



# Relatives Raising Children: Federal Support Helps, but Challenges Persist

GAO-26-107658

Q&A

Report to Congressional Requesters

December 10, 2025

## Why This Matters

In 2023, about 2.4 million children in the United States were raised by grandparents, other relatives, or close family friends because their parents were unable to care for them, according to the most recent data available. Reasons children need another caregiver include parental death, substance abuse, incarceration, and other interrelated factors such as poverty.

Research has shown that when parents are absent, most children thrive best in kinship families, in which they are cared for by family members who can offer stability and continued connections to family, community, culture, and education.

We were asked to review issues related to kinship families. This report describes the characteristics of kinship families, how their challenges may have changed since the COVID-19 pandemic, the resources they are accessing, and how the federal government primarily supports them.

## Key Takeaways

- Kinship families are more likely than all families to be in poverty. Most children in these families are in households headed by grandparents, according to Census Bureau data. Grandparents raising grandchildren are more likely than the general population to have a disability and be out of the labor force. Children living with grandparents more often have physical and mental health issues and special education needs.
- A relatively small portion of children in kinship families are in foster care—for every one child in foster care, about 18 are not, according to Census Bureau and Department of Health and Human Services (HHS) data. Families with children in foster care have access to financial and other resources that other families are ineligible for, if caregivers meet state licensing and other requirements.
- Challenges for some kinship families worsened since the COVID-19 pandemic, such as the cost of living and mental health issues, according to county and tribal officials and kinship caregivers we interviewed. Other challenges, such as the need for childcare and affordable housing, persisted.
- Resources for kinship families varied across the three counties and three Tribes in three states included our review. Officials from all communities told us about resources and supports for families with children in foster care, and resources that all kinship families could be referred to or find on their own.
- HHS has efforts that aim to raise awareness about kinship families, increase collaboration among service providers, and provide information and guidance about supporting kinship families. HHS also administers funds through various programs that states may use to support families.

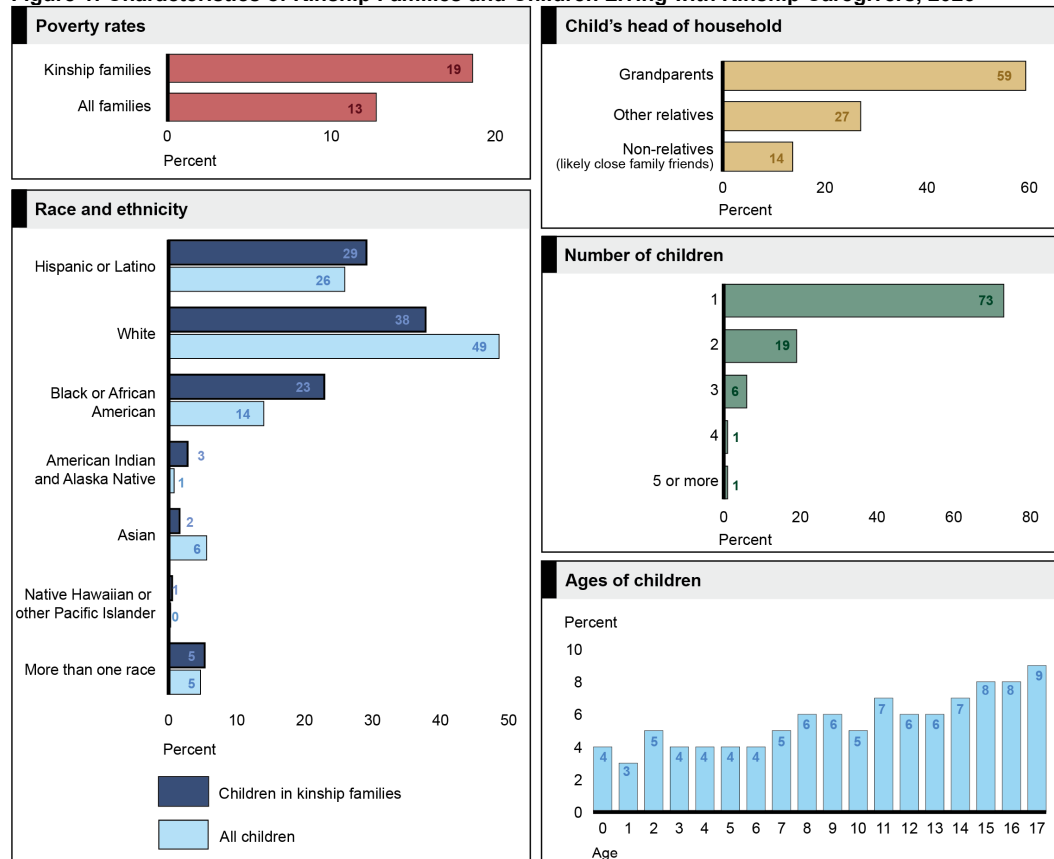
## How do kinship families differ from the general population?

Kinship families differ from the general population in key ways:<sup>1</sup>

According to our analysis of the Census Bureau's Current Population Survey estimates for 2023, the most recent data available, kinship families are more likely than all families to be in poverty.<sup>2</sup> Children who are Black or African American and children who are American Indian and Alaska Native live in kinship families at higher rates relative to other racial and ethnic groups.

Most children in kinship families are in households headed by grandparents. Over a quarter of caregivers in kinship families are raising two or more children who are not their own. Children's ages ranged from infants to teenagers (see fig. 1).

**Figure 1: Characteristics of Kinship Families and Children Living with Kinship Caregivers, 2023**



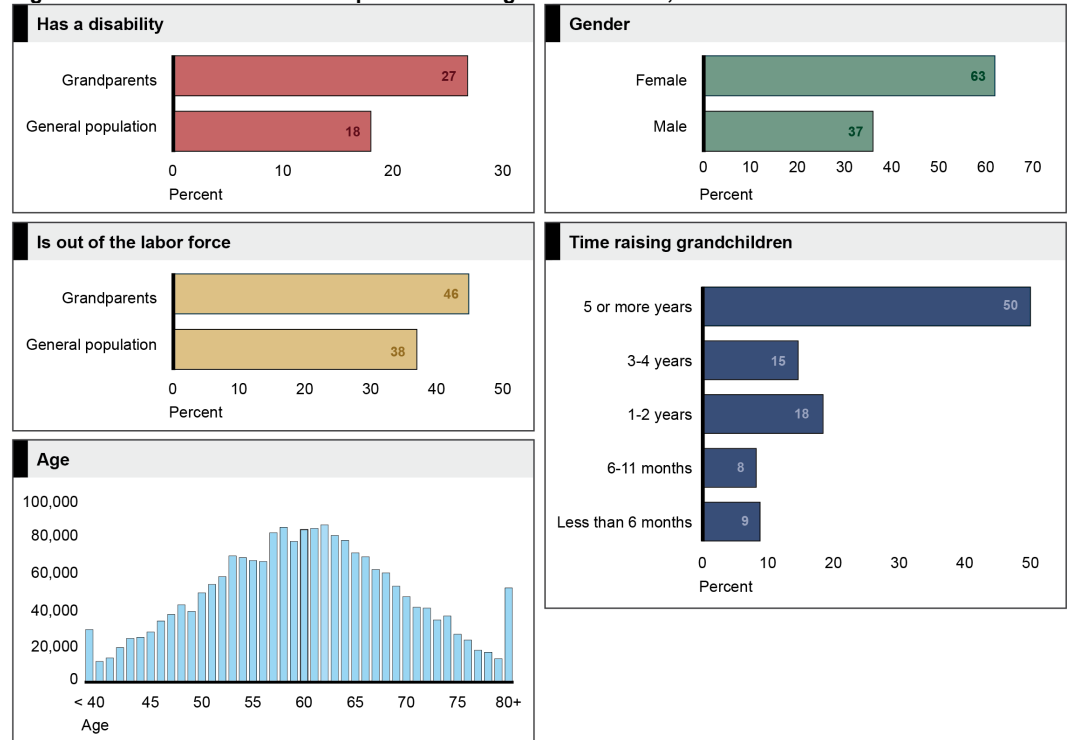
Source: GAO analysis of the Census Bureau's Current Population Survey data. | GAO-26-107658

Note: Percentage estimates have margins of error at the 95 percent confidence level of plus or minus the following or less: poverty rates (3.1 percent), race and ethnicity (4.1 percent), child's head of household (4 percent), number of children (3.1 percent), and ages of children (1.9 percent). We analyzed data on children living in households without their parents and refer to these households as kinship families. Caregivers in these families may also be raising their own children.

According to our analysis of the Census Bureau's American Community Survey estimates for 2023, higher proportions of grandparents who report raising grandchildren live in southern states. Many of these states are among the top 10 states for highest rates of COVID-19 related deaths, drug overdose deaths, and incarcerations, according to most recent readily available data from the Centers for Disease Control and Prevention and Bureau of Justice Statistics for 2022 or 2023.

Grandparents raising grandchildren are also more likely than the general population to have a disability and be out of the labor force. Their average age is 60 years. Most are women, and about half have been raising their grandchildren for 5 or more years (see fig. 2).

**Figure 2: Characteristics of Grandparents Raising Grandchildren, 2023**

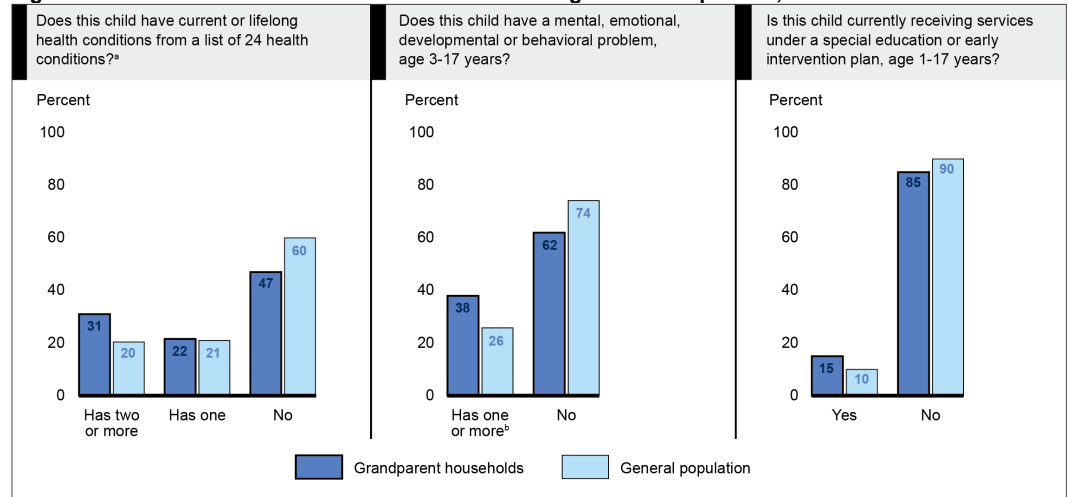


Source: GAO analysis of the Census Bureau's American Community Survey data. | GAO-26-107658

Note: For comparisons of grandparents raising grandchildren to the general population, we analyzed data on adults ages 30 and older. Census Bureau officials said they compare these populations because it is unlikely that people under age 30 would be grandparents. The American Community Survey does not have estimates on the overall grandparent or caregiver population. Percentage estimates have margins of error at the 95 percent confidence level of plus or minus the following or less: has a disability (0.8 percent), is out of the labor force (1 percent), age (26.3 percent of the estimates), gender (0.6 percent), and time raising grandchildren (1.1 percent).

According to our analysis of HHS's National Survey of Children's Health estimates for 2023, children in households headed by grandparents more often have physical and mental health issues as well as special education needs than all children (see fig. 3).

**Figure 3: Health and Education Needs of Children Living with Grandparents, 2023**



Source: GAO analysis of the Department of Health and Human Services' National Survey of Children's Health data. | GAO-26-107658

Note: Percentage estimates have margins of error at the 95 percent confidence level of plus or minus the following or less: current or lifelong health conditions (4.8 percent); mental, emotional, development, or behavioral problem (5 percent); services under a special education or early intervention plan (3.8 percent).

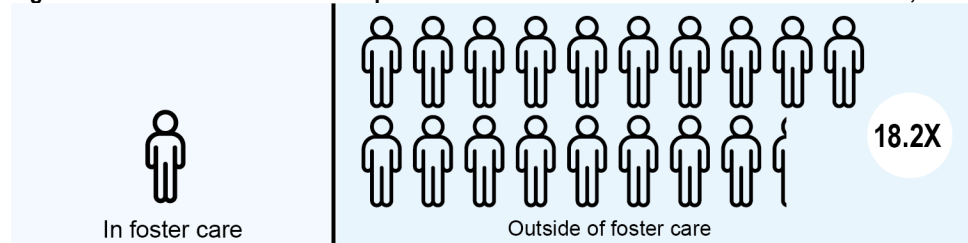
<sup>a</sup>For additional information about health conditions included in the survey, see <https://www.childhealthdata.org/learn-about-the-nsch/survey-instruments>.

<sup>b</sup>Responses can also fall into this category if the child qualifies based on the Department of Health and Human Services' Children with Special Health Care Needs Screener for emotional, behavioral, or developmental criteria.

## How do kinship families differ from each other?

A major difference among kinship families is whether the children they are raising are in foster care. As shown in figure 4, most are not. About 131,000 children in foster care were living with relatives or close family friends in 2023, according to HHS data. This means that they were removed from their parents by child welfare agencies and placed with family members who may have become licensed foster parents. In comparison, about 2.4 million children were living with family members without their parents outside of foster care, according to our analysis of the Census Bureau's Current Population Survey estimates in 2023.<sup>3</sup>

**Figure 4: Ratio of Children in Kinship Families Who Are In Versus Outside of Foster Care, 2023**



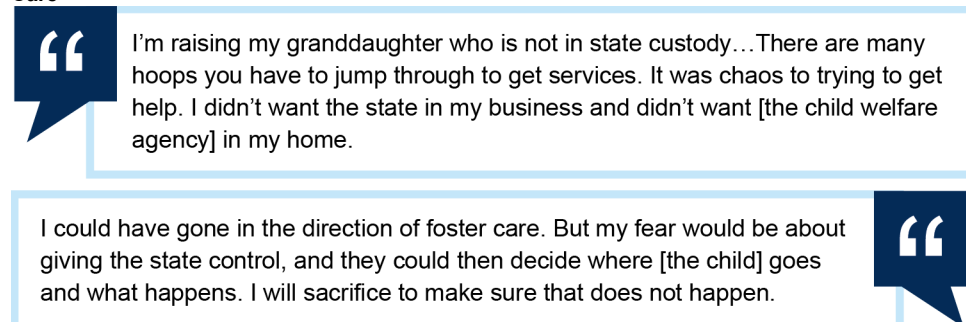
Source: GAO analysis of the Department of Health and Human Services' Adoption and Foster Care Analysis Reporting System and Census Bureau's Current Population Survey data. | GAO-26-107658

This distinction is important because it can impact the level of resources and supports available to families. Kinship caregivers of children in foster care may receive ongoing financial assistance and other supports, typically after undergoing an extensive state licensing process. This process involves parenting training and a home study to assess the suitability of the prospective caregivers, including their health, finances, and criminal history. These caregivers may then receive regular payments to help with the costs of the child's care and access to Medicaid benefits, which may help pay for the child's medical, dental, and other health needs. Caregivers may meet regularly with a caseworker, who monitors the child's wellbeing and can help the family access other resources and supports as needed. Placement decisions are coordinated by the child welfare agency, which may involve the courts and the child's family.

In contrast, kinship caregivers raising children outside of foster care may be doing so with their own resources. To the extent that they meet income and other eligibility requirements, they may have access to federal benefits such as for income and food assistance. For caregivers who do not have legal custody of the children they care for, applying for these benefits or making school and medical decisions for the child can be challenging.

Of the 16 kinship caregivers we interviewed, most said kinship families outside of foster care receive fewer resources and supports than those with children in foster care. One kinship caregiver with three grandchildren in foster care described support she received from child welfare caseworkers in obtaining legal guardianship of her grandchildren and navigating services during the COVID-19 pandemic. Some kinship caregivers discussed reasons why they chose not to have their children in foster care, such as wanting to maintain their family's privacy (see fig. 5).<sup>4</sup>

**Figure 5: Examples of Responses from Kinship Caregivers on Why They Kept Children Out of Foster Care**



Source: Two kinship caregivers GAO interviewed. GAO (icons). | GAO-26-107658

## What challenges exist for kinship families?

Kinship families face many persistent challenges, some of which have worsened since the COVID-19 pandemic. Officials from the three counties and three Tribes in three states and all 16 kinship caregivers we interviewed discussed the same challenges we highlighted in our 2020 report (see fig. 6).<sup>5</sup>

**Figure 6: Examples of Challenges for Kinship Caregivers that Have Persisted**



Source: GAO interviews with county and tribal officials in three states and with 16 kinship caregivers and prior work on relatives raising children (GAO-20-434). GAO (icons). | GAO-26-107658

Officials from all counties and Tribes and most kinship caregivers we spoke with also highlighted challenges that worsened for some kinship families since the COVID-19 pandemic, which could affect kinship caregivers and children in and outside of foster care (see table 1).

**Table 1: Examples of Challenges that Worsened for Some Kinship Families Since the COVID-19 Pandemic, according to GAO Interviews**

Challenge	Examples cited by county and tribal officials and kinship caregivers GAO interviewed
<b>Meeting basic needs due to higher costs</b>	<ul style="list-style-type: none"> <li>• Cost of living increases due, in part, to inflation have strained families' abilities to afford basic needs, such as food, clothing, and utilities. This may be more pronounced for families with children not in foster care (who are ineligible for foster care supports) and for older kinship caregivers who are living on fixed incomes. One caregiver told us that "the cost of everything has exploded" and "some grandparents are going without [their needs being met] so the kids don't have less."</li> <li>• Loss of additional assistance that was temporarily provided to families during the pandemic, such as for rent and food, has further strained families' circumstances. Officials from one county said the end of pandemic-era rental assistance resulted in evictions and overcrowded homes as families moved in together. Officials from this county also said food boxes provided to older adults during the pandemic could help feed entire families. They said their food programs now only provide individualized meals for the older adult.</li> <li>• Some kinship caregivers have delayed paying for other needs, such as home repairs and their own health needs. Officials from one county described kinship families living in homes with a tarp as the roof. Officials from another county described retired grandparents who had gone back to work to support their children.</li> </ul>
<b>Increased mental health issues</b>	<ul style="list-style-type: none"> <li>• Mental health needs have increased since the pandemic due to factors including isolation, stress, trauma, and instability experienced during that time, according to officials from all three counties and three Tribes and a few kinship caregivers GAO interviewed. These issues can affect both kinship caregivers and children. Officials from one county and one Tribe said older caregivers have continued to isolate out of fear of getting sick, which could negatively affect their mental health.</li> <li>• Shortages of mental health professionals have affected the availability of services. Officials from two counties and one Tribe described mental health agencies that have not reopened since the pandemic or have long waitlists due to reduced service capacity.</li> <li>• Mental health issues have affected some children's ability to re-engage in school since the pandemic. Officials from one county said they have seen more learning loss and behavioral issues. Officials from another county said they have also seen more disruptive behaviors as well as chronic absenteeism.</li> </ul>

Source: GAO interviews with county and tribal officials in three states and with 16 kinship caregivers. | GAO-26-107658

Officials from all the counties and Tribes and a few kinship caregivers we interviewed said a new challenge for some families is navigating technology to access services. They said the COVID-19 pandemic moved more processes for accessing services online, including benefits applications, school enrollment forms, and mental health appointments. However, families may lack computer

equipment or not know how to use it, which they said may particularly affect older caregivers and their ability to support the needs of children in their care. In addition, accessing services online is challenging for families with limited internet access, particularly in remote areas.<sup>6</sup>

#### **Additional Challenges for Kinship Families in Tribal Communities**

Officials from the three Tribes GAO interviewed said kinship families are an important and longstanding part of tribal culture. However, these families may face additional challenges, including those related to the geographic remoteness of reservations and a lack of physical infrastructure. For example, officials from one Tribe said tribal members have limited access to housing, water, and internet service, which can affect both kinship families and staff who may serve them. These officials described multiple staff vacancies among agencies serving families due, in part, to these infrastructure and housing issues. They also discussed longstanding challenges that affect all tribal members, including violence, substance use disorder, and suicide. They said these challenges are priorities that the Tribe has plans to address. Officials from another Tribe also said higher rates of COVID-19 related deaths in tribal communities have resulted in loss and family structure changes.

Source: GAO interviews with three Tribes. | GAO-26-107658

#### **What are different communities doing to support kinship families?**

Resources for kinship families varied across the three counties and three Tribes we interviewed in three states (see fig. 7). Officials from all communities told us about resources and supports specific to families with children in foster care. They also discussed resources that all kinship families could be referred to or find on their own.

One county we visited had a program dedicated to helping all kinship families, known as a kinship navigator program. Kinship navigator programs aim to connect kinship caregivers with resources and supports for both children and adults. Officials at the state level told us that the program is available statewide and is provided primarily with state funds.

Officials from the other two states we visited and one Tribe also said they have kinship navigator programs. However, navigator programs in the two states were not available in the communities we visited. Officials from the one Tribe said their program was for families with children in foster care.

**Figure 7: Examples of Resources for Kinship Families Identified by Officials from Communities GAO Visited**



**A nonmetropolitan county**

Local churches and service providers may help families obtain clothing and furniture. Rental and non-profit legal assistance programs are available, but often have long waitlists.

For families with children in foster care, child welfare caseworkers can help them get food, clothing, beds, and mental health services. Caseworkers can also help families sign up for income and utility assistance programs.

Food and transportation assistance programs are available for older adults. Respite care services are also available to give family caregivers a break from the demands of caregiving. However, these programs do not specifically focus on older kinship caregivers.



**A metropolitan county**

A kinship navigator program helps all families connect with resources and supports. Families who join the program are assigned a community support worker, who assesses the families' needs and connects them with food, childcare, mental health, and other services.

The program also offers legal services to help kinship caregivers obtain guardianship of their children, such as advice and help with paperwork. It also facilitates caregiver support groups and training in topics such as using technology, social media, and school curriculum.



**A Tribe**

Various programs are available to help populations that may include kinship families, including assistance for low-income families, older adults, and people with disabilities. Other programs provide respite care, help with home repairs and utilities, school clothing, and childcare subsidies for eligible families.

For families with children in foster care, programs help ensure that children are placed in homes that provide opportunities for cultural connections and learning about traditions. Mental health services are also available for children in foster care, with a key focus on cultural education and traditional services. These services can be provided to families in their homes.

Source: GAO interviews with county and tribal officials in three states. | GAO-26-107658

## How does the federal government help communities serve kinship families?

The Department of Health and Human Services (HHS) helps communities serve kinship families in the following ways, including leading two advisory councils and a national technical assistance center (see fig. 8).

**Figure 8: Examples of HHS Efforts to Help Communities Serve Kinship Families**



**Raise awareness about kinship families**

HHS's advisory councils issued reports on the challenges faced by kinship and other family caregivers and federal programs available to them. The councils also developed recommendations and a national strategy for supporting this population.<sup>a</sup>

HHS's national technical assistance center publishes data on the number and proportion of kinship families, including by state.<sup>b</sup> It also developed brochures for newer staff in aging, child welfare, education, and other fields to raise awareness about kinship families.



**Increase collaboration among service providers**

HHS's national technical assistance center partners with organizations across aging, mental health, child welfare, and other networks.

It also hosts peer learning communities for state, county, tribal, nonprofit, and other service providers to share information. This includes an in-depth program for three jurisdictions selected through a competitive process to improve collaboration among service providers.<sup>c</sup>



**Provide information and guidance about supporting kinship families**

HHS's national technical assistance center shares online resources and hosts webinars on topics such as how to help kinship families with financial, food, and legal needs. It provides technical assistance based on requests, and highlights promising practices from state, tribal, and other government agencies and nonprofit organizations for supporting kinship families.

Source: GAO summary of information from the Department of Health and Human Services (HHS). | GAO-26-107658

<sup>a</sup>The advisory councils were established in 2018 under the Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 and the Supporting Grandparents Raising Grandchildren Act. Each act included membership and reporting requirements for the respective councils, and some efforts were completed jointly.

<sup>b</sup>This center is called the Grandfamilies & Kinship Support Network: A National Technical Assistance Center.

<sup>c</sup>The jurisdictions are the Oneida Nation, state of Idaho, and San Diego County, California.

HHS also issued final regulations in 2023 intended to help more kinship caregivers become licensed and eligible for foster care resources and supports.

We reported in 2018 that extensive state licensing processes may discourage prospective foster families, including delays in getting fingerprints, completing background checks, or reviewing applications.<sup>7</sup> The 2023 regulations allow states to adopt licensing standards for kinship foster homes that are different than those used for non-relative homes. HHS encourages child welfare agencies to adopt licensing standards for kinship caregivers to place fewer burdens on these families.<sup>8</sup> According to HHS officials, 13 states and 4 Tribes are approved to use separate standards as of November 2025.

HHS administers funds that states may use to support kinship families, with some programs targeted to families with children in foster care.<sup>9</sup> States may not use all these programs and may use program funds to serve broader populations rather than kinship families specifically (see table 2).

**Table 2: Examples of Key HHS Programs that May Support Kinship Families**

<b>Program</b>	<b>Types of kinship families who may be served<sup>a</sup></b>	<b>Number of states that used program funds in fiscal year 2023<sup>b</sup></b>
<b>Title IV-E Foster Care.</b> Provides payments to states that cover a portion of the cost of care of children in foster care	Families with children in the Title IV-E foster care program	All states, eight Tribes
<b>Title IV-E Guardianship Assistance.</b> Provides payments to states to support caregivers who become legal guardians to help with the cost of care of children who were in foster care	Families with children who were discharged from the Title IV-E foster care program into legal guardianship	40 states, two Tribes
<b>Title IV-E Kinship Navigator.</b> Provides funding to states for programs to help kinship families connect with resources and supports, if programs meet certain requirements	All families	Two states <sup>c</sup>
<b>Title IV-B.</b> Provides funding to states primarily for services designed to protect children; support, preserve, and reunite families; and promote and support adoption <sup>d</sup>	All families	All states, 172 Tribes <sup>e</sup>
<b>Temporary Assistance for Needy Families.</b> Provides block grants to states to provide cash assistance and services to low-income families with children that are designed to meet one or more of four broad statutory purposes, one of which is to support needy families so that children may be cared for in their own homes or the homes of relatives	For cash assistance, families with caregivers who meet state income and other requirements or children under a “child-only” option, in which adults are not included in the benefit calculation  For services, all families	All states, 76 Tribes
<b>Title III National Family Caregiver Support.</b> Provides funding to states for support services such as respite care to help family caregivers, including	All families with caregivers ages 55 and older with children who are related by blood	Not available <sup>f</sup>

kinship caregivers ages 55 and older who are raising children		
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Source: GAO summary of information from the Department of Health and Human Services (HHS). | GAO-26-107658.

<sup>a</sup>States may have eligibility requirements that kinship families must meet for these programs.

<sup>b</sup>Eligible Tribes may also receiving funding for these or similar programs. We reported in 2020 that states were not using some optional federal programs to support kinship families ([GAO-20-434](#)). We found that HHS provided assistance to states about using these programs if states requested it, and state officials we spoke with said they would like more guides or tools for using the programs. We recommended that HHS establish an ongoing process to proactively share information and best practices with states about programs HHS administers that are available to serve kinship caregivers. HHS did not agree with our recommendation. In November 2025, HHS shared various resources it had provided to states since 2020 on programs available to serve kinship caregivers. However, it did not provide documentation of an ongoing process to check in with and discuss each program with states, particularly those with high proportions of kinship caregivers that are not operating these programs. Thus, our recommendation remains open.

<sup>c</sup>Kinship navigator programs may be operated by state, county, or community organizations. However, to receive federal funds under Title IV-E, HHS must determine that those programs meet certain requirements. We reported in 2023 on challenges selected states had understanding or meeting these requirements and HHS's efforts to assist them ([GAO-23-105624](#)). According to HHS officials, 12 jurisdictions have approval to access these funds as of August 2025, and Ohio claimed such funds in fiscal year 2023. In addition, a provision in Division X of the Consolidated Appropriations Act, 2021 temporarily modified the requirements for participating in the Title IV-E Kinship Navigator Program. This provision temporarily waived evidence-based standards for programs during the COVID-19 public health emergency period. Massachusetts claimed such funds in fiscal year 2023. The waiver ended on June 30, 2023.

<sup>d</sup>Title IV-B includes the Stephanie Tubbs Jones Child Welfare Services program (Subpart 1) and the MaryLee Allen Promoting Safe and Stable Families program (Subpart 2). Congress set aside funds under Title IV-B, subpart 2 for fiscal years 2018 through 2025 to help states and Tribes directly operating a Title IV-E program develop, enhance, or evaluate their kinship navigator programs. In fiscal year 2023, all states and 12 Tribes received Title IV-B, subpart 2 kinship navigator funds.

<sup>e</sup>HHS provided information on the number of Tribes that were allotted funds in fiscal year 2022.

<sup>f</sup>HHS did not provide information on the number of states that opted to use funds for this program.

In April 2025, as part of agency restructuring, HHS announced its intent to dissolve the Administration for Community Living, which was responsible for overseeing some efforts and programs to support kinship families. These efforts will be overseen by the Administration for Children and Families though this change has not been effectuated yet as of November 2025, according to HHS officials.

## Agency Comments

We provided a draft of this report to HHS for review and comment. HHS provided technical comments, which we incorporated as appropriate.

## How GAO Did This Study

To describe the characteristics of kinship families, we reviewed relevant literature and analyzed nationally representative data from the Census Bureau's Current Population Survey, Census Bureau's American Community Survey, HHS's National Survey of Children's Health, and HHS's Adoption and Foster Care Analysis and Reporting System for 2019 through 2023, the most recent years available across data sources we analyzed. The four data sources provide information on various populations: children living in households without their parents who were not reported by the householder as being in foster care, grandparents who reported being responsible for grandchildren, children living in households headed by grandparents, and children in foster care placed with relatives and close family friends. For additional information about our definitions and methods for analyzing Census Bureau data sources, see our prior report on relatives raising children ([GAO-20-434](#)).

To assess the reliability of these data, we interviewed Census Bureau and HHS officials, examined relevant documentation, and reviewed results for any outliers, obvious errors, and logic flaws based on information we gathered on kinship families. We determined that the data were reliable for the purposes of describing

kinship families in 2023. We did not use Census Bureau data for 2020 due to data collection differences during the pandemic.

To describe how challenges for kinship families may have changed and the resources they are accessing, we conducted site visits to three counties and three Tribes in Mississippi, New Mexico, and Oklahoma. The goal of these visits was to provide a diverse array of perspectives and include communities that have a higher proportion of kinship caregivers or are affected by issues that result in kinship caregiving arrangements. As such, we selected states based on factors such as high proportions of kinship caregivers and high rates of COVID-19 related deaths, overdose deaths, and incarcerations, factors that impact the need for kinship caregiving.

Within these states, we selected counties that varied in levels of urbanicity and had large Black or African American, Hispanic or Latino, and American Indian and Alaska Native populations to include populations who are more likely to be kinship caregivers, among other factors. We also included the perspectives of Tribes that had programs to support kinship families or that collaborated with state and county agencies for such services.

During our site visits, we spoke with officials providing aging, child welfare, education, legal, mental health, and other services for kinship families. The number and types of service providers we spoke with varied across communities depending on the services and officials available. The information we gathered from officials may not be exhaustive of all resources and supports available in each community.

In addition, we interviewed 16 kinship caregivers from 10 states and two Tribes by holding five discussion groups. We identified kinship caregivers by working with service providers who helped organize our site visits and with a national organization that advocates on issues related to kinship and multigenerational families. Most of the kinship caregivers who volunteered for our discussion groups were grandparents. Because we relied on service providers and a national organization to identify volunteers, those who joined our discussion groups were likely engaged with and informed of programs and issues affecting kinship families. The results from our site visits and discussion groups are not generalizable and are intended to provide illustrative examples of the challenges and resources for kinship families.

To describe how the federal government supports kinship families, we interviewed officials from the Bureau of Indian Education, Department of Education, and HHS. We also reviewed relevant information about federal efforts and programs to support kinship families, such as reports and documents from HHS's advisory councils and national technical assistance center.

We conducted this performance audit from July 2024 to December 2025 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## List of Addressees

The Honorable Kirsten Gillibrand  
Ranking Member  
Special Committee on Aging  
United States Senate

The Honorable Susan M. Collins  
United States Senate

The Honorable Mark Kelly  
United States Senate

The Honorable Tim Scott  
United States Senate

We are sending copies of this report to the appropriate congressional committees, Secretary of the Interior, Secretary of Education, Secretary of Health and Human Services, and other interested parties. In addition, the report will be available at no charge on the GAO website at <https://www.gao.gov>.

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## Endnotes

<sup>1</sup>In this report, kinship families refer to families in which a minor child is living with grandparents, other relatives, or close family friends (kinship caregivers) when their parents are unable to care for them. We did not examine family caregivers of older adults or adults with disabilities. For additional information about family caregivers, see GAO, *Caregiving: HHS Should Clarify When Youth May Qualify for Support Services*, [GAO-25-106947](#) (Washington, D.C.: May 14, 2025); *Retirement Security: Other Countries' Experiences with Caregiver Policies*, [GAO-20-623](#) (Washington, D.C.: Sept. 30, 2020); *VA Health Care: Actions Needed to Improve Family Caregiver Program*, [GAO-19-618](#) (Washington, D.C.: Sept. 16, 2019); and *Retirement Security: Some Parental and Spousal Caregivers Face Financial Risks*, [GAO-19-382](#) (Washington, D.C.: May 01, 2019).

<sup>2</sup>Data for 2023 were the most recent available across Census Bureau and HHS data sources we analyzed.

<sup>3</sup>For the number of children in foster care living with relatives or close family friends, we used data reported by states in HHS's Adoption and Foster Care Analysis Reporting System. HHS added new variables on living arrangements for children in foster care in 2023, including a variable for children living with close family friends. We reported on children living both with relatives and close family friends. HHS said these data reflect reports as of May 1, 2025, and states may continue to refine their data. For the number of children living with family members without their parents outside of foster care, we analyzed the Census Bureau's Current Population Survey estimates. We excluded children who were reported as being in foster care, though our analysis may still include some children in foster care because householders may report children as relatives and not as children in foster care, according to Census Bureau officials in our prior work ([GAO-20-434](#)). The numerical estimate has a margin of error at the 95 percent confidence level of plus or minus 8 percent of the estimate.

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<sup>4</sup>We conducted all interviews using semi-structured interview protocols that included open-ended questions. Because information was volunteered in response to these questions, the counts of those citing each response varies. In this report, we use qualifiers to quantify responses from kinship caregivers. “A few” represents responses from two to three caregivers, “some” represents four to seven, “half” represents eight, “most” represents nine to 12, “nearly all” represents 13 to 15, and “all” represents 16.

<sup>5</sup>GAO, *Child Welfare and Aging Programs: HHS Could Enhance Support for Grandparents and Other Relative Caregivers*, [GAO-20-434](#) (Washington, D.C.: July 10, 2020).

<sup>6</sup>For additional information on some of the challenges identified since the COVID-19 pandemic, which could affect broader populations, see GAO, *Behavioral Health and COVID-19: Higher-Risk Populations and Related Federal Relief Funding*, [GAO-22-104437](#) (Washington, D.C.: Dec. 10, 2021) and *Broadband: National Strategy Needed to Guide Federal Efforts to Reduce Digital Divide*, [GAO-22-104611](#) (Washington, D.C.: May 31, 2022).

<sup>7</sup>GAO, *Foster Care: Additional Actions Could Help HHS Better Support States' Use of Private Providers to Recruit and Retain Foster Families*, [GAO-18-376](#), (Washington, D.C.: May 30, 2018).

<sup>8</sup>Department of Health and Human Services, *Final Rule on Separate Licensing Standards for Relative or Kinship Foster Family Homes*, [ACYF-CB-IM-23-07](#) (Washington, D.C.: Sept. 28, 2023).

<sup>9</sup>For additional information on federal funding for child welfare, see GAO, *Child Welfare: States' Use of TANF and Other Major Federal Funding Sources*, [GAO-25-107467](#), (Washington, D.C.: Apr. 8, 2025).