴

The congressional report reflected a growing body of literature which establishes that the needs of grandparents and kin caregivers stem from multigenerational trauma, the detrimental impact of caregiving on their own physical and emotional wellbeing, financial and housing insecurity; and the lack of sufficient services and supports.^{3,6}

Multigenerational Trauma

Traumatic experiences and events are central features of grandparents, kin caregivers and the children in their care. As noted above, a variety of factors contribute to the formulation of grandparent and kinship families

¹⁹ Dunifon, R. E., Ziolo-Guest, K. M., & Kopko, K. (2014). Grandparent Coresidence and Family Well-Being: Implications for Research and Policy. The ANNALS of the American Academy of Political and Social Science, 654(1), 110–126. Retrieved from <https://doi.org/10.1177/0002716214526530>

²⁰ Hadfield J. C. (2014). The Health Of Grandparents Raising Grandchildren: A Literature Review. Journal Of Gerontological Nursing, 40(4), 32–45. Retrieved from <https://doi.org/10.3928/00989134-20140219-01>

²¹ Hayslip, B., Jr, & Kaminski, P. L. (2005). Grandparents Raising Their Grandchildren: A Review Of The Literature And Suggestions For Practice. The Gerontologist, 45(2), 262–269. Retrieved from <https://doi.org/10.1093/geront/45.2.262>

including addiction, serious mental and behavioral health illness, financial insecurity, incarceration, and death.²² Caregivers are also coping with trauma and are often grieving multiple losses such as those related to the death of a family member (the children's birth parent), managing difficult family dynamics, and for grandparent caregivers the surrender of traditional grandparent roles.¹⁰ Because of the events that lead to the formation of grandparent and kinship families, trauma extends to the children being raised. Unlike children in the general population, most children being raised by grandparents experience emotional disturbance, depression, anxiety, post-traumatic stress disorder (PTSD), physical and behavioral health problems learning disabilities, failure to thrive in school and juvenile justice involvement.²³ Evidence-based trauma treatment can help meet these needs.²⁴

Children not raised in foster care are up to 5 times less likely to have anxiety, depression, and/or behavioral problems compared to children who are raised in the foster care system.³

Detrimental Impact on Physical and Emotional Wellbeing

Providing full-time care to grandchildren may decrease grandparents' ability to address their own physical and mental health needs and personal well-being.⁴ Grandparent and kin caregivers report they lack time, energy, and resources to attend to their own health.¹⁹ Grandparents have high prevalence of chronic health conditions such as arthritis, high blood pressure, asthma, and diabetes. Grandparent caregivers also frequently report suffering from depression, isolation, guilt, and other psychological distress.^{25,26}

"They also need to take care of their own health and wellness needs—that means taking a meaningful break, making time to socialize with friends, and having the flexibility to attend a medical appointment or access senior services without a child in tow."⁴

Financial and Housing Insecurity

In the Commonwealth of Massachusetts, grandparent caregivers earn about \$43,000 per year, 47.4% of the median income of the average family in the State (see Section IV. for expanded family demographics).²⁷ Caring for a related child is an additional expense which most caregivers are unprepared for. Retired, older adults living on fixed incomes have limited income to support themselves and their loved ones, while those still working face the challenges of having to suddenly find, schedule, and juggle childcare costs with time spent at work.

"U.S. policy has not kept pace with the reality of the family and—as a result—those families who are most vulnerable often receive the least support."⁴

²² Janicki, M. P., McCallion, P., Grant-Griffin, L., & Kolomer, S. R. (2000). Grandparent caregivers I. *Journal of Gerontological Social Work*, 33(3), 35–55. https://doi.org/10.1300/j083v33n03_03

²³ Generations United. (2022, May). Fact Sheet: Grandfamilies and Kinship Families: Strengths and Challenges. Retrieved from <https://www.gu.org/app/uploads/2022/05/General-Grandfamilies-Fact-Sheet-2022.pdf>

²⁴ Peterson, S. (2018, August 14). Trauma treatments. The National Child Traumatic Stress Network. Retrieved July 5, 2022, from <https://www.nctsn.org/treatments-and-practices/trauma-treatments>

²⁵ Butler, F. R., & Zakari, N. (2005). Grandparents parenting grandchildren: Assessing health status, parental stress, and social supports. *Journal of Gerontological Nursing*, 31(3), 43–54. <https://doi.org/10.3928/0098-9134-20050301-09>

²⁶ Baker, L. A., Silverstein, M., & Putney, N. M. (2008). Grandparents Raising Grandchildren in the United States: Changing Family Forms, Stagnant Social Policies. *Journal of Societal & Social policy*, 7, 53–69.

²⁷ Calculation is based on data retrieved from the American Community Survey 5-Year Estimates 2015-2019, Table B10010. In 2019, the median household income was \$90,892. In grandparent households where grandparents were responsible for raising their grandchildren, the median income dropped to 72,576. In households that had no parent present, the median income dropped even further to just 43,039.

Grandparent and kin caregivers frequently report having to spend down savings or deplete retirement funds to address basic expenses for safe and adequate housing, food, clothing, health care, transportation, and mental health supports. In addition, they incur other expenses, such as educational supports and tutoring, internet access for schoolwork, childcare and extracurricular activities, toys, cellular phones, and legal expenses associated with custodial arrangements. Financial constraints limit housing options for grandparent and kinship families who suddenly find themselves needing more room to house their families.^{1,19}

Insufficient Services and Supports

Child welfare agency involvement and the licensure status of the caregivers are key determinants of the level of benefits and services available to families. Children in foster care being cared for by licensed caregivers are generally eligible for greater benefits and services than children in other living arrangements, who may receive TANF child-only assistance.¹¹

The needs of most grandparent and kin caregivers are further heightened due to the difficulties they have in obtaining needed services and supports regardless of caregiving arrangement. For example, an estimated 30% of children in the foster care system are being raised by relatives who are not licensed foster parents and therefore do not receive monthly maintenance payments children in their care.³ A wide range of services are available to licensed foster parents, such as case management, mental health services, in home-supports and training, and trauma-informed services (a service delivery approach that adheres to key principles that help service providers understand, recognize, and effectively respond to trauma).

In the United States, most of the grandparent and kinship family custodial caregiving arrangements are formed without a formal legal relationship such as foster care, temporary guardianship, custody, or adoption.²⁸ Grandparents and kin caregivers forego pursuing legal arrangements for a variety of reasons; some may perceive it as a potential source of conflict with the biological parent, others may believe the nature of their relationship to be temporary, while others may find pursuing custody can be prohibitively expensive.

“While a legal relationship to the child is not required to access public benefits, affordable housing, or claim tax credits for the child, the lack of such a relationship can pose barriers and there are few available sources of trusted information.”⁴

Grandparent or kin caregivers in informal caregiving arrangements are precluded from applying to and receiving most financial supports available to those with formal, legal relationships, such as:

- Financial supports such as several foster care stipends for child related expenses or TAFDC child-only grants and clothing allowances and Supplemental Nutrition Assistance Program (SNAP)
- Educational vouchers for afterschool and summer programs as well as extracurricular fees, and
- Federal tax credits

²⁸ Van Etten, D., & Gautam, R. (2012). Custodial grandparents raising grandchildren: lack of legal relationship is a barrier for services. *Journal of gerontological nursing*, 38(6), 18–22. Retrieved from <https://doi.org/10.3928/00989134-20120509-02>

Children on Caregiving Pathway I, in foster care with licensed foster parents, are generally eligible for greater benefits and services than children on Caregiving Pathway II, who may receive TAFDC child-only assistance if the family meets eligibility requirements.¹¹ The monthly TAFDC child-only payments are substantively lower than those available through the DCF foster care system. Approximately 25% of grandparent households are in poverty, but only 9% of those households receive Temporary Assistance for Needy Families (TANF) support either because they have not applied, or they have been found ineligible. Further, almost 50% of single grandmothers raising grandchildren live in poverty and only 14% of single grandmothers receive TANF.³ In Massachusetts, grandparent and kin caregivers are precluded from receiving DCF services and supports, such as foster care cash assistance and educational vouchers, unless on Caregiving Pathway I, when the caregiving arrangement is through DCF.

Many challenges exist for these all grandparent and kin caregivers generally but those in informal relationships without legally recognized status experience far more difficulties. As noted above, the absence of a formal, legal relationship has a direct impact on available services and supports. Grandparents and kinship families with informal caregiving relationships face significant barriers to access financial assistance, health care, and educational assistance.

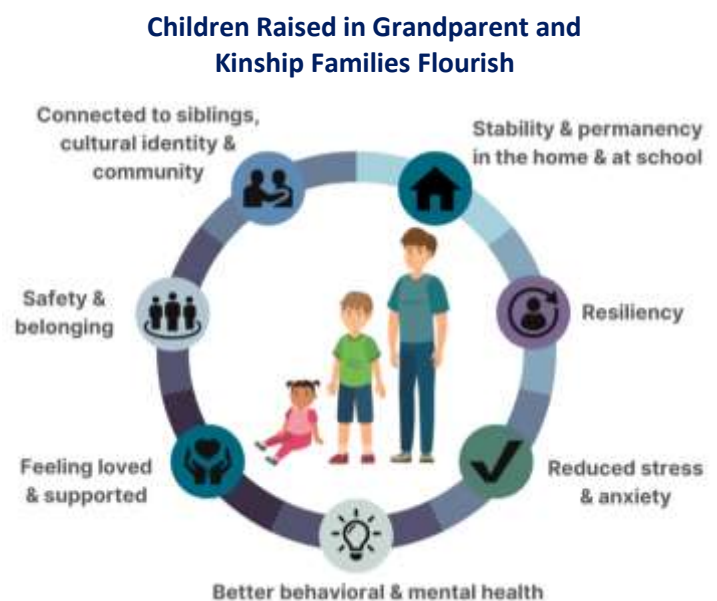
Familial Caregivers – Value and Benefits

Children who come to be raised by grandparents or other relatives have experienced significant trauma. Research shows that most children who enter or are involved in the child welfare system have experience numerous adverse childhood experiences (ACEs), with the country's opioid crisis is a primary contributor to the growing number of children entering the foster care system.²⁹

The increased need for suitable foster care homes has led the child welfare system to rely more on

Children who have had 4 or more Adverse Childhood Experiences (ACEs) are 12 times more likely to have negative health outcomes in adulthood.³

grandparent and kin caregivers to raise related children who cannot remain in the care of their birth parents.³⁰ The child welfare system recognizes that placement with grandparents or kin caregivers over non-relatives provides a multitude of benefits for the child, the caregiver, and even the child welfare system. Children placed with grandparents or kin caregivers experience greater stability and feelings of safety than children placed in foster care with non-



²⁹ Stanik, C. (2018). Collateral Damage of the Opioid Crisis: Grandparents Raising Grandchildren – What They Need and How to Help. Altarum Center for Behavioral Health. Retrieved from <https://altarum.org/sites/default/files/uploaded-publication-files/Altarum-Research-Brief-Collateral-Damage-of-the-Opioid-Crisis-Dec1218.pdf>

³⁰ Generations United. (2018). Raising the Children of the Opioid Epidemic. Retrieved from <https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf>

relatives. These children have a greater likelihood of having a permanent home, experience fewer school changes, report “always feeling loved,”³¹ maintain their connections to their siblings, other family members, community, and their cultural identity. Children with Spanish as their second language experienced feelings of happiness towards their grandparents for teaching them cultural practices and values.³¹

The love children receive from their grandparents helps them adapt to challenging life conditions and develop new opportunities for positive life and school outcomes.³² Having a loving relationship with an adult, be it a grandparent or kin caregiver, serves as a protective factor against stress, can improve variables associated with life satisfaction, promote success in school, help children stay out of trouble, and develop a strong moral compass.³ Evidence also suggests that children raised by grandparents or kin caregivers have better behavioral and mental health outcomes than children raised by non-relative foster care families.¹¹ One study suggested that children in kin care may be as much 50% less likely to exhibit behavioral health problems years after placement compared to children who are placed in non-relative foster care.³²

“51% percent of the children in the child welfare system have had four or more adverse childhood experiences, compared to 13% in the general population.”³

Although raising grandchildren is challenging, grandparents benefit from raising their grandchildren. The opportunity to parent for a second time brings a sense of purpose, builds a close relationship with their grandchild, and grandparents find joy seeing their grandchild grow.³³ Even the foster care system benefits from grandparent and kin caregivers raising related children. Children placed with grandparent or kin caregivers are less likely to re-enter the foster care system after returning to their birth parents.³



When grandparent or kinship families receive services and supports, children in those families experience better outcomes than those raised in families not receiving services.²⁰ Research repeatedly shows that placement with grandparent or kin caregivers compared to placement with non-relative foster care reduces the child’s trauma of removal from their parents and reduces their chance of being moved to other homes.³⁴ In addition to the positive outcomes on the wellbeing of children being raised by grandparent and kin caregivers, the system realizes significant financial benefits because but for these caregivers these children would enter the foster care system. For a 2017 publication, Generations United (GU) estimated the system savings at approximately \$ 4 billion annually. The saving estimate was calculated

³¹ Generations United. (2021). Reinforcing a Strong Foundation: Equitable Supports for Basic Needs of Grandfamilies. Retrieved from https://www.gu.org/app/uploads/2022/02/2021-Grandfamilies-Report_V14.pdf

³² Rubin, D., Springer, S. H., Zlotnik, S., Kang-Yi, C. D., & Council on Foster Care, Adoption, and Kinship Care. (2017). Needs of Kinship Care Families and Pediatric Practice. *Pediatrics*, 139(4), e20170099. Retrieved from <https://doi.org/10.1542/peds.2017-0099>

³³ Dolbin-MacNab, PhD, LMFT, M. L., & Stucki, MMFT, B. D. (n.d.). Grandparents Raising Grandchildren. American Association for Marriage and Family Therapy. Retrieved from https://www.aamft.org/Consumer_Updates/grandparents.aspx

³⁴ Generations United. (2021, December). Kinship Caregiving Options: Considerations for Caregivers. Retrieved from <https://www.gu.org/app/uploads/2022/01/kin-caregiving-options-dec21.pdf>

based on the federal share of the 2011 national average minimum monthly foster care payment of \$ 301.00 for 1.1. million children (approximately ½ of the children being raised by grandparents outside of the foster care system).³

Catalog of Available Services and Supports

The UMass Chan study team identified and cataloged the resources and services found through its research in Section IV of this report. It includes support available through DCF and other agencies, including DTA, Executive Office of Health and Human Services (EOHHS), Executive Office of Elder Affairs (EOEA), and Department of Higher Education (DHE), as well as federal programs and programs offered by other organizations such as the Kinship Navigator Program.^{35,36}

“Access to services and supports tends to have more to do with a Grandfamily’s ability to navigate complicated systems and bureaucracies, and certain characteristics of the Grandfamilies, than the needs of the family.”³¹

Summary of Key Informant Interviews

The UMass Chan study team interviewed representatives from three state agencies: Department of Children and Families (DCF), Department of Transitional Assistance (DTA), Executive Office of Elder Affairs (EOEA), a representative of the Commission with lived experience, and the Kinship Navigator Program. The purpose of these interviews was to determine or verify the services these agencies could provide to our composite family for both caregiving pathways. These interviews were conducted to gain a better understanding of the services and supports available to the composite family generally, and specifically by caregiving pathway, as well as how each would communicate and coordinate available services. Interviewees were presented with a summary document on the composite family, as well as an interview guide prior to meeting. Findings from each interview are summarized in Appendix A and the interview guides are included in Appendices B-F.

³⁵ The Family First Prevention Services Act (FFPSA), enacted as part of P.L. 115-123, amended the Social Security Act (the Act) to allow title IV-E agencies to receive funding for "kinship navigator" programs that meet certain criteria. As enacted in FFPSA, the amendment at section 474(a)(7) of the Act authorizes title IV-E agencies to claim 50 percent Federal Financial Participation (FFP) for allowable kinship navigator program costs beginning no earlier than October 1, 2018. Retrieved from <https://ncsacw.acf.hhs.gov/topics/family-first-prevention-services-act.aspx>

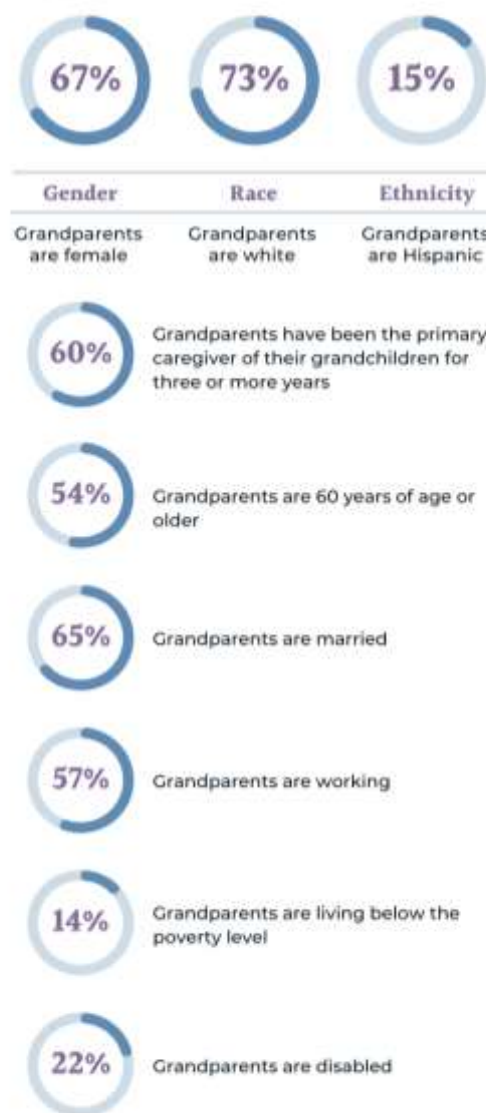
³⁶ Massachusetts Department of Children and Families. (n.d.). Kinship Navigator. Retrieved from <https://www.mass.gov/kinship-navigator>

III. A Profile of Massachusetts Grand Families

This section provides some key demographic features of Massachusetts grandparents raising grandchildren and the children in their care based on the best available data. The primary data source available and used by the UMass Chan study team was the ACS 5-year estimates from the years 2015 to 2019. Grand families are not a new phenomenon, yet the tools available to estimate their prevalence are limited and still evolving. For example, ACS currently collects information about the number of grandparents who are living with, and responsible for their own grandchildren, but does not gather the corresponding data for kinship families. Also, ACS statistics on grandchildren and grandparents do not always differentiate between households where there is a parent present and those who do not have a parent present, making it difficult to estimate how many grandparents are acting as primary caregivers to their grandchildren.

Accurate data about the prevalence of grandparent and kinship families is very limited, and evidence suggests that the actual number of grandparent and kinship families exceeds the ACS estimate.³⁷ One factor that could account for this underreporting are that the vast majority of informal grandparent and kinship family arrangement.³⁷ Additionally, families themselves may not report being grandparent or kinship families for a variety of reasons (e.g., believing arrangement is temporary, not having formalized with a state agency, etc.).

Appendix G provides a 2019 detailed profile of Massachusetts grandparent caregivers.³⁸ Key considerations are described in the next section of this report.



*31,401 grandparents responsible for their grandchildren with or without a parent present in the household

Source: ACS, 2015-2019, 5-year estimate, table S1002

³⁷ Wallace, G. W. (2016). *A Family Right to Care: Charting the Legal Obstacles*. Grandfamilies: The Contemporary Journal of Research, Practice and Policy, 3 (1). Retrieved from <https://scholarworks.wmich.edu/Grandfamilies/vol3/iss1/7>

³⁸ Unless otherwise indicated the data represents grand families with and without a parent present in the household

Key Observations

The following are key observations about the demographic trends and characteristics of grandparent caregivers.

Disproportionate numbers of Black, American Indian, and Alaska Native Children are growing up in grand families

Children of all races, socioeconomic levels, ages, and geographic regions are living in grand families. But Black, American Indian, and Alaska Native children are more likely to grow up in a grand family.³⁹

The ACS indicates that ethnically and culturally diverse populations are disproportionately represented in grand families. While Black or African American individuals represent just 13% of the U.S. population,⁴⁰ they make up nearly a quarter of all children in households where a grandparent is responsible for the needs of the child.⁴¹ The available data on grandparents responsible for grandchildren suggests that underserved racial and ethnic populations are disproportionately taking responsibility for grandchildren.

As previously discussed in this report, children raised with grandparent or kin caregivers have the benefit of maintaining a connection to their culture. Grandparents raising grandchildren are racially and ethnically diverse, a key consideration when discussing the cultural benefits children placed with grandparents receive versus non-relative foster caregivers. More than 30% of grandparents raising grandchildren speak a language other than English in the home, and of those who speak another language 20% say they do not speak English well.² Fifteen percent of grandparents raising grandchildren identify as Hispanic or Latino, and 22% of grandchildren raised by a grandparent identify as Hispanic or Latino as well.⁴²

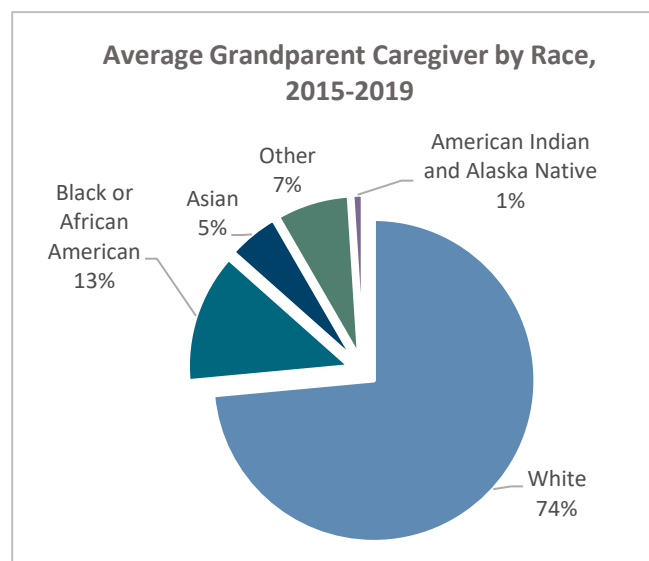


Figure 1. American Community Survey 5-Year Estimates (2010-2019), Subject Table S1002.

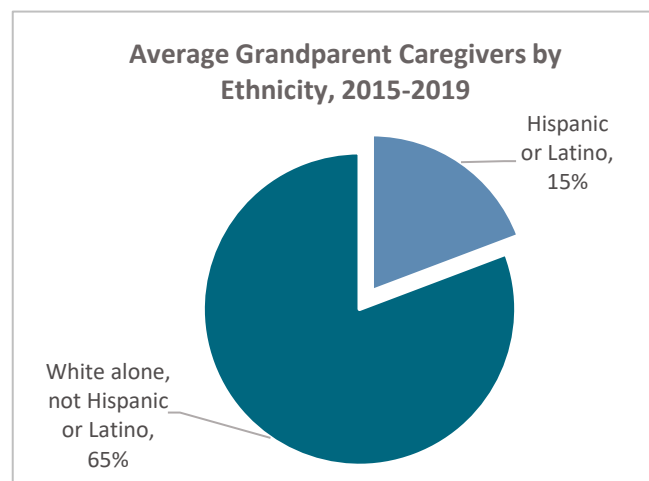


Figure 2. American Community Survey 5-Year Estimates (2010-2019), Subject Table S1002.

³⁹ Generations United. (2021, December 9). Press Release – State of Grandfamilies. Retrieved from https://www.gu.org/app/uploads/2021/12/Press-Release_State-of-Grandfamilies-2021.pdf

⁴⁰ U.S. Census Bureau. (2022). American Community Survey 5-year estimates, Table B02001. Retrieved from <https://data.census.gov/cedsci/table?q=B02001%3A%20RACE&tid=ACSDT5Y2020.B02001>

⁴¹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020, August 24). Adoption and Foster Care Analysis and Reporting System (AFCARS) Report, FY2019. Retrieved from <https://www.acf.hhs.gov/cb/report/afcars-report-27>

⁴² U.S. Census Bureau. (2022). American Community Survey 5-Year Estimates, Table S1001. Retrieved from <https://data.census.gov/cedsci/table?q=S1001%3A%20GRANDCHILDREN%20CHARACTERISTICS&tid=ACSST5Y2020.S1001>

For a decade, 30% of Massachusetts grandparents have been raising grandchildren without a parent present

As shown in Figure 3, trends in grandparents raising grandchildren without a parent present have remained consistent between 28% to 32%. In 2019, an estimated 31.4% (9,861) of grandparents are raising an estimated 10,227 grandchildren with no parent present in the household.³⁸

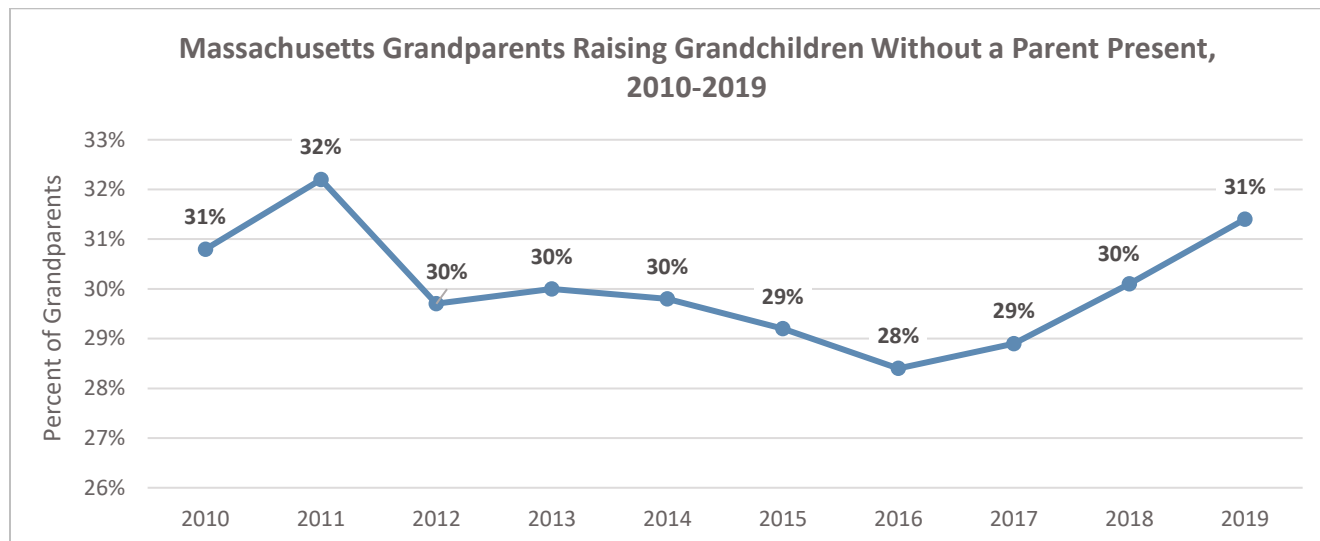


Figure 3. American Community Survey 5-Year Estimates (2010-2019), Subject Table S1002.

60% of grandparent caregivers have been caring for grandchildren for 3 or more years

Most grandparents identify as long-term caregivers as opposed to temporary arrangements with most grandparents raising their grandchildren for 3 or more years and close to 45% raising their grandchildren for five years or more.⁴³

Massachusetts median grand family household income is only 47% of the median family household income

The grandparent caregivers provide permanent, stable, loving family arrangements for these children.⁶ By making state services and supports more accessible to grandparents in this role, it enables children to thrive. Financial assistance is a key service needed to support grandparent caregivers since these caregivers earn about 47% of the median family income in Massachusetts. The median Massachusetts household income is \$90,892 (2019), compared to the median household income of \$72,576 with a parent present and \$43,039 without a parent present.⁴⁴

⁴³ U.S. Census Bureau. (2022). American Community Survey 5-Year Estimates, Table B10050. Retrieved from <https://data.census.gov/cedsci/table?q=B10050%3A%20GRANDPARENTS%20LIVING%20WITH%20OWN%20GRANDCHILDREN%20UNDER%2018%20YEARS%20BY%20RESPONSIBILITY%20FOR%20OWN%20GRANDCHILDREN%20BY%20LENGTH%20OF%20TIME%20RESPONSIBLE%20FOR%20OWN%20GRANDCHILDREN%20FOR%20THE%20>

⁴⁴ U.S. Census Bureau. (2019). American Community Survey 5-Year Estimates, Table B10010. Retrieved from <https://data.census.gov/cedsci/table?q=B10010>

Most grandparent caregivers are over age 60 and employed

Most grandparents raising grandchildren are 60 years of age or older. Moreover, 57% are still active in the labor force.² Working grandparents face the additional challenge of balancing their work schedule with the child's school schedule, social or extracurricular activities, medical appointments and finding appropriate and affordable childcare.

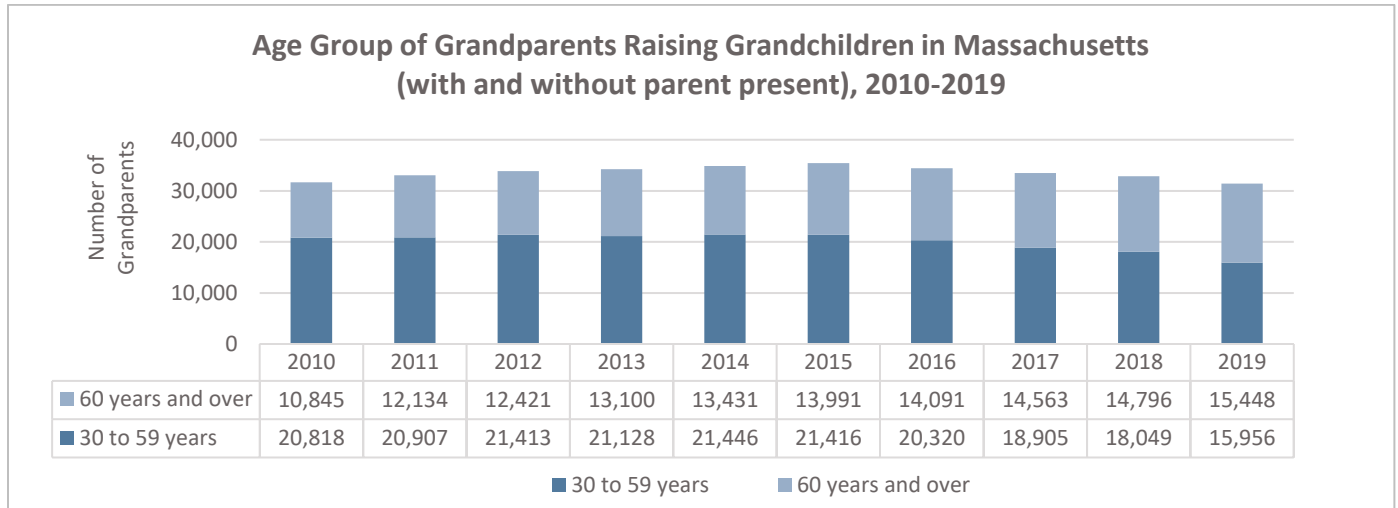


Figure 4. American Community Survey 5-Year Estimates (2010-2019), Subject Table S1002.

Teenagers comprise nearly half of grandchildren being raised by grandparents

Almost half of all grandchildren being raised by grandparents are 12 to 17 years old.⁴² A little over one third of grandchildren are six to 11 years old and approximately 20% of grandchildren are under six years old. Each age group brings with it a different set of challenges grandparents must overcome and, therefore, different services are needed to help stabilize the child's placement with their grandparents.

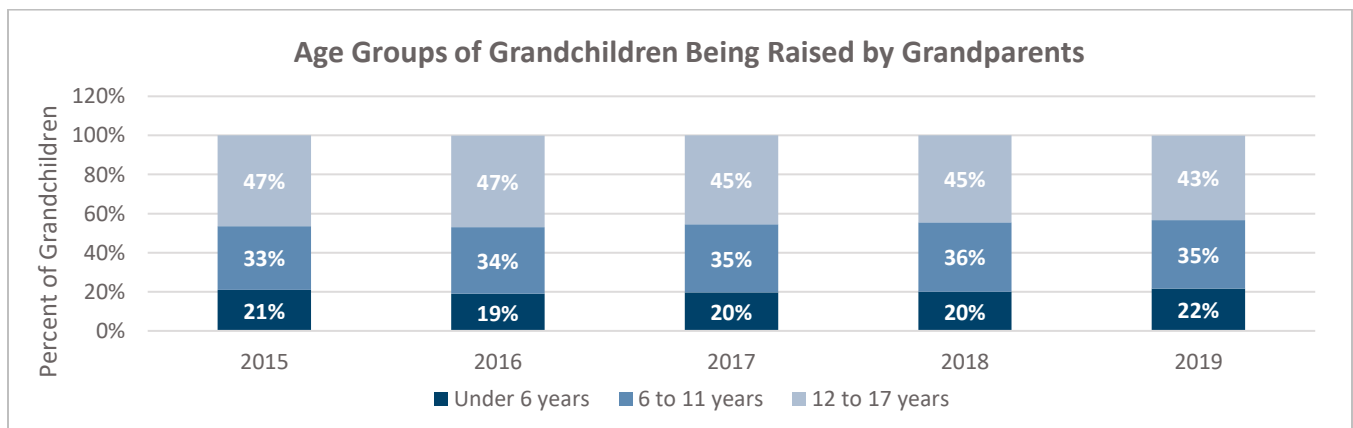


Figure 5. American Community Survey 5-Year Estimates (2010-2019), Subject Table S1001.

IV. A Vignette of Our Family and their Journey on Each Caregiving Pathway

Composite Vignette

This section contains a vignette of a representative Massachusetts grand family developed from UMass Chan research described above in Sections II and III of this report to compare access to services and supports.

The Grandparents



Jerome (age 65) and Gwendolyn (age 53) are grandparents with primary custody of 3 grandchildren: 17-year-old Christopher (male), 10-year-old Jayden (male), and 15-month-old Leslie (female). They have three adult children: a 35-year-old son, who is married and has two children; and two daughters, Cara (age 30) who is single, and Jennifer (age 34). Jennifer is the biological mother of the grandchildren in their care and currently in jail serving a 5-year sentence for opioid-related charges. Their oldest son lives out of state and cannot help with his niece and nephews. Their youngest

daughter sometimes helps babysit, but has a full-time job, and lives in a 1-bedroom condo.

Since taking primary custody of their grandchildren, Gwen and Jerome have begun to struggle financially. Gwen works full-time, and Jerome, who retired at 62, returned to work part-time to supplement his social security income after the grandchildren came to live with them. They use their retirement savings to make ends meet. Therefore, their retirement savings are eroding faster than they had planned. Recently they moved from their hometown of Worcester, where they grew up and raised their family, to Attleboro, for more affordable living and to be closer to where their youngest daughter is incarcerated.

Jerome has arthritis and is a diabetic. Gwen has high blood pressure, which has been made worse by chronic stress. She and her husband find it difficult to keep up with their grandchildren, especially the two younger ones. Emotionally, Gwen worries about what would happen if she could not take care of them, and she is tired from the strain and isolation they experience being separated from their mother. Jerome worries he will be unable to keep working for much longer given his health issues, but knows his family needs the income.

While Gwen and Jerome face many challenges, they continue to advocate tirelessly on behalf of their grandchildren. Their unconditional love, patience, and shared experience help provide their grandchildren a supportive and nurturing environment. They are committed to doing whatever they can to help their grandchildren grow and overcome trauma, including the separation from their mother, Jennifer.

The Mother and Fathers

Jennifer is the mother of all three grandchildren. She has struggled with opioid addiction and mental health issues since she was a teenager. Throughout the first 7 years of Christopher's life, Jennifer had multiple relapses, so she was frequently absent. When the boys were younger and DCF became involved, Gwen and Jerome were available as a support to their daughter and the boys. Jennifer has had lengthy periods of sobriety, including her pregnancy with Jayden but relapsed during her pregnancy with her third child (Leslie) and was actively using at the time of delivery. She was arrested just prior to the birth of Leslie and found guilty on a drug related charge

and violation of her probation. She is currently serving a 5-year sentence. Christopher and Jayden have the same father who has been sporadically involved in their lives for many years. DCF contacted him after Leslie's birth, and he has since requested visitation with his sons. Leslie had a different father who also struggled with substance use issues, and his whereabouts are unknown.

The Grandchildren

Christopher and Jayden have the same father who has been sporadically involved in their lives for many years. DCF contacted him after Leslie's birth, and he has since requested visitation with his sons. Leslie's father also struggled with substance use issues, and his whereabouts are unknown.



Christopher is a 17-year-old senior in high school. He is thriving under his grandparents' support and plans to attend college after graduation. He remembers his mother and father both struggling with addiction over the first seven years of his life. He also remembers moving a lot between his parent's and grandparents' homes and is glad finally to be in one place. His early experiences have resulted in post-traumatic stress disorder (PTSD) and attention deficit hyperactivity disorder (ADHD). He takes medication for ADHD, sleep, and anxiety. For the past three years, his grandfather has driven him to counseling, where he has received trauma-focused cognitive behavioral therapy to treat his PTSD. He also has an individualized education plan (IEP) to address his ADHD. He feels hopeful things will stay as they are.



Jayden is a 10-year-old boy on the autism spectrum. He has an IEP for school and an in-home counselor for applied behavior analysis (ABA) who he likes. One of his grandparents always needs to be present for the sessions. He needs several different services and takes medications for sleep and anxiety. His grandparents find keeping track of his services and medications time consuming and exhausting. Due to his autism, it is difficult to find an appropriate caregiver for him to provide some respite for his grandparents. Unlike Christopher, Jayden frequently asks about his parents and cannot understand why he cannot see them more often.



Leslie is a 15-month-old girl. She was born with neonatal abstinence syndrome (NAS) because her mother used opioids during her pregnancy. For the first five months after her birth, she had seizures and difficulty feeding, which led to her needing specialized care. She has breathing difficulties and sensory issues, and well as a moderate developmental delay.

Catalog of Services and Supports by Caregiving Pathway

The UMass Chan study team developed the service catalog shown in the table below, highlighting the differences in services available to the composite family based on whether they are involved with DCF (Caregiving Pathway I) or not involved with DCF (Caregiving Pathway II). The service catalog was developed using feedback from key informant interviews, publicly available data, and data requests to DTA. Regardless of the caregiving pathway, the services in the catalog below are necessary for stabilizing and supporting grandparent and kinship families.

Support Category	Agency	Service	Available to the Composite Family		Available Benefit ⁴⁵
			Caregiving Pathway I	Caregiving Pathway II	
Financial	DCF	Foster Care Stipend: Daily Rate and Monthly Rates	✓	✗	Daily rate varies by child age: ⁴⁶ Ages 0-5: \$25.26 Ages 6-12: \$28.63 Ages 13+: \$29.91 Monthly Payments by child age Ages 0-5: \$768.33/ month Ages 6-12: \$871.83/month Ages 13+: 909.76/ month
	DCF	Foster Care Stipend: Clothing Allowance	✓	✗	Clothing allowance paid quarterly, varies by child age: ⁴⁶ Ages 0-5: \$250.88 Ages 6-12: \$258.76 Ages 13+: \$311.30
	DCF	Foster Care Stipend: Birthday and Holiday Allowance	✓	✗	\$50 for birthday ⁴⁶ \$100 for holiday
	DCF	Mileage Reimbursement	✓	✗	\$0.40 per mile ⁴⁷
	DCF	Parents and Children Together (PACT)	✓	✗	PACT provides DCF-involved families with financial assistance including reimbursement for certain expenses. ⁴⁷ Despite having similar responsibilities as DCF-involved families, non-DCF involved families are ineligible for PACT. Mileage reimbursement: \$0.40/mile Non-MassHealth reimbursed therapy: maximum of \$35/hour Child-specific activities/events: maximum of \$100/ request Childcare for special needs child: maximum \$20/day per child Work-related childcare: maximum \$15/day/ child Emergency/temporary in-home supervision: \$3.50/hour maximum/5 hours maximum

⁴⁵ Please note the information contained in this table is a summary of what is generally available. It does not capture all services and supports, nor consider all grand family and kinship family circumstances, nor reflect specific service qualification and eligibility standards, such as exceptions to how a child may qualify for TAFDC.

⁴⁶ Massachusetts Department of Children and Families. (n.d.). [Resources for Foster Parents](https://www.mass.gov/service-details/resources-for-foster-parents). Retrieved from <https://www.mass.gov/service-details/resources-for-foster-parents>

⁴⁷ Department of Children and Families. (2008, July, 8). Supplemental Reimbursement Policy. Retrieved from <https://www.mass.gov/lists/review-dcf-policies>

Support Category	Agency	Service	Available to the Composite Family		Available Benefit ⁴⁵
			Caregiving Pathway I	Caregiving Pathway II	
	DTA	TAFDC Child-Only Grant	✗	✓	1 Child: \$506.00/month 2 Children: \$629.00/month 3 Children: \$752.00/month ⁴⁸ DCF-involved families cannot receive this service if they receive the DCF foster care stipend. <i>Note: Payments are based on child having no income living in private housing</i>
	DTA	TAFDC Clothing Allowance	✓	✓	\$350 per child per year ⁴⁹
	DTA	SNAP	✓	✓	\$992 per month for a household of five ⁵⁰
	DTA	WIC	✓	✓	\$34.95 per month per eligible person ⁵¹ DCF-involved children are automatically enrolled in WIC. A non-DCF involved caregiver must seek out and apply for this service on their own.
	DTA	Childcare	✓	✓	Caregivers are only eligible for this benefit if they are receiving TAFDC and meet work requirements. ⁵² Childcare assistance is crucial for grandparent caregivers who are working or need respite.
	EEC	Childcare Voucher	✓	✓	Financial assistance for childcare for households with income below 50% of the state median income (SMI) or below 85% SMI for children with disabilities. ⁵³ Childcare vouchers help grandparent caregivers afford childcare so that they can go to work or have respite.

⁴⁸ Massachusetts Department of Transitional Assistance. (n.d.). While Getting TAFDC. Retrieved from <https://www.mass.gov/info-details/while-getting-tafdc>

⁴⁹ Massachusetts Department of Transitional Assistance. (2021, February). Fiscal Year 2021 Report on Standard Budgets of Assistance for Transitional Aid to Families with Dependent Children. Retrieved from <https://budget.digital.mass.gov/summary/fy22/enacted/health-and-human-services/transitional-assistance/44032000>

⁵⁰ Commonwealth of Massachusetts. (2021, 15 October). Massachusetts Implements SNAP Benefit Increases to Support Resident Food Security. Retrieved from <https://www.mass.gov/news/massachusetts-implements-snap-benefit-increases-to-support-resident-food-security>

⁵¹ USDA. (2022, June 14). WIC Data Tables. Retrieved from <https://www.fns.usda.gov/pd/wic-program>

⁵² Information obtained from the DTA interview.

⁵³ Department of Early Education and Care. (n.d.). Early education and care financial assistance for families. Retrieved from <https://www.mass.gov/guides/early-education-and-care-financial-assistance-for-families#-parent-fees->

Support Category	Agency	Service	Available to the Composite Family		Available Benefit ⁴⁵
			Caregiving Pathway I	Caregiving Pathway II	
Education & Legal	DCF	Educational Advocate	✓	✗	Educational advocates help families navigate the IEP process. ⁵⁴ For grandparent caregivers who have not dealt with school systems in several decades, navigating the IEP process and understanding their rights can be challenging. Non-DCF involved families are left to navigate the IEP process on their own or pay out-of-pocket for an advocate.
	DCF	Preparing Adolescents for Adulthood (PAYA)	✓	✗	PAYA is a life skills program. PAYA providers assist youth in locating, building, and maintaining relationships with caring adults and provide training to learn money management, personal care, job seeking, parenting, healthy relationships, housing, and other essentials through community based, real-life experiences. ⁵⁵ Participating adolescents are eligible to receive incentives while in foster care.
	DCF	Legal Assistance	✓	✗	DCF-involved children receive a lawyer at no cost, but their caregivers do not receive any legal assistance Caregivers must hire a lawyer out-of-pocket. Average cost of a lawyer is \$100 to \$400 per hour. ⁵⁶
	Committee for Public Counsel Services (CPCS)	Legal Assistance	✗	✓	Children outside of DCF can receive a lawyer at no cost, but their caregivers do not receive any legal assistance and must find and pay for legal assistance out-of-pocket.
	DHE	Foster Child Tuition Waiver and Fee Assistance Program	✓	✗	Eligible DCF-involved children are entitled to a tuition and fee waiver equal to 100% of the resident tuition rate at state community colleges, state colleges, and state universities. ⁵⁷
Health Insurance	EOHHS	MassHealth	✓	✓	DCF-involved children are automatically enrolled in MassHealth. A non-DCF involved caregiver must seek out and apply for this service on their own.

⁵⁴ Information obtained from the DCF interview.

⁵⁵ Massachusetts Department of Children and Families. (n.d.). Adolescent Support Program. Retrieved from <https://www.mass.gov/guides/adolescent-support-programs>

⁵⁶ Legal Match. (2021, March 15). Lawyer Hourly Rates. Retrieved from <https://www.legalmatch.com/law-library/article/lawyer-hourly-rates.html#:~:text=An%20average%20lawyer%20rate%20per%20hour%20is%20between,cover%20things%20such%20as%3A%20Advice%20to%20the%20client%3B>

⁵⁷ Massachusetts Department of Higher Education. (n.d.). Department of Children and Families (DCF) Foster Child Tuition Waiver and Fee Assistance Program. Retrieved from <https://www.mass.edu/osfa/programs/dcfoster.asp>

Support Category	Agency	Service	Available to the Composite Family		Available Benefit ⁴⁵
			Caregiving Pathway I	Caregiving Pathway II	
Service Navigation	DCF	Case Management	✓	✗	DCF-involved families receive comprehensive management and coordination of services from their assigned social worker. Case management is an invaluable service that allows for DCF-involved families to receive supports and services in a timely manner. Non-DCF involved families do not receive this benefit and are left to navigate the support system on their own. Without case management, non-DCF families will not receive services in a timely manner and can miss out on receiving services that they are eligible for.
Supports and Services	Wonderfund	Wonderfund	✓	✗	The Wonderfund serves only DCF-involved children. Services include providing emergency aid services, enrichment opportunities, everyday essentials such as toiletries and school supplies, access to cultural experiences, holiday gifts, and more. ⁵⁸ One service the Wonderfund provides is a one-year pass to the child's local YMCA. For the two composite family boys, the YMCA Central Community branch in Worcester membership is valued at \$20/month per membership. ⁵⁹
	EOHHS	MassOptions	✓	✓	MassOptions connects caregivers to agencies and organizations that can meet their needs. ⁶⁰ MassOptions is a one-stop place for caregivers to find resources on housing, behavioral health services, in-home supports, transportation, and more. However, caregivers may not be aware of MassOptions and, as a result, not find this resource in a timely manner especially if the caregiver is not involved with DCF and navigating the system on their own.
	EOEA	Family Caregiver Support Program	✓	✓	Family Caregiver Support Programs are available throughout the Commonwealth. One service provided through this program is connecting caregivers to a caregiver specialist who can provide one-on-one assistance helping the caregiver identify and find resources to meet their needs. ⁶¹

⁵⁸ Wonderfund of Massachusetts. (n.d.). Who We Are. Retrieved from <https://wonderfundma.org/who-we-are>

⁵⁹ YMCA of Central Massachusetts. (n.d.). Membership Rates. Retrieved from <https://www.ymcaofcm.org/membership/rates/>

⁶⁰ MassOptions. (n.d.). About MassOptions. Retrieved from <https://www.massoptions.org/massoptions/About-MassOptions/>

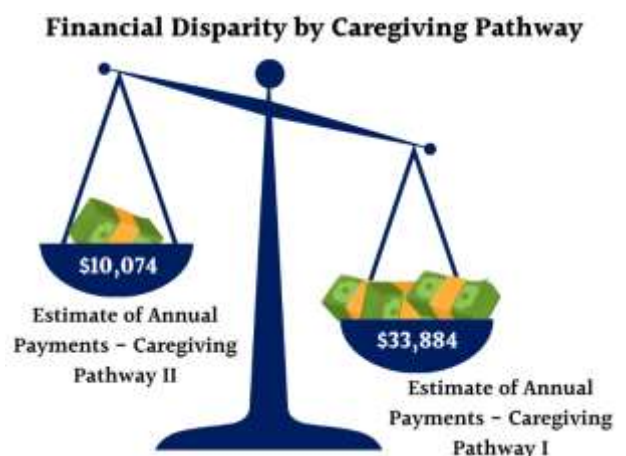
⁶¹ Elder Services of Worcester Area. (n.d.). Family Caregiver Support Program. Retrieved from <https://eswa.org/services-we-offer/caregiver-support/family-caregiver-support-program/>

Support Category	Agency	Service	Available to the Composite Family		Available Benefit ⁴⁵
			Caregiving Pathway I	Caregiving Pathway II	
	DCF	Kinship Navigator	✓	✓	The Kinship Navigator is a point of contact assisting caregivers with navigating services such as DTA, WIC, and DCF. ³⁶ The Kinship Navigator can connect caregivers to resources such as childcare, support groups, family resource centers, mental health services, legal services, and more. For non-DCF involved families who find the Kinship Navigator, the navigation service is an invaluable resource that can connect caregivers to services in a timely manner.
	Commission on the Status of Grandparents Raising Grandchildren	Grandparent Support Groups	✓	✓	The Commission provides grandparent support groups available across the Commonwealth. ¹ Support groups allow for grandparent caregivers connect with others who are experiencing similar challenges, provide a safe space to express their feelings and share resources with other grandparent caregivers.

Brief Analysis of the Estimated Financial Supports by Caregiving Pathway

As shown in the catalog, the greatest difference in resources by caregiving pathway are the services offered by DCF that are only available to DCF-involved families. DCF-involved families receive case management, have access to a variety of financial assistance services and support services. The disparity between the key financial support benefits between the family involved with DCF and the family that is not is significant. The table below compares the amount of key financial supports the composite family would receive by caregiving pathway.

DCF-involved families also have access to most services available to non-DCF involved families, except for some Transitional Aid to Families with Dependent Children (TAFDC) benefits. Furthermore, DCF-involved families are automatically enrolled in other services, such as MassHealth and the Women, Infants, and Children Program (WIC). One of the most valuable services that non-DCF-involved families lack access to is a DCF case manager. Case managers assess the family's needs, manage and coordinate care, identify additional resources for the family, help apply for services, and assist the family with navigating the complex health, and human services, educational, and legal systems. If the composite family were on Caregiving Pathway II, they would have access to significantly fewer resources than if they were on Caregiving Pathway I.



Key Financial Supports	Estimate of Annual Payments	
	Caregiving Pathway I: DCF-Involved	Caregiving Pathway II: Formalized, Not DCF-Involved
DCF Foster Care Stipend	\$ 30,600	N/A
TAFDC Child-only Grant	N/A	\$ 9,024
Clothing Allowance	\$ 3,284	\$ 1,050
Total Amount	\$ 33,884	\$ 10,074

Journey Map Illustrating Access to Services and Supports by Caregiving Pathway

The UMass Chan study team created access journey maps (pictured below) illustrating what services are available to families on Caregiving Pathways I and II.

The greatest difference between these two pathways is the availability of access to coordinated case management. The DCF-involved family on Caregiving Pathway I begins their journey accompanied by a case manager knowledgeable about the services and supports that contribute to the well-being available of each member of the composite family. The case manager has in-depth knowledge of how to access and qualify for these longer-term services. The case manager helps the DCF-involved family navigate the complex health, human, social, educational, and legal systems to ensure they acquire access to available services they need in a timely fashion. In addition to navigation support, families on Caregiving Pathway I have access to additional supports based on family need, such as stipends (including reimbursement for certain expenditures), educational supports and advocacy, and mileage reimbursement, which are not available to those on Caregiving Pathway II.

Conversely, families on Caregiving Pathway II do not benefit from DCF involvement and often do not have coordinated case management services. Families may be unaware of the resources available to them across the various systems or unable to navigate them to apply and secure benefits. Many not-DCF-involved families lack the time and energy to navigate these complex systems between work, childcare, and health related appointments. These obstacles decrease access to available services that would contribute to family stability and lessen the impact and number of challenges faced by the family.

Caregiving Pathway I: DCF-Involved



Family's Services and Supports Journey Begins

Family is greeted by DCF Case Manager



Step 1: Department of Children and Families (DCF)

- Foster Care Stipends for daily care, clothing allowance, birthday and holiday gifts
- Mileage reimbursement
- Parents and Children Together (PACT)
- Educational Advocacy
- Preparing Adolescents for Young Adulthood (PAYA)
- Child-Only Legal Assistance



2

Step 2: Central Terminal for Other Available Services and Supports

- **Department of Transitional Assistance**
 - Supplemental Nutrition Assistance Program (SNAP)
 - Women, Infants, and Children's (WIC) Program
- **Executive Office of Health and Human Services**
 - MassHealth
 - MassOptions
- **Wonderfund**
 - Support for extracurricular activities, holiday gifts, camp, and clothing
- **Executive Office of Elder Affairs**
 - Family Caregiver Support Program
- **Department of Early Education and Care (EEC)**
 - Childcare Vouchers
- **Department of Higher Education (DHE)**
 - Foster Child Tuition Waiver and Fee Assistance Program
- **Federal Administration for Children and Families**
 - Kinship Navigator Program
- **Commission on the Status of Grandparents Raising Grandchildren**
 - Support Groups



With case management and navigation assistance the family finds and is able to receive the services and supports that are available.

Key Financial Supports: Annual Estimate

Daily Care:	\$ 30,600
Clothing Allowance:	\$ 3,284
Total Amount:	\$ 33,884

Last updated: September 2022

Caregiving Pathway II: Formalized Not DCF-Involved



V. Recommendations: Opportunities for Massachusetts to Continue Driving Policy Leadership for Grandparent and Kinship Families

The number of children who cannot live with their parents continues to increase. Grandparents and other relatives willingly assume responsibility for a significant majority of these children under traumatic circumstances, either through probate and family court or informally. National data show most of these children do not enter the child welfare system. Most have minimal or no support from the child welfare system and pay the price through their physical, emotional, and financial health and wellbeing.

As the need for grandparent and kin caregivers grows and research illuminates the benefits and value of these caregivers, it is essential for the Commonwealth to cultivate and act on opportunities to address the unique and significant needs and challenges faced by these families. Massachusetts has many near-term opportunities to continue driving policy leadership for grandparent and kinship families as described in **Section V**. Key recommendations include:

1. PROMOTE PUBLIC AWARENESS & UNDERSTANDING

- Establish technical assistance features within the child welfare system to disseminate information and enhance the knowledge, collaboration, and continuity across State agencies about the needs and available support for grandparent and kinship families in Massachusetts
- Develop and launch public campaign, especially aimed at families outside of the child welfare system, to increase community awareness, knowledge, and information about available services and supports

2. MITIGATE INEQUITIES BY INVESTING IN ADDITIONAL SERVICES AND SUPPORTS

- Address inequities for grandparent and kinship families established through probate and family court, such as by increasing financial assistance available through TAFDC child-only grants, other forms of financial assistance that would directly benefit these families, and by co-locating a service coordinator or counselor/navigator in these courts to improve access to case management, service coordination, and systems navigation
- Invest in equitable access to services for grandparent and kinship families in the most common arrangement: those formed informally, without a legal arrangement through DCF or the court
- Measure demographic trends, characteristics, and needs of grandparent and kin caregivers, including the benefits of these familial caregivers on children in their care and to the health, human, and social service systems

3. USE THE UNIQUE STRENGTHS OF THE MASSACHUSETTS SYSTEM & LEVERAGE FEDERAL RESOURCES

- Expand the reach and ability of the Massachusetts Commission on the Status of Grandparents Raising Grandchildren to support all types of grandparent and kinship families in Massachusetts
- Leverage the current strengths of federal initiatives and programs such as the Kinship Navigator Program to provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to needed benefits and services and create federal programs that directly subsidize

families outside of the child welfare system such as subsidized guardianship program or housing opportunities

- Expand the Kinship Navigator pilot program with the court system

4. INVEST IN DATA COLLECTION AND REPORTING

- Develop a systemic strategy to comprehensively catalog existing state and federal services and supports available for these families
- Devise a statewide approach to consistently collect and regularly report data from health and human services agencies and the court system on grandparent and kin caregivers and their families
- As data collection improves and reporting improves, support a comprehensive interdisciplinary study that further examines how grandparent and kin caregivers save the Massachusetts child welfare and health and human service systems millions of dollars annually, resulting in better quality of life outcomes for children

Appendices

Appendix A: Summaries of State Agency Interviews

Department of Children and Families (DCF) *See Appendix B for interview guide*

Grandparent or kinship caregiving families involved with DCF receive a variety of services that non-DCF involved families do not receive. One key service available to DCF-involved families is case management and service coordination from a DCF caseworker. Without this service, non-DCF families are left on their own to navigate the system and find resources to meet their family's needs. From the time DCF-involved children are removed from their biological parents and before placement in guardianship or adoption, DCF-involved families are eligible for agency services and supports.

DCF caseworkers work directly with the family to assess their needs and connect them to services. Caseworkers are required to meet with families at least once a month. Internally, DCF caseworkers are supported by specialists from several knowledge areas such as housing, substance use, mental health, permanency, and education. The family does not have direct access to DCF specialists; however, their caseworker can seek out the specialists' expertise on addressing the family's needs. For example, a caseworker may seek out advice from an education specialist on the individualized education program (IEP) process. DCF-involved grandparent or kinship caregiver families are ineligible for DTA services.

Pathway I for the composite family assesses availability of- and access to services as a DCF-involved family. Through DCF, the composite family would receive the following services: service that helps the family understand substance use and misuse, financial support, clinical support services, individual counseling services for the children, school support services, after school programs, job search support for the grandparents, and social security benefits for the family. Disability coordinators can help identify services to meet the children's needs. DCF anticipates posting a policy change in the summer of 2022 that would provide DCF-involved families with a family support worker in addition to their caseworker. Other services offered by DCF such as daycare, childcare, and counseling services for Black, Indigenous, and People of Color (BIPOC) families are often underutilized due to families not being aware of such services. The composite family would benefit from having daycare for the youngest child.

If the composite family grandparents were to obtain guardianship or adopt their grandchildren, DCF services would end. If the composite family were not involved with DCF, they would receive no DCF services.

Department of Transitional Assistance (DTA) *See Appendix C for interview guide*

If the composite family were involved with DCF, they could receive some services from DTA but would be ineligible to receive the TAFDC child-only grant.⁶² If the composite family were on the second pathway, non-DCF involved, they would be eligible for TAFDC's child-only grant. One issue impacting eligibility for DTA services is whether an individual is receiving supplemental security income (SSI). An individual receiving SSI is ineligible to

⁶² Cash Case Manager – a case manager who only assists families receiving EAEDC or TAFDC with managing the EAEDC or TAFDC funds. The cash case manager does not provide intensive management services.

receive TAFDC. However, individuals receiving SSI survivor benefits are still eligible to receive TAFDC. SSI recipients tend to receive more money than they would through TAFDC, but the process to apply for SSI is long.

DTA provides a cash case manager to families receiving Emergency Aid to the Elderly, Disabled, and Children (EAEDC) or TAFDC. The manager only manages EAEDC or TAFDC benefits and does not provide intensive management services. TAFDC recipients can receive a childcare voucher to reduce the cost of childcare to the family. Recently, childcare voucher policy expanded to allow grandparent or kin caregivers to receive a voucher. Vouchers can be used for traditional all-day daycare, before and after school programming, and summer camps. If a parent is not present in the child's home, TAFDC requires establishing child support and pursuing efforts to obtain child support. This requirement is a significant deterrent for grandparent and kin caregivers due to implications child support may have on the caregiver's relationship with the child's biological parents.

Families seeking DTA services that are only eligible for the Supplemental Nutrition Assistance Program (SNAP) can receive a SNAP case manager. Children of SNAP recipient families automatically qualify for free school meals. During the summer break, the school meal benefits change over to electronic benefits transfer (EBT) cards. SNAP-only recipients can receive childcare assistance through the Department of Early Education and Care (EEC). There are an estimated one million SNAP cases in Massachusetts.

Another factor influencing DTA eligibility is the asset limit. To work around this, DTA will exclude grandparent or kin caregivers from the assistance unit so only the child's assets are counted. If a grandparent or kin caregiver is working, they typically will not qualify for SNAP. Excluding the caregiver from the assistance unit results in the child receiving more benefits. Additional DTA services include resources to reduce utility rates, reimbursement for medical-related expenses such as travel to doctor appointments, and DTA can provide a letter of verification for children to receive free school meals.

If the composite family were on Pathway II, where they are not involved with DCF, they would be eligible for DTA services. All three grandchildren would receive TAFDC. DTA would direct the composite family to apply for SNAP and assist with obtaining a childcare voucher. Since both composite grandparents are working, DTA would advise the grandparents to exclude themselves from the assistance unit.

Executive Office of Elder Affairs (EOEA) *See Appendix D for interview guide*

Aging services access points (ASAPs) operate under EOEA and provide a variety of services including the family caregiver support program. Every region in Massachusetts has an ASAP however the services available varies by ASAP. Grandparents caring for a grandchild must be 55 years or older to receive services from the family caregiver support program. The program provides case management, consultation, coaching, and care planning. Recipients can receive direct respite assistance from the caregiver program specialist working with a home health agency contracted to arrange for in-home services. Access to the family caregiver support program vary by geographic location. Typically, the family caregiver support programs have one to two full-time social workers who are the program's caregiver specialists and a program director. Caregiver specialists provide one-on-one assistance to caregivers looking for supports or services to meet their needs. For example, a caregiver specialist could connect a caregiver to a support group, help with applications for public benefits, and provide referrals to housing options. If grandparent caregivers are home care consumers with in-home support and services, they can receive case management services. Interpreters are needed more in Massachusetts, including interpreters for the Deaf and Hard of Hearing community.

For grandparent caregivers, EOEA recommends calling Mass Options. Mass Options is a centralized call center for elders and individuals with disabilities and their caregivers to learn about the availability of- and get access to services. Mass Options counselors can work with an individual for up to 30 days to ensure that the caregiver is able to access the services they were referred to. For the composite family on both pathways EOEA and Mass Options would direct the family to an ASAP.

Commission on the Status of Grandparents Raising Grandchildren *See Appendix E for interview guide*

For the composite family on both pathways, the Commission would connect the grandparent caregivers to support groups, the Kinship Navigator, school-related resources, and legal advice resources. The Commission plays a significant role in advocating for grandparents at the state level and regularly engages with grandparents raising grandchildren to elevate their voices. Expand support groups because grandparents need emotional and peer support. The Commission and grandparents raising grandchildren wish that there was someone in probate court who could walk them through the guardianship process.

In this interview, the CWM team heard of another grandparent raising grandchildren experience. In this situation, the grandchild came to the grandparents after their son, the child's biological father, passed away, and the child's biological mother named the grandparents as the child's caregivers. In the beginning, a DCF caseworker came to check on the grandparents to ensure they were suitable to care for the child. The family did not receive any DCF services. The DCF caseworker checked in on the family every couple of weeks for three months, and the visits were a half-hour to one-hour long. The family went through probate court, which requires grandparent or kin caregivers to submit an annual report.

The grandparents enrolled their grandchild on MassHealth. The grandchild received evaluation services, speech therapy, neurology services, and counseling through MassHealth. The grandchild enrolled in early intervention at a private school and paid for this service out of pocket until the grandchild was three years old. After that, the grandchild attended public preschool. At some point, the grandparents began the IEP process and encountered difficulties working with the school to get their grandchild's needs met. The grandparents hired an IEP advocate to work through the process and successfully obtained an IEP. The grandparents paid out of pocket for the IEP advocate. On their own, the grandparents participate in monthly IEP reviews. Every three-months, the grandchild must go through an IEP report and evaluation process. These additional IEP requirements are time consuming. Raising a child today looks very different from when the grandparents raised their children. Navigating a child's relationship with technology (i.e., monitoring online use or screen time limits) is challenging for many grandparents unfamiliar with technology.

Another challenge grandparents raising grandchildren face is that the grandchild often comes to them under traumatic circumstances. In this instance, the grandparents could not grieve for the loss of their son because they suddenly had a young child to care for. They did not have access to coping services.

When it comes to the custody of the grandchild, permanent guardianship is not permanent. At any time, the grandchild's mother can ask for the child back, and it is up to the grandparents to provide the burden of proof that the mother is not fit to care for the child. The system does not recognize grandparent's rights in the same way it recognizes parent's rights. The grandparents must pay out-of-pocket for an attorney. The grandparents and the child's mother have a weekly visitation schedule. It is time-consuming to adhere to the visitation schedule, and the grandparents had to find a supervision location, but they were able to find a free location.

Grandparents are often at a financial disadvantage to raise a child due to being retired, living on a fixed income, not working as many hours as they did when they were younger, or being disabled. Despite all that, grandparents will stretch their budget to ensure that their grandchild's needs are met, including paying for extracurricular activities. School and extracurriculars are a big part of a child's social life. Grandparents often find themselves surrounded by parents in their 30s when participating in their grandchild's social life. Being surrounded by people, not in their age group and not raising a grandchild can lead to feeling isolated. This is where support groups are crucial for providing grandparents with a community.

Having strong cohesive family support the grandparent caregivers can remedy certain stressors. Due to their age, grandparents also must figure out who will be the grandchild's next caregiver if the grandparent dies or becomes too sick to care for the grandchild. Other family members may be suitable options to care for the grandchild. Grandparents raising grandchildren may struggle with guilt over not being able to financially assist their children or other grandchildren (e.g., helping pay for college) because they need to prioritize the grandchild they are raising.

Kinship Navigator *See Appendix F for interview guide*

The Kinship Navigator is a service available to DCF-involved and non-DCF-involved families. When a person is referred, or if they call the Kinship Navigator, they are assigned to one of two program liaisons. During the first two weeks following the referral, the program liaison has the most contact with the family for intake, needs assessment, building rapport, and connecting them to other resources or making referrals. After that period, the program liaisons will follow up with the family a week later, then a month later, and finally three months later. The purpose of follow-ups is to ensure that the family has been able to access services, see if their needs have changed and if they need any additional help. Overall, the program liaisons spend a short amount of time with the family. The Kinship Navigator receives an average of 30 to 40 referrals a month. Program liaisons walk folks through the application process for different services to make sure they do not have to jump through hoops. The Kinship Navigator operates in a virtual setting and does not meet with caregivers in person. The Kinship Navigator primarily receives referrals through the probate court and mass.gov. The program does not receive referrals through legislative offices' constituent services because the offices do not know that the Kinship Navigator exists. Increasing awareness of the Kinship Navigator is a significant need. Families that work with the Kinship Navigator can receive services promptly to help stabilize their situation.

Kinship Navigator is currently working with the probate courts in Barnstable, Essex, Bristol, and Worcester County on a pilot program to assist new grandparent or kinship caregivers with navigating the system. The program will have an in-person staff member from the Kinship Navigator at participating probate courts at least once a week to help these families find resources and support right at the start. The Kinship Navigator also has a direct connection to the court service center, which has attorneys present to help fill out legal paperwork but not to provide legal advice.

For the composite family, not involved with DCF, the Kinship Navigator would refer them to DTA, the Commission for support groups, SNAP for women, infants, and children (WIC) for the youngest grandchild, educational specialists through the Federation for Children with Special Needs, and family resource centers. The Kinship Navigator would also advise the grandparent caregivers to ask the judge in probate court that is presiding over their case to assign an attorney to all three grandchildren to provide the grandchildren with legal

stability. The Kinship Navigator would connect the family to peer support resources in the autism community, an advocate for the IEP process, and MassHealth.

For the composite family, involved with DCF, the Kinship Navigator would want to connect with DCF to help coordinate services and would be an additional tool for the caseworkers. The family would have access to all DCF's wraparound services, educational specialists, financial support, foster care payments, holiday and clothing stipends, parents, and children together (PACT) money, WIC, and SSI benefits. The composite family's oldest grandchild might work with an adolescent-specific worker to get ready for college and be eligible for tuition benefits at any state community college, college, or university. Once the family gets guardianship or adopts, their case is finalized, and DCF services end. At that point, the Kinship Navigator would ask for the DCF caseworker to refer the family to the Kinship Navigator. This would allow for continued care and supports rather than the family suddenly losing all the services they had through DCF.

There is a huge gap in the financial support a DCF-involved family receives compared to a non-DCF-involved family. Some of the issues that caregivers experience could be remedied by having more support groups, funding respite services, and aligning all agencies, community entities, and courts to support these families rather than operating in a silo.

Appendix B: Department of Children and Families (DCF) Interview Guide

This topic guide serves as a guideline for interviewing five state agencies in Massachusetts to learn about the services and supports available to Grandparents and other kinship caregivers raising children.

A 45-minute to an hour-long video interview will be scheduled with each key informant and interviews will be conducted and analyzed by UMass Chan Medical School.

Please note that the questions and probes in this topic guide serve as general guidelines to guide the conversation. The interviewer may probe deeper as relevant topics emerge during the interview.

INTRODUCTION (3 minutes)

Good morning/afternoon! My name is _____ and I work at the University of Massachusetts Chan Medical School, Commonwealth Medicine. I will ask interview questions alongside my colleague _____. We appreciate you taking the time to speak with us today.

We are part of the team at Commonwealth Medicine that has partnered with the Commission on the Status of Grandparents Raising Grandchildren (Commission) with DCF to learn more about grandparents and other kinship caregivers raising related children. This interview with you, other state agencies, and other key informants will help us prepare a report to be shared with the Commission and DCF that will include findings that describe the availability and access to resources, services, and supports needed by these families in raising their grandchildren or related children.

CONFIDENTIALITY

I would like to record this call so that I do not have to write down everything you say. The recording and any notes from the interview will not be shared with anyone outside the immediate research team, and nothing you say will be attributed in any report to you individually unless you explicitly provide permission. Is it okay with you if I record the interview?

This interview should take about 45 minutes to an hour. Please pull up the composite family now. Do you have any questions before we begin?

We are now recording.

Intro (5 minutes)

1. I have in my notes that you are a [insert position/title]. Can you tell me a little bit about your current role and how long you have been with DCF?
2. Have you previously worked with clients of DCF who are grandparents or other kin raising grandchildren or other related children?

COMPOSITE FAMILY 25-30 MINUTES

As part of this project, we have created a composite fictional family that reflects the needs and challenges faced by grandparents and other kinship caregivers raising related children. In this part of the interview, we would like to discuss what services and supports would be available for our fictional family through DCF. Before we start, do you have any questions about the composite family?

1. What resources, services, and/or supports at DCF would you connect our composite family to if they were involved with DCF?

Internal prompts:

- a. Would the resources, services, and/or supports vary if the composite family adopted the children?
 - b. Are there resources, services, and/or supports offered by DCF that are underutilized?
 - i. If yes, do you know the reasons for underutilization?
2. For a family that looks like our composite family, how much time (hours per week and number of weeks) do you estimate a DCF caseworker would spend on the family?
 3. Would any of the resources, services, and supports that you mention be available to our composite family if they were not involved with DCF? (i.e. went through probate court instead of DCF, adopted the children)

Internal prompts:

- a. Would a DCF caseworker connect this family to another agency?
 - i. If yes, how would that happen?
4. Are there any resources, services, and/or supports that are requested by families regularly but are currently not provided by DCF?
 - a. If yes, why are the services not provided?
 5. Are there any other resource, service, and/or support needs that are either limited in availability or not available?

CLOSING REMARKS (2 minutes)

1. Is there anything else you would like to tell us that we haven't covered that you think might be relevant for us to hear?

Appendix C: Department of Transitional Assistance (DTA) Interview Guide

This topic guide serves as a guideline for interviewing five state agencies in Massachusetts to learn about the services and supports available to Grandparents and other kinship caregivers raising children.

A 45-minute to an hour-long video interview will be scheduled with each key informant and interviews will be conducted and analyzed by UMass Chan Medical School.

Please note that the questions and probes in this topic guide serve as general guidelines to guide the conversation. The interviewer may probe deeper as relevant topics emerge during the interview.

INTRODUCTION (3 minutes)

Good morning/afternoon! My name is _____ and I work at the University of Massachusetts Chan Medical School, Commonwealth Medicine. I will ask interview questions alongside my colleague _____. We appreciate you taking the time to speak with us today.

We are part of the team at Commonwealth Medicine that has partnered with the Commission on the Status of Grandparents Raising Grandchildren (Commission) with DCF to learn more about grandparents and other kinship caregivers raising related children. This interview with you, other state agencies, and other key informants will help us prepare a report to be shared with the Commission and DCF that will include findings that describe the availability and access to resources, services, and supports needed by these families in raising their grandchildren or related children.

CONFIDENTIALITY

I would like to record this call so that I do not have to write down everything you say. The recording and any notes from the interview will not be shared with anyone outside the immediate research team, and nothing you say will be attributed in any report to you individually unless you explicitly provide permission. Is it okay with you if I record the interview?

This interview should take about 45 minutes to an hour. Please pull up the composite family now. Do you have any questions before we begin?

We are now recording.

CURRENT ROLE (5 minutes)

1. I have in my notes that you are a [insert position/title]. Can you tell me a little bit about your current role and how long you have been with DTA?
2. Have you previously worked with clients of DTA who are grandparents or other kin raising grandchildren or other related children?
 - a. Does DTA assign a case manager or navigator to each client?

COMPOSITE FAMILY (25-30 minutes)

As part of this project, we have created a composite fictional family that reflects the needs and challenges faced by grandparents and other kinship caregivers raising related children. In this part of the interview, we would like to discuss what services and supports would be available for our fictional family through DTA. Before we start, do you have any questions about the composite family?

1. What are the most common resources, services, and/or supports at DTA that would be available for our composite family if they were involved with DTA?

Internal prompts:

- a. Would the available resources, services, and supports vary if the composite family adopted the children?
 - b. Are there resources, services, and supports that are offered by DTA but underutilized?
 - i. If yes, do you know the reasons for underutilization?
2. Why do you think there are families that could qualify for DTA services but are not utilizing such services?

Internal prompts:

- a. Do childcare vouchers cover specialized childcare services for children with developmental or behavioral health needs?
3. If DTA assigns a case manager to each client, for a family that looks like our composite family, how much time (hours per week and number of weeks) do you estimate a DTA case manager would spend with the family?
4. Would any of the resources, services, and/or supports that you mentioned be available to our composite family if they were not involved with DCF? (i.e. went through probate court instead of DCF)

Internal prompts:

- a. Would a DTA caseworker connect this family to another agency?
 - i. If yes, how would that happen?
5. Are there any resources, services, and/or supports that are requested by families regularly but not provided for currently?
 - a. If yes, why are the services not provided?
6. Are there any other resources, services, and/or supports that are either limited in availability or unavailable?

CLOSING REMARKS (2 minutes)

1. Is there anything else you would like to share that we haven't covered that you think might be relevant for us to hear?

Appendix D: Executive Office of Elder Affairs (EOEA) Interview Guide

This topic guide serves as a guideline for interviewing five state agencies in Massachusetts to learn about the services and supports available to Grandparents and other kinship caregivers raising children.

A 45-minute to an hour-long video interview will be scheduled with each key informant and interviews will be conducted and analyzed by UMass Chan Medical School.

Please note that the questions and probes in this topic guide serve as general guidelines to guide the conversation. The interviewer may probe deeper as relevant topics emerge during the interview.

INTRODUCTION (3 minutes)

Good morning/afternoon! My name is _____ and I work at the University of Massachusetts Chan Medical School, Commonwealth Medicine. I will ask interview questions alongside my colleague _____. We appreciate you taking the time to speak with us today.

We are part of the team at Commonwealth Medicine has partnered with the Commission on the Status of Grandparents Raising Grandchildren (Commission) with DCF to learn more about grandparents and other kinship caregivers raising related children. This interview with you, other state agencies, and other key informants will help us prepare a report to be shared with the Commission and DCF that will include findings that describe the availability and access to resources, services, and supports needed by these families in raising their grandchildren or related children.

CONFIDENTIALITY

I would like to record this call so that I do not have to write down everything you say. The recording and any notes from the interview will not be shared with anyone outside the immediate research team, and nothing you say will be attributed in any report to you individually unless you explicitly provide permission. Is it okay with you if I record the interview?

This interview should take about 45 minutes to an hour. Please pull up the composite family now. Do you have any questions before we begin?

We are now recording.

Intro (5 minutes)

1. I have in my notes that you are [insert position/title]. Can you tell me a little bit about your current role and how long you have been with EOEA?
2. Have you previously worked with clients of EOEA who are grandparents or other kin raising grandchildren or other related children?
 - a. Does EOEA assign a care manager/coordinator to each client?

COMPOSITE FAMILY 25-30 MINUTES

As part of this project, we have created a composite fictional family that reflect the needs and challenges faced by grandparents and other kinship caregivers raising related children. In this part of the interview, we would like to discuss what services and supports would be available for our fictional family through EOEA. Before we start, do you have any questions about the composite family?

1. What resources, services, and/or supports at EOEA would be available to our composite family?

Internal prompts:

- a. Please describe those available for the grandparent caregivers and those that are available to the children.
 - b. Would the services vary if the composite family adopted the children?
 - c. Are there any services at EOEA that you think are underutilized by these families?
 - d. Would EOEA assign a care manager or coordinator to the caregiver if they meet EOEA eligibility requirements?
 - i. If yes, for a family that looks like our composite family, how much time (hours per week and number of weeks) do you estimate an EOEA care manager or coordinator would spend on the family?
2. Would any of the resources, services, and/or supports that you mention be available to our composite family if they were not involved with DCF? (i.e. went through probate court instead of DCF, adopted the children)
 - a. Would EOEA connect this family to another agency?
 - i. If yes, how would that happen?
 3. Are there any resources, services, and/or supports that are requested by families regularly requested but not provided for currently?
 - a. If yes, why are the services not provided?
 4. Are there any other resource, service, and/or support needs that either limited in availability or not available?

Family Caregiver Support Program- Bristol and Worcester Counties (5 minutes)

We want to ask you a few questions about this program. Are you familiar with it?

1. How often do you get questions about this program?
 - a. If not in a servicing region: do you get requests or questions about this program?
 - i. How often would you say that happens?

Wrap-Up (2 minutes)

1. Is there anything else you would like to tell me that we have not covered that you think might be relevant for us to hear?

Appendix E: Commission on the Status of Grandparents Raising Grandchildren Interview Guide

This topic guide serves as a guideline for interviewing five state agencies in Massachusetts to learn about the services and supports available to Grandparents and other kinship caregivers raising children.

A 45-minute to an hour-long video interview will be scheduled with each key informant and interviews will be conducted and analyzed by UMass Chan Medical School.

Please note that the questions and probes in this topic guide serve as general guidelines to guide the conversation. The interviewer may probe deeper as relevant topics emerge during the interview.

INTRODUCTION (3 minutes)

Good morning/afternoon! My name is _____ and I work at the University of Massachusetts Chan Medical School, Commonwealth Medicine. I will ask interview questions alongside my colleague _____. We appreciate you taking the time to speak with us today.

We are part of the team at Commonwealth Medicine that has partnered with the Commission on the Status of Grandparents Raising Grandchildren (Commission) with DCF to learn more about grandparents and other kinship caregivers raising related children. This interview with you, other state agencies, and other key informants will help us prepare a report to be shared with the Commission and DCF that will include findings that describe the availability and access to resources, services, and supports needed by these families in raising their grandchildren or related children.

CONFIDENTIALITY

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This interview should take an hour. Please pull up the composite family now. Do you have any questions before we begin?

We are now recording.

INTRO (35 minutes)

1. I have in my notes that you are a [insert position/title]. Could you tell me more about that?

Internal prompts:

- a. How old was the grandchild when you first took on parenting responsibilities?
 - b. For how long did you have parenting responsibilities for the grandchild?
 - c. What did you find most fulfilling about being a grandparent caregiver?
 - d. What did you find most challenging about being a grandparent caregiver?
2. Were you involved with DCF?
 - a. IF YES:
 - i. What resources, services, and/or supports from DCF were most helpful?

- ii. Were there any resources, services, and/or supports that DCF did not offer that you would have liked to have?
- b. IF NO:
 - i. Was there anyone helping connect you to resources, services, and/or supports or did you have to seek those out on your own?
 - ii. What challenges did you encounter when trying to find resources, services, and/or supports?
 - iii. What do you think would have been different if you had been involved with DCF?
- 3. When you were raising your grandchild, what resources, services, and/or supports were most helpful? (This can be DCF or non-DCF)
- 4. What resources, services, and/or supports did you need but weren't eligible for or couldn't find?
- 5. If you could pick one or two things that the system could provide to these families, what would it be? (i.e. better system navigator)

CLOSING REMARKS (5 minutes)

- 1. Is there anything else you would like to tell me that we haven't covered that you think might be relevant for us to hear?

Appendix F: Kinship Navigator Interview Guide

This topic guide serves as a guideline for interviewing five state agencies in Massachusetts to learn about the services and supports available to Grandparents and other kinship caregivers raising children.

A 45-minute to an hour-long video interview will be scheduled with each key informant and interviews will be conducted and analyzed by UMass Chan Medical School.

Please note that the questions and probes in this topic guide serve as general guidelines to guide the conversation. The interviewer may probe deeper as relevant topics emerge during the interview.

INTRODUCTION (3 minutes)

Good morning/afternoon! My name is _____ and I work at the University of Massachusetts Chan Medical School, Commonwealth Medicine. I will ask interview questions alongside my colleague _____. We appreciate you taking the time to speak with us today.

We are part of the team at Commonwealth Medicine that has partnered with the Commission on the Status of Grandparents Raising Grandchildren (Commission) with DCF to learn more about grandparents and other kinship caregivers raising related children. This interview with you, other state agencies, and other key informants will help us prepare a report to be shared with the Commission and DCF that will include findings that describe the availability and access to resources, services, and supports needed by these families in raising their grandchildren or related children.

CONFIDENTIALITY

I would like to record this call so that I do not have to write down everything you say. The recording and any notes from the interview will not be shared with anyone outside the immediate research team, and nothing you say will be attributed in any report to you individually unless you explicitly provide permission. Is it okay with you if I record the interview?

This interview should take about 45 minutes to an hour. Please pull up the composite family now. Do you have any questions before we begin?

We are now recording.

Intro (5 minutes)

1. I have in my notes that you are a [insert position/title]. Can you tell me a little bit about your current role and how long you have been with the Kinship Navigator Program?
 - a. Have you previously worked with clients of Kinship Navigator Program who are grandparents or other kin raising grandchildren or other related children?

Kinship Navigator Program Casework (10 minutes)

1. Does Kinship Navigator Program assign a caseworker or navigator to each client?
 - a. What is the average caseload of a caseworker at any given time?
 - b. How much time does a caseworker spend with each family?
2. Are there Kinship Navigator offices located throughout Massachusetts?

- a. IF YES: Does utilization vary by region?
- b. IF NO: Where are program offices located?
- c. How do you reach families that live outside of those communities (prompt: Are services available virtually)?

Composite Family (20 minutes)

As part of this project, we have created a composite fictional family that reflects the needs and challenges faced by grandparents and other kinship caregivers raising related children. In this part of the interview, we would like to discuss what services and supports would be available for our fictional family through DCF. Before we start, do you have any questions about the composite family?

1. What services would the Kinship Navigator provide for our composite family if they were not involved with DCF?
2. Would the Kinship Navigator provide any different services for our composite family if they were involved with DCF?
 - a. Would the services vary if the composite family adopted the children?
3. For a family that looks like our composite family, how much time (hours per week and number of weeks) do you estimate spending on the family if they were not involved with DCF?
 - a. Would you spend more or less time if they were involved with DCF?
4. Would the Kinship Navigator caseworker connect this family to another agency?
 - a. IF YES: How would that happen?
5. Are there any services that you think are underutilized by these families?
6. Are there any services that are requested but not provided for currently?

Wrap-Up (2 minutes)

1. Is there anything else you would like to tell me that we haven't covered that you think might be relevant for us to hear?

Appendix G: Detailed Profile of Massachusetts Grandparent Caregivers (2019)

Age Distribution	
Ages 30-59	46%
Age 60 years or older	54%
Gender	
Female	67%
Male	33%
Marital Status	
Married	65%
Single	35%
Race	
White	73%
Black or African American	12.3%
Asian	6.9%
American Indian or Alaska Native	0.7%
Ethnicity	
Identify as Hispanic or Latino	15%
Language Spoken Proficiency	
Bilingual	32%
Not Proficient in English	20%
Nativity	
Born outside of US	25%
Duration of Caregiving	
3-4 Years	60%
5+	45%
Employment	
Labor Force Participation	57%
Income	
Median Household Income (parent present)	\$72,576
Median Household Income (without parent present)	\$43,039
Poverty	
Above the poverty level	86.3%
At or below the poverty level	13.7%
Disability Status	
Living with a disability	22%
N=	31, 401

Appendix H: Acronyms Used in the Report

ABA	Applied Behavioral Analysis
ACEs	Adverse Childhood Experiences
ACS	American Community Survey
ADHD	Attention Deficit Hyperactivity Disorder
ASAP	Aging Service Access Point
ASD	Autism Spectrum Disorder
CPCS	Committee for Public Counsel Services
DCF	Department of Children and Families
DTA	Department of Transitional Assistance
EAEDC	Emergency Aid to Elderly, Disabled, and Children
EBT	Electronic Benefits Transfer
EEC	Department of Early Education and Care
EOEA	Executive Office of Elder Affairs
EOHHS	Executive Office of Health and Human Services
IEP	Individualized Education Plan
NAS	Neonatal Abstinence Syndrome
PACT	Parents and Children Together
PAYA	Preparing Adolescents for Young Adulthood
PTSD	Post-Traumatic Stress Disorder
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
TAFDC	Transitional Aid to Families with Dependent Children
TANF	Temporary Assistance for Needy Families
WIC	Woman, Infants, and Children Program

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