DEVELOPING RURAL RELATIVES AS PARENTS PROGRAMMING: PROMISING PRACTICES A COLLECTION OF PRACTICE WISDOM FROM ACROSS RURAL AMERICA

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DEVELOPING RURAL RELATIVES
AS PARENTS PROGRAMMING: PROMISING PRACTICES
A Collection of Practice Wisdom from Across Rural America

April 2010

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This manual is designed to provide both new and established Relatives as Parents Programs (RAPPs) with ideas on how to best serve rural grandfamilies. Much of the information contained in this manual is the result of a year-long research effort conducted by the University of Maine Center on Aging with funding from the Brookdale Foundation. Details on the sources of information tapped for this manual are outlined below.

An online survey was administered to practitioners and professionals currently working with relative caregivers to learn more about the practical strategies and approaches used in developing and carrying out RAPP programming in rural areas. Participating service providers were asked about the unique needs of their rural clients and barriers that rural clients may face in accessing services. Survey participants were also asked to highlight strategies that they have used to help meet the needs of their clients and assess the effectiveness of those strategies. Forty-eight professionals from across the U.S. participated in this survey. Interviews were then conducted with experts in the field of relative caregiving to compliment the online survey efforts.

The Center on Aging carried out a literature review looking for practical tips and trends in program development that could be shared via this manual. We also included pertinent demographic and statistical information that programs can share with community members and funding sources highlighting the characteristics and prevalence of kinship families.

And perhaps even most important of all, we asked caregivers themselves what makes for great rural programming through a survey of rural caregivers across the country distributed by RAPP programs to support group participants and others served through their programs. More than 75 caregivers shared their thoughts and experiences by participating in this survey.

The result of this effort is a collaborative and comprehensive manual showcasing many of the promising practices in use across the country. Throughout the manual we feature “Insider Tip” boxes that highlight quotes from the various interviews and surveys conducted for this manual so you can get the inside perspective on how others are carrying out their work with grandfamilies.
THE “WHO, WHAT, AND WHERE” OF RURAL GRANDFAMILIES AND PROGRAMS

The term ‘grandfamilies’ is used to describe families who are taking care of a relative’s child, also known as kinship care or relative caregiving. Most often, the caregiver is the child’s grandparent, but aunts, uncles, great-grandparents, siblings, other relatives, and close family friends can also be caregivers.

**INSIDER TIP:** We learned to call it kinship care because it is more inclusive than grandparents raising grandchildren.

Professionals that work directly with grandfamilies are well aware that there seem to be many such families, even in sparsely-populated rural areas. However, community members, other professionals, and the families themselves can be surprised to learn that grandfamilies are much more prevalent than they thought. Families can benefit from knowing they are not alone in raising a relative’s child. Professionals can more adequately meet the needs of grandfamilies when they have a better understanding of the financial, social, and emotional support the families might need. States and communities may be more willing to provide resources to grandfamilies when they understand the prevalence of grandfamilies and the support families provide to children in their care.

Across the United States:

- One out of every twelve children lives in a household headed by a relative other than their parent.¹
- There are more than six million children being raised in households headed by grandparents and other relatives. ²
- More than seventy-five percent of those relative-headed households are headed by grandparents. ³
- Four and a half million children are living in a grandparent-headed household, and 2.4 million grandparents report being responsible for their grandchildren living with them. ⁴
- Grandparent-headed households are the fastest growing type of family in the U.S..⁵

Although some of the children living with relatives were placed there through the formal fost-
ter care system, the majority of families entered into such arrangements on their own. Although an increasing number of foster children nationwide are now placed in kinship care, some studies suggest that there are up to nine times as many children living informally with relatives as there are placed through the formal child welfare system. Although the children being cared for by relatives and non-relatives often have many of the same needs, the caregivers themselves present some key differences. For example, compared to non-relative foster parents, kinship caregivers tend to be older, are more likely to be single, are more likely to be women, tend to have less education, generally have a lower income, are less likely to own their own home, and tend to have significantly worse health. vi

There is not a single ‘typical’ grandparent-headed household. The demographic characteristics of the grandparents raising their grandchildren are diverse.

Across the United States:

- More than one-third of grandparents raising grandchildren live in households without either of the children’s parents present. vii
- Seventy-one percent of grandparents raising grandchildren are under the age of 60, while only 29% are age 60 or older. viii
- Most of the grandparents raising grandchildren (62.5%) are married couples, including couples that are separated, but 37.5% of the grandparents are unmarried, widowed, or divorced. ix
- People of all different races report being responsible for grandchildren: 47% of these grandparents are White, 29% are African American, 17% are Hispanic or Latino, 3% are Asian, and 2% are American Indian or Alaskan Native. x
- Nearly 40% of these families live at or below the poverty line, even though close to half have at least one caregiver who is employed. xi, xii
- Almost one-third (32.3%) of the children living with their grandparents have a physical or mental disability. xiii

Even though each story is unique, most of the children living with relative caregivers share a common experience of sadness or confusion about losing their birth parent, whether it is due to substance abuse, physical or mental illness, or other circumstances. It may be a temporary or permanent loss, or as often happens, an unpredictable one as a birth parent moves in and out of the child’s life. Because of this, some children wonder if their parents love them and why they are not there for them. Many children know the fear and instability of not being sure if someone will take care of them or if they will be safe.

Many children who are living with relatives have developmental delays due to disease, neurological damage, exposure to substance abuse, or poor care during their early years. xiv Their loss, confusion and anger are strong feelings, and many children need help managing these feelings and impulses. For the relatives parenting children who have been exposed to family trauma, this often translates into: sleepless nights comforting a child; logistical and financial nightmares of how to meet the needs of the child and the needs of the rest of the family; hours on the road or on the phone managing appointments and services for the
child; struggle and dismay in trying to manage the child’s extreme behavior without the needed understanding and tools; and precarious negotiations with parents and other family members regarding the child’s needs. In addition, relative caregivers may be challenged by their own health issues or grief over the losses related to the child’s parent.

UNIQUE ASPECTS OF RURAL LIVING

An online survey of nearly 50 service providers working with grandfamilies found that every program served at least some clients living in rural areas. Approximately one-fourth of kinship families nationwide live in rural areas. Sixty-three percent of survey respondents indicated that more than half of their program’s clientele reside in rural areas.

According to the Census Bureau, an urban area is defined as a city and its surrounding area that contains at least 50,000 people and has a population density higher than 1,000 per square mile. A rural area is defined as any outlying area smaller than an urban area described above.

Challenges of rural living

Rural areas can have significant numbers of minority populations that are physically isolated and poor. In fact, rural people in the United States are three times as likely to live in poverty as compared to people living in metropolitan areas. For those grandparents and other relative caregivers living in rural areas, financial challenges are often compounded by a lack of accessible resources and too few services that effectively meet the unique needs of rural families. People living in rural areas generally experience poorer health, lose more days from work because of illness, and have much lower incomes than those living in urban areas. These rural caregivers often have more difficulties with maintaining adequate housing, and finding transportation, child care, and health care, than their urban counterparts.

Despite the relatively high number of grandfamilies, many of the caregivers do not know others who are in similar situations. This can lead to feelings of isolation, which can be magnified for families who are already living in sparsely-populated rural areas. A rural caregiver’s isolation from needed services, as well as the unique social dynamics of living in a rural area, requires that service providers alter their approach and think outside the box when developing programs to serve these families.

Benefits of rural living

These difficult life experiences faced by grandfamilies are countered by the joy of being part of the child’s life, the relief of knowing the child is safe, and the satisfaction of seeing the child thrive as his or her life becomes more stable. Despite the challenges of rural living,
many caregivers and families appreciate the benefits of living in a rural area. Rural communities tend to foster a sense of closeness among community members. Neighbors frequently work together as a group, share experiences, and have a sense that “we are in this together”.

Caregivers have this to say about living in rural communities:

“We have neighbors and friends to learn from and to get help from when we need it.”
“We enjoy the friendly and family-like atmosphere.”
“It’s great for children to enjoy woods and nature and running around.”
“It’s actually better living in a rural area because the teenagers don’t have some of the same temptations as they would in a big city.”
“Living in a less congested and rushed community makes it less difficult to provide a safe, stable, and calm haven for kids with the baggage ours tend to have.”

Most caregivers living in rural areas expressed the sentiment that a local approach works better for them. Members of neighboring small rural communities do not always even want to be thrown in together, as they see themselves as separate and distinct communities with their own unique culture. Many rural community members voiced their mistrust of “outsiders”, particularly professionals associated with the legal system or the social services system. Caregivers also indicated that they do not appreciate “big city” intrusion. This can all pose quite a challenge for programs based in cities that are responsible for serving many small outlying communities. As one social service provider advised, “Don’t give up—it takes more time and money to serve rural areas. Most of all, it takes a good reputation when you are working as an ‘outsider.’”

INSIDER TIP: If at all possible, have someone from the local culture with you when you enter different communities. There is a barrier that comes up when people in positions of authority enter families or communities and the person is not versed in the culture or values of that family or community.

Although many caregivers appreciate living in a rural community, some people feel that living in a rural community does not really have any impact on them. Some caregivers simply stated that they have nothing to compare it to- because it is where they have lived their whole lives and cannot imagine living anywhere else. Other caregivers, particularly those who may not have grown up in the area where they are living, may feel little connection to their community, or may even be viewed as outsiders themselves. They are therefore facing the challenges of rural living without the support that comes from having a strong sense of community. Caregivers in particularly rural states may be truly isolated, with only a handful of neighbors for many miles around. Even among rural caregivers, there is still much diversity.
Despite the differences between rural families, both caregivers and social service professionals provided examples demonstrating that, with rural living, what people do with their time is just different. People may have to take care of their animals, help the kids with 4-H, tend the garden, or split firewood. Children may have to spend an hour or more on the bus each way to get to and from school. Attending medical or social service appointments, particularly with specialists, may take up a large portion of the day. Even routine tasks, such as doing laundry, may take longer if the caregiver has to either hang laundry to dry or drive into a town to get to a Laundromat.

**ORGANIZATIONAL CHARACTERISTICS — RURAL RAPP PROGRAMMING**

The organizations that serve grandfamilies across the United States represent a diverse group of agencies.

**Types of organizations**

Local or regional private, non-profit agencies make up the greatest proportion of organizations that serve grandfamilies. Thirty-eight percent of those responding to a national survey fell into that category. However, grandfamily support services are also provided by:

- National non-profit agencies
- State human services or government-based agencies
- For-profit agencies
- Area Agencies on Aging
- Schools, colleges, or universities
- Churches or faith-based organizations
- Hospitals or health centers
- Senior centers or skilled nursing facilities
- Local Commissions on Aging
- Community or Rural Action Agencies
- Non-governmental organizations

**Target population**

Almost two-thirds of programs that reach out to grandfamilies specifically target grandparents raising grandchildren and other kinship caregivers. However, grandfamilies can also be recognized and supported by organizations that target a more diverse population. Other types of agencies that can be very effective in serving grandfamilies include organizations that work with:

- Children
- Adults
- Older adults
Eligibility requirements

Low-barrier access to services and supports can be one of the most effective approaches to engaging grandfamilies. Almost three-fourths of programs responding to our national survey of service providers do not require a referral for clients to participate or receive services. Anyone can suggest that a client seek services, or the client can contact the organization directly. Of those programs that require referrals, they most frequently come from social services, the court system, health care sources, and community agencies. These types of service systems often have contact with grandfamilies.

Nearly three-fourths of programs surveyed do not have any age restrictions for program participation. Most programs with age requirements serve older adults, defined as people ages 50+, 55+, or 60+, depending on the program. Other programs focus specifically on serving young people ages 21 and under.

**INSIDER TIP:** Our agency offers services to people ages 60 and older. But we discovered that a lot of our grandparents were under age 60, so the support group that we have is for caregivers of all ages.

The vast majority of respondents indicated that their programs serve people regardless of their income. Some programs require that clients demonstrate a need for services, or have income limitations for certain services, such as financial or legal assistance. Very few agencies have an income requirement for caregivers to participate in their support groups.

More than one-third of programs serving grandfamilies have a residency requirement. In most cases, program participants must live in the county or counties that the agency serves.

Keeping the requirements at a minimum can be difficult if your program, like most, relies on a patchwork of funding to operate. Each funding source many have different requirements that must be satisfied.
Survey respondents described numerous positive characteristics of rural grandfamilies. Undoubtedly, the biggest strengths that grandfamilies have, according to both caregivers and service providers are:

- Having a strong sense of family loyalty and the need to take care of their own
- Having a deep unconditional love for the children

Other frequently cited strengths, each identified by nearly half of all service providers and some of the caregivers were:

- Having the ability and willingness to utilize their informal support system, including: family, friends, schools, church, and community
- Having a sense of independence, self-sufficiency, and/or resourcefulness
- Being supportive to other relative caregivers

What service providers have to say about the caregivers they work with:

- “We see that families are rising to the occasion.”
- “The grandparents really help each other.”
- “The caregivers have such a sharing attitude.”
- “They really understand what the other families are going through.”

The caregivers also felt they had additional strengths, which were less frequently mentioned by service providers. Some of these included:

- Having personal resilience and inner strength
- Being hardworking and determined
- Maintaining a positive attitude
- Having patience and perseverance
- Having wisdom and life experience that they can draw on

**INSIDER TIP:** Many caregivers who have already raised children before feel stronger and smarter the second time around. Tap into their wisdom and experience to help them work through challenges.
**NEEDS OF RURAL GRANDFAMILIES**

**Financial assistance**
The greatest need that both caregiver and service provider respondents identified was a need for increased financial assistance to deal with household bills, school supplies, holidays, home improvements, furniture, clothes, baby supplies, legal expenses, and emergencies. Lack of financial support and having additional financial expenses on an already fixed income was an issue for most caregivers.

**Transportation**
Travel and transportation-related challenges, including a need for transportation or gas money, was also cited by a large majority of survey respondents—more than seven out of ten service providers and the majority of caregivers. This includes: limited or non-existent public transportation, not having a reliable vehicle, the expense of travel, long distances to services, frequent inclement weather, the inability to drive at night, and limiting appointments or activities due to lack of transportation and/or gas money.

**Healthcare**
Healthcare, including lack of insurance, a need for affordable care, limited or non-existent home health care, inadequate exercise facilities nearby, and finding specialty care or other health care in rural areas that will accept insurance, were cited by nearly one-fourth of service provider respondents. Other health care issues highlighted by service providers included: childhood obesity, caregivers choosing children’s needs over their own health, dealing with chronic disease—including both mental and physical illnesses, access to healthcare for children with no legal relationship to their caregiver, medication issues, and drug and alcohol abuse. Caregivers also frequently cited health issues as a concern, primarily focusing on meeting special physical and mental health needs of the children in their care. Some caregivers also wanted counseling or help with substance abuse for their own adult children.

**Childcare**
Respite and childcare were a high-priority need for many grandfamilies. Many caregivers feel that they need an occasional break to refresh and reenergize, due to lack of energy or stamina. Respite services would provide temporary relief from the burden of raising grandchildren. Some caregivers would like childcare for a couple of hours to go to a support group meeting, training, or to just go out to dinner without the company of children. A lot of caregivers have given up on their own personal goals and are trying to cope with rearranging their life to adapt to this “new” living arrangement. Many grandparents expressed the sentiment that they are the only one of their friends now raising a child, and have given up on spending time with their friends. Some caregivers were still working
when the children came to live with them and need full-time or after school child care in order to continue their employment. Other caregivers may need to return to the workforce once they have children to care for, in order to make ends meet.

**INSIDER TIP:** Some caregivers are able to get support from their extended family, but may need to be encouraged to tap into this resource for childcare. However, many caregivers do not get family support, or are even seen as creating problems in the family by stepping in to take the children. They will need help with accessing other options for childcare.

**Other needs**

Other needs that were identified by both caregivers and service providers tended to focus on either the lack of needed services or help addressing specific challenges. Examples of these needs include:

- Addressing the overall lack of services and programs available, and/or minimal collaboration between them, including in-home services, counseling, case managers, kinship navigators, advocates for legal services, assistance dealing with the birth parent(s), help accessing public benefits, and help with school issues.
- Accessing help to overcome challenges such as geographic isolation, a lack of social opportunities, limited program funding, lack of education among both caregivers and service providers, stigma of their situation or of accepting help, diversity of families, limited ability to read or speak English, lack of resources, confidentiality and privacy concerns, lack of support groups, lack of recreational activities for children, and lack of job opportunities for teenagers and caregivers.

**INSIDE TIP:** Do not take a one-size-fits-all approach—start with what the family says they need and build from there.

**Recognition and emotional support**

Almost all grandfamily caregivers appreciate recognition, praise, and the occasional ‘pat on the back’—but that’s not why they are providing care for the children. In fact, most caregivers put the needs of the child or children first. They want service providers to be encouraging of them and to understand that they just want what is best for the child. Although the vast majority of caregivers would not want the children with anyone else, most have made great sacrifices to care for them, such as: not being able to retire, losing touch with friends, not being able to go out with their spouse, or even losing their business or their home due to the additional financial burden of caring for children.

Caregivers who are raising their children without the involvement of State Social Services, would like recognition that they are the ones keeping the children out of foster care, and often want to receive assistance on par with what foster parents receive. This support is viewed by caregivers as both a tangible benefit that would make things easier, such as fi-
nancial assistance and access to support services, and as recognition that they are providing a valuable service that would otherwise need to be provided by the state.

Many caregivers wanted to have improved communication with service providers, and emphasized how important it was that they feel they are listened to and understood. Caregivers continually described the importance of having a service provider that they felt comfortable with and that they felt was genuinely looking out for the best interest of their family.
Most of the programs that work with grandfamilies offer multiple supports and services to their clients. Based on responses from the survey of professionals, support groups and referral to other services were the two most commonly offered services. Nearly two-thirds of all programs that support grandfamilies provide education or training to their clients. Other common services include financial assistance, transportation assistance, and case management. Additional services offered by some programs include: food, clothing, toys, household items, or other material assistance, counseling services, mental health services, healthcare, childcare assistance, respite assistance, legal assistance, housing assistance, and advocacy.

**SUPPORT GROUPS**

**Type or purpose of meeting**

Although many agencies or organizations provide support groups, there is much variation in the types of groups that are offered. It is important for the facilitator and group members to decide the overall goal of the group. Some examples of group types are:

- Education
- Peer support
- Therapy
- Social interaction and friendship
- Recreation

Many groups also offer a combination of these goals. One example is offering a peer support group regularly with social groups for special events or at holidays. Another example is offering an educational portion of the meeting followed by a peer support component. The important part is to be clear about the purpose of the meeting and assuring that it is the best way to meet the needs of the group members.
Setting the meeting: location, time, and frequency

The caregivers’ ability to benefit from the meetings will be impacted by the location, time, and frequency of the meetings. Caregivers frequently emphasized the importance of meeting in a location that was comfortable to them. For example, some caregivers were hesitant to meet in locations that were affiliated with state run organizations, such as the Department of Health and Human Services. Some caregivers may find that meeting in a faith-based setting was comfortable to them, but for other caregivers, this would be undesirable. Some suggestions for meeting locations include: Head Start centers, schools, senior centers, YMCAs or recreation programs, community rooms, and even the local McDonald’s.

When selecting a meeting location, there are several factors to take into account. For most organizations, cost is a primary factor. Many groups were able to obtain free or low-cost meeting space by collaborating with another organization or simply explaining the purpose of the group and asking for space. Some groups in smaller rural communities take turns meeting in the homes of different group members. Caregivers particularly emphasized the importance of having a location that is accessible. This includes having a convenient location, the availability of parking, and accessibility for caregivers with disabilities.

Most support group facilitators reported that their meetings take place in the evenings, generally from 6pm to 8pm. Another popular meeting time is in the morning, such as 8am to 10am. This tends to work particularly well for caregivers with children in school. Still other groups meet during the lunchtime hours. A few groups even meet on the weekends. Group meetings generally last between one and a half and two hours. Most groups meet once or twice per month on a set schedule, though some groups meet every week. In addition, many groups plan additional special activities and events for the caregivers or the families.

Group facilitation

There is also variation in the manner in which groups are facilitated. Some groups are made up entirely of grandfamilies who share the role of facilitating the group. At the other end of the spectrum, groups may be facilitated by highly trained mental health professionals or educators. In most cases, the group facilitator is an employee or volunteer of an agency that provides services to grandfamilies.

Depending upon the needs of the group, a facilitator may take on a more directive or less directive role. In some cases, the formal group facilitator works with the group members to choose individuals from within the group that will facilitate one or more of the meetings. Facilitators report that this tends to work well when group members know each other and the member who is facilitating the meeting has already had some experience with some of the issues facing group members.

Both professionals and caregivers agree that one of the most important characteristics of a facilitator is someone who listens to the group members and ensures that everyone feels respected and comfortable in the group. Group facilitators should also consider issues such
as how they will meet the needs of members in very small groups and other issues of group
dynamics, including the benefits and drawbacks of allowing group members to ‘gripe’
during meetings. Particularly in small rural communities, facilitators must also consider
how they will handle dual relationships. It is very likely that the facilitator and some of
the group members may know each other in other settings such as school, work, or family
relationships.

Recruiting and retaining participants
A common challenge that was shared by many facilitators was locating and recruiting care-
givers to participate in their groups. One of the first considerations is the name of the group.
Although many caregivers do not mind attending what is called a ‘support group’, some
caregivers prefer less formal names, such as: Coffee and Chat, Discussion Group, Share and
Care, or Kinship Club. It is also important to keep in mind that although the majority of
caregivers are grandparents, if your group is open to other caregivers such as aunts,
uncles, siblings, or even close family friends, you may want to consider a name more in-
clusive than grandparents raising grandchildren. Common alternatives are: grandfamilies,
kinship caregivers, or relatives raising children.

In addition to having an accessible group with an appealing name, other effective strategies
to attract potential participants highlighted by survey respondents include: providing serv-
ices closer to clients, assisting with clients’ transportation, and having convenient meeting
times, such as when children are at school. Many other creative suggestions for addressing
this issue were offered by support group facilitators and caregivers, such as:

- Collaborating with community organizations like social service agencies, the
  YMCA, Head Start, schools, colleges, extension, churches, legal services,
  courts, and government organizations to help ‘spread the word’
- Advertising through the newspaper, radio, display boards, and placing
  brochures and flyers in the community
- Hosting fun family activities such as picnics, Easter egg hunts, swimming, mini-golf,
  or bowling to attract families

**INSIDER TIP:** Before offering our first support group, we held an informational meeting
to provide information about community resources and to see if there was interest in a
group. Then, when we started the group up a couple months later, we already had inter-
ested people ready to come to the first meeting.

Participants also discussed providing incentives and assistance for caregivers participating
in support groups. Some examples of this include:

- Providing information and education on topics such as: community resources,
  legal assistance, accessing benefits, substance abuse, nutrition, behavioral concerns,
  how to help with homework, and local recreational opportunities
• Providing education through prepared curricula and information available on the internet
• Offering free child care during meetings provided by staff, community volunteers, or students
• Providing a meal, coffee, or refreshments during meetings
• Giving away donations, including hats, mittens, socks, tickets to sports or arts events, gift cards, gas or taxi vouchers, clothes, toys, books, diapers, bedding, and school supplies, or offering door prizes

Some facilitators recommend trying to have printed materials for those who are unable to make it to meetings.

SOCIAL OR RECREATIONAL EVENTS

Many organizations serving grandfamilies offer some social or recreational events for the caregivers or for the families. Examples of events for the caregivers, in addition to support group meetings, include:

• Kids Night Out, where program staff watch the children for a couple hours so the caregivers can go shopping or out to dinner
• Spa Day, where caregivers can have massages, get their hair done, and pick out a new outfit of donated clothes
• Caregiver Awards Day, where caregivers are recognized formally for the work that they do raising the children

Other activities or events are designed so that caregivers and children can come together with other families to do fun activities. Some examples of family events include:

• Pool parties, at either an indoor or outdoor pool
• Family picnics or potlucks
• Holiday parties
• Activities at a YMCA or other fitness center

Programs can also support social or recreational opportunities through other organizations in the community. They often help caregivers identify options for the children and may be able to provide scholarships for participation. Some examples of these opportunities include:

• Church camps or other summer camps
• YMCA memberships or pool passes
• Boy Scouts or Girl Scouts
• The Big Brothers Big Sisters Program
• Little League or other youth sports
Many support groups offer some type of education or training. This could be to caregivers as part of support group meetings or special educational events. This could also be for other social service professionals who work with grandfamilies, community service organizations or businesses that serve grandfamilies, or elected officials and policymakers whose work has an impact on grandfamilies.

Training for caregivers

Caregiver education could be as basic as providing information about resources available in the community, or as involved as presenting a full day workshop or conference for caregivers. Whether integrated into regular support group meetings, or presented as a separate special event, there are some common education topics that caregivers find beneficial. Educational topics could include:

- The types of community resources and social service benefits that are available, and how to access them
- Legal information about guardianship, estate planning, wills, or other legal issues, as well as where and how to obtain legal services and representation
- The impact of substance abuse, both during prenatal development and while a child is growing up, as well as helping youth and teens deal with substance-related issues
- Issues surrounding health care, such as obtaining health insurance, proper nutrition, and managing specific illnesses like diabetes or asthma
- Mental health or behavioral concerns, including specific mental health diagnoses, child development, and discipline
- Educational issues, such as understanding special education, helping children with homework, and computer literacy for caregivers

Training for professionals

Many service providers reported that other professionals in the community are often unaware of the prevalence of children living with relatives, as well as the special needs those children and families face. Therefore, a basic component of training could include providing an awareness of these issues. Allowing professionals, whether other service providers or policymakers, to hear directly from caregivers can have a major impact on what they take away from the training. This can be accomplished through the presentation of a single caregiver, a panel of caregivers, or caregivers providing their stories in writing. The topics for professional development training are in alignment with the topics for caregivers. However, the training would take on the perspective of how legal, substance abuse, health, mental health, or educational issues impact grandfamilies, and how professionals can best help caregivers and families with those needs.
FINANCIAL AND MATERIAL ASSISTANCE

Although some programs are able to offer financial assistance directly to caregivers, in the form of an emergency fund or grant, most programs rely on referring caregivers to other sources of financial support and helping them to access them. Many caregivers, whether or not they have a legal relationship to the children in their care, are eligible for local, state, or federal government financial assistance. In most cases, these programs are income-dependent. However, many times only the income of the child is considered when the child is being raised by someone other than their parent. Some programs that may be available include:

- Child support and/or TANF (Temporary Assistance for Needy Families)
- Food stamps, WIC (Women, Infants, and Children), and free school meals
- Medicaid
- Social Security programs

Other financial or material assistance may be provided by community organizations or individuals. Some examples of programs that are available in many rural communities include:

- Childcare vouchers or respite assistance
- Food pantries or church suppers
- Donations of school supplies, clothes, shoes, and backpacks
- Secret Santa or Angel Tree Christmas gift programs

INSIDER TIP: A farm in our area offers farm days for the grandfamilies. They bring families out to the farm to assist in farm work or harvesting in exchange for getting the fresh produce to take home at no charge. Families get fresh, organic produce, have fun, and learn about farming. Farms get to share what they do and get some much-needed help.

TRANSPORTATION ASSISTANCE

In rural communities, transportation can pose a significant barrier for caregivers to access support group meetings, services, and recreational opportunities. There are two primary methods of assisting caregivers with transportation. First, programs can help families get to services. As an alternative, programs could help bring services to families. Both families and service providers cite transportation as one of the biggest challenges for providing services to rural grandfamilies.
**Helping families get to services**

Some of the more common ways suggested to assist families with getting to support services and other activities included:

- Providing transportation to agency meetings and events
- Encouraging carpooling among caregivers
- Offering gas cards or vouchers
- Partnering with the local rural transportation system or transit department
- Utilizing the local Agency on Aging for transportation assistance
- Utilizing the United We Ride program

**INSIDER TIP:** Transportation is the key to our provision of services for seniors. A lot who are older either don’t drive at all, or they don’t go long distances, drive in poor weather, or drive at night.

**Bringing services to families**

Some of the popular and unique suggestions for bringing services to families include:

- Going to clients’ homes to meet, drop off and pick up paperwork, or to deliver donations
- Meeting the families close to where they live, and scheduling several appointments in the same area if possible to cut down on staff travel
- Meeting with families before or after support group meetings that they are already planning to attend

**PROGRAM PROFILE**

If you are a rural caregiver living in Idaho, take a look in the parking lot at your local school or community building, and one day you just might see the RAPP Mobile. An Idaho RAPP program, with the support of the Brookdale Foundation, converted a used mobile home into a roaming office to serve grandfamilies throughout the state. The RAPP Mobile, as it is known, travels to sites more than 120 miles from its base to meet with caregivers, provide support, and assist with referrals to services. Caregivers and service providers in each area are informed of the date and location of the visit of the RAPP Mobile ahead of time. Occasionally, the RAPP Mobile makes a ‘grand tour’ of outlying areas, covering about 350 miles over the course of several days.
Counseling and mental health services are a high priority for children who come into the care of family members. In addition, caregivers themselves may benefit from mental health support. Programs approach mental health services in one of two ways. First, programs may provide some mental health services directly to caregivers and/or children. Many programs have a staff member who provides supportive listening, even if he or she is not a trained mental health professional. Some programs offer support groups led by social workers or other therapists. A minority of programs provide counseling services directly. When programs cannot fully meet the mental health needs of the participants, they generally refer them to mental health agencies, counseling services, or individual practitioners.

**INSIDER TIP:** We offer a 24-hour-a-day warm line. Caregivers can have crises outside of regular business hours, and it is important to them to have a number to call when they need help.

In rural areas, there may be a limited availability of mental health service providers. In addition, there is a chance for dual relationships, where the mental health provider and the client already know each other in some way. While ideally this should be avoided, that is not always possible in rural settings. Providers should also be aware of the procedure for accessing counseling services. For example, a referral may be needed to receive counseling, or a caregiver may need to request services as soon as possible, if there is a long waiting list to be seen.

Some services that families currently use or have indicated that they would find helpful for their family include:

- Family therapy, marriage/couples therapy, individual therapy for children or caregivers, play therapy, or group therapy
- One-on-one behavioral health services for children and teens
- Anger management
- Substance abuse counseling or Alcoholics Anonymous
- Support groups for parenting children with disabilities
- Support groups for caregivers’ own health issues
- Grief/bereavement support

Rural programs have also found other creative ways of helping families with mental health needs. Some support group leaders reported that they research and print articles about specific mental health diagnoses for caregivers without access to computers. Mental health and substance abuse counselors can be invited to speak at support group meetings. Many programs have brochures about services available, and some have lending libraries of books.
about specific mental health diagnoses that can be picked up or even mailed to caregivers with limited transportation.

**HEALTHCARE**

In addition to mental health needs, healthcare is also a major concern for families. Some programs are able to provide healthcare services directly to caregivers and children. This may be done in the form of health fairs, blood pressure screenings with a registered nurse, providing information about specific illnesses, and providing information about healthy eating and nutrition.

Many professionals who run RAPP programs find themselves playing a role in assisting caregivers with accessing healthcare for the children. Most children being raised by relatives are eligible for Medicaid, even if the caregivers do not have legal guardianship. Agencies can assist caregivers with completing and submitting application forms for Medicaid for the children and Medicare prescription drug benefits for themselves, if they are old enough.

However, an additional challenge is that there may be a shortage of health care providers in rural areas. Public health nurses may be able to help fill this need and should be considered when developing program partnerships. Programs also report working with other organizations to offer health clinics. One of the primary challenges faced regarding healthcare is encouraging caregivers to monitor and take care of their own health as well as they look out for the health of their children.

**CHILDCARE AND RESPITE ASSISTANCE**

One of the most common forms of child care assistance offered by programs is providing child care during support group meetings. Many caregivers report that having childcare available encouraged or enabled them to attend support group meetings. Furthermore, when the children were excited about attending the meetings as well, caregivers were more likely to participate. Caregivers report that they also appreciated programs where the grandfamily agency would provide child care during a set date and time so the caregivers could go out into the community for a few hours without the children.

Since rural areas may lack sufficient formal childcare providers, many programs assist caregivers with locating programs and services which provide care for the children and respite for the caregivers. Many agencies serving grandfamilies collaborate with local Head...
Start programs, schools, YMCAs, Boys and Girls Club’s, summer camps, churches, and respite organizations. Programs frequently help caregivers locate scholarships and other financial assistance for childcare and respite. Some programs have funds specifically for caregivers who need occasional childcare or respite.

LEGAL ASSISTANCE

Caregivers who have benefited from legal assistance frequently cited that this had a significant impact on their family. Very few programs serving grandfamilies in rural areas have a lawyer as part of their staff. Therefore, some programs work with a lawyer or legal organization, either directly, or as a place to refer families. One way to do this is to invite a legal professional to a support group meeting or special educational event for caregivers. Topics covered during meetings may include: guardianship, adoption, housing discrimination, understanding the court process, children’s educational issues, financial issues, estate planning, wills, living wills, or other legal issues. Caregivers may also be referred to legal assistance programs. Though the requirements for service vary by program, there is generally an income limitation based upon the caregivers’ income.

Organizations may also provide information about legal issues to caregivers, but not legal advice. Agencies can develop an enrollment packet for schools to give to grandfamilies, because caregivers who do not have formal guardianship or custody may have difficulty enrolling children in school. Some agencies have put together booklets about legal terminology, understanding the court system, or legal resources available in their state. A few programs are able to provide funding for caregivers to access outside legal representation.

ADVOCACY

Advocacy can incorporate a variety of activities, from helping a specific caregiver access a specific social service benefit, to advocating for changing a state or federal law impacting grandfamilies. Many caregiver respondents feel they advocate for themselves, and/or that their support group facilitators advocate on their behalf. The importance of this dual role was emphasized, because some caregivers wanted support in advocating for themselves, while others felt that support group facilitators and agencies were in the best position to be advocating for caregiver rights and benefits.

Even though professionals in rural areas may not envision themselves at their state capital working to make legislative changes, support group facilitators and other professionals that work with rural grandfamilies are often the most knowledgeable about their needs, chal-

One tool for reaching out to rural grandfamilies that shows considerable promise is the use of technology. Advancements in technology in the recent years have allowed organizations and caregivers to connect in a variety of ways. Although many professionals and caregivers emphasize the importance of the interpersonal relationship and face-to-face contact, technology enables additional contact with caregivers that may not otherwise be possible.

In addition, caregivers who are able to initiate services without visiting the agency office may be more likely to do so. For example, conducting an intake interview by telephone allows a person to initially receive services without barriers of arranging childcare and finding transportation. A caregiver in a small rural area who is concerned about confidentiality issues may be more likely to contact the service provider through e-mail. Working caregivers can access information in the evenings or on weekends via the Internet, when the office may be closed.

Examples of ways programs are connecting with caregivers, in addition to in-person meetings, include:

- Telephone support and “warm lines”
- Internet web pages with information and resources
- Online newsletters or site bulletins
- e-mail contact
- Web chats and blogs
- Online classes and education

IDEAS FOR SERVING

challenges, and ideas of what would best help them. Professionals and caregivers highlighted a variety of ways to get involved in advocacy. Some examples include:

- Helping caregivers receive benefits that they qualify for, such as child only TANF
- Informing caregivers about legislative changes that may impact them
- Educating community members about the prevalence of relatives raising relatives children, as well as dispelling some of the myths associated with this situation
- Assisting caregivers in contacting their state legislators
- Helping caregivers organize and take action regarding a legislative or policy issue
- Forming a regional or state wide task force on kinship care, and ensuring the needs of rural grandfamilies are included
- Organizing a visit for caregivers to the state capital, including transportation and childcare

In fact, legislators in rural states tend to be more accessible, offering professionals and caregivers the opportunity to get involved in making changes.
IDEAS FOR SERVING

- Connecting support groups through a tele-health network or conference calling
- Online support groups
- Video conferencing

Even though not all caregivers will have Internet access or a desire to utilize technological resources, providing alternative options to caregivers will increase an organization’s ability to best meets caregivers’ needs.
REACHING OUT TO FAMILIES

Having a good reputation is critical in rural communities, and this can make or break your connection to families. Due to the potential for a lack of trust of non-community members, building relationships with rural grandfamilies may be a difficult task, particularly when an agency or program is new to the area or located in another town or city. If one person has a poor experience with your agency, you can be sure that the word will spread quickly. In rural areas, high-quality customer service and a strong commitment to public image are essential to successfully reach out to families. Seek out trusted community leaders and educate them about your services and programs. If possible, make connections to families through those who are well respected in your community. Some other strategies for fostering and maintaining a good reputation in your community are:

- Developing a presence in your community through marketing your services
- Training staff to be culturally sensitive
- Providing customer service training throughout your organization—from the receptionist to the executive director
- Collaborating with trusted community organizations and professionals
- Holding community forums or focus groups to keep your finger on the pulse of the community
- Listening for what is going well and honing in on areas of improvement— and really making a commitment to addressing those issues
- Following-up and following through on requests. If you can’t fulfill a request for assistance, be honest about why it is not possible. If you cannot meet the family’s needs completely, use a “warm hand off.” That means connecting a caregiver directly to a live person, instead of just giving them a name and a phone number to call, whenever possible.
INSIDER TIP: Be willing to listen to members of these communities and to be true to your word when building relationships.

For so many rural communities, informal networks and word of mouth is an important means of communication—tap into it! Keeping families involved and informed can also help build relationships, and put a personal touch on the services they are receiving.

Some ideas for adding a personal touch to your outreach efforts:

- Having caregivers or families submit their personal stories to an agency or program newsletter
- Mailing individual letters of invitation to events and activities
- Calling families to remind them of upcoming meetings and events
- Allowing caregivers to take the lead during discussions, support group meetings, and planning services
- Following-up with them by phone after providing support or a referral

For many caregivers, it is important that they feel service providers understand their culture, values, and individual family circumstances, and take this into account when meeting with them. This may mean, for example:

- Offering to read forms to caregivers, who may have difficulty seeing or reading
- Explaining terms and acronyms that are commonly used within the agency or social service field, but may be unfamiliar to the caregivers
- Understanding that some families may be uncomfortable if you are dressed in expensive or designer clothing
- Recognizing that many caregivers have not had to rely on social services when raising their own children, and may be uncomfortable seeking help
- Being aware of what a family may view as a sign of disrespect when meeting in their home, such as not accepting a cup of tea or glass of water, or not removing your shoes inside (when it is their custom to do so)
- Understanding that caregivers may not want to meet in their home, and being willing to meet in other locations

ENGAGING RURAL CAREGIVERS

An important step in maintaining relationships with rural caregivers is to engage them in the programs as much as possible. Nearly one-third of agencies that participated in the survey for service providers involve clients in developing unique strategies that work for them, through creative problem solving and through offering support groups. Some programs are, for example:

- Using caregivers to help facilitate support groups
• Helping caregivers establish connections with each other so that they can communicate and support one another between meetings.
• Developing mentoring programs to help those who are new to caregiving, are unable to participate in support groups, or need additional support
• Trying to match or connect caregivers with similar needs or experiences, such as raising a teen, raising a child with autism, or going through a custody dispute
• Encouraging caregivers to carpool and swap child care
• Allowing caregivers to bring friends or extended family members to some activities, such as holiday parties and events
• Encouraging families to help build services in their community

Navigating Complex Relationships

Rural communities sometimes feel like a network of extended family members. Privacy is often an illusion at best in such close knit rural communities. In a rural area, you may find friends, family, neighbors, and acquaintances at your door in need of assistance. Referring them to another agency may not be possible if you live in an area where your agency or program is the only option for miles. While you can’t always avoid having dual relationships with the children and families you serve, you can work hard to manage those relationships in a way that will be helpful to both you and the families. The key is to have open discussions about the boundaries of your relationships with kinship family members. Here are some ideas for managing complex relationships with kinship families:

• Develop an agreement about confidentiality, including what you will and will not discuss when you run into them in a social setting. It is best to approach this discussion as early on as possible in your relationship so there are no surprises and everyone starts on the same page.
• Include discussions about confidentiality - and the limits of confidentiality - in your support group meetings
• Find someone in your office who can be your “sounding board” to talk through any complex issues that arise out of any dual relationships
STAFFING YOUR PROGRAM

Recruiting Quality Staff
Program participants who have participated in interviews consistently cite the importance of having helpful and understanding staff. Programs recruit staff through a variety of methods, such as placing ads in the newspaper, internet classified ads such as Craig’s List, posting flyers in the community, using a DVD, and through “word of mouth” advertising.

Unique Roles of Staff
Social service organizations, particularly those located in rural areas, often need to perform a variety of functions with few staff and limited funding. Now more than ever program staff learn to become “Jacks and Jills of all trades.” Therefore, programs and their staff are utilizing some creative ways to better serve their clients in rural areas. This allows them to best meet the need of the families they serve with their available resources. Here are some ideas around how to use staff in unique roles from other programs across the country:

- Serving as a resource center or making referrals to other agencies
- Providing counseling or supportive listening
- Facilitating support groups
- Providing in-home services
- Providing case management or wraparound services
- Offering telephone or online services
- Mentoring children and families
- Providing education or consultation to other agencies
- Providing caregiver education and creative problem solving
- Providing health services
- Offering childcare at meetings or events

Retaining Staff
Qualities of the agency itself help attract and keep staff, such as: having a friendly workplace atmosphere, hiring staff who are dedicated to serving grandfamilies, helping staff feel like they are ‘doing good’ in the work that they do, and having a reputation as being a good place to work.
Organizations also take specific measures to ensure that their staff feel recognized and appreciated, such as:

- Recognizing employees that go ‘above and beyond’
- Ensuring staff feel valued and respected as a vital part of the program
- Offering ITV/Web seminars, trainings, and other educational programs
- Providing clinical supervision
- Offering shifts and work schedules tailored to individual staff needs
- Having hands-on management, including weekend management, for staff support
- Having one day a month devoted to meeting as a group for planning
- Being competitive with salaries and benefits, including paid time off
Recruiting Volunteers
Rural programs that use volunteers recruit them through one of three ways: formal volunteer programs, people within the agency, and through advertising.

*Formal programs include:* The Retired and Senior Volunteer Program (RSVP), student learning and internship programs, and community service clubs.

*Recruitment from within the agency can involve:* previous program participants, current program participants, and staff volunteering for additional roles outside of their employment responsibilities.

*Advertising for volunteers can include:* continuous recruiting, placing an ad in the newspaper, ‘word of mouth’ advertising, and targeted recruiting of people who already have an interest in kinship issues.

**INSIDER TIP:** Try including stories in the agency newsletter about the difference volunteering makes in the lives of both the clients and the volunteer.

Roles of Volunteers
Volunteers tend to be an often underutilized resource. It can be difficult for programs to engage volunteers and use them effectively while also juggling the day-to-day aspects of providing programming. Slightly less than half of the number of people that completed the professional’s survey indicated that they ever use volunteers in their programming. Many of those who utilize volunteers stated that they use them on a limited basis. However, those who have established volunteer programs tended to be very enthusiastic about their involvement. The most common roles of volunteers include:

- Planning and helping with social activities and events
- Facilitating or assisting with support groups
- Providing childcare or respite
- Writing and putting together program newsletters
- Distributing newsletters and flyers
- Assisting with fundraising
- Helping with educational programs and conferences
- Providing peer mentoring
Advocating for families
• Transporting caregivers
• Helping with home-delivered meal programs
• Calling support group members to remind them of upcoming meetings
• Helping with small chores in the home
• Providing company to caregivers

INSIDER TIP: There is a strong knowledge base at the local colleges. We are working with students in the Early Childhood Education program to provide childcare during meetings and events. We also work with high school students taking Family Life courses to do activities with the kids.

INSIDER TIP: One caution for using volunteers in certain roles working with children, such as providing respite, is that you may need to conduct a background check on each volunteer.

Supporting and Retaining Volunteers
Programs retain and support volunteers through both day-to-day support and special events. Examples of day-to-day support include:
• Explaining the program and ensuring that volunteers understand how they can be helpful in serving kinship families
• Having a clear position description of the volunteers’ responsibilities
• Organizing meetings and volunteer hours around volunteers’ schedules
• Letting volunteers know how they are helpful and that they are appreciated
• Giving the volunteers meaningful and manageable responsibility
• When possible, providing volunteers with high impact assignments and responsibilities
• Providing the volunteers thorough training and responsive supervision
• Providing mileage reimbursements or stipends
• Inviting grandfamilies to be a part of your organization or program through volunteerism (many families want to give back!)

Research tells us that even small gestures of appreciation can mean a lot to the volunteers who give of their time to support grandfamilies. Some examples of special recognition are:
• Thanking volunteers in the monthly newsletter
• Having recognition meetings, luncheons, and dinners
• Having an awards ceremony for volunteers
• Providing feedback to volunteers about the results of their efforts (How many families they did have an impact on over the past year? Was there positive feedback that you received about an individual volunteer from a caregiver or child?)
Networking and Collaboration

More than one-third of programs indicated that they work with existing community organizations and resources to more effectively serve their clients. There were a number of ways that programs used partnerships and collaboration to benefit caregivers. Most frequently, programs serving grandfamilies work with other organizations to receive financial or material donations for the program or for the caregivers themselves. Other common types of collaboration include: collaborating towards mutual goals, using local ‘experts’, using community facilities, and working with other programs to find and recruit families are.

Donations

Donations can be provided to caregivers or programs from national organizations, local businesses, community service organizations, or private individuals. In rural areas, obtaining donations can be particularly effective because of the sense of community and the feeling that everyone knows one another. Many communities have a Rotary Club, Kiwanis Club, or other service-oriented organization that may be able to assist with their cause. Churches and faith-based organizations may also play a key role in some communities. Even when businesses or individuals cannot make a financial donation, they may be able to donate much-needed items, services, or expertise.

Some examples of assistance that can be provided directly to caregivers, or to caregivers through the agency serving grandfamilies, are:

- Monetary assistance to caregivers for utility bills, rent, rent security deposits, fuel, emergencies, or basic needs
- Donations of school supplies, food, clothing, furniture, holiday meals, and holiday gifts
- Assistance to caregivers with obtaining housing

Some examples of donations from individuals or businesses to organizations serving grandfamilies are:

- Program funding and financial support
- Donations of materials, supplies, and food for group meetings
• Donations of printing and copying services, newspaper ad space, paper, ink cartridges, folders, books, and pens

Organizations serving grandfamilies, alone or in collaboration with other community organizations, also conduct programs, such as: back to school drives for school supplies, programs for school clothes, programs for birthday and holiday gifts, adopt a child at Christmas, holiday food basket programs, and weatherization programs for houses. One specific program mentioned by a service provider who completed our survey was through Payless Shoe Store, which provides backpacks, socks, and shoes at back-to-school time.

**Collaborating toward mutual goals**

Working with well-established, trusted organizations or establishments within the community and networking and developing programs with other organizations were among the most recognized ways of successful collaboration toward mutual goals that support grandfamilies. Some examples of collaboration are:

• Providing information to other agencies to increase awareness of kinship families
• Collaborating for grants or other funding opportunities
• Offering outreach and advocating for resources for clients
• Conducting legislative advocacy
• Collaborating on developing publications and providing information about kinship families
• Having community collaborative meetings
• Forming caregiver councils that include representation from multiple agencies and providers
• Attending coalitions of school and community partners
• Forming a statewide kinship care coalition
• Offering technical assistance to other organizations
• Working together to find a way to make funding permanent
• Letting people know what you are doing and why it is important
• Finding resources for counseling, health care, respite, and legal assistance
• Helping clients with paperwork for financial assistance or guardianship

**Using local experts**

Even in rural communities, there are many individuals with expertise that can be beneficial for grandfamilies. One way that many program facilitators incorporate community experts and resources is by having speakers or brochures from other local organizations at meetings to provide education to caregivers. Some popular topics include:

• Child discipline
• Child development
• Family functioning
• Stress reduction
To help reduce travel for rural caregivers, some organizations invite partnering programs to bring applications and intake advisors to support group meetings or other events that caregivers will be attending. Support group facilitators or other staff would also be available to assist caregivers that may need help completing forms to access benefits. Another way some programs utilize local experts is by incorporating curriculum and expertise from other agencies in the area into their own training.

**Using community facilities**

One of the most common ways support group facilitators work with other organizations in the community is by holding support group meetings at local sites. In addition to holding meetings at the agency itself, other sites in the community utilized by support groups include: schools, churches, Head Start, colleges or universities, community buildings, libraries, local restaurants, recreation centers, and senior centers. As an added benefit, some of these sites also have additional services available to caregivers attending support group meetings, such as: meals, socialization opportunities, recreational and fitness opportunities, or access to computers.

**Marketing the Program and Services**

In less sparsely-populated areas, marketing effectively is particularly essential to recruiting families. Word-of-mouth marketing is one of the most common and most effective strategies in small communities. It often seems that everyone knows of someone who is a kinship caregiver. Collaborating with other agencies that are well-known and well-respected in the community is also very effective. For marketing, this can include getting referrals from area agencies or distributing printed materials such as brochures or flyers throughout the community. Potential sources of referral from the community include:

- Day care or child care providers
- Head Start and school professionals
- Courts and the legal system
- Social services and child welfare
- Counseling and mental health agencies

These sites, as well as local businesses, may also be willing to display flyers, brochures, business cards, or other printed materials. In addition, community partners may be willing to:

- Put announcements about your meetings or events in their monthly newsletter
- Add a link to your website on their website
- Allow you to set up a table with information at their events

**INSIDER TIP:** We have had a lot of success setting up information tables at parent-teacher conferences, public libraries, community events and health fairs, and especially at the local Wal-Mart.
INSIDER TIP: We try to get articles and photos into the newspaper whenever we can. We have also had stories on public radio and public TV. Seeing other families in similar situations always seems to draw out some caregivers.

Key Community Partners
Agency professionals who responded to our online survey identified up to 20 community organizations that they are working with in some way. This underscores the importance of having key community partners, especially in rural areas where resources are particularly limited and service delivery can be more expensive and difficult due to geographic factors. Identifying new community partners can be a challenge that requires you to think “outside the box.” Below are some frequently mentioned partners with which rural RAPP programs are collaborating:

- Aging centers/Councils/Organizations
- Area Agencies on Aging
- Churches and faith-based organizations
- Colleges and universities
- Department of Health and Human Services/Social Services
- Extension services/University Cooperative Extension
- Food banks and food pantries
- Head Start
- Health care clinics and medical services
- Mental health and counseling agencies
- Retired and Senior Volunteer Program (RSVP)
- Senior centers
- United Way

Other unique partnerships include:

- Adoptive and Foster Families Organizations
- Adult Protective Services
- Angel Food Ministries
- Annie E. Casey Foundation
- Bar Association
- Center for Disease Control
- Child abuse prevention organizations
- Child care resources and referral agencies
- Children’s museums
- Civic groups
- Community Action Programs
- County recreation, parks, and leisure services
- Day care centers
- Department of Aging
- Department of Children’s Services
- Department of Family Services
- Elected officials
- Easter Seals
- Fitness clubs or gyms
- Goodwill
- Grocery stores
- Health departments
- Holiday gift-giving programs
- Home health agencies
- Housing authorities
- Kinship Resource Centers
Sources of Funding

The majority of programs serving grandfamilies, about 4 out of 5, obtain funding through state or local government. However, grants are also a major source of funding. Seventy percent of the programs get some type of grant funding. Nearly half of programs also benefit from private donations.

Frequently mentioned sources of funding and other resources include:

- Area Agencies on Aging
- Brookdale Foundation
- Federal government
- Fees-for-service and client contributions
- Fundraising activities
- Private donations from local area businesses and private citizens
- State and Federal Department of Health and Human Services
- State government and general funds
- State Kinship Caregivers Association or Kinship Care Programs
- United Way

Other sources also mentioned include:

- Atlantic Philanthropies
- Casey Family Programs
- Council of Governments
- County government
- Department of Homeland Security
- Family Caregiver Support Act
- Fostering Connections to Success and Increasing Adoptions Act
- Generations United
- Housing and Urban Development
- Lena Mae Farris Foundation
- Medicare, Medicaid, and private insurance
- Mott Foundation
- National Children’s Defense Fund
- National Child Welfare League
- National Family Caregiver Support Program
- Older Americans’ Act
- Private or state foundations
- Promoting Safe and Stable Families
- Samuel L. Cohen Foundation
- State Board on Aging
- Strong Families Safe Children
- US Department of Agriculture
- W. K. Kellogg Foundation
GENERAL KINSHIP INTERNET RESOURCES

*Sites for programs and caregivers*

**AARP’s Grandparent Information Center** has state fact sheets, a newsletter, and information on local support groups for grandparent caregivers.
http://www.aarp.org/families/grandparents/gic/

**Generations United** is a national organization that provides information and resources to grandparents and service programs. They offer a newsletter, statistics, and state-specific information.
http://www.gu.org/

**The Administration on Aging** helps elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S..
http://www.aoa.gov/

**The National Alliance for Caregiving** connects families with information on caregiver resources and local services.
http://www.caregiving.org/

**Children’s Defense Fund** provides a strong, effective voice for all the children of America who cannot vote, lobby, or speak for themselves.
http://www.childrensdefense.org/

**The Child Welfare League of America** has general information on kinship care.
http://www.cwla.org/programs/kinship/faq.htm
The National Foster Parent Association is the only national organization which strives to support foster parents, and remains a consistently strong voice on behalf of all children.
http://www.nfpainc.org/

The Center on Addictions and the Family has information about how to talk to kids about drugs and alcohol. Many kids in kinship families have lived with substance abuse, but that doesn’t mean there still isn’t a lot left for a young person to learn.
http://www.coaf.org/family/caregivers/kinmain.htm

Substance Abuse & Mental Health Services Administration has a family guide to keeping youth mentally healthy and drug free. The site’s six main sections relate directly to what researchers and substance abuse prevention professionals term family-related protective factors.
http://www.family.samhsa.gov/

Easter Seals has information about caregiving and disabilities, with a particular focus on young children, older adults, and autism.
http://www.easterseals.com/

Cooperative Extension provides research-based information about topics such as rural caregiving, grandparents raising grandchildren, health, and nutrition, brought together by a network of public universities across the country.
http://www.extension.org/

Sites for caregivers

The Foundation for Grandparenting is dedicated to raising grandparent consciousness and grandparent identity.
http://www.grandparenting.org/

Kids.gov provides help for grades K-8 in subjects ranging from arts to sciences, and also provides links for caregivers about Internet safety, government resources, health, fitness, etc.
http://www.kids.gov/

The U.S. Department of Education provides help and resources for caregivers about schools, financial aid, learning standards, and education policies.
http://www.ed.gov/index.jhtml

The U.S. Department of Education also offers tips for caregivers about how to help their children with homework.
http://www2.ed.gov/parents/academic/help/homework/index.html
Child Development Institute provides information on child development, psychology, health issues, parenting, and family life.
http://www.childdevelopmentinfo.com/

RESOURCES FOR GETTING GRANTS

Philanthropy Today is an e-newsletter that not only provides updates on what is happening in the philanthropic world, but also includes grant information.

Grants.gov is a central storehouse for information on over 1,000 grant programs and offers access to approximately $500 billion in annual awards offered by the twenty-six federal grant-making agencies.
http://www.grants.gov/

The U.S. Environmental Protection Agency (EPA) has an “aging initiative website” that includes information on aging including fact sheets on health issues and highlights many funding opportunities.
http://www.epa.gov/aging/

The Foundation Center publishes a Request for Proposals (RFP) Bulletin every Friday afternoon. Each RFP listing provides a brief overview of available funding opportunities.
http://foundationcenter.org/pnd/info/about.jhtml

Youth Service America (YSA) seeks to improve communities by increasing the number and diversity of young people, ages 5-25, serving in important roles. You can sign up to receive grant and award updates.
http://ysa.org/grants/

The Administration on Aging (AoA) has aging-related grant opportunities.
http://www.aoa.gov/AoARoot/Grants/index.aspx

The Administration for Children and Families is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.
http://www.acf.hhs.gov/grants/

The Corporation for National and Community Service is the nation’s largest grant-maker supporting service and volunteering. Through Senior Corps, AmeriCorps, and Learn and Serve America programs, the Corporation is a catalyst for change and
offers every American a chance to contribute through service and volunteering. 
http://www.nationalservice.gov/for_organizations/funding/index.asp

Grassroots Institute for Fundraising Training has a free funding e-newsletter. 
http://www.grassrootsfundraising.org/

Global Giving connects donors with community-based projects that need support. 
http://www.globalgiving.com
REFERENCES


