

Kinship Care in Massachusetts

Jan E. Mutchler, Ph.D.

Alison S. Gottlieb, Ph.D.

Lona Choi, M.A., M.S.

Ellen A. Bruce, J.D.

July 2002

Gerontology Institute
University of Massachusetts Boston
Boston, MA 02125-3393



Kinship Care in Massachusetts

Prepared for the Massachusetts Executive Office of Health and Human Services

Jan E. Mutchler, Ph.D.
Alison S. Gottlieb, Ph.D.
Lona Choi, M.A., M.S.
Ellen A. Bruce, J.D.

Gerontology Institute
Website: <http://www.geront.umb.edu>
University of Massachusetts Boston

July 2002

History

The Gerontology Institute at the University of Massachusetts Boston, through a contract with the Executive Office of Health and Human Services, was asked to conduct a study of “kinship families” in Massachusetts. Kinship families are families in which a child lives with a grandparent or other relative in the absence of the child’s parent. The goals of the study were to provide estimates of the number and characteristics of kinship families in the Commonwealth, to identify sources of financial assistance and other support services available to kinship families, and to provide information on the use of these services by kinship families. This document reports the findings of that study.

This study of kinship families came about through the efforts of numerous individuals. Advocates for children and families have long been aware of the growing number of kinship care families in the Commonwealth, and are familiar with the sometimes unique challenges facing these families. Agencies within the Massachusetts Executive Office of Health and Human Services have similarly been aware of these issues and, indeed, have observed some of these challenges reflected among the families they serve. However, agency staff are keenly aware that the kinship families known to them constitute only a segment of those in the Commonwealth. Those concerned with kinship care families have found a champion in Representative John Lepper, who has worked tirelessly to increase awareness of these families and their diverse needs. Much of the credit for securing the funding needed for this research project is attributed to his leadership.

We are grateful to Representative Lepper for his support of the project. Others deserving special thanks include Betty Anne Ritcey, Director of Client Services at the Executive Office of Health and Human Services, and Christopher Addesa, Legislative Aide to Representative Lepper. Both were instrumental in helping to define the scope of the project, and in facilitating the work. Staff members at the Department of Social Services; Department of Transitional Assistance; Department of Youth Services; Division of Medical Assistance; Department of Public Health; Office of Child Care Services; Department of Education; Department of Housing and Community Development; Department of Mental Retardation; Department of Mental Health; and the Executive Office of Elder Affairs worked with us to pull together and understand the data on services available to and used by kinship care families through their agencies. We appreciate their cooperation and patience. We thank the staff of the Gerontology Institute of the University of Massachusetts Boston who provided valuable assistance, including Archana Prakash for computing assistance; Rita Labad for clerical assistance; and Robert Geary for editing assistance. Most especially, we thank the child and family advocates for their tireless efforts on behalf of the children and families in the Commonwealth of Massachusetts.

Jan E. Mutchler, Ph.D.
Alison S. Gottlieb, Ph.D.
Lona Choi, M.A., M.S.
Ellen A. Bruce, J.D.

For an electronic version of this report, go to: <http://www.geront.umb.edu/>

Table of Contents

List of Tables.....	iv
Executive Summary	v
I. Introduction and Background	1
II. A Demographic Profile of Kinship Care Families in Massachusetts.....	2
III. Sources of Support for Kinship Families in Massachusetts	9
A. Department of Social Services	10
B. Department of Transitional Assistance	12
C. Department of Youth Services.....	19
D. Division of Medical Assistance	21
E. Department of Public Health.....	22
F. Office of Child Care Services	26
G. Department of Education.....	27
H. Department of Housing and Community Development	28
I. Department of Mental Retardation.....	30
J. Department of Mental Health.....	30
K. Executive Office of Elder Affairs	31
IV. Conclusions and Recommendations.....	32
Notes.....	35
References.....	37
Appendices	38
A. Demographic Data Source Information.....	38
B. Demographic Information for Massachusetts (Census 2000)	40
1. A demographic profile of children and families with children in Massachusetts	
2. Massachusetts population, child, and family household data by county	
3. Income and Poverty levels of Massachusetts' families and children by county	

List of Tables

Table 1: Kinship Care in Massachusetts, 2000.....	4
Table 2: Demographic Characteristics of Massachusetts Kinship Caregivers, 2000	6
Table 3: Demographic Characteristics of Massachusetts Children In Kinship Care, 2000	7
Table 4: Economic Characteristics of Massachusetts Kinship Caregivers, 2000.....	8
Table 5: Economic Characteristics of Massachusetts Kinship Caregivers, 2000.....	9
Table 6: Department of Social Services (DSS) Foster Care (12/2001)	11
Table 7: Temporary Assistance to Families with Dependent Children (TAFDC) (12/2001) ...	13
Table 8: Food Stamps (FS) (12/2001)	16
Table 9: Emergency Aid to Elderly, Disabled and Children (EAEDC) (12/2001)	17
Table 10: Emergency Assistance (EA) (12/2001)	18
Table 11: Department of Youth Services (DYS) (12/2001)	20
Table 12: Division of Medical Assistance (DMA) (12/2001)	22
Table 13: Early Intervention (EI) (FY 2001)	24
Table 14: School-Based Health Centers (DPH) 1999/2000 Registration data.	25
Table 15: Office of Child Care Services (OCCS) (12/2001)	27

Kinship Care in Massachusetts

Executive Summary

The Gerontology Institute at the University of Massachusetts Boston conducted this study through a contract with the Executive Office of Health and Human Services. The study was designed to provide information on the number and characteristics of kinship families in the Commonwealth (that is, families including one or more children under the age of 18 who are cared for by a grandparent, sibling, or another relative and whose parent is not in the household). A second goal of the study was to identify sources of financial assistance and other support services available to kinship families, and to provide information on the use of these services by kinship families, using data provided by key state agencies.

Major conclusions that can be drawn from this study include the following:

Prevalence of kinship care families in the Commonwealth

- Among the 1.5 million children under the age of 18 living in family households in Massachusetts in 2000, an estimated **54,000 children, or nearly 3.5%, lived in kinship care settings**. This number includes **29,000 children, or nearly 2% percent of all children in Massachusetts, who were cared for by a grandparent**.
- These children were cared for in an estimated **34,000 kinship care households**, including approximately **15,000 households in which a grandparent provided kinship care**.

Profile of kinship care providers

- Kinship care households may include multiple children. One out of four kinship caregivers is providing kinship care for more than one child. More than one in three kinship caregivers reports at least one child of her or his own under the age of 18 living at home.
- Nearly half of kinship care families include preschool-age children receiving kinship care. Over two-thirds of kinship families include school-age children.
- Grandparents caring for children often do so for an extended period of time. The majority of grandparent caregivers report that they have cared for a grandchild for at least three years.
- More than three-quarters of all kinship care households include at least one adult in addition to the kinship care provider.
- Economic hardship is common among kinship care families. A large share of kinship care families report low incomes.
- Not all kinship care families are poor; well over a third report household incomes higher than the state median.

Profile of children in kinship care

- Few differences are observed between the total pool of children under 18 living in kinship care and the subset of children being cared for by a grandparent.
- Nearly 40% of the kinship care children are preschool age.
- The majority of kinship care children are non-Latino White.
- About 13% of children aged 5-17 in kinship care may be disabled.
- Most children in kinship care live with two or more adults.
- About three-quarters of the children live in households that include at least one other child.
- As many as half of all kinship care children live in low-income households.

Support for kinship families-

- Most agencies providing services to children and families in Massachusetts have limited information on the extent to which they serve kinship care families. For many programs, it is not possible to identify kinship families among their cases due to data limitations. Moreover, the definition of kinship varies across programs making comparisons difficult.
- Most programs neither offer special consideration for kinship families, nor place barriers to use for kinship families
- A few notable programs specifically target kinship families:
 - The Department of Transitional Assistance (DTA) offers TAFDC child-only grants through which grandparents or other kinship caregivers may receive cash assistance for related children in their care regardless of their own personal income. Eligibility for these grants is based on the child's income only, and caregivers are exempt from meeting both work requirements and time limits. These grants appear to be used extensively by children in kinship care.
 - The Department of Social Services (DSS) attempts to place children needing care in a kinship foster home whenever possible. Some requirements are modified for kinship foster parents. DSS also encourages kinship guardianships and adoptions. Subsidized guardianship and adoption subsidies are important programs that can facilitate permanency of care arrangements and are thought to be widely used by kinship families.
 - Children in kinship care may be eligible for MassHealth benefits based on their own low income, even if the caregiver's income surpasses the eligibility limit. Children in kinship care may also be eligible for health coverage through the Children's Medical Security Plan (CMSP), although kinship care providers must have legal custody of the child to apply on their behalf for this program.
 - The Office of Child Care Services (OCCS) provides 100 grandparent child care vouchers specifically for grandparent caregivers.
 - Community Partnerships for Children, an early childhood education program administered by the Department of Education, waives child care fees for eligible kinship caregivers who have legal custody of related children.
 - A pool of 100 Section 8 housing vouchers are designated for primary caregivers of grand- or great-grandchildren, when the caregiver is age 50 or over. Currently, the Boston Housing Authority is building 15 units within a public housing development that will be reserved for grandparents aged 62 and over and their grandchildren.
 - The Executive Office of Elder Affairs supports the Grandparent Resource Network and distributes the *Grandparent Resource Guide* to provide grandparents and kinship caregivers with information, support, and advocacy assistance.

Conclusion

The population of kinship care families in the Commonwealth is diverse in its characteristics, resources, and needs. The often-referenced stereotype of the elderly single grandmother caring for a number of grandchildren holds for only a portion of the kinship care families. Many children are cared for by married couples; many of the grandparents are not elderly; and many of the caregivers are not grandparents, but rather aunts, uncles, grown siblings, or other relatives. Although the duration of the caregiving relationship is unknown for non-grandparental care, most of the grandparent caregivers are involved in long-term caregiving. As such, their needs are ongoing and evolve with the growth of the children in their care and changes in their own life circumstances. Information on the economic resources of these families suggests that kinship care families may experience economic hardship levels equivalent to those of

single-mother families in the Commonwealth. For the segment experiencing hardship, considerable support may be necessary. Barriers to receiving economic support, housing support, and other services (such as custody rules, poor dissemination of information, or other limitations on receiving services) need to be examined and minimized where possible. A sizable segment of the kinship caregiving population does not present obvious economic need. For these families, continued development of programs such as those offered through the Executive Office of Elder Affairs (such as support groups, information and referral) are likely to be particularly useful. Documenting the prevalence and characteristics of kinship care families and their service use would be facilitated by improved and integrated data systems that used more consistent definitions and reporting strategies across agencies

Kinship Care in Massachusetts

I. Introduction and Background

Mrs. Thomas is a 70-year-old widow raising two grandchildren, ages seven and ten. Mrs. Thomas did not plan on raising these two children, but has willingly and lovingly accepted the responsibility since 1998, when her daughter became drug involved. Money is tight for this family of three. Although they live in subsidized housing and rely on the local food bank and clothing exchanges, the monthly expenses for this family usually exceed Mrs. Thomas's modest pension and Social Security income, which is supplemented by support from DTA. Due to the chronic health problems of one grandchild and the attention needed by both children due to early childhood trauma, Mrs. Thomas has little time to call her own.

The Thomas family is not unique. Grandparents have long held caring and supportive roles in extended families and are often characterized as "family watchdogs," "the family national guard," or "safety nets" for grandchildren and their parents (Bengtson, 1985; Hagestad, 1985). Similar to the Thomas family, numerous published reports describe families in which parents, unable to care for their children due to substance abuse, family violence, neglect, or imprisonment, turn to their own parents to provide short- or long-term care for their children (Burnette, 1997; Burton, 1992; Jendrick, 1994). Like Mrs. Thomas' grandchildren, children whose early lives are marked by instability and neglect often present health and behavioral challenges that can strain the resources of any family. Caregiving grandparents like Mrs. Thomas have few economic and personal resources and may need targeted assistance to provide a safe and secure home for the grandchildren in their care.

Grandparents having more substantial personal resources than Mrs. Thomas may nonetheless find their lives interrupted by unexpected caregiving responsibilities. A good example is the Coleman family:

Mr. and Mrs. Coleman, both in their late 50s, had been looking forward to retirement and long-postponed travel plans. Two years ago they took responsibility for their five-year-old twin grandsons with little hope that their daughter ever would be able to care for the boys. The Colemans did not expect this situation, but willingly made adjustments in their lifestyle to raise their grandsons. Since the expense of child care was more than what Mrs. Coleman was earning, she decided to quit her job to stay home and care for the boys. Mr. Coleman postponed his retirement plans in response to the family's increased need for income and to continue the health coverage needed for their grandchildren.

Families like the Colemans may not need the same types of supports that Mrs. Thomas needs. At this point, they have the financial resources to meet the economic challenge of unexpectedly raising two grandsons. For this family, services currently needed include the assistance of a support group, help identifying appropriate after-school activities for the boys, and legal advice on their options regarding legal custody of the children. As the Colemans get older, however, they may need help identifying other sources of assistance, such as health coverage for the children.

Relatives other than grandparents also may provide homes for children whose parents are unable to care for them. Rather than a grandmother, an aunt or uncle may care for the child

whose parents are neglectful or imprisoned. Other kinship care providers who serve as alternatives to grandparents include adult siblings, cousins, great-grandmothers, or even more distant relatives. The term "kinship care" in its broadest sense also includes situations in which a child is being raised by a close friend who has a kin-like relationship to the family (Spar, 2000). Although a sibling, aunt, or uncle may typically be younger and have fewer health concerns of his or her own, many of the challenges faced by these families parallel those confronting grandparents providing care. Moreover, these relative caregivers are more likely to have children of their own for whom they are caring.

For 1994, the level of kinship care overall (grandparents as well as other kinship care) was estimated at 2 million children, representing about 3% of all children in the United States (Harden, Clark & Maguire, 1997). However, most of what has been documented about kinship care families focuses on "skipped generation" households, including grandparents and grandchildren, but no parent. National estimates suggest that the number of these households has increased in recent years (Casper & Bryson, 1998). Recent estimates suggest that 1.4 million children, representing 2% of all children under age 18, live in skipped generation households throughout the United States (Lugaila, 1998). The perception that these numbers are growing, and the awareness of the significance of this population, resulted in Congress passing legislation requiring further study of grandparent caregiving. As part of the 1996 Welfare Reform Act, the Census Bureau was required to "collect statistically significant data, in connection with its decennial census...concerning the [upward] trend [in the numbers] of grandparents who are the primary caregivers for their children" (quoted in Clark & Fields, 1999). A set of three questions on grandparent caregivers was included in the 2000 Census of Population and Housing, as well as in the Census 2000 Supplementary Survey. Data from these sources are drawn on in the profile offered in the next section. For a detailed discussion of these data, refer to Appendix A.

A series of federal policy changes have also resulted from the growing awareness of this population and the valuable service kinship caregivers provide. For example, in a 1979 U.S. Supreme Court decision (*Miller vs. Youakim* [440 U.S. 125]), it was established that relatives could receive the same federal foster care benefits as nonrelative foster parents. Through Title IV-E of the Social Security Act, federal money used for foster care can be used for children in a kinship foster care home that is state licensed or approved by a state agency (Child Welfare League of America, 1994). As part of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193), child-only TANF grants are available to non-adoptive caregivers, such as grandparent and other kinship caregivers, regardless of household income. These and other developments have resulted in new support options for many kinship caregivers.

II. A Demographic Profile of Kinship Care Families in Massachusetts

For purposes of this report, we define a kinship care household as a coresident family unit that includes one or more children under the age of 18 who is the grandchild, the sibling, or another relative of the household head and who has no parents living in the same household. Children who are not related to anyone in the household (e.g., children who are living in semi-autonomous situations such as with roommates or a cohabiting partner) are not defined as living in kinship families. A quantitative description of kinship care can be developed from the perspective of the child living with grandparents or other relatives, from the perspective of the adult providing a home for the child, or from both perspectives. We take the latter approach, and throughout this section of the report, we provide information on children living in kinship care settings as well as the adults providing care. We present data for children and caregivers

involved in kinship care generally, and also specifically for children and caregivers involved in grandparent care.

Estimates of the number of kinship care families and children in Massachusetts. The estimates presented in this section of the report are from the Census 2000 Supplementary Survey (C2SS). This is a large national survey that was conducted throughout the year 2000. The data needed to profile this population are not yet available from the decennial Census, and will not be available for some time. The C2SS offers an acceptable substitute for making state-level estimates but, inasmuch as the C2SS sample is considerably smaller than the decennial Census samples, estimates from the C2SS are subject to greater sampling error. The reader is urged to consult Appendix A for a detailed discussion of the data used in this section of the report.

Children in Kinship Care. As indicated in Table 1, more than 1.5 million Massachusetts children lived in family households in 2000 (column 1). Of this number, an estimated 54,000 children, or about 3.5%, lived in kinship care settings (column 2). Among the children in kinship care, about 29,000 children, or nearly 2% of all children in Massachusetts, lived in grandparent care (column 3). Note that, in keeping with the definition of kinship care offered above, these households do not include the child's parents.¹ This percentage is quite similar to the most recent national estimate offered by Lugaila (1998) for the United States as a whole, although the share of kinship families headed by a relative other than a grandparent is higher here than is reported nationally (Green et al., 2001).

Kinship Care Households. As described in Table 1, just over eight hundred thousand Massachusetts family households include children under the age of 18. Of these, 34,000 (or 4.2%) are kinship care households—that is, they include one or more children being cared for by a relative other than a parent, such as a niece, nephew, grandchild, or other kinship child. Somewhat less than half of the kinship care households are grandparent care households in Massachusetts, about 15,000 households falling into this category.²

Shared Grandparenting in Massachusetts. The final column of Table 1 provides statistics on a group of children and caregivers that are not included in our estimates of kinship care families. Like the children in grandparent care, these children live in the same household as their grandparent, and a grandparent reports being primarily responsible for the child. However, unlike the children in grandparent care, these children also have at least one parent living in the household. For this reason, we describe these children as living in 'shared' grandparent care.³ These grandparents may be the primary source of care for their grandchildren in cases where the parent is severely disabled, has extremely low income, or is otherwise unable to care for the child. However, through inspection of the data, it is typically unclear why the grandparent is claiming responsibility for the child. Accordingly, given the scope of this report, no further investigation of this group is offered. However, it is noteworthy that this group is as large or larger than the group of children and grandparents involved in kinship care without parents present. More attention may need to be directed to these families in the future to better understand the nature of the caregiving relationships within three-generation households.

Table 1: Kinship Care in Massachusetts, 2000

Information about Children				
	All children under 18 living in family households	Children under 18 in kinship care ¹	Children under 18 in grandparent care ²	Children under 18 in shared grandparent care ³
	(1)	(2)	(3)	(4)
Number of children	1,568,000	54,000	29,000	38,000
Percentage	100%	3.4%	1.9%	2.4%
Information about Families				
	Family households including children under age 18	Family households including a child relative, but not the child's parent	Family households including a grandchild, but not the child's parent ⁴	Three-generation family households, child in shared care
Number of households	802,000	34,000	15,000	17,000
Percentage	100%	4.2%	1.9%	2.1%

Source: Calculated from public use microdata from the Census 2000 Supplementary Survey, U.S. Bureau of the Census.

¹ Defined as those living with a relative (grandparent, sibling, or other relative) and no parent.

² Defined as those living with a grandparent and no parent. These children are also counted in column 2.

³ Defined as children under 18 living with grandparents who claim 'responsibility' for them, but *one or more of the child's parents is also present*. These children are not counted in columns 2 or 3.

⁴ A number of grandparents with grandchildren living with them did not claim responsibility for the child even though the child's parents were not living in the household. These grandparents were included in the estimate of grandparent families even though they did not claim responsibility, inasmuch as no other adult was present in the household.

Demographic characteristics of kinship care providers. Table 2 provides information on the demographic characteristics of kinship care providers in Massachusetts, based on the C2SS data. The first column refers to all kinship care providers, including grandparents, as well as aunts, uncles, adult siblings, and other relatives. The second column refers to grandparent providers only and is a subset of column 1.⁴

One-quarter of all kinship caregivers (column 1) are providing kinship care for more than one child and, in nearly half of these families, at least one of the children cared for is preschool age. In many cases, the children receiving kinship care represent additions to a family that already

includes children--just over 40% of these kinship caregivers also have children of their own in the household. A large share of the kinship caregivers is married and living with a spouse (59%); most who are not married are single women. Overall, the majority (nearly 80%) report that at least one other adult aged 18 or over also lives in the household. This may be a spouse, an adult child, another adult relative, or an adult non-relative such as a cohabiting partner. Sixteen percent of the kinship caregivers are reported as disabled, although it is not possible to assess degree of disability with these data. Almost 60% graduated from high school. Kinship caregivers report a median age of 45. Most report that they are white and not Latino (58%), with the other 42% reporting that they are African American, Asian, Latino, some other race, or some combination of races.

Some important differences are observed for grandparent caregivers, described in column 2. Like other kinship caregivers, many grandparents are caring for more than one child. Almost half are caring for at least one child of preschool age, and three-quarters are caring for at least one school-age child. Nearly one of three grandparent caregivers also reports at least one child of his/her own under the age of 18 living in the home. An additional piece of information about grandparent caregivers that is not available for other kinship caregivers is the grandparent's indication of how long he or she has been responsible for a grandchild. Most have cared for one or more grandchildren for at least three years, suggesting that these responsibilities are often of long duration.

Grandparent caregivers are similar to all kinship caregivers with respect to marital status (59% are married), and presence of other adults in the household (75% live with at least one other adult). Grandparent caregivers display similar rates of disability and are somewhat more likely to report having completed high school (68%). As expected, grandparent caregivers are much older than kinship care providers on average. Half of the grandparents providing care are younger than 57 and the other half is older than 57. Grandparent caregivers are somewhat more likely to report that they are White and non-Latino than are other kinship caregivers.

Table 2: Demographic Characteristics of Massachusetts Kinship Caregivers, 2000

Characteristics	All kinship caregivers ¹ (1)	Grandparent caregivers ² (2)
Caregiving characteristics:		
Providing kinship care for more than one child	25%	29%
Providing kinship care for any children aged:		
➤ 0-5	47%	49%
➤ 6-17	68%	76%
Kinship care provider also cares for own children under age 18 living in the household (% yes)	41%	32%
Amount of time grandparent has been responsible for grandchildren		
➤ Two years or less	N/A	29%
➤ Three years or more	N/A	71%
Demographic Characteristics:		
Marital Status		
➤ Married and living with a spouse	59%	59%
➤ Not married	41%	41%
More than 1 adult age 18 or over lives in the household (% yes)	79%	75%
Disabled ³	16%	20%
Education (% with a high school degree)	59%	68%
Age (median)	45	57
Race and ethnic group		
➤ White only, not Latino	58%	68%
➤ African American, Latino, or other ⁴	42%	32%

Source: Calculated from public use microdata from the Census 2000 Supplementary Survey, U.S. Bureau of the Census.

¹ The provider may be a grandparent, sibling, or other relative caring for a child under the age of 18; the child's parent is not present

² These providers are a subset of those in column 2.

³ Those classified as disabled reported one or more of the following: blindness, deafness, or a severe vision or hearing impairment; a condition that substantially limits one or more basic physical activities; difficulty learning, remembering or concentrating; difficulty dressing, bathing, or getting around inside the home; difficulty going outside the home alone; difficulty working at a job or business.

⁴ Includes those listing a single other race (i.e., American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or some other race) and those listing two or more races. Latinos may be of any race.

Demographic characteristics of children in kinship care. Table 3 provides a demographic profile of children living in kinship care in Massachusetts. The first column provides information on children under 18 living in the care of a grandparent, an aunt or uncle, an adult sibling, or

some other relative. The second column provides information on children under 18 living in the care of a grandparent and, as such, is a subset of column 1.

Few differences are observed between the total pool of children under 18 living in kinship care and the subset of children being cared for by a grandparent, who represent just over half of all children living in kinship care settings. About two-thirds of the children live in a household that includes at least one other child, which may be any person younger than 18, typically another child in kinship care or the child of the grandparent or other kinship caregiver. About three-quarters of the children in kinship care are living with two or more adults (in addition to the relative caring for them, the second adult may be the caregiver's spouse, cohabiting partner, another relative, an adult non-relative, or a grown offspring). Although disability is not assessed for children younger than age 5, among the older children, disability levels are similar across the

Table 3: Demographic Characteristics of Massachusetts Children in Kinship Care, 2000

Characteristic	Children under 18 in kinship care ¹	Children under 18 in grandparent care ²
	(1)	(2)
Household Characteristics		
Living with any other children	71%	67%
Living with 2 or more adults	76%	74%
Disabled³	13%	13%
Age (median)		
➤ Under 6	38%	39%
➤ 6-17	62%	61%
Gender		
Boy	50%	51%
Girl	50%	49%
Race and ethnic group		
➤ White only, not Latino	60%	70%
➤ African American, Latino, or other ⁴	40%	30%

Source: Calculated from public use microdata from the Census 2000 Supplementary Survey, U.S. Bureau of the Census.

¹ Defined as those living with a relative (grandparent, sibling, or other relative) and no parent.

² Defined as those living with a grandparent and no parent. These children are also counted in column 2.

³ See footnote 3, Table 2. Disability status was not assessed for children younger than 5. Percentage refers to percentage of children age 5 and older who are reported as disabled.

⁴ Includes those listing a single other race (i.e., American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or some other race) and those listing two or more races. Latinos may be of any race.

two groups at 13%. Nearly 40% of the kinship care children are preschool age, and about half are boys. Children in grandparent care are somewhat more likely to be non-Latino White than is the larger group of kinship care children overall, but for both groups, the majority of children are White.

Economic characteristics of kinship care providers. In this section an assessment of the economic characteristics of kinship care families in Massachusetts is provided. Due to the small numbers of cases in the data set from which these estimates are drawn, the reader is urged to use caution in interpreting the figures provided in Tables 4 and 5 below. Because different data sets and measurement strategies can yield different point estimates of income and poverty, it is advisable to refer primarily to patterns in discussing these results.⁵

These figures suggest that a large share of grandparent providers and other kinship care providers participate in the paid labor force. Despite this activity, the economic circumstances experienced by many of these families are relatively unfavorable. Many have low incomes with respect to the federal poverty cutoff and may need substantial economic assistance. Yet economic insecurity is not universally shared by all kinship care families. About half of the grandparent providers report a household income that falls *above* the state median income. A somewhat smaller share of all kinship care providers report household income above the state median. Little information on participation in income support or service use is provided in these data. However, based on the limited data available, it appears that kinship care providers make some use of the food stamp program as well as housing support programs available in the Commonwealth.

Table 4: Economic Characteristics of Massachusetts Kinship Caregivers, 2000

Characteristics	All kinship caregivers ¹	Grandparent caregivers ²
	(1)	(2)
Percent participating in the labor force (caregiver and spouse, if married)	53%	47%
Poverty status ³ :		
➤ Below 133% of the federal poverty cutoff	46%	32%
➤ Income beyond 133% of the federal poverty cutoff	54%	68%
Household income below the state median ⁴	64%	49%
Household income above the state median	36%	51%
Percent receiving food stamps and/or living in public or subsidized housing	18%	25%

Source: Calculated from public use microdata from the Census 2000 Supplementary Survey, U.S. Bureau of the Census.

¹ The provider may be a grandparent, sibling, or other relative caring for a child under the age of 18; the child's parent is not present

² These providers are a subset of those in column 2.

³ Based on income of the family household. In 1999, 133% of the poverty threshold for a family of 4 including 2 children was \$22,470.

⁴ In 1999, the median household income in Massachusetts was \$50,502.

Economic characteristics of children in kinship care. Table 5 shows that as many as half of all kinship care children live in low-income households. Similarly, a relatively large share (about two-thirds) of children in kinship care live in households with total incomes below the state median. The poorer economic profile of children in kinship care than of kinship care households (see the previous table) is due to the disproportionate clustering of larger numbers of children into lower income kinship care households,

Table 5: Economic Characteristics of Massachusetts Children in Kinship Care, 2000

Characteristics	Children under 18 in kinship care ¹	Children under 18 in grandparent care ²
	(1)	(2)
Poverty status ³ :		
➤ Below 133% of the federal poverty cutoff	54%	51%
➤ Income beyond 133% of the federal poverty cutoff	46%	49%
Household income below the state median ⁴	68%	65%
Household income above the state median	32%	35%
Percent in households receiving food stamps and/or public or subsidized housing	29%	41%

Source: Calculated from public use microdata from the Census 2000 Supplementary Survey, U.S. Bureau of the Census.

¹ Defined as those living with a relative (grandparent, sibling, or other relative) and no parent.

² Defined as those living with a grandparent and no parent. These children are also counted in column 2.

³ Based on income of the family household. In 1999, 133% of the poverty threshold for a family of 4 including 2 children was \$22,470.

⁴ In 1999, the median household income in Massachusetts was \$50,502.

III. Sources of Support for Kinship Families in Massachusetts

In this section we offer a description of state programs that provide financial support and/or social services to children and families in the Commonwealth. Most programs recognize that children may be cared for by other than their natural parents. This section describes both the services provided by the program and the program's treatment of kinship caregivers. In addition, where data are available we provide summary information on the extent to which kinship care families participate in these programs. Because a single family may be eligible for services from more than one program, an unknown amount of duplication of cases occurs across the different programs considered here. Naturally, a large number of kinship families in Massachusetts either are not eligible for these services, do not wish to participate in the programs, or are unaware of their eligibility for services. The extent to which the participation numbers appearing in these tables reflect these various factors is unknown.

The information provided in this section of the report was obtained largely from staff members in each of the agencies described below, supplemented by information from published sources and agency web pages. In some cases, an agency was unable to provide the information requested, usually because their databases did not include the information needed. As a result, there is some inconsistency across agencies in the information reported.

A. Department of Social Services

The primary responsibility of the Department of Social Services (DSS) is to protect children who have been abused or neglected. DSS works to provide permanent homes and a safe environment for these children (M.G.L. c.119 § 1; 110 CMR 1.02). For children who are not safe living at home, DSS offers both temporary and permanent alternative living arrangements (http://www.state.ma.us/dss/AboutUs/AU_Goals.htm).

For purposes of out-of-home placement, DSS defines kinship as a blood relation (e.g., adult sibling, grandparent, aunt, uncle, first cousin) or another significant person to whom the child and parent(s) ascribe the role of family based on cultural and affectional ties or individual family values. Placement with a kinship family is believed to reinforce the child's racial, ethnic, linguistic, cultural and religious heritage and strengthens and promotes continuity of familial relationships.

DSS records indicate when a child is living in a kinship care arrangement. Although the specific relationship can be recorded in their database system, this is not done consistently. However, information regarding the child and the relationship with the caregiver is addressed during the assessment process.

DSS provides support for kinship care families through the foster care program, subsidized guardianship, and through adoption subsidies.

Foster Care. For those children who cannot remain at home, DSS provides temporary out of home care in foster homes both in-state and out-of-state (Tony Felix, Department of Social Services). In Massachusetts, relatives and non-relatives are eligible to become foster parents through departmental foster care. The three most frequently used types of foster care include: kinship care, child-specific foster care, and unrestricted foster care. *Kinship care* is for children who are living in the home of a relative or significant other adult, as stated under the DSS definition for kinship. *Child-specific foster care* is for children who are living with someone outside the family with whom they are familiar. This may be a teacher, a friend's parent, or a previous foster parent who is no longer providing unrestricted foster care. *Unrestricted foster care* is for children who are placed in foster homes with families who have been licensed by the Department as a partnership resource to provide care for a child not previously known to the foster family.

Kinship foster parents are subject to the same licensing standards as non-relative foster parents and receive the same foster care payment per child per day (110 CMR 7.108). However, only kinship foster parents are eligible to receive a waiver that reduces the required square footage for a child's bedroom from 50 to 35 square feet per child. In addition, a kinship foster parent may be considered despite having a criminal history that may normally preclude their approval as a foster parent. This waiver is only pursued when it is deemed necessary to meet the child's needs, and following extensive review and approval by DSS, including the Deputy Commissioner, the General Counsel, and the Commissioner.

Within this report, data reported for the Department of Social Services (DSS) departmental foster care program are limited to child-specific, kinship, and unrestricted foster care (see Table 6).⁶

Table 6: Department of Social Services (DSS) Foster Care (12/2001)

	Departmental foster care families (child-specific, kinship, & unrestricted)	Kinship foster care families ¹
Total	5,801	1,996 (34%) *
Age group		
0 – 2	896 (15%)	304 (15%)
3 – 5	991 (17%)	371 (19%)
6 – 11	1,706 (29%)	640 (32%)
12 – 17	1,944 (34%)	623 (31%)
18+	264 (5%)	58 (3%)
Child's Gender		
Male	2,775 (48%)	948 (48%)
Female	3,020 (52%)	1,045 (52%)
(missing)	6	3
Geographic Distribution		
Bristol	648 (11%)	188 (9%)
Cape & Islands **	140 (2%)	32 (2%)
Essex	666 (11%)	218 (11%)
Hampden	899 (15%)	246 (12%)
Middlesex	617 (11%)	226 (11%)
Norfolk	199 (3%)	96 (5%)
Plymouth	404 (7%)	133 (7%)
Suffolk	623 (11%)	231 (12%)
Western MA **	426 (8%)	127 (7%)
Worcester	838 (14%)	243 (12%)
Out of state	333 (6%)	256 (13%)
(unspecified)	8 (<1%)	0 (<1%)
		1

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

* Percent of total. All other percents represent characteristics of subgroups.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

Kinship foster care represents a substantial portion of the foster care program caseload in Massachusetts. In December 2001, one-third of the children in departmental foster care lived in kinship foster care families. The characteristics of children living in kinship foster care were similar to those of the children in departmental foster care overall with respect to the child's age, gender, and geographic distribution. Compared to the characteristics of all children living in households in Massachusetts, children in foster care were slightly more likely to be girls (52% versus 49%) but were distributed similarly in terms of age. Compared with population distributions among the 14 counties, proportionately more children from Hampden County were in foster care, while proportionally fewer children from Middlesex and Norfolk counties were in foster care.⁷ (See Appendix B for general population statistics.)

Subsidized Guardianship. Subsidized guardianship is offered as a permanency option for children who have been in state custody, but are not likely to return to their parents and are not candidates for adoption (110 CMR 7.303). To be eligible for a subsidized guardianship, children must live in the home of a caregiver for a minimum of six months while in state custody.

Families who choose this option are able to establish legal custody and are no longer under state supervision. Eligible participants receive the same monthly subsidy as the foster care rate.

When creating a permanency plan for children, DSS gives preference to relatives over non-relatives in subsidized guardianship arrangements. DSS cannot provide an accurate count of the number of children living under the care of relatives versus non-relatives because documenting the relationship of a child's guardian is not mandated. However, DSS staff members estimate that 80-90% of guardians who are receiving the subsidy are relative caregivers.

Adoption. DSS offers adoption as a permanency option for children who have been in state custody (110 CMR 7.200). According to a DSS Report (1998), 27% of children adopted in 1997 who had been in state custody up to that point were placed with kinship families. When placing children with families, preference is given to relatives over non-relatives. Most adoptions through DSS receive subsidies for medical and/or financial needs that continue until a child is 18 years old (DSS FY'97 Report). Adoption subsidy programs include a federally funded Title IV-E subsidy and a state funded subsidy program (110 CMR 7.209). The financial subsidy may not exceed the amount authorized under foster care.

Expenditures for departmental foster care, subsidized guardianships, and adoption subsidies are made from state appropriations. Some of these costs are eligible for federal reimbursement based on a child's eligibility for federal programs (i.e., Title IV-E of the Social Security Act, SSI, TII). During FY 2001, departmental Foster Care expenditures (for all five categories) totaled \$57,496,883, while the budget for kinship foster care was \$14,279,868. Expenditures for adoption and guardianship subsidies totaled \$76,391,595. DSS was not able to provide data on the number of families receiving adoption or guardianship subsidies, but indicated that at least 14% of the subsidy budget was distributed to kinship families.

Source: *Communications with Department of Social Services personnel.*

http://www.state.ma.us/dss/AboutUs/AU_Goals.htm

Massachusetts Department of Social Services (1998), "Profiles of Adopted Children and Guardianship Children," FY'97 Report

B. Department of Transitional Assistance

The Department of Transitional Assistance (DTA) provides public cash assistance for eligible individuals and families in Massachusetts (M.G.L. c.118 § 2). All clients who qualify for assistance under DTA are automatically enrolled in MassHealth. Program eligibility is determined the same way for kinship families as it is for parental families.

The Department of Transitional Assistance provides a broad and explicit definition regarding how kinship is defined by their agency, and is able to track the specific relationship a child has with a kinship caregiver. Kinship in DTA includes the following:

- A blood relative, including a mother, father, sister, brother, niece, nephew, aunt, uncle, first cousin, first cousin once removed (second or third cousins are not included under this definition), or any of these relatives of the preceding generation as denoted by prefixes of grand, great, great-great, or great-great-great-grandparents; blood relatives include those of half-blood;
- A stepfather, stepmother, stepbrother, or stepsister;

- A parent by legal adoption or any of the adopting parent's blood relatives as defined above, natural children, or adopted children; or
- A spouse of any person named above, even if the marriage has been terminated by death or divorce (106 CMR 203.585).

The DTA operates four programs: Transitional Aid to Families with Dependent Children (TAFDC), Food Stamps (FS), Emergency Aid to Elderly, Disabled and Children (EAEDC), and Emergency Assistance (EA). Each of these programs is described below, accompanied by data indicating use of services by kinship family clients in relation to clients in general.

TAFDC. TAFDC is a cash assistance program for families with dependent children and for women who are in the last four months of pregnancy (106 CMR 203.100). All families, including kinship families, must meet specific income and asset guidelines to qualify for assistance (106 CMR 204.000 et seq.).

To receive financial assistance under TAFDC, kinship families must meet income and work requirements. Financial assistance for kinship families is subject to the two-year time limit as specified in the program, unless they are exempt (106 CMR 203.200). Exemptions include caregivers over the age of 60 and those caring for a child under the age of six. These exemptions could apply to grandparents who are raising their grandchildren as well as other kinship caregivers.

Under the TAFDC “child-only grants,” grandparents or other kinship caregivers are able to receive cash assistance from DTA for related children in their care regardless of their own personal income. Eligibility for “child-only grants” is based on the child’s income, which in most cases is low. Depending on the age of the child, proof is required that the child is in school. Although caregivers who apply for “child-only” grants receive less financial assistance than if they received a family grant, they are exempt from meeting both work requirements and time limits. In addition, child-only cases may not be reviewed by the agency as often as other types of cases. Legal custody is not required for caregivers who receive the “child-only grant.”

DTA collects extensive information on children and families receiving cash assistance from the four programs. TAFDC represents the single most important source of cash assistance for needy families in the Commonwealth, and families eligible for TAFDC often are also eligible for other services and programs. As such, data on TAFDC are reported in more detail than is found elsewhere in this report in order to present a more complete picture of the low-income segment of kinship care families who participate in this, and possibly other, assistance programs (see Table 7).

Table 7: Temporary Assistance to Families with Dependent Children (TAFDC) (12/2001)

	Total TAFDC population	All kinship care families¹	Grandparent families²
Total TAFDC cases	45,597	5,738 (13%)*	4,193 (9%)*
Total grant amount	\$22,545,935	\$2,632,114 (12%)*	\$ 1,929,276 (9%)*
# cases with children	43,942 (96%)	5,738 (13%)*	4,193 (10%)*
# children	72,006	8,790 (12%)*	6,515 (9%)*
Child-only grants	17,752 (39%)	5,175 (90%)	3,829 (91%)
Distribution by county			
Bristol	5798 (13%)	722 (13%)	519 (13%)
Cape & Islands **	860 (2%)	169 (3%)	140 (3%)

	Total TAFDC population	All kinship care families¹	Grandparent families²
Essex	5478 (12%)	592 (10%)	434 (10%)
Hampden	8606 (19%)	1039 (18%)	774 (18%)
Middlesex	4229 (9%)	597 (10%)	427 (10%)
Norfolk	1298 (3%)	210 (4%)	147 (4%)
Plymouth	2544 (6%)	393 (7%)	279 (7%)
Suffolk	8987 (20%)	1094 (19%)	816 (19%)
Western MA **	2156 (5%)	238 (4%)	173 (4%)
Worcester	5408 (12%)	679 (12%)	481 (11%)
(unspecified)	233 (<1%)	5 (<1%)	3 (<1%)
Average # children per family	1.6	1.5	1.6
Average child age	8.9	10.5	10.2
Age groups			
< 3	12,228 (17%)	683 (8%)	560 (8%)
3 – 6	16,186 (22%)	1,531 (17%)	1,179 (18%)
7 – 12	25,666 (36%)	3,534 (40%)	2,675 (41%)
13 – 18	17,432 (24%)	3,025 (34%)	2,087 (32%)
Age missing	494 (1%)	17 (1%)	14 (1%)
Average age - case head	33.7	51.1	50.8
Female case heads	42,820 (94%)	5,250 (91%)	3,867 (92%)
Household status			
“1-parent”	42,993 (94%)	5,656 (99%)	4,132 (98%)
“2-parent”	2,604	82	61
Race/ethnicity			
Non-Hispanic white	19,906 (44%)	2,958 (51%)	2,173 (52%)
Non-Hispanic black	8,574 (19%)	1,353 (24%)	968 (23%)
Hispanic	14,920 (33%)	1,302 (23%)	965 (23%)
Asian/Pacific Islander	2,072 (4%)	105 (2%)	72 (2%)
American Indian	125 (<1%)	20 (<1%)	15 (<1%)
Housing			
Private	24,862 (54%)	4,304 (75%)	3,097 (74%)
Public housing	9,893 (22%)	751 (13%)	564 (13%)
Subsidized housing	10,840 (24%)	682 (12%)	532 (13%)
Unknown	2 (<1%)	1 (<1%)	1 (<1%)
Disabled case head	17,191 (38%)	1,569 (27%)	1,321 (32%)

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

² Grandparent care families. This column is a subset of columns 1 and 2.

* Percent of total. All other percents represent characteristics of subgroups.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

Data from DTA indicate that 13% of TAFDC recipients in Massachusetts are in kinship families. The vast majority of these receive child-only grants, suggesting that this is an important cash program for kinship care families, who normally may not be eligible for TAFDC due to incomes exceeding the cut-off or not being able to meet the work requirements. Child-only grants are not restricted to the two-year time limit and involve less oversight intrusion by social services. These data demonstrate the importance of “child-only grants” for grandparent and other kinship care families.

Grandparent or kinship caregiver families do not differ from the total TAFDC population in terms of geographic distribution. Kinship caregiver families receiving TAFDC are less likely to have very young children (under age 3) than other TAFDC families, but the household heads of these families are considerably older than other TAFDC families (age 51 as opposed to 34). Similar to the total TAFDC population, the caregivers are primarily women, with few families including two parents or parent-substitutes. Kinship caregiver families are more likely to be non-Hispanic white or black and less likely to be Hispanic than other TAFDC families. Kinship caregiver families are also less likely to live in public or subsidized housing than other TAFDC families. While over a third (38%) of TAFDC families have a disabled household head, only 27% of all kinship caregiver families, and 32% of grandparent families, have a disabled household head.

Food Stamps. The Food Stamp program offers assistance for individuals and families to purchase food (106 CMR 360.010). Eligibility for a household in the Food Stamp program is based on income, utilities, and housing costs (106 CMR 363.000 et seq.). Families receiving TAFDC may also receive food stamps.

As shown in Table 8, kinship caregiver families represent only a small share (about 2%) of all the food stamps cases in the Commonwealth (a case is either a lone individual or a family unit). Just over half of the cases receiving food stamps are families with children and of these families, 4% are grandparent caregiver families with another 1% other kinship caregiver families. Children in kinship caregiver families that receive food stamps are less likely to be very young (under age 7) than children in the total pool of food stamp families. Most families receiving food stamps are headed by a single parent. As for TAFDC, families from Hampshire and Suffolk counties are disproportionately more likely to receive food stamps, while families from Middlesex and Norfolk counties are less likely to receive food stamps.

Table 8: Food Stamps (FS) (12/2001)

	Total FS population	All kinship care families¹	Grandparent families²
Total FS cases	110,750	2,665 (2%) *	2,053 (2%) *
Total grant amount	\$16,843,090	\$555,544 (3%) *	\$404,797 (2%) *
# cases with children	56,435 (51%)	2,665 (5%) *	2,053 (4%) *
# children	119,618	6,962 (6%) *	5,214 (4%) *
Distribution by county			
Bristol	13,703 (12%)	277 (10%)	210 (10%)
Cape & Islands **	2,391 (2%)	43 (2%)	32 (2%)
Essex	14,026 (13%)	334 (13%)	257 (12%)
Hampden	17,423 (16%)	645 (24%)	502 (24%)
Middlesex	12,116 (11%)	216 (8%)	159 (8%)
Norfolk	4,043 (4%)	39 (1%)	27 (1%)
Plymouth	5,836 (5%)	126 (5%)	101 (5%)
Suffolk	20,373 (18%)	551 (21%)	434 (21%)
Western MA **	6,221 (6%)	86 (3%)	67 (4%)
Worcester	13,174 (12%)	346 (13%)	263 (13%)
(unspecified)	1,444 (1%)	2 (<1%)	1 (<1%)
Average # children per family	2.1	2.6	2.5
Average child age	9.1	10.9	11.0
Age groups			
< 3	21,796 (18%)	1,046 (15%)	880 (17%)
3 – 6	28,185 (24%)	1,033 (15%)	715 (14%)
7 – 12	40,410 (34%)	2,092 (30%)	1,452 (28%)
13 – 18	25,797 (21%)	2,382 (34%)	1,807 (34%)
Age missing	3,430 (3%)	409 (6%)	360 (7%)
Average age - case head	44.6	48.5	50.8
Female case head	85,177 (79%)	2,541 (95%)	1,964 (96%)
Household status			
“1-parent”	99,108 (89%)	2,325 (87%)	1,808 (88%)
“2-parent”	11,642	340	245

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

² Grandparent care families. This column is a subset of columns 1 and 2.

* Percent of total. All other percents represent characteristics of subgroups.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

Emergency Aid to Elderly, Disabled and Children (EAEDC). EAEDC offers cash assistance to individuals and families who meet categorical requirements (i.e., unable to work due to a physical or mental incapacity; waiting for or ineligible for SSI payments; required to care for an incapacitated person; certain children or families not eligible for TAFDC) as well as monthly income requirements (106 CMR 320.000 et seq.). Monthly income must fall below a specified grant amount (e.g., \$613 for a family of four), and is based on family size. Children and families who do not meet the eligibility requirements for TAFDC may be eligible to receive benefits. Assistance received in this program is not time limited. Those who qualify for EAEDC benefits are also eligible for MassHealth Basic and Food Stamps. Eligible individuals living in public or subsidized housing receive \$35 less in monthly payments.

Table 9: Emergency Aid to Elderly, Disabled and Children (EAEDC) (12/2001)

	Total EAEDC population	All kinship care families ¹	Grandparent families ²
Total EAEDC cases	14,715	58	21
Total grant amount	\$4,882,720	\$ 18,727	\$ 6,980
# families with children	659 (4%)	58 (9%) *	21 (3%) *
# children	774	67 (9%) *	23 (3%) *
Distribution by county			
Bristol	2009 (14%)	4 (7%)	1 (5%)
Cape & Islands **	381 (3%)	1 (2%)	0
Essex	1513 (10%)	2 (3%)	0
Hampden	2216 (15%)	19 (33%)	7 (33%)
Middlesex	1833 (12%)	3 (5%)	1 (5%)
Norfolk	704 (5%)	1 (2%)	0
Plymouth	861 (6%)	4 (7%)	2 (10%)
Suffolk	2389 (16%)	22 (38%)	10 (48%)
Western MA **	658 (4%)	0	0
Worcester	1969 (13%)	2 (3%)	0
All other counties (unspecified)	182 (1%)		
Average # children per family	1.2	1.2	1.1
Average child age	10.8	9.6	8.8
Age groups			
< 3	59 (8%)	9 (13%)	5 (22%)
3 – 6	153 (20%)	14 (21%)	3 (13%)
7 – 12	278 (36%)	23 (34%)	10 (43%)
13 – 18	274 (35%)	21 (32%)	5 (22%)
Age missing	10 (1%)	0	0
Average age - case head	47.2	45.9	51.8
Household status			
“1-parent”	14,636 (99%)	58 (100%)	21 (100%)
“2-parent”	79		

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

² Grandparent care families. This column is a subset of columns 1 and 2.

* Percent of total. All other percents represent characteristics of subgroups.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

On average, EAEDC distributed \$332 to recipients, including kinship families, during 2001 suggesting that this is not a major source of cash assistance to families. Fewer than 5% of EAEDC cases involve families with children (see Table 9). Among families with children receiving EAEDC, 9% were kinship caregiver families. Nearly all recipient families represented single caregiver families.

Emergency Assistance. The primary purpose of Emergency Assistance is to provide financial assistance for rent if a family is at risk of being homeless. It also covers the cost of living in a shelter if a family is homeless. The program is made available to income-eligible families with dependent children under age 21 and also to pregnant women without any dependent children

(106 CMR 309.010 et seq.). Assistance is provided for as long as a family meets these eligibility criteria.

Table 10: Emergency Assistance (EA) (12/2001)

	Total EA population	All kinship care families¹	Grandparent families²
Total EA cases	3,156	35 (1%) *	25 (<1%) *
Total grant amount	unavailable	unavailable	unavailable
# cases w. children	3,082 (98%)	35 (1%) *	25 (1%) *
# children	6,920	127 (2%) *	88 (1%) *
Average # children per family	2.2	3.6	3.5
Distribution by county			
Bristol	324 (10%)	2	1
Cape & Islands **	87 (3%)	2	2
Essex	412 (13%)	7	5
Hampden	619 (20%)	8	7
Middlesex	281 (9%)	1	0
Norfolk	49 (2%)	0	0
Plymouth	123 (4%)	2	2
Suffolk	518 (16%)	8	5
Western MA **	118 (3%)	2	2
Worcester	409 (13%)	2	1
(unspecified)	216 (7%)	1	
Average child age	9.8	12.0	11.5
Age groups			
< 3	1368 (20%)	24 (19%)	22 (25 %)
3 – 6	1583 (23%)	18 (14%)	12 (14%)
7 – 12	2171 (31)	31 (25%)	16 (18%)
13 – 18	1250 (18%)	36 (28%)	24 (27%)
Age missing	512 (8%)	18 (14%)	14 (16%)
Average age - case head	32.4	42.2	46.2
Female case head	2,916 (92%)	32 (91%)	23 (92%)
Household status			
“1-parent”	2,907 (92%)	27 (77%)	21 (84%)
“2-parent”	249 (8%)	8 (23%)	4 (16%)

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

² Grandparent care families. This column is a subset of columns 1 and 2.

* Percent of total. All other percents represent characteristics of subgroups.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

Emergency Assistance is a small program and very few of its participants are kinship caregiver families. Only one percent of families receiving Emergency Assistance (EA) were kinship caregiver families (see Table 10). EA recipient household heads tended to be younger than for other DTA programs across all caregiver categories. Other comparisons are difficult to make given the size of this program.

Programs under the Department of Transitional Assistance utilize both federal and/or state funds. The Temporary Assistance for Families of Dependent Children (TAFDC) is funded by the federal TANF block grant (57%) and state funds (43%). Both the Emergency Aid to Elderly, Disabled, and Children (EAEDC) and the Food Stamp programs are funded solely through state money. Only 20% of the Emergency Assistance program is funded through TANF, while the remainder is paid from state funds.

*Sources: Communications with Department of Transitional Services personnel
Basic Information and Eligibility, Emergency Assistance to Elderly, Disabled, and Children: <http://www.neighborhoodlaw.org/EAEDC.htm>
Department of Transitional Assistance Home Page: <http://www.state.ma.us/dta>
Department of Transitional Assistance Program Description:
<http://www.state.ma.us/dta/assist/programs/index.htm>
Materials obtained from the Massachusetts Kinship Summit, April 11, 2000*

C. Department of Youth Services

The Department of Youth Services (DYS) has a dual mandate of public safety and rehabilitation. It provides an array of services to youth who have been adjudicated delinquent and committed to DHS custody. Depending on the seriousness of their crimes, juvenile offenders may be returned to their families or placed in a secure facility, residential home, or foster home. The Department of Youth Services works to match the most appropriate program with the needs of the offender, while ensuring that the public is safe from the individual who committed the crime (M.G.L. c.120 §§ 10-12; <http://www.state.ma.us/eohhs/agencies/dys.htm>).

The DHS defines as kin any blood or adoptive relative, including grandparent, aunt, uncle, or sibling. DHS collects data on kinship arrangements and records the specific relationship between the child and the child's guardian in their system database.

The DHS provides all juvenile offenders with appropriate services, regardless of whether they are living with grandparents or kinship caregivers. The DHS works with kinship families through casework supervision. Casework supervision with families may include offering support services or family counseling. In addition, DHS day reporting centers offer services to committed youth, including casework supervision, educational and vocational services, individual counseling, family support, substance abuse testing and treatment, and recreational opportunities.

Table 11: Department of Youth Services (DYS) (12/2001)

	Total DYS population	Kinship care families¹	Grandparent families²
Committed youth	3298 (100%)	146 (4%) *	93 (3%) *
DYS budget (FY 2001)	\$119,626,860	unavailable	unavailable
Age groups			unavailable
12 – 17	2691 (82%)	128 (88%)	
18 - 21	607 (18%)	18 (11)	
Gender			unavailable
Male	2822 (86%)	121 (83%)	
Female	476 (14%)	25 (17%)	
Residence of Caregiver Family (county)			unavailable
Bristol	308 (9%)	15 (10%)	
Cape & Islands **	82 (2%)	3 (2%)	
Essex	397 (12%)	18 (12%)	
Hampden	424 (13%)	18 (12%)	
Middlesex	260 (8%)	11 (8%)	
Norfolk	144 (4%)	6 (4%)	
Plymouth	224 (7%)	11 (8%)	
Suffolk	581 (18%)	29 (20%)	
Western MA **	188 (5%)	3 (2%)	
Worcester	648 (20%)	25 (17%)	
Out of State	2	1	
Not recorded	40 (1%)	6 (4%)	

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

² Grandparent care families. This column is a subset of columns 1 and 2.

* Percent of total. All other percents represent characteristics of subgroups.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

DYS collects data on committed youth, rather than on their families, although geographic designations refer to the residence of the caregiver family at the time of commitment, which may be in a different county than the placement facility (see Table 11). Committed youth are primarily males between the ages of 12 and 17.

Although the DYS receives both federal and state funds , about 99% of funding for its programs is provided by the state, which covers the operations of 64 residential facilities.

Sources: Department of Youth Services home page:

<http://www.state.ma.us/eohhs/agencies/dys.htm>

Communications with Department of Youth Services personnel

D. Division of Medical Assistance

The Division of Medical Assistance (DMA) offers health care coverage through MassHealth, which includes Medicaid and the Children's Health Insurance Program (CHIP). MassHealth covers health care costs for children and families who meet income eligibility requirements (130 CMR 517.000 et seq.; http://www.state.ma.us/dma/masshealthinfo/applmemb_IDX.htm).

Family size is also a determinant in assessing eligibility (<http://www.state.ma.us/dma/masshealthinfo/otherthings10.htm>).

Different income eligibility rates also exist for children less than a year old, for children age 1 to 18 years old, and for families (M.G.L. c.118E § 9A). TAFDC recipients automatically receive MassHealth, but TAFDC is not a requirement for MassHealth. Outreach efforts are made through the Division's Mini-Grant agencies located across the state.

The DMA defines as kin an adult who is the primary caregiver for a child, is related to the child by blood, adoption, or marriage, or is a spouse or former spouse of one of those relatives, and lives in the same home as that child, provided neither parent is living in the home. However, DMA does not specify the relationship of the kinship caregiver to the child in their database. The only distinction recorded is whether or not the caregiver is a "Caretaker Relative."

Kinship caregivers may seek MassHealth coverage for children in their care as individuals or as a member of their family group, depending on the income of the caregiver, the child, or both. A child with low income is eligible to receive benefits as an individual, even if the kinship caregiver's income is higher than the income limits. However, children who live with their natural parents are not eligible for DMA benefits if parents' income surpasses the income limits (M.G.L. c.118E § 9A). Adults aged 65 and older may be eligible to apply as part of the child's family group "if they are parents or caretaker relatives of children under age 19, or are disabled and working 40 or more hours a month."

(http://www.state.ma.us/dma/masshealthinfo/applmemb_IDX.htm). They are still required to meet income requirements to qualify for benefits (M.G.L. c.118E § 9A).

DMA collects data on families and children who use MassHealth but who are not connected with other social services agencies (see Table 12). DMA does not collect descriptive information about families or children who receive MassHealth through DTA, DYS, or DSS. DMA was only able to provide data for kinship families, not for all families they serve. Therefore, comparisons between kinship and comparable non-kinship clients were not possible.

Programs offered through the DMA are funded at the state level. The agency receives matching funds (50%) from the federal government (i.e., fifty cents for every dollar spent) for most of its programs.

Sources: *Information about MassHealth, Massachusetts Division of Medical Assistance:* http://www.state.ma.us/dma/masshealthinfo/applmemb_IDX.htm
Information for Members of MassHealth, Massachusetts Division of Medical Assistance <http://www.state.ma.us/dma/masshealthinfo/otherthings10.htm>
Communications with Department of Medical Assistance personnel

Table 12: Division of Medical Assistance (DMA) (12/2001)

	All DMA families with children	Kinship care families¹
Number of households	Unavailable	4,357
Female head		3,529 (81%)
Male head		828 (19%)
Number of children	Unavailable	8,424
Children per household	Unavailable	1.9
No children		169 (4%)
1 child		1,969 (45%)
2 children		1,028 (24%)
3 + children		1,191 (27%)
Children's age	Unavailable	
Under 3		720 (8%)
3 – 6		1,361 (16%)
7 – 12		2,848 (34%)
13 – 18		3,495 (42%)
Household Head receiving MA Health	Unavailable	2,214 (51%)
Geographic distribution (by county)	Unavailable	
Bristol		396 (9%)
Cape & Islands **		127 (3%)
Essex		609 (14%)
Hampden		528 (12%)
Middlesex		614 (14%)
Norfolk		152 (3%)
Plymouth		314 (7%)
Suffolk		984 (22%)
Western MA		158 (4%)
Worcester		474 (11%)
Out of State		1 (<1%)

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

E. Department of Public Health

The mission of the Department of Public Health (DPH) is to monitor and promote the health and well-being of families and children within communities (<http://www.state.ma.us/dph/>). DPH offers a number of programs for both children and kinship families who meet eligibility requirements. Programs with a broad service base that serve children and families are described below.

No standard definition for kinship is shared by the various programs that fall under the DPH, and the programs within the DPH vary in terms of the data collected. Although kinship families and/or the children in these families may be eligible for the programs described here, most of these programs do not collect data on the living situation of children participants.

Care Coordination for Children with Special Health Care Needs. The Care Coordination program provides a range of services and supports to children with special health care needs and their families (<http://www.state.ma.us.dph/bfch/shn/support/fcsp.htm>). No preference or special benefit is given to children living with a kinship caregiver. During FY '01, 869 families (880 children) received services, of which 14 (<2%) were relative caregiver families.

Children's Medical Security Plan. The Children's Medical Security Plan (CMSP) is a health insurance program for children with incomes too high to qualify for MassHealth (M.G.L. c.111 § 24G). Only children are eligible to receive services under this program. Fees are determined on a sliding fee scale based on household income. Grandparents and kinship caregivers must have legal custody of the children in their care to apply on their behalf. This program does not cover all the specialized services covered through MassHealth (e.g., physical or speech therapy, ambulance coverage, or in-patient hospitalizations, etc.) (Children's Medical Security Plan 800 Number). It is assumed that children under 400% of poverty will be covered for hospitalization under the free care pool. During FY '01, 40,085 children from 26,656 families were served by CMSP. However, no data are collected on the number of kinship families who are enrolled in this program.

Early Intervention. The Early Intervention (EI) program provides supportive and therapeutic services for children from birth to age three who are not meeting developmental milestones, who are diagnosed with a physical, emotional, or cognitive condition, or who are at risk for developmental delay due to biological or environmental factors (M.G.L. c.111G § 1). The program is not means-tested; eligibility is based solely on the needs of the child. Families using EI services are not responsible for paying any fees for services. Payment is covered through the Department of Public Health, MassHealth, HMOs, and private health insurance. The EI program categorizes children as living in kinship care if they live with a relative who is a legal guardian, or if they are in DSS custody and are living with relatives.

Less than 1% of the over 24,000 children using Early Intervention services live in kinship caregiver families (see Table 13). Boys are much more likely than girls to receive EI services overall, but this discrepancy is less pronounced in kinship caregiver families.

Table 13: Early Intervention (EI) (FY 2001)

	All EI families	Kinship care families¹
Number of children	24,283	211 (<1%)
Expenditures in FY 2001	\$2,430,000	\$170,000
Child gender		
Male	15,033 (62%)	116 (55%)
Female	9,250 (38%)	95 (45%)
Distribution by county		
Bristol	2,252 (9%)	24 (12%)
Cape & Islands **	559 (2%)	5 (2%)
Essex	3,211 (13%)	19 (9%)
Hampden	1,982 (8%)	28 (13%)
Middlesex	5,206 (22%)	39 (19%)
Norfolk	2,243 (9%)	7 (3%)
Plymouth	1,851 (8%)	17 (8%)
Suffolk	2,439 (10%)	32 (15%)
Western MA **	1,038 (5%)	6 (3%)
Worcester	3,209 (13%)	29 (14%)
(unspecified)	293 (1%)	5 (2%)

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

** Cape & Islands (Barnstable, Dukes, Nantucket counties). Western MA (Berkshires, Franklin, Hampshire counties).

Growth and Nutrition Program. The Growth and Nutrition Program is for children who are growing poorly due to poor nutrition. The program provides medical, nutritional, developmental, and social services for the family. Eligible children are those who are diagnosed as “failure to thrive,” and range in age from birth to six years old. The program has no income requirements for participation. The services are targeted to the entire family, so that the caregiver and everyone living with the child will learn how to care for the child. During FY '01, 846 children were enrolled in this program statewide, but information on relative caregiver families is not recorded.

Massachusetts Women, Infants and Children Supplemental Nutrition Program (WIC). WIC is designed to provide nutritional assistance for women who are pregnant, postpartum, or breastfeeding, and for infants or children under age five (42 U.S.C. 1786, M.G.L. c.111I § 1). In order to qualify, recipients must meet specific income guidelines (42 U.S.C. 1786). Individuals receiving TAFDC, Food Stamps, or Medicaid are considered eligible for WIC. The program includes children, regardless of whether they live with parents or caregiver relatives. During FY '02, 139,432 children were enrolled in WIC, but information on kinship caregiver families is not recorded.

MassCARE. MassCARE is a federally funded program designed for children, adolescents, women, and their families who are living with HIV. Services included medical and case management as well as family support initiatives. Although there are no special services for kinship families, kinship families are eligible and the program tracks the number of participating children who are living with a kinship caregiver. Twenty two (10%) of the 230 families receiving services from MassCARE are kinship families.

School-Based Health Centers. School-Based Health Centers provide health education and health care services for students who may otherwise have poor access to primary health care. During the 1999-2000 school year, the time period for which the data below apply, the program operated 34 centers across the state located within elementary, middle, and high schools in “high-risk communities. (During the 2000-2001 school year, there were 59 centers statewide.) Although the program does not offer special benefits for children living with kinship caregivers, the program tracks the number of children living with a grandparent or other relative.

Table 14: School-Based Health Centers (DPH) 1999/2000 Registration data.

	Total families	All kinship care families¹	Grandparent families²
Number of children	18,508	722 (4%)	415 (2%)
Gender			Unavailable
Female	10,265 (55%)	407 (56%)	
Male	8,243 (45%)	315 (44%)	
Age groups			Unavailable
< 11	3,433 (19%)	87 (12%)	
11-14	4,879 (26%)	173 (24%)	
15-18	9,466 (51%)	405 (56%)	
19-22	730 (4%)	57 (8%)	
Geographic regions *			Unavailable
Hampden & Hampshire	4,783 (26%)	213 (30%)	
Worcester	2,408 (13%)	58 (8%)	
Suffolk	3,089 (17%)	170 (23%)	
Essex	4,415 (24%)	145 (20%)	
Middlesex & Bristol	3,813 (20%)	136 (19%)	

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

² Grandparent care families. This column is a subset of columns 1 and 2.

* Counties combined to prevent school disclosure.

Over half the students enrolled in the School-Based Health Centers are in high school (age 15-18), with girls outnumbering boys (see Table 14). Location of centers and, hence, distribution of users reflects the economic levels within communities.

The programs listed under the Department of Public Health are funded by state and/or federal dollars. The Care Coordination program is split between 20% state funds and 80% federal funds. The Early Intervention program is covered 80% by state funds and 20% by federal funds. The Children’s Medical Security Plan, the Growth and Nutrition Program, and School Based Health Centers are supported 100% by state funds. The nutrition program for women, infants, and children (WIC) is funded by both state funds (38%) and federal funds (62%). MassCARE is totally funded at the federal level.

Source: Communication with Department of Public Health programs personnel

Children's Medical Security Plan, 800-909-2677
Department of Public Health home page: <http://www.state.ma.us/dph/>
<http://www.state.ma.us/dph/bfch/mcfh/school/sbhc.htm>
Early Intervention, Division for Special Health Needs, Bureau of Family and Community Health, Massachusetts Department of Public Health:
<http://www.state.ma.us/dph/bfch/shn/early/ei.htm>

F. Office of Child Care Services

The Office of Child Care Services (OCCS) regulates and promotes child care services in Massachusetts and administers the child care programs authorized under DTA (M.G.L.C.28A § 4). The goal of OCCS is to provide affordable child care that will assist families who meet specified eligibility requirements (102 CMR 10.01). OCCS offers child care subsidies for low-income families who are starting or continuing paid employment, seeking paid employment, participating in education or training, or incapacitated (106 CMR 308.120). Families may qualify for full-time or part-time child care depending on their work status. Child care subsidies are available for families with children age 0 to age 13, or to age 16 if a child has special needs.

The OCCS defines kinship as a "separate family" that includes a relative, sibling, aunt, uncle, or grandparent, whether by birth, marriage, or adoption (106 CMR 308.110). The OCCS database indicates the relationship between the head of household and the child receiving child care; however, relationship information is not complete because OCCS does not require that the relationship be indicated for child care vouchers in data reports.

To be eligible for OCCS subsidized child care assistance, families must be at or below 50% of the state median income (SMI) guideline published on the Commonwealth of Massachusetts Sliding Fee Scale unless the child and/or caregiver has a documented disability (106 CMR 308.120). In the case of disability, the family must be at or below 85% of the SMI. Families remain eligible for OCCS child care assistance with incomes up to 85% of the SMI. In the case of disability, families remain eligible for OCCS child care assistance with incomes up to 100% of the SMI. Eligible families pay a portion of their child care based on family size and gross household income as published on the Commonwealth of Massachusetts Sliding Fee Scale For Child Care.

OCCS recognizes that grandparents raising grandchildren often face special circumstances that require child care services. Thus, the Office of Child Care Services provides 100 grandparent child care vouchers specifically for grandparent caregivers. Eligibility for the grandparent voucher is designated for grandparent caregivers whose grandchildren are TAFDC recipients when the child's parents are not capable of providing care. Grandparents receiving the TAFDC child-only grants must also meet a service need requirement of work, training, or seeking paid employment. The family income in determining eligibility is based on the TAFDC child's income. Since fees are not charged to permanent or temporary legal guardians, foster parents, or TAFDC recipients, in most cases the grandparent does not pay a parent fee for the child. The amount of the voucher is based on the family size and the family's income. There is a wait list of about one to two years for the program care.

Table 15: Office of Child Care Services (OCCS) (12/2001)

	All OCCS families	Expenditures (all families)	Grandparent families^{1 ***}	Expenditures (grandparent families)
Total child care vouchers	31,576	\$15,381,305	211 (< 1%)	\$100,729 (<1%)
Income-eligible CC vouchers	15,713	\$8,212,260	51 (<1%)	\$27,093
TAFDC child care vouchers	10,446	\$6,681,295	22 (<1%)	\$9,428
Grandparent assistance vouchers	N/A		121 *	\$64,279
In-home relative child care vouchers	5,417	\$487,751	17 (<1%) **	\$4,140 **

¹ Includes all kinship care families, including grandparents and other types of relatives. This column is a subset of column 1.

* Although there are only 100 GP vouchers, some families use them for less than a year.

** Includes all types of relative caregivers

*** This column includes cases that could be identified as grandparent caregivers in the data files. The research director at OCCS expects there are additional grandparent-headed families using child care that are not identified.

Income-eligible child care vouchers are available for families who do not qualify for child care vouchers through involvement with DTA (TAFDC) or DSS. TAFDC child care vouchers are for people receiving TAFDC who are employed or in educational/training programs. Grandparent assistance vouchers are for grandparents who have regular or child-only TAFDC grants and who have a service need. In-home relative child care vouchers are income-eligible child care vouchers that permit eligible families to pay relatives to provide child care in their homes.

At less than 1%, grandparent caregiver families use child care vouchers proportionately less frequently than other types of families (see Table 15). Almost half the child care vouchers used by grandparent caregiver families are those specifically allocated for grandparents. The lower use of child care vouchers by grandparent caregivers undoubtedly reflects the definition of service need specified by the agency. Grandparents who are not employed or seeking education cannot receive child care vouchers other than the grandparent-specific vouchers, and then only if they receive child-only TAFDC grants.

The Office of Child Care Services receives funding from the Child Care & Development Fund, TANF, and state funds. The Child Care & Development Fund is a federal block grant. States have the option of moving up to 30% of TANF funds into this Child Care Fund. About 55% of child care services are supported through the federal TANF block grant.

*Sources: Communications with Office of Child Care Services and DSS personnel
Child Care Resources and Referral Network*

G. Department of Education

The Department of Education (DOE) provides educational resources and support services for schools and the community. These programs are available for children and their families.

Educational programs are offered to children as young as three or four years old. The Department of Education has no standard definition of kinship.

Community Partnerships for Children. The Department of Education, Early Learning Services, administers a program titled Community Partnerships for Children, which is for children ages three to four years old. This program provides children from working families the opportunity to participate in a child care/preschool program prior to kindergarten. Children are served in a variety of settings, including family child care, public preschool, private non-profit preschool, for-profit preschool, or Head Start. The program is funded through the Department of Education and offers direct services based on a sliding fee scale to working families whose incomes are below 125% of the State Median Income. The sliding fee scale is developed by the Office of Child Care Services. The child care fee is waived for grandparents or other family members with legal custody of related children if the grandparents/guardians are either working or receiving retirement benefits. As well, their income does not need to be below 125 percent of the State Median Income. In a two-parent/grandparent family, both parents must be working or retired or some combination. Families in which there is one working parent and one stay-at-home parent are ineligible for the Community Partnership Program.

The data collection department of the DOE reported there is no information collected on the relationship of a child's guardian (including mother or father) with the child. The DOE's legal office does not track with whom children are living. In addition, DOE does not collect information on child/caregiver relationship for children receiving special education services).

Funding for Community Partnerships for Children, under the DOE, is split between state revenues and federal TANF funds. The program utilizes state funds, but receives matching funds from federal TANF dollars. Although the funding changes from year to year, the current funding for Fiscal Year 2002 is 75% state funds and 25% federal funds.

Sources: *Communications with Department of Education personnel*
Massachusetts Department of Education home page:
<http://www.doe.mass.edu/welcome.html>

H. Department of Housing and Community Development

The Department of Housing and Community Development is responsible for building communities through the development of public housing units, creating affordable housing for low-income families, and "revitalizing older areas." With some notable exceptions, indicated below, kinship families are subject to the same eligibility requirements as are other families. However, no systematic data on these families are available.

Section 8 Rental Vouchers and Rental Certificates. The federal government offers Section 8 rental vouchers and rental certificates to low-income families, as well as to elderly and disabled individuals. Rental vouchers allow families or individuals to rent a home or apartment that meets program specifications. Program eligibility is based on family income and family size. Section 8 rentals are funded through the U.S. Department of Housing and Urban Development (HUD). Eligible families must meet one of four federal housing preference criteria (homelessness, involuntary displacement, rent burden, substandard housing) or earn no more than 30% of the area median income while residing in unsubsidized housing. State housing offices and local housing authorities do not track the number of grandparent or kinship families who have Section 8 Housing Choice Vouchers from the general pool.

- **Section 8 Housing Choice Voucher Program** – Within Massachusetts, a pool of 100 Section 8 Housing Vouchers are designated for “near elders,” age 50-61, and for “elders,” age 62 and over, who are primary caregivers for grand or great-grandchildren. The city-sponsored program, which is administered by the Boston Housing Authority, is known as the “Raising the Next Generation Program” (RNG). The state-sponsored program, which is administered by the Metropolitan Boston Housing Partnership (MBHP), is known as the “GrandFamilies Section 8 Program.” People throughout the state may apply for Section 8 Housing Choice Vouchers. If someone with a voucher moves to another state, he or she can still use the voucher.
- **Family Unification Vouchers** (24 CFR § 8). Federally funded “family unification vouchers” are made available to families whose lack of adequate housing threatens to separate children from their families or prevents reunification of children with their families (U.S. Department of Housing and Urban Development, 2001). In Massachusetts, eligibility for the Section 8 Family Unification program is offered to women who have been abused and their children and to families with children in state custody (which could include relative caregiver families) who do not have appropriate housing for the children in their care. Referrals for this program are made for open cases through DSS.

Public Housing Units. About 90,000 public housing units are available in Massachusetts. These units are apartments subsidized by the state or federal government. To be eligible for public housing, a household must typically earn no more than 80% of the area median income (\$50,200 for a family of four in the greater Boston area as of March 2000). Household income and utility expenses are used to determine the cost of rent in a public housing unit. The Boston Housing Authority is currently holding a lottery for 15 units in the Franklin Field public housing development, which is under construction. These units are reserved for grandparents, age 62 and older, and their grandchildren.

Individuals applying for state funded *elderly* public housing must be at least 62 years old and meet specified income limits. Although children are allowed to live in elderly housing units, there are only eleven 2-bedroom units available in Boston, with a two- to three-year waiting list. There are no aggregate data on 2-bedroom elderly housing units statewide.

According to the Director of the Office of Public Housing, there are no other services or programs, aside from those listed above, targeted specifically to grandparent or kinship caregivers. No preferences are made for kinship families at the local or federal level.

Sources:

Communications with personnel from Massachusetts Office of Public Housing; Boston Housing Authority; and Boston Aging Concerns Young & Old United, Inc.

Massachusetts Department of Housing and Community Development, "How to obtain housing assistance in Massachusetts":

<http://www.state.ma.us/dhcd/components/public/s8.htm>

Massachusetts Department of Housing and Community Development, "Section 8 rental vouchers and rental certificates fact sheet":

http://www.state.ma.us/dhcd/publications/HOW_TO2K.htm

I. Department of Mental Retardation

The Department of Mental Retardation (DMR) offers residential, day, and support services to individuals with mental retardation (115 CMR 7.02). Traditionally, the agency has focused on adults with mental retardation because the public education system has addressed the needs of school age children who are diagnosed as having developmental delay (<http://www.dmr.state.ma.us/aboutdmr.htm>). However, DMR also provides family support services to families caring for children under age 18 with developmental disabilities.

The DMR has no standard definition for kinship and does not systematically collect information on the residential situation of program participants.

The DMR has been receiving state funding for its family support program since 1995. During fiscal year 2001, \$35 million in funds were allocated to over 100 agencies that provide family support services. The purpose of these funds is to provide a wide array of options to families of people with disabilities that enable them to stay together and to be welcomed, contributing members in their home communities. The family support program gives families access to supports that are necessary, desirable, and appropriate to prevent unnecessary separation of their disabled family member from their family. To qualify for family support services, the child or adult with disabilities must be living with his or her family and must be determined eligible for DMR services. Kinship caregiver status is not a criterion for exclusion or special preference. All families participating in the family support program are provided with case management and information and referral services. Families are selected to receive family support funding based on need, with priority going to families with more complex needs. Services can include respite care, supports for participation in recreational/social activities, specialized equipment/supplies, special activities, and assistance in developing everyday skills.

The DMR receives both federal and state funds to support its programs. Federal grants are used to fund family support services. Caregiver services are funded through state money or a combination of state and federal funds.

Sources: Communications with Department of Mental Retardation personnel:

<http://www.dmr.state.ma.us/>

Massachusetts Department of Mental Retardation, "About the Department of Mental Retardation": <http://www.dmr.state.ma.us/aboutdmr.htm>

J. Department of Mental Health

The Department of Mental Health provides mental health services for both children and adults with severe mental illness or severe emotional disturbance (104 CMR 25.02). Programs offered by the Department vary according to age group and by locale. Services include individual, group, or family treatment and counseling provided by licensed mental health clinicians; medication management; flexible supports tailored to individual and family needs; after-school, evening and weekend therapeutic group programs; clubhouses; supported education and employment; residential treatment services offering various levels of support; and extended care inpatient services. (www.state.ma.us/eohhs/agencies/dmh).

According to the Department of Mental Health, family members include grandparents, aunts, uncles, cousins, and other relatives. The client is the individual with the serious mental illness

or serious emotional disturbance, not the family or household. Eligibility for services is based on the individual applicant's need for the services offered by the Department, regardless of the applicant's family situation. Kinship caregivers are not given any special benefits or preferences, and no special outreach efforts are geared towards kinship families. However, the special needs of caregivers are noted and efforts are made to link caregivers to services that will improve their capacity to care for the identified client.

The Department of Mental Health does not record the specific relationship between a relative caregiver and child within its database, although specific information can be found within case records. The database category used for non-parental kinship care is referred to as "other relative."

During 2001, approximately 4,400 children received some mental health services. However, individual data are tracked only for children with high service needs who are "case managed." Only 15 (1%) of the 1,398 case managed children, most of whom are adolescents (12-18), lived in kinship caregiver families. According to the Director of Child Services in the Central DMH Office, the percentage of children in kinship families receiving non-case managed services is even lower.

Adult and child service programs are funded with both federal and state funds within the Department of Mental Health. About 3% of the total budget for child services comes from federal dollars.

Source: *Communications with Department of Mental Health personnel:*
<http://www.state.ma.us/eohhs/agencies/dmh>

K. Executive Office of Elder Affairs

The Executive Office of Elder Affairs (EOEA) provides services for older adults who are living in the Commonwealth. The primary roles of the EOEA is to offer information and referral services, respite care, social support, assistance with nutrition and housing needs, and to serve as an advocate for the elderly (<http://www.matp.org/elders.html>). Programs and services are administered through local Councils On Aging; regional Aging Services Access Points (ASAPs); and Area Agencies on Aging (<http://www.800ageinfo.com/info/sponsoreoea.asp>).

The Executive Office of Elder Affairs adopted the same definition for kinship as the Department of Social Services. Kin is defined as a blood relation (e.g., adult sibling, grandparent, aunt, uncle, first cousin) or significant other adults to whom the child and parent(s) ascribe the role of family based on cultural and affectional ties or individual family values. However, no data are gathered on program participants with respect to kinship.

Data are collected on grandparent support groups through the Grandparent Resource Network, although no specific information is gathered on individual participants in the support groups (Sheila Donahue-King, Executive Office of Elder Affairs).

Grandparent Resource Network and Grandparent Resource Guide. The Grandparent Resource Network (Network) and *Grandparent Resource Guide* are available to grandparents and kinship caregivers through the Executive Office of Elder Affairs. The Network is a "coalition of support groups and others interested in assisting grandparents/kin who are raising grandchildren" and is focused on exchanging information and conducting advocacy efforts.

There are currently 36 grandparent support groups in 12 of the 14 counties, with the greatest number (8) in Suffolk County. The *Grandparent Resource Guide* provides caregivers with a list of services and programs available throughout the state.

Family Caregivers Program. Under the National Caregiver Support Program, funding was made available to states for family caregivers (P.L. 106-501(2000), 42 U.S.C. § 3030s). States were given the option of using up to 10% of their funding for grandparents. In Massachusetts, three regions (Western Massachusetts, Central Massachusetts, and Suffolk County) submitted proposals to spend these funds on grandparent programs.

Outreach efforts are made to grandparents and other relative caregivers through the Network support groups. In addition, EOEa has sponsored Wellness Days, which provide information for grandparents and relative caregivers.

Source: *Communications with Executive Office of Elder Affairs personnel.*
Massachusetts Executive Office of Elder Affairs, "Resources for Massachusetts Elders": <http://www.800ageinfo.com/info/sponsorsoea.asp>
Massachusetts Executive Office of Elder Affairs: <http://www.matp.org/elders.html>

IV. Conclusions and Recommendations

The evidence provided in this report suggests that about 4% of all children in Massachusetts live in the care of an aunt, uncle, adult sibling, grandparent, or other kinship caregiver. Roughly half of these, or an estimated 29,000 children, live in grandparent care households. This estimate is comparable in percentage to national rates reported in recent years. Kinship care families are increasing in number and represent an important issue for child and family advocates as well as for the child welfare system.

The data presented in this report suggest that grandparent caregivers typically undertake long-term responsibility for the children in their care. The majority of grandparent caregivers report that they have been caring for one or more grandchildren for at least three years. Like the families profiled in the introductory vignettes to this report, many of the caregiving relationships are open-ended and may last for many years. Organizations interacting with these families should be aware that these relationships are long-lasting and may be permanent.

Kinship caregivers often find that caregiving responsibilities tax their personal, emotional, and financial resources. A disproportionate share of kinship care families are low-income families. Our results suggest that the level of economic hardship experienced in kinship families is comparable to the average level found in mother-only families. The economic support needs of many of these families may be substantial. Even for those families with adequate financial resources, needs for other types of assistance may be considerable. Because kinship care families often include two or more children, many of whom are under the age of six, the child care responsibilities of kinship caregivers are often extensive. The majority of kinship caregivers, living in households including two or more adults, may have some assistance with child care. However, 20-25% of kinship caregivers are the only adult living in the household. This, coupled with the finding that about half of the kinship caregivers are participating in the paid labor force, suggests that needs for child care may be substantial. However, even if child care is not required for paid work responsibilities, many kinship caregivers may need respite care. This need may be particularly pronounced among grandparent caregivers, who are older and more likely to be disabled than other kinship caregivers.

Information presented in this report from various social service programs throughout the Commonwealth provides only a partial view of kinship families and their service needs. Many kinship families are not eligible for services through these agencies; many prefer not to participate; and many are likely unaware of services for which they may be eligible. Moreover, data limitations and lack of comparable definitions used across agencies make comparisons inadvisable.

However, it appears that kinship care participation is particularly important in a number of programs, in which the level of participation of kinship families is higher than the representation of these families in the population of Massachusetts (about 4% for total kinship care and 2% for grandparent care). For example, kinship foster care represents a third of DSS foster care placements, highlighting the importance DSS gives to placing children with kinship families. Thirteen percent of TAFDC grants go to kinship families, although almost all of these are child-only grants that provide smaller monthly payments than family grants. Nearly 10% of EAEDC grants to families go to kinship families. The level of participation of kinship families in these programs appears low in light of the high proportion of children living in low-income families compared with Massachusetts families in general.

Other cash assistance programs reflect participation of kinship families comparable to (Food Stamps) or lower than (Emergency Assistance) their representation in the population. Moreover, for most other programs, kinship care participation is quite limited (at least insofar as can be established with agency data). We do not know whether the disproportionately low number of kinship caregiver children using some services reflects the lack of need or eligibility for the service (e.g., the age when children come to live with caregiver families) or lack of information about the availability of services among kinship caregiver families.

Recommendations. Based on our examination of these issues, we offer the following recommendations:

1. Organizations must be cognizant of the diversity within the population of kinship care families. Included among kinship care families is the older, disabled grandmother caring for two or three young grandchildren. This family may need a wide variety of services, including financial support, health care, case management, and respite care if this grandmother is successfully to rear her grandchildren. Also included among the pool of kinship families, however, is the middle-aged, middle-class, married couple providing care for the child of a sister or brother. The concerns and needs of this family are quite different and may involve custody concerns or help finding child care rather than financial assistance. Conducting a needs assessment to determine the nature and scope of the diverse needs of kinship care families is an important activity. A “one-size-fits-all” approach to kinship care families will meet with limited success.

2. A consistent definition of kinship families shared by agencies throughout the Commonwealth should be developed, and mechanisms for identifying and tracking these families in agency databases should be established. The agencies under EOHHS use different definitions of “kin” and “kinship care.” Many agencies have no way of knowing how significant a share of their client base is made up of kinship care families. Few agencies have any information on the legal relationship between a child and a caregiver. Until these issues are resolved, information on kinship care families will continue to be limited in the typical agency, and efforts to provide a profile of service use across agencies will be unsuccessful. Examples exist among the agencies within EOHHS of comprehensive definitions adopted and implemented in data collection that could be examined as a model for other agencies to follow.

3. Inasmuch as a number of special programs or opportunities for kinship families are currently in place (e.g., child-only TAFDC grants; grandparent child care vouchers; grandparent housing vouchers), an evaluation of these programs is recommended. Each of the programs identified appears to be addressing a need within the kinship care population, needs that are consistent with the demographic characteristics of this group. We may speculate that the population of kinship care families that could benefit from special housing, health care, child care, or income support is greater than the numbers receiving them; the waiting lists identified by some programs suggest that this is the case. Yet no systematic vehicle for measuring this service gap exists. An important step in providing support for these families may be evaluating existing programs to determine how well they are reaching their intended beneficiaries, what barriers to greater use are in place, and what the level of shortfall is.

4. Strategies for reaching out to kinship care families and disseminating useful information to them must be developed. Aspects of kinship care intersect with the key domains of most agencies within the EOHHS. Yet none of these agencies "claim" kinship care as a key theme in its mission. As a result, it is likely that many kinship care families spend a considerable amount of time trying to determine what services they need and where they might obtain those services. Those with pressing cash assistance needs may find their way to DTA and the case management services offered there. Caregivers seeking health coverage for their grandchild are likely to find it through MassHealth or another vehicle; however, it may take considerable time and persistence for a caregiver seeking information about health coverage on his or her own to determine how best to meet those needs. Those with other types of assistance needs may take much longer to locate needed assistance or may forego needed services altogether. Failing to provide coherent and easily accessible information to kinship caregivers may inadvertently push some of these families into the child welfare system where they can better obtain the case management they need. Providing expanded outreach to kinship care families and improving the dissemination of information regarding services already available to them, including clear explanations of eligibility for services, is needed. This dissemination activity may have a greater chance of success if, in addition to the agencies already engaged in outreach, for example, EOEA's information and referral services, private community-based organizations are mobilized in the effort. These organizations may be especially helpful in reaching kinship care providers who are not grandparents and who may be particularly difficult to reach through channels familiar to agencies within EOHHS.

Notes

¹ We find that in all but a few cases, when a grandchild is living with a grandparent but the child's parent does not, the grandparent claims that he/she has "responsibility" for the grandchild; however, in a few cases the grandparent does not claim responsibility. These grandparents were included in the estimate of grandparent families even though they did not claim responsibility for the child, inasmuch as no other adult was present in the household. In addition, a child could be in the care of a grandparent who was not the household head; for instance, a child and his grandmother could be living with the child's aunt who heads the household. These situations are classified as kinship care settings in this report. If the grandmother claims responsibility for the child, this family would be classified as a grandparent care family. If the grandmother does not claim responsibility for the child, the family would be classified as non-grandparent kinship care.

² An earlier study estimated that the number of grandparent-headed households in Massachusetts in 1990 was 15,297 (Massachusetts Kinship Coalition, 2000). These two estimates are referring to different types of living situations and therefore are not directly comparable. The 1990 figure refers to the number of households headed by a grandparent who is aged 60 or over; moreover, in most of these households the child's parent is also present. Our estimate for the year 2000 includes grandparent care households in which the grandparent is of any age, and the child's parent is not present.

³ Three-generation families are only included in this table if the grandparent claims primary responsibility for the grandchild. A substantial number of additional families therefore may exist throughout the Commonwealth in which grandparents participate extensively in the care of their grandchildren, but do not claim responsibility for them in this survey.

⁴ Given the relatively small number of kinship care children and families in the state, the demographic outlines developed in this report are based on small samples and, as such, must be interpreted with caution. For a demographic overview of all children in Massachusetts, as well as of all family households including related children under age 18, see Appendix B.

⁵ In particular, poverty rate estimates from the C2SS data (the data used for this table) are higher than the equivalent estimates for the total population from the decennial census. Although an evaluation of the differences among poverty estimates across different surveys for the *circa* 2000 time period has not yet been completed by the Census Bureau, the two surveys refer to somewhat different time periods, which may account for a portion of the difference. Our conclusion is that the rates of economic hardship for kinship care families presented here likely are higher than those that will be available from the decennial census. We conclude that although these estimates lack precision, the levels of economic hardship among kinship care families are probably at least as high as are observed among single-mother families in the Commonwealth. Moreover, the percentage of low-income kinship families estimated here is in line with that reported for the United States as a whole (Green et al., 2001).

⁶ Pre-adoptive foster care was not reported because it is not known how many children living in kinship families are included in this category. Independent living (i.e., children in college or living on their own) was not reported because this report is focused on children living in families.

⁷ Throughout this report, the geographic distribution of recipients of social services across agencies typically patterns geographic differentials in poverty levels. Families in counties with the highest poverty levels (Suffolk and Hampden) are most likely to use state-funded social

services and families in counties with the lowest poverty levels (Norfolk and Middlesex) are least likely to use state-funded social services.

References

- Bengtson, V.L. (1985). Symbolism and diversity in the grandparenthood role. In V. L. Bengtson and J. F. Robertson (Eds.), *Grandparenthood*. Beverly Hills, CA: Sage.
- Burnette, D. (1997). Grandparents raising grandchildren in the inner city. *Families in Society* (Sept-Oct), 489-499.
- Burton, L.M. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist*, 32, 744-751.
- Casper, L.M. and Bryson, K.R. (1998). *Coresident grandparents and their grandchildren: Grandparent-maintained families*. U.S. Bureau of the Census, Population Division Working Paper, #26, Washington DC.
- Child Welfare League of America (1994). *Kinship care: A natural bridge*. A Report of the Child Welfare League of America. Washington, DC.
- Clark, C. and Fields, J. (1999). *Evaluation of relationship, marital status, and grandparents items in the Census 2000 dress rehearsal*. Population Division Working Paper #33. Population Division, U.S. Census Bureau. Available online: <http://www.census.gov/population/www/documentation/twps0033.htm>.
- Green, R., Holcomb, P., Jantz, A., Koralek, R., Leos-Urbel, J., and Malm, K. (2001). *On their own terms: Supporting kinship care outside of TANF and Foster Care*. The Urban Institute.
- Hagestad, G.O. (1985). Continuity and connectness. In V.L. Bengtson and J.F. Robertson (Eds.), *Grandparenthood*. Beverly Hills, CA: Sage.
- Harden, A. W., Clark, R. L., and Maguire, K. (1997). *Formal and informal kinship care*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- Jendrek, M. P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist*, 34, 206-216.
- Lugaila, T. (1998). *Marital status and living arrangements: March 1997*. U.S. Bureau of the Census, Bureau of the Census, Current Population Reports (Series P-20 No. 560). Washington, DC: US Government Printing Office.
- Massachusetts Executive Office of Elder Affairs & Massachusetts Executive Office of Health and Human Services (2001). *A resource guide for Massachusetts' grandparents raising their grandchildren* (3rd edition). MA: Massachusetts Executive Office of Elder Affairs, Massachusetts Executive Office of Health and Human Services, and Massachusetts Department of Education.
- Massachusetts Kinship Coalition (2000). Summary and recommendations of Massachusetts Kinship Summit, April 11, 2000. Distributed summary dated 5/31/00.
- Spar, K. (2000). *Kinship care for children: Basic facts*. Congressional Research Service - The Library of Congress, Education and Public Welfare Division.
- U.S. Bureau of the Census. (2002a). 2000 Supplementary Survey. Microdata and codebook available through <http://www.census.gov>.
- U.S. Bureau of the Census. (2002b). Description of the Census 2000 Supplementary Survey. Retrieved 7/19/02 from the World Wide Web: <http://factfinder.census.gov>.

Appendix A

Demographic Data Source Information

Demographic data included in this report are drawn from two sources, all generated by the U.S. Bureau of the Census. The 2000 Decennial Census of Population and Housing has embedded within it two types of data: information obtained from everyone in the population (the “short form” or “100%” data) and information obtained from a sample of the population (the “long form” or “sample” data). Information from these sources is considered highly reliable. Some descriptive information from the decennial census has been released in summary form and, where possible, this is the preferred source of information.

For much of the information of interest in this report, the decennial census data have not yet been released. For these data, we turn to the Census 2000 Supplementary Survey (C2SS). The C2SS is not part of the 2000 Decennial Census data collection, but was conducted by the Census Bureau as part of a program designed to demonstrate the feasibility of collecting long form-type information independent of the Decennial effort. The hope is that through this program, the need for a long form in future Decennial census efforts will be eliminated. Questions included on the C2SS are the same as those included on the long form of the Decennial census and, as such, analyses of these data may provide an initial examination of the same issues (U.S. Bureau of the Census, 2002). In this report, whenever decennial census information is not yet available or appropriate, we turn to published tables from the C2SS as well as tables generated by project staff from the microdata files of the C2SS for Massachusetts. Like all survey data, the C2SS data are subject to sampling error, which may be exacerbated to some extent by the fact that the topic of this report—kinship care families—represents a fairly small share of the population. As a result, readers are urged to use caution in their interpretation of the statistics from this report attributed to the C2SS.

Special Features of the Census 2000 Supplementary Survey:

Like the Decennial Census products, the C2SS is a household survey. A household head is identified, who is the person in whose name the residence is owned or rented. A household listing is obtained that includes the relationship to the head of everyone in the household who is living or staying at the address for more than two months and does not have another usual place to stay. Anyone living elsewhere for more than two months, such as a college student, is not included in the household listing. Like the Decennial Census, the C2SS includes basic demographic, social, and economic characteristics. Two additional types of information are obtained for which some additional discussion is appropriate: the information on grandparent caregiving and on disability status.

Grandparent Caregiving. In the 2000 Decennial Census, and the C2SS, a set of questions about grandparent caregiving appeared for the first time. As noted in the text of this report, these questions were included as required by the 1996 Welfare Reform Act. The three questions asked are reproduced here verbatim (U.S. Bureau of the Census, 2002):

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

18b. (If yes): Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

18c. (If yes): How long has this grandparent been responsible for the(se) grandchild(ren)? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

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

Based on these questions, as asked in the 2000 Decennial Census of Population and Housing, nearly 6 million grandparents in the United States report that they live in a household with one or more grandchildren under age 18. Of these, 42% claim that they are “responsible” for one or more of the grandchildren in the household. The figures for Massachusetts suggest that almost 100,000 grandparents report that they live in a household with one or more grandchild under age 18, with more than one-quarter claiming responsibility.

Although an exhaustive evaluation of these questions has not yet been undertaken by the Census Bureau, these numbers are misleading indicators of the nature and scope of kinship care for a number of reasons. First, these figures refer only to grandparent care, not kinship care more generally. Other adults, such as aunts, uncles, or grown siblings, who provide a home for children in their parents’ absence are not counted in these numbers. In addition, in many households not one but two grandparents claim primary responsibility for the grandchildren living with them. Moreover, a sizable number of grandparents claim responsibility for grandchildren whose parents also live in the same household. Discussions with staff at the Census Bureau suggest that when asked if they were responsible for grandchildren, many grandparents may have claimed responsibility because they were caring for the child after school, while the parents worked, or otherwise contributed substantially to meeting the needs of the child. While interesting and informative, these responses are not consistent with standard notions of “kinship care.” As a result, we conclude that it is inadvisable to rely exclusively on these questions in generating estimates of grandparent caregiving. Our approach for generating estimates is described in the report.

Disability questions: A more extensive set of questions regarding disability status appears in the 2000 Census and the C2SS than has been used in previous data collections. These questions are asked about people aged 5 and older (U.S. Bureau of the Census, 2002):

15. Does this person have any of the following long-lasting conditions:
 - a. Blindness, deafness, or a severe vision or hearing impairment?
 - b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

16. Because of a physical, mental, or emotional condition lasting six months or more, does this person have any difficulty in doing any of the following activities:
 - a. Learning, remembering, or concentrating?
 - b. Dressing, bathing, or getting around inside the home?
 - c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?
 - d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?

Appendix B
Demographic information for Massachusetts
Census, 2000

1. A demographic profile of children and families with children in Massachusetts

Population of Massachusetts:	Numbers	Percentages	Percentages
Total population ¹	6,349,097	Percent of total population	
Age distribution of children: ¹			Percent of population under 18
Total children <18	1,501,060	23.6%	
Children 0-2	235958		15.7%
Children 3-5	244464		16.3
Children 6-11	525194		35.0
Children 12-17	494448		33.0
Youths 18-19 ¹	175049	2.8%	
Boys <18 ¹	769145		51%
Girls <18	730919		49%
Not Hispanic or Latino: ²			
White alone	1128792		75.3%
Black or African American alone	97671		6.5%
American Indian and Alaska Native alone	3114		0.2%
Asian alone	58957		3.9%
Native Hawaiian and Other Pacific Islander alone	389		0.1%
Some other race alone	12593		0.8%
Two or more races	40822		2.7%
Hispanic or Latino, any race	157726		10.5%
Children aged 5-15 who are disabled ³	53204		5.7%
Children under 18 in poor families ⁴	170,795		11.6%
		Percent of households	
Households in Massachusetts:			
Total households ¹	2,443,580		
Family households ¹	1,576,696	(64.5%)	
Family Households with Children < 18 ⁴	748,865	30.6%)	
Average Family size ⁴	3.1		
Poor families with related children under age 18 ⁵	92160		11.5% of all families with related children under age 18

Sources:

- ¹2000 Census of Population and Housing, Summary File 1, Table PCT12
- ²2000 Census of Population and Housing, Summary File 1, Tables P4 and P6
- ³Census 2000 Supplementary Survey, Table P059
- ⁴2000 Census of Population and Housing, Summary File 3, Table DP-3
- ⁵2000 Census of Population and Housing, Summary File 1, DP-1
- ⁵Census 2000 Supplementary Survey, Table P116

2. Massachusetts population, child, and family household data by county (Census, 2000)

County data	Population	% total ¹	Children			Households with children		
			< 18	% pop. ²	% total	<18	% pop. ³	% total
Barnstable	222,230	3.5%	45,557	20.5% ²	3.0%	24,780	26.1% ³	3%
Berkshire	134,953	2.1%	30,229	22.4%	2.0%	16,443	29.4%	2%
Bristol	534,678	8.4%	131,531	24.6%	8.8%	73,029	35.6%	9%
Dukes	14,987	0.2%	3,402	22.7%	0.2%	1,939	30.4%	<1%
Essex	723,419	11.5%	182,302	26.2%	12.4%	96,922	35.2%	12%
Franklin	71,535	1.1%	16,811	23.5%	1.1%	9,257	31.4%	1%
Hampden	456,228	7.2%	118,619	26.0%	7.9%	61,086	34.8%	8%
Hampshire	152,251	2.4%	29,841	19.6%	2.0%	16,760	29.9%	2%
Middlesex	1,465,396	23.2%	329,714	22.5%	22.0%	180,054	32.1%	23%
Nantucket	9,520	0.1%	1,828	19.2%	0.1%	1,045	28.3%	<1%
Norfolk	650,308	10.2%	152,172	23.4%	10.2%	82,093	33.0%	10%
Plymouth	472,822	7.4%	126,716	26.8%	8.1%	65,872	39.1%	8%
Suffolk	689,807	10.9%	139,341	20.2%	9.3%	73,765	26.5%	9%
Worcester	750,963	11.8%	192,997	25.7%	12.9%	101,895	35.9%	13%
MA	6,349,097	100%	1,501,060	23.6%	100%	804,940	32.9%	100%

¹ % total indicates the percentage of the total population in each county.

² Children as a percentage of the population, by county.

³ Family households with children under 18 as a percentage of all family households.

3. Income and Poverty levels of Massachusetts' families and children, by county (2000 Census data)

County data	Median family Income	Families in Poverty	% in poverty	Distribution rate ¹	Children <18 in poverty	% in poverty	Distribution rate ²
Barnstable	\$54,728	2,024	8.1%	2.5	3,817	8.6%	2.2
Berkshire	\$50,162	1,841	11.6	2.2	3,580	12.3	2.1
Bristol	\$53,733	8,421	11.5	10.3	16,670	13.0	9.8
Dukes	\$55,018	163	8.5	0.2	348	10.4	0.2
Essex	\$63,746	9,781	10.1	12.0	21,143	11.9	12.4
Franklin	\$50,915	978	10.5	1.2	1701	10.5	1.0
Hampden	\$49,257	11,428	18.7	14.0	26,105	22.7	15.3
Hampshire	\$57,480	1,275	7.7	1.5	2,370	8.2	1.4
Middlesex	\$74,194	11,459	6.3	14.0	23,231	7.2	13.6
Nantucket	\$66,786	63	3.0	0.1	42	2.3	0.0
Norfolk	\$77,847	3,408	4.1	4.2	6,564	4.4	3.8
Plymouth	\$65,554	4,778	7.2	5.8	10,364	8.3	6.1
Suffolk	\$44,361	16,058	21.6	19.6	33,712	24.9	19.7
Worcester	\$58,394	10,133	9.9	12.4	21,148	11.3	12.4
MA	\$61,664	1,576,696	10.1%	100%	170,795	11.6	100%

¹ Percent of total families in poverty living in country

² Percent of total children in poverty living in country

THE GERONTOLOGY INSTITUTE

University of Massachusetts Boston

The Gerontology Institute at the University of Massachusetts Boston addresses social and economic issues associated with population aging. The Institute conducts applied research, analyzes policy issues, and engages in public education. It also encourages the participation of older people in aging services and policy development. In its work with local, state, national, and international organizations, the Institute has four priorities: 1) productive aging, that is, opportunities for older people to play useful social roles; 2) health care for the elderly; 3) long-term care for the elderly; and 4) economic security for older people. The Institute attempts to pay particular attention to the special needs of low-income minority elderly.

Established in 1984 by the Massachusetts Legislature, the Gerontology Institute is a part of the University of Massachusetts Boston. The Institute furthers the University's educational programs in Gerontology. One of these is a multidisciplinary Ph.D. program in Gerontology. Through the Institute, doctoral students have the opportunity to gain experience in research and policy analysis. Institute personnel also teach in the Ph.D. program.

The Institute also supports undergraduate programs in Gerontology. Foremost among these is the Frank J. Manning Certificate Program in Gerontology, which prepares students for roles in aging services. Most students are over 60 years of age. Each year the Institute assists this program in conducting an applied research project in which students administer a large telephone survey. The Institute also supports an Advanced Certificate program; its in-depth courses focus on specific policy issues. In addition, the Institute sponsors a learning in retirement program, Life Enrichment Through Studies (LETS), a non-credit educational program for adult learners age 50 and over.

The Institute also publishes the *Journal of Aging & Social Policy*, a scholarly, peer-reviewed quarterly journal with an international perspective.

This report is available on the Gerontology Institute's web site at: www.geront.umb.edu or e-mail: gerontology@umb.edu.