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## Guardians of Generations: African American Grandparent Caregivers for Children of HIV/AIDS Infected Parents

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## **Guardians of Generations: African American Grandparent Caregivers for Children of HIV/AIDS Infected Parents**

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Grandparents, particularly grandmothers in the African American community, have historically provided custodial care for their grandchildren (Crewe, 2003). Before the child welfare system accepted its responsibility for the needs of African American children, grandmothers served as the safety net for their biological and informally adopted grandchildren. Throughout history, they have cared for grandchildren whose birth parents were unable or unwilling to care for them. The Children's Bureau has honored this African American tradition of kin caring and has historically supported vulnerable children and their grandparents and relatives who care for them and offer unconditional love. During its 100-year history, the Children's Bureau has emphasized the importance of relatives in creating a safety net for children through kinship care and other supports. It has recognized both the systemic and personal shortcomings that contribute to the substantial and disproportional numbers of African American grandparent caregivers who make extraordinary sacrifices to ensure a good life for their grandchildren.

African American grandparent caregivers are called upon to raise grandchildren when birth parents are neither emotionally nor physically stable because of substance use, mental health problems, incarceration, teen pregnancy, and health challenges. Additionally, military deployment of birth parents as well as economic insecurity has also increased the number of grandparent-headed households. For families of color, the HIV/AIDS epidemic is a major factor that contributes to the growing number of grandparent-headed households (Centers for Disease Control and Prevention, 2003). Many African American grandmothers have accepted the challenge of holding their families together through this crisis. This article is a literature review and addresses the history of surrogate caregiving among African American grandparents and specifically focuses on the racialized HIV/AIDS public health challenge in the African American community. It advocates for an integrated service delivery model that strengthens kinship care through emphasizing both the needs of children and their aging caregivers. This family-centered approach to child welfare advances the mission of the Children's Bureau to maximize the quality of life for vulnerable children in the care of grandparents because of HIV/AIDS. The author advocates for a stronger focus on the mutuality of the needs of the child(ren) and surrogate parents.

### **Kinship Care**

*“Kinship care is . . . this nation’s most valuable resource for children whose parents cannot successfully parent”* (Empire Justice Center, 2011, p. 1).

Taking care of kin is part of being a family. According to the Annie E. Casey Foundation, “This time-honored tradition, known as kinship care, helps protect children and maintains strong family, community, and cultural connections” (2012, p. 1). The child welfare system has historically helped children in the absence of biological parents. Yet sadly, racial discrimination delayed adequate and equal support for African Americans. Thus for African Americans, kinship care was born of necessity because of governmental neglect in meeting their needs (Crewe & Wilson, 2007). As we approach the 150<sup>th</sup> anniversary of the Emancipation Proclamation, the legislation that ended legalized slavery in the United States, African American children continue to be disproportionately represented in the child welfare system. This is an enduring negative outcome of slavery’s attack on the stability of African American families. Today the Children’s Bureau is in the forefront of addressing this inequality. Established in 1912, the Children’s Bureau is the oldest federal agency responsible for child welfare. Its mission in 1912 was “to investigate and report on infant mortality, birth rates, orphanages, juvenile courts, and other social issues of that time” (Administration for Children and Families, 2012). Although today the Children’s Bureau is responsible for the safety, permanency, and well-being of all children, in 1912, African American children fell victim to what Du Bois (1903), in his seminal book *The Souls of Black Folk*, refers to as a vast veil that shut out African Americans. Staples (1999) describes the past relationship of government to the structure of Black family life as “sporadic, misguided, and ineffective” (p. 336). To address this historical inequality, African American progressive era organizations stepped in and supported African American families in caring for vulnerable children. According to Gates (2011), “In the absence of government programs for poor African Americans, black women’s clubs embarked on a remarkable program of service and reform. Emphasizing self-help, club women organized care for the aged and indigent, encouraged education as a way for poor African Americans to improve their lives, and protested segregation in public accommodations” (p. 204). Organizations like the National Urban League and the National Association of Colored Women became the formal child welfare agencies for African Americans (Carlton-Laney, 2001; Gates, 2011). Carlton-Laney states that “essentially, these organizations, as well

as other similar ones, and their charismatic leadership, provided the foundation and framework for social welfare service delivery in the African American community” (p. xiii). Today, the Children’s Bureau has incorporated in its kinship care service delivery the sociocultural frameworks begun by these historic organizations and African American social work pioneers (Crewe, Brown, & Gourdine, 2008). As we face the challenge of the HIV/AIDS epidemic in the Black community, using a cultural lens is particularly important in meeting the complex needs of African American children facing the absence or incapacitation of birth parent(s).

Currently, the estimated total number of kinship caregivers exceeds 2.6 million. One in 11 U.S. children live in kinship care at some time before they turn 18 years old (Annie E. Casey Foundation, 2012). Among children residing in kinship care, 30% are African American. Formalized in the 1980s, kinship care is defined by the Child Welfare League of America (CWLA) as “full time care, nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or any adult who has a kinship bond with a child” (2007). Sometimes the term kinship care is shorthand for kinship foster care. In a year 2000 report to Congress (Empire Justice Center, 2011), kinship care was framed with two dimensions. In the report, public kinship care is referred to as foster care, and private kinship care refers to nonfoster informal care. Grandparents play a major role without regard to the bureaucratic distinctions. The Child Welfare League of America (2007) states that the major growth in the number of children in state custody cared for by relatives is one of the most recent and stunning changes to the child welfare system. Olivia Golden, Urban Institute fellow and former head of the Child and Family Services Agency of the District of Columbia, states that during the past 15 years the biggest national successes in child welfare have been related to the goal of permanence that emphasized placement with biological families as well as kinship care (Gourdine, Brown & Smith, 2008).

Kinship care is acknowledged in the literature as critically important in family preservation and stability and in keeping the child connected to family traditions, goals, and values. Yet it is equally important to recognize that all kinship care placements are not optimal. This is especially true when caregivers are stretching already thin budgets and taking on the added burden of children with health and emotional challenges. A study of children of HIV-infected parents indicates that, when HIV-infected parents lose custody of their children, grandparents are often called upon and that this added responsibility can take a toll on the

family's caring capacities (Cowgill et al., 2007). The authors also acknowledge that too many of these children are subject to increased emotional and behavioral problems and that extended family members, like grandparents, provide them with the best support. Although grandparents often willingly offer the support, there is the uncomfortable reality that financially fragile grandparents make sacrifices that compromise their own health and well-being.

### **Grandparent Caregivers: Carrying on the Legacy of Julia Lathrop**

Sandra Jackson, retired Executive Director of Black Administrators for Child Welfare, states that the important role that children play in society is not debatable and that child welfare agencies were never intended to be the sole entity for keeping children safe (Gourdine, Brown, & Smith, 2008, p. 31). The investment that custodial grandparents have made on a nationwide basis offers evidence of this. For the past 40 years, according to the Population Reference Bureau, the share of U.S. children residing in grandparent-headed households has increased steadily and, between 1970 and 2010, has climbed from 3% to 7% (Scommegna, 2012). The increase over the decades coincides with the hardships caused by the crack epidemic of the 1980s and the "Great Recession" between 2007 and 2009. Today, 5.4 million children reside with grandparents. This represents a 30% increase from 2010. According to the 2010 U.S. Census, 51% of grandparents who have children living with them are White, 24% are Black/African American, and 19% are Hispanic/Latino (Generations United, 2010). The Population Reference Bureau states that in 2010 approximately 920,000 children were being raised by grandparents without a parent in the home and that this was frequently the result of biological parents' substance abuse, incarceration, death, mental illness, or child neglect (Scommegna, 2012). Additionally, military deployment is another reason for grandparents assuming custodial care of their grandchildren (Annie E. Casey Foundation, 2005; Wilkerson & Davis, 2011). According to the Empire Justice Center (2011), many children live with grandparents for the same reason they enter foster care. Donna Butts, executive director of Generations United, states, "Grandparents are doing our country a great service by stepping in, helping raise children and keeping families together. In purely economic terms, grandparents raising their grandchildren save taxpayers more than six billion dollars a year, keeping kids out of the foster care system" (Generations United, 2010). Grandparents most likely appreciate this acknowledgment; however, they are more focused on making life as good as possible for their grandchildren, many of whom face multiple challenges. The greatest

satisfaction, as reported by AARP grandparent focus groups, is the satisfaction of keeping the family together and filling the void left by biological parents (Crewe & Stowell-Ritter, 2003).

Difficult family circumstances are likely to contribute to the higher levels of emotional and behavioral problems of children in grandparent-headed households as compared with children in the overall U.S. population (Scommegna, 2012). Scommegna also states that children with custodial grandparents are more likely to live below the poverty line, have a disability, and perform worse in school.

These data clearly point to the need for partnership with the child welfare system to address added challenges caused by poverty and lower income. Research on younger children in kinship or foster care documents that they have the same emotional well-being as other children in the general population; however, they have lower academic performance in preschool. While most custodial grandparents are driven by love and responsibility, the stresses of off-time or skipped generation parenting coupled with inadequate resources can make the experience challenging. And for many African Americans, the challenges are greater because of the cumulative disadvantages of persistent discrimination that contributes to economic and social inequities. It is of particular note that one third of the grandparent caregivers are over 60 years old and that 20% live at or near the poverty level.

### **African American Grandparents: Guardians of Generations**

E. Franklin Frazier, in his 1939 seminal book, *The Negro Family in the United States*, describes Black grandmothers as the *guardian of generations*. The institution of slavery attacked and disrupted the stability of the African American family. However, African American grandmothers became the anchors for many families and preserved their roots. The intersection of race and gender creates a third burden for African Americans (Malveaux, 2008), and when older age is added, the burden multiplies even more for many. Today, African American grandparents continue to provide emotional and financial support to their children, grandchildren, and great-grandchildren (Bertera & Crewe, In Press).

African Americans, as a single group, represent approximately 13% of the U.S. population. As stated earlier, 2010 census data indicate that they represent almost one quarter (24%) of the grandparents living with grandchildren. Among Blacks, 48% are in a two-generation household, 40% are in a three-generation household, and 13% are in a skipped-generation household (Pew Research Center, 2010). The American Community Survey (2010) data document that there are 1,305,597 African

American/Black grandparent-headed households. Approximately 48% (47.6%) are the primary caregivers of their own grandchildren under 18 years of age. Additionally, they generously care for other relatives and nonrelative children. While most of these valued caregivers are willing to do what is needed to keep their families together, many do so with limited support and assistance and compromise their own quality of life and well-being. Although historically African American grandmothers and grandfathers have stood in the gap, the reasons have shifted over the years. During the period of the Great Migration (1910-1970), many younger African Americans relocated to urban centers throughout the United States, often leaving their minor children in the care of their parents as the younger generation fled the South for safety. Others followed their dream of a better life free of the economic disparities of the Jim Crow South. In her award-winning book, *The Warmth of Other Suns: The Epic Story of America's Great Migration*, Isabel Wilkerson (2010) documents the massive urban relocation of African Americans in their quest for the illusive American dream. The grandparents carried the day-to-day responsibilities of child-rearing, often with financial support from the birth parents to support the household. The grandparent custodial caregiving improved the economic realities and created a path to the middle class for many. Thus, the care of grandchildren was often a self-help economic strategy that allowed birth parents to relocate to other areas that provided more employment opportunities and human dignity.

The recent surge in surrogate parenting among African Americans, according to historians, is more related to the previously mentioned 1980s spike in the use of crack cocaine, incarceration, HIV/AIDS epidemic, and more recently home foreclosures. According to a recent *Washington Post* article, "The implosion of the subprime lending market has left a scar on the finances of black Americans—one that not only has wiped out a generation of economic progress but could leave them at a financial disadvantage for decades" (Mui, 2012). Thus, unlike previous generations of children cared for by grandparents, today's children often find their way to Grandma's house burdened with trauma, disabilities, and stigma. Thus, Grandma's love is sometimes not enough to erase the negatives. A concerned child welfare system is needed to assist with restoring their broken lives. This is especially relevant because of the high rates of economic insecurity among African Americans resulting from the cumulative disadvantage and intersection of poverty, racial discrimination, and gender inequalities. And in a tough economy, the fragile status is of greater concern. Despite the abundance of love that this cohort of



grandparents has for their grandchildren, they find themselves shouldering both the financial and emotional burdens.

It is extremely important to acknowledge the mutual positive effects of surrogate parenting on the child(ren) as well as the surrogate parents. Some older grandparents report a transformation of their lives as an unintended consequence of the care provided. For example, one grandmother caregiver states, “It makes me feel like I have accomplished something in my life. . . [M]y granddaughter just graduated from [high school], and she’s been accepted at Penn State” (Crewe & Stowell-Ritter, 2003, p. 9). Research affirms that there are benefits to custodial grandparents and asserts that the negative health impacts are more related to pre-existing characteristics than the act of caring for their grandchildren (Hughes, Waite, LaPierre, & Luo, 2007). Benefit finding, according to McCausland and Pakenham (2003), is a key construct in understanding coping with diversity and making sense of traumatic events. While this is important, there is also concern about the well-being of older persons who are facing personal health challenges as they address the myriad of needs of minor grandchildren in their care. Although older persons, including African Americans, have benefitted from the programs and services of the Older Americans Act, African Americans still experience double jeopardy. Crewe (2011) states:

In 1964, the National Urban League released a report titled “Double Jeopardy” that emphasized the cumulative effect of racial disparities on African-Americans as they aged. The hardships for many of that generation’s older blacks have indeed followed their children, now entering old age.

In revisiting the 1964 “Double Jeopardy” report, we see that older black people are faring better economically, but there are gaps and inequalities that have not been closed. Disparities still exist between older blacks and whites in almost every category. Too many older Americans, especially African-Americans, have to make hard choices: sometimes between housing, food and medicine, and sometimes between caring for oneself and supporting unemployed younger family members.

Despite the hardships, many grandmothers report positive impacts of grandparenting on their psychological well-being and relate this to their coping assets along with pride and a sense of usefulness (McCausland & Pakenham, 2003). Also, spirituality and faith are important coping mechanisms for surrogate grandparent caregivers (Winston, 2003).

Kelch-Oliver (2011) reports grandchildren being content living with their grandparents although they experience adjustment issues because of parental absence. Additionally health disparities that have followed many of the grandparents into older age present the added challenge of caring for self and others with limited incomes. Social security payments received by older African American grandparent caregivers are used to support grandchildren because of the absence or inadequacy of other financial support or their aversion to any support from the government that is perceived as a “handout” and stigmatizes them as inferior. Grandparents receiving support often find it stigmatized based upon age. They find themselves in the middle of two systems (child welfare and older Americans programs) that do not communicate well with each other. Little (2007) reports on the emotional strain on grandparents forced to jeopardize their senior public housing by allowing displaced grandchildren to reside with them. Similarly, a grandmother in an AARP focus group states, “I have been trying to get a transfer from housing since last year. They told me I couldn’t have a boy and girl sleep in the same room” (Crewe & Stowell-Ritter, 2003, p.14). These are examples of the financial and emotional strain that grandparents experience as they assume the responsibility of surrogate parenting while simultaneously receiving or needing governmental benefits and supports related to older age.

These facts about African American grandparents support the need for the child welfare system to continue its emphasis on providing support to formal and informal grandparent caregivers. They are an integral part of the safety net for children and require culturally appropriate interventions that respect and recognize their unique life course, pride of independence, faith and spirituality, health disparities, financial challenges, emotional benefits, and family traditions that surround caregiving. According to the Annie E. Casey Foundation (2012), “Many grandparents and other relatives raising children also struggle with feelings of guilt and shame about the family circumstances that led to the caregiving arrangement” (p. 5). This is especially true when grandparents simultaneously face the multiple challenges of skipped generation parenting and the presence of HIV/AIDS in the family.

### **HIV/AIDS and Caregiving among African American Grandparents**

Sadly, families of color are disproportionately impacted by AIDS. Older women of color are being increasingly called upon as informal caregivers for adults and children infected by AIDS (Poindexter and Linsk, 1999). Wight, Beals, Miller-Martinez, Murphy, and Aneshensel (2007) state that having a family member with HIV dramatically alters the emotional climate

of the family system and is a major source of stress. AVERT reports, “To date, over 230,000 African Americans have died of AIDS—nearly 40 percent of total deaths—and of the more than one million people living with HIV in the United States of America today, almost half are black” (AVERT, 2012). The Kaiser Family Foundation (2012) reported that persons of color represent 72% of new AIDS cases and 65% of all persons living with AIDS. The policy report on Black Americans and HIV/AIDS emphasizes that “Black Americans have been disproportionately affected by HIV/AIDS since the epidemic’s beginning, and that disparity has deepened over time” (p.1). Among the 1.1 million people living with HIV/AIDS in the United States, 510,000 are Black and represent 2% of Blacks in the U.S. The epidemic among Blacks is higher than any other group, considering that Blacks only represent 12% of the population. Even more devastating is the fact that the HIV and HIV-related death rate is highest among Blacks—for both men and women. In 2009, Blacks accounted for 56% of the deaths due to HIV, and 2007 data show it as the fourth leading cause of death among Black men and the third for Black women aged 25 to 44 years. Although Black men have been the worst hit, the added impact on Black women and youth elevates this to a child welfare crisis. The following data from the Kaiser Family Foundation (2012) are critically relevant to an understanding of the inextricable link between child welfare and HIV/AIDS (p.1):

- Black women account for the largest share of new HIV infections among women (57% in 2009), and the increased rate among Black women is nearly 15 times the rate of White women.
- Black women also account for the majority of new AIDS diagnoses among women (64% in 2010).
- Black women represented more than one third (34%) of new AIDS diagnoses among Blacks.

It is important to note that most (84%) African American women acquired AIDS through heterosexual sex (Centers for Disease Control and Prevention, 2011).

In every aspect of the epidemic, disproportionality is evident for Black men and women. Yet the story is incomplete without adding the equally disturbing data about Black adolescents. In 2010, Black teens (ages 13 to 19) accounted for 70% of the new AIDS diagnoses. The report notes that other age cohorts of Black children are similarly impacted.

Understanding the impact of HIV/AIDS on the African American community and their families requires revisiting socioeconomic issues associated with poverty. These issues include access to high quality health care, housing, and HIV prevention education (Centers for Disease Control and Prevention, 2011). Additionally, according to the Centers for Disease Control and Prevention (CDC), the HIV rate in the African American community is also related to a lack of awareness of their status as HIV-positive and to late diagnosis. According to AVERT, skewed sexual ratios associated with the high rates of imprisonment, death, and drug use among Black men are also contributing factors to the disproportionality cited. These gender imbalances point to institutional racism as a co-conspirator in the epidemic among women, especially those who have been victimized by lower educational attainment and diminished employment prospects (AVERT, 2012). The University of California at Berkeley as well as other institutions has tracked the increasing rate of incarceration among Black men during the 1980s crack epidemic to the increased rate of HIV in heterosexuals, especially women (Johnson & Raphael, 2009). They state that “the lion’s share of the racial disparity in AIDS infection” (p. 251) can be attributed to higher incarceration rates.

Stigma, fear, discrimination, homophobia, and negative perceptions about HIV testing place African Americans at higher risk of not being diagnosed and treated according to the CDC. Work is underway on many planes to address these risk factors through targeted, culturally relevant interventions. However, the National HIV/AIDS Strategy does not make any commitments to new funding (AVERT, 2012). The HIV/AIDS epidemic places stress on the family and in particular the formal and informal caregiving arrangements. HIV-infected parents risk losing custody of their children, either temporarily or permanently, for several interrelated reasons. Cowgill et al. (2007) state that the loss of parental custody of HIV-infected parents is the result of “their disease, their history of injection-drug use, their financial stability, and their mental health status” (p. 502). According to this study, among HIV-infected parents, the reported reasons for loss of custody is drug use (62%); financial inability to take care of the child (27%); HIV status and associated illness (10%); and mental illness (10%). Another 43% report unspecified reasons (Cowgill et al., 2007). Of children not in the custody of their HIV-infected parents, Cowgill et al. (2007) documented that 54% were in the custody of grandparents. While there is great support for grandparents assuming custody, there is also recognition that caring for the child of an HIV-infected parent adds greater responsibilities because of the children’s

potential emotional and behavioral problems. According to Lichtenstein (2008), the HIV-positive caregivers experience stressors, poverty, and stigma. Caregivers, like the infected persons, are also consumed with feelings of being judged, individually and collectively, for what is perceived as immoral behavior—they become victimized (Gadling-Cole, Crewe & Joyner, 2011). Children of HIV-infected parents often experience emotional stress, clinical levels of internalizing and externalizing problems, negative life events and contacts with the criminal justice system” (Cowgill et al., 2007, p. 500). The stigma associated with HIV/AIDS adds yet another burden to caregivers in part because of the personal, community, and professional ignorance surrounding accessing resources and support (Joslin, 2002). Joslin (2002) states that most social service programs are unable to identify the needs of older caregivers because of social stigma and their fear of reduction of benefits. Despite the stigma, older women of color who make up a substantial part of the kinship care network are increasingly called to serve as informal caregivers for both adults and their children with HIV disease (Poindexter & Linsk, 1999).

Grandmothers in the African American community have largely assumed the roles of parenting for birth parents who have died from AIDS or are unable to care for their children (Winston, 2003). While there is limited reliable data on the number of U.S. children who lost a biological parent because of HIV/AIDS, with certainty one can assume that the deaths of 230,000 African Americans resulted in a substantial number of children being parented by others, especially grandparents. Lichtenstein (2008) reports on mathematical modeling that estimates between 80,000 and 100,000 orphaned children in 2000. Twelve years later, one can predict the numbers have grown proportionally in the African American community given the higher rate of infection. Similarly, surveillance reports from the CDC in 1994 reported that 125,000 children in New York City would become motherless by the year 2000 (Carten & Fennoy, 1997). Levine and Stein (1994) were pioneers in the field of social work to address the need for planning for children who lost parents as a result of HIV/AIDS. Almost 20 years later, the need identified by Levine and Stein not only exists but has been compounded by the epidemic in the African American community.

Not surprisingly, the literature is replete with documentation that grandmothers are the primary caregivers for African American children affected and infected by HIV/AIDS (Annie E. Casey Foundation, 2012; Carten & Fennoy, 1997; Cowgill et al., 2007; Wilkerson & Davis, 2011). Just as the crack epidemic strained the informal and formal caregiving networks, so has HIV/AIDS. Because the two epidemics are related, there

has been no reprieve for grandparents, and as they have aged, many also assume caregiving for great-grandchildren. In a study completed by Carten and Fennoy (1997), three themes emerged from caregivers of children of parents with HIV/AIDS. These three themes were:

- Uncertainties about guardianship and custody
- Constraints on receiving early permanency
- Caregiving difficulties in managing the heightened health care needs of children

Based upon the literature, these themes are relevant today and clearly document the need for collaboration between the child welfare system and grandparent caregivers. While the first two themes are consistent with other research findings on grandparent and kinship caregiver needs or concerns (Crewe & Stowell-Ritter, 2003), the caregiving difficulties associated with caring for surviving children is unique to HIV/AIDS. Thus, an acceptable response to their needs requires specific attention to an integrated care system. According to Carten and Fennoy (1997), children suffering the premature loss of a parent as a result of AIDS present new needs that differ significantly from those children traditionally served by the child welfare system. They will also need to draw upon service provided by many health and human service systems (p. 110).

Thus, the grandparent caregivers who are also managing their own health challenges are even more challenged in meeting the special needs presented by children affected by HIV/AIDS. The added burden of stigma and concern about contracting the disease add additional challenges to grandparents who step in to care for their grandchildren. Surrogate parenting as a result of HIV/AIDS can isolate caregivers because they feel ashamed or embarrassed. This causes mental stress and isolates them from needed support for themselves and their grandchildren (Administration for Children and Families, Region IV, 2007). Also, older grandparents caring for young grandchildren may need to appoint a future caregiver, with the understanding that advancing age and/or poor health may prevent the grandparents from continuing to provide care to the children. This concern about the death of the surrogate parent adds an even greater burden to children who have already experienced the loss of a birth parent.

To be most effective with children who have fallen victims to HIV/AIDS through the loss of a parent, the child welfare system is being forced to take an intergenerational approach to service delivery. Murphy,

Hunter, and Johnson (2008) call for such a response in transforming caregiving to meet current needs of an older population committed to caring for grandchildren. They argue for and offer support for broadening child-only case plans to include intergenerational plans. This is consistent with mandates that link the improving well-being of children and their families and is a critically needed strategy that creates a person-centered plan that provides primacy to family caregivers by acknowledging their strengths and adding support in targeted areas.

### **Conclusion**

Julia Lathrop (1912, p. 32) stated “The Children’s Bureau is an expression of the nation’s sense of justice, and the justice of today is born of yesterday’s pity.” Within the context of this article, yesterday’s pity is persistent discrimination among African Americans. Many African Americans have achieved and flourished despite the hardships of the enslaved period. Yet for many the opportunities for growth have been more challenging and have resulted in growing disproportionality in the child and family welfare systems. And the impact of poverty is even more severe when there is a lack of understanding by policy makers of the needs of surrogate grandparents who are sandwiched between their needs for quality of life as older persons and the care of their grandchildren.

The Children’s Bureau has historically concerned itself with the welfare of vulnerable children. It has supported programs that have embraced kinship care as a culturally relevant response to the reunification of children with families. Flaherty, Facticeau, & Garver (1999) caution that “the ease with which black grandmothers assume mothering roles for grandchildren may disguise the acceptability of such arrangements” (p. 224). This is especially true for grandparents caring for the children of biological parents with HIV/AIDS. Because grandparent caregivers are also managing their own aging process, an intergenerational model of service will address the needs of children more organically. Following the lead of the National Family Caregivers Support in the Older Americans Act (Administration on Aging, 2012), programs can be crafted that draw upon the services of grandparent caregivers as they simultaneously pay attention to the needs of the older caregivers. Because the grandparents referenced in this paper are caring for children with HIV/AIDS-infected birth parents, an intergenerational model primarily focusing on quality of life of grandchildren is also inadequate. What is needed is a more robust integrated model that considers the health needs surrounding the grandparents and their custodial grandchildren. In the

case of caring for children affected by HIV/AIDS, child welfare must continue to expand its sphere to address the unique needs of surrogate families. This is consistent with the Africentric perspective presented by Everett, Chipungu, and Leashore (2004).

If we value the phenomenal work of African American surrogate grandparenting, society is compelled to invest in strengthening the support and safety net for aging grandparents. Investing in service provision that recognizes the need for both child and grandparent caregivers is critical (Derezotes, Poertner, & Testa, 2005). This is especially important as African American baby boomers are poised to assume the role of guardians of the next generation of vulnerable children. With mindfulness and with a continued partnership between grandparent caregivers and the government, there can be a more effective blend of the child welfare, aging, and HIV/AIDS networks. An integrated care system that incorporates all three networks can potentially improve the outcomes of children and their surrogate caregivers. Fifteen years ago, Carten and Fennoy (1997) urged human service providers to pay close attention to the experiences of caregivers and to listen to their requests. This continues to be sage advice that can be used to advance practice and evidence-based research. Taylor-Brown and Garcia (1995) advocated for the replacement of reactive and idiosyncratic service delivery for HIV/AIDS-affected families with more systematic permanency planning that supports the extended family, including grandparents, in a way that promotes the well-being of both the child and grandparent. For African Americans, it is more important than ever to create programs that abandon excessive bureaucracy for person-centered approaches. The growing epidemic of HIV/AIDS is a public health crisis that demands no less.

The Children's Bureau and its rich programs like the National Abandoned Infants Assistance Resource Center (2012) is uniquely positioned in its second century to give primacy to creating new initiatives that break down historic silos and replace them with culturally informed policies that acknowledge the uniqueness of the circumstances and the promise of positive outcomes given the right supports. The Children's Bureau's advocacy for family-based interventions that honor strong social ties recognizes the voice of African American grandparents and shows respect for their unique life course. There are opportunities for linkages presented by the National Family Caregiver Support Program (Administration on Aging, 2012) to identify innovative programs that target older African American grandparents as they care for children who are made vulnerable by the racialized public health crisis of HIV/AIDS.



Through recognizing that older grandparents are both sources and targets of needed support, the Children's Bureau can start the next century with targeted programs aimed at strengthening the legacy of African American grandparents as the *guardians of the generations*.

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