

2014

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Recommended Citation

Littlewood, K. A. (2014). Grandfamilies Outcome Workgroup's (GrOW) review of grandfamilies support groups: An examination of concepts, goals, outcomes and measures. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 1 (1). Available at: <http://scholarworks.wmich.edu/grandfamilies/vol1/iss1/3>

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Cover Page Footnote

This study is based on the hard work and dedication of the Grandfamilies Outcome Workgroup (GrOW), including: Donna Fedus, The Consultation Group, Yale University; Larry Cooper, Children's Home, Inc.; Madelyn Gordon, Grandparents as Parents, Los Angeles, CA; Dr. Deborah Langosch, Jewish Board of Family and Children's Services, New York; Dr. Kerry Littlewood, East Carolina University; and Dr. Anne Strozier, University of South Florida and National Coalition on Grandparents for Children's Rights. The mission of GrOW is to increase the use of quantitative research methods throughout kinship care programs across the U.S. and to collaborate on reviewing, identifying and evaluating outcomes related to work with grandparents and other relatives raising children.

Research Article

**Grandfamilies Outcome Workgroup's (GrOW)
review of grandfamilies support groups:
An examination of concepts, goals, outcomes and
measures**

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Abstract

For grandparents raising grandchildren, support groups continue to be the most widely available service, but there is no best practice or recommended approach to evaluating this intervention (Strozier, 2012). In response to this issue, a literature review was conducted on how support groups for grandparents raising grandchildren were being evaluated. No one instrument exists to measure all the goals and outcomes established by support groups for grandfamilies. Participants in this study included members of the Grandfamilies Outcome Workgroup (GrOW), representing five states (CA, NY, FL, CN, & AZ). These organizations facilitate over 35 support groups for grandparents raising grandchildren. They were selected for convenience, their interest in promoting outcomes for support groups, and their involvement with GrOW. To assist with data collection, the GrOW Support Group Inventory helped to identify a gap in existing support group performance management. No participating GrOW support groups regularly collected process data to assess whether adequate processes are being performed or if desired results are being achieved. Support groups seemed to rely too heavily on personal testimonials and satisfaction surveys instead of reliable and

valid measures to assess outcomes. Recommendations for evaluating outcomes from support groups for grandfamilies are provided. In particular, this study identifies important concepts, goals/outcomes, and measures that can be used in future investigations on support groups. These results will guide GrOW's continued efforts to promote outcomes for grandfamilies support groups.

Keywords: grandparents raising grandchildren, support group, grandfamilies outcome workgroup.

The Grandfamilies Outcome Workgroup (GrOW) was established in 2009 to collaborate on reviewing, identifying, and evaluating outcomes related to work with grandparents and other relatives raising children. GrOW was initiated in Denver, Colorado at a Brookdale Conference (Relative as Parents Program) as a continuation from a session titled, "Sustaining Your RAPP." Individuals from New York, California, Connecticut, Arizona, Florida, and North Carolina met after the session to continue their dialogue on how to improve outcomes for grandfamilies programs. This discussion continued over the next five years via monthly conference calls. This working group is called the Grandfamilies Outcome Workgroup (GrOW). Very early in the conversation among members, it became clear that most were involved with grandfamilies support groups for some time, but not a single group seemed to be measuring outcomes the same way. Support groups are a way to provide emotional, educational, and psychological support and interventions. For grandparents raising grandchildren, support groups continue to be the most widely available service, but there is no best practice or recommended approach to evaluating this intervention (Strozier, 2012).

In response to this issue, GrOW conducted a literature review on how support groups for grandparents raising grandchildren were being evaluated. When the literature was explored, it illuminated areas in need for development. Next,

GrOW used this information to inform an inventory of specific support group-level data from members in five states. These results were used to create recommendations for evaluating outcomes from support groups for grandfamilies. This article will detail the literature on grandfamilies support groups and outcomes, results from the GrOW Support Group Inventory, and recommendations on how to begin to examine outcomes for grandfamilies support groups.

Literature Review

In the U.S., one in 11 children lives with a grandparent or other relative raising children at some point before the age of 18 (Annie E. Casey, 2012). Because these children and families living with relatives receive less benefits and services than non-relative foster parent families (Annie E. Casey, 2012), support groups have become an important source of support for families adjusting to changing structure and roles. Many circumstances result in the decision of non-parental relatives to care for their younger kin. Social problems such as child maltreatment; parental substance abuse, incarceration, and mental illness; teenage pregnancies; and extreme poverty are major contributors to kin care. The impact of these social problems on the family system is often devastating and in turn forces families into making difficult decisions, such as living in multigenerational homes or taking on the responsibility of raising a relative's child. For grandfamilies, or those families involved with raising relative children, one of the most widely available interventions is the support group, which allows members to provide each other with various types of help.

The intent of this review is to examine the effectiveness of support groups for grandparents raising grandchildren. The following databases were searched: Science Direct, EBSCO, EMBASE, MedLine, PsycInfo, CINAHL, PubMed, Cochrane, and TRIP. Key words included: support, group, grandparents, grandmother, kinship care, effectiveness, outcomes, and raising children.

The review found that very few studies examined “treatment outcomes” of support groups for grandparents and other relatives raising children. This finding is surprising considering the popularity of the intervention. The best supportive evidence of effectiveness for support groups was found in the cancer support group literature. This field seemed to test effectiveness of the support group intervention with the most rigor. While many studies involving kinship care or grandparents or other relatives raising children used support groups to pursue their research, most were only interested in providing descriptive information about the sample of caregivers and their experiences, rather than the effectiveness of the support group as a treatment.

Conceptual Development

In the review of grandfamilies support groups, several conceptual definitions contributed to the knowledgebase. Support groups are groups offered by professionals or both professionals and peers who provide emotional, educational, and psychological support and interventions (Spirig, 1998). Peer support groups refer to groups of people who share the same problem and who come together to provide mutual help and support (Adamsen, 2002). Support groups vary from field to field, depending on the type of support provided. Stevens and Duttlinger (1998) helped to inform the structure of support groups by establishing five criteria used to identify breast cancer support groups: (a) groups had a well-defined focus on the topic and its impact; (b) the purpose of the groups was to exchange information and assistance, give comfort and validation, and improve functioning in a semi-structured manner; (c) the groups were essentially self-governed with members serving as primary caregivers, but had professionals or paraprofessionals who led issue-focused discussions and exercises, explained medical and psychological aspects of the topic, and provided training in coping skills; (d) the groups met weekly for at least 90 minutes and consisted of approximately 10–15 members; and (e) the groups charged no fees.

The effectiveness of mutual support groups has been most rigorously explored as a treatment for depression in a randomized comparison trial with cognitive behavioral therapy (CBT) (Bright, Baker & Neimeyer, 1999). The study found that mutual support groups were generally just as effective as trained therapists at alleviating moderate levels of depression. Marmar et al. (1988) used a controlled trial to compare mutual support groups with brief dynamic psychotherapy and found that both treatments showed similar effectiveness. Additionally, Roberts et al. (1999) found that participants in a mutual support group for people with serious mental health problems showed improved psychosocial adjustment and those who helped others were more likely to improve themselves. This demonstrates a “helper therapy principle,” which is the notion that it is therapeutic for people who need help to provide help to others.

McCallion, Janicki, Grant-Griffin, and Kolomer (2000) described support groups for grandparents raising grandchildren and provided some guidance on structure, similar to Stevens and Duttlinger (1998), which informed the cancer support group structure. The criteria include the following: (a) groups are located in participants’ own community; (b) groups offered supports that facilitate attendance, including in and out of home respite and transportation assistance; (c) groups include caregivers in the selection of intervention components; (d) groups need both education and support; (e) groups need to use an empowerment-influenced approach; and (f) groups need to include concrete services.

Grandparent Specific Outcomes

In 2000, Generations United (GU) partnered with the Brookdale Foundation Group to create KinNET, a network of support groups for grandparents and other relatives who are raising children who are also involved with the child welfare system, often called “formal arrangements.” Funded in 2000 through a cooperative agreement with the U.S. Children’s

Bureau, KinNET developed a best practice video, an annotated bibliography, and an evaluation by Smith and Monahan (2006). The evaluation examined collaboration with 23 community organizations resulting in the creation of support groups in 10 Federal Regions of the United States. Drawing from these groups, a sample of 102 caregivers completed evaluation surveys to provide demographic and caregiving information on themselves and 226 children and youth in their care. The survey showed that only 6% of the caregivers in the sample were licensed to provide foster care. The results also indicate that it was important for programs to be flexible to meet the myriad needs of attendees. In addition, successful support groups provide access to services, information, and ongoing connection among participants and community-based agencies. Additional services such as childcare, children's activities, transportation, and respite are also important to the groups' success (Generations United, 2007).

Support groups seem to be a popular intervention beyond the United States, as literature from the United Kingdom and Australia prefer this intervention as a good practice for grandparents raising grandchildren. Valentine, Jenkins, Brennan, and Cass (2013) interviewed 55 service providers and policymakers from Australia, and participants found support groups to be one of the best ways for grandparents to receive information and to give and receive peer support.

Yancura (2013) noticed that participants involved in most studies on grandparents raising grandchildren are recruited by social service providers. Yancura acquired a sample from those registered with a public school district to complete a survey to examine social service needs. In this sample, 75% (n=150) of grandparents noted that a support group was an unmet need for them, indicating that these caregivers may be falling between the cracks in social service delivery systems. Although this study identifies the importance of support groups as an unmet source of support for this population, it does not fully explain the bias associated with

how their sample was collected from public school records. Many caregivers also experience barriers enrolling children in the school system when they do not have legal custody of children (Strozier, McGrew, Krisman, & Smith, 2005).

Hayslip and Kaminski (2005) described the importance of balancing aspects of support and education in a concurrent group for grandparents raising grandchildren. Caregivers may need to disclose and share personal stories, but also receive important educational information to help them manage their role (Wohl, Lahner, & Jooste, 2003). Skilled facilitators can strike a balance between personal sharing and provision of information (Strom & Strom, 2000). Wohl and colleagues (2003) suggested educational content for groups, including: parenting skills, communication skills, advocacy issues, contemporary issues, and grief and loss issues.

Cuddeback (2004) examined the existing evidence of support groups for grandparents in his systematic analysis of kinship care. According to Cuddeback, there is limited evidence that grandparent caregivers benefit from support groups (Burton, 1992; Kelley, 1993; Vardi & Buchholz, 1994; Grant, Gordon, & Cohen, 1997; Burnette, 1998; Weber & Waldrop, 2000). Although studies have shown that grandmothers who participate in support groups have less self-reported depression and stress (Grant, Gordon, & Cohen, 1997; Burnette, 1998), and increased social support (Strozier, 2012), these findings have limited generalizability and have yet to be linked with improved child outcomes. Few studies have specified the criteria for inclusion in support groups. The participants in support groups are people who not only recognize that they need help, but also seek this help out in a group format. Participation rates also vary between groups. This variation makes it difficult to generalize the outcomes of support groups to those who do not participate. Groups often use self-report satisfaction surveys that lack the reliability and validity of standardized instruments and tend to be high in social desirability bias (Kim, 2013). Reporting on outcomes of support groups is also difficult because it is challenging to

identify a control or comparison group and establish treatment fidelity. This study will explore how five states are implementing and evaluating outcomes for support groups through the use of a support group inventory.

Methods

Participants

Participants in this study included members of the Grandfamilies Outcome Workgroup, representing five states (CA, NY, FL, CN, & AZ). These organizations facilitate over 35 support groups for grandparents raising grandchildren. They were selected for convenience, their interest in promoting outcomes for support groups, and their involvement with GrOW. Details about the organizations involved with GrOW are shown in Table 1. Each organization has been facilitating grandfamilies groups for an average of 14 years, ranging from 7-23 years. Groups are funded by diverse funding sources including: private foundations, public state funding, private donations, and federal and local sources.

TABLE 1. Grandparent Raising Grandchildren Support Groups in Five States

State	Program	Year Established	Funding Sources
California	Grandparents as Parents, Inc.	1987	Brookdale Foundation, Department of Aging, foundations, program fees, individual donations, and corporations. Cost free to participants.

New York	Jewish Board of Family and Children's Services, Kinship Care Program	2004	Brookdale Foundation and New York State Office of Children and Family Services.
Connecticut	Grandparents Raising Grandchildren Program, The Consultation Center, Yale University	1995	National Family Caregiver Support Program, Private Donations, and Connecticut State Department of Mental Health and Addiction Services.
Florida	Kinship Care, The Children's Home, Inc.	2000	County Children's Services Council, local child welfare agency, and Brookdale Foundation
Arizona	KARE Family Center	2003	Tuscon Electric Power, United Parcel Service,

Procedures

GrOW members were asked to participate and share information about their support groups. To capture information, an inventory was created by GrOW called the GrOW Inventory of Support Groups (GrOW Inventory), to

help explore some of the variations and commonalities found in the literature and GrOW members' experiences facilitating or sponsoring groups in their own communities. It was important for the participants to differentiate between community-specific aspects of the group process and those characteristics of the group which are shared from place-to-place. GrOW developed the item pool for the inventory based on the review of the literature, experience of members, and further questions that needed answering before beginning to understand how to best articulate outcomes for caregivers. These items included the following: (a) description of program, (b) date established, (c) setting, (d) description of the participants, including demographics (e) structure of the group, (f) frequency, (g) facilitation, (h) funding, (i) unique features, (j) group goals, and (k) measures and evaluation.

Data Collection and Analysis

While it took GrOW several months to finalize the information captured in the inventory, each participant spent a few hours to complete the inventory based on their own groups. Once all inventories were completed by the participants, the author analyzed the results looking for emerging themes, commonalities, and unique characteristics of the groups. Preliminary results of the analysis were shared with participants to improve internal validity of the findings. Individual feedback from participants was incorporated in the findings and discussed during subsequent meetings among GrOW members via conference call. The results highlight the final results of the inventory.

Results

Description of program, setting, and participants

The support group is one of several interventions implemented by the participating organization. Several organizations also provided case management, mental health counseling, and information and referral to support group participants in part of a wraparound approach to meet caregiver

needs. While several support groups used the name of the sponsoring agency to describe their group, other groups created their own names, like Sister to Sister and Tender Loving Care. According to participants, the naming of the group by its members seemed to facilitate a sense of belonging for the participants. Groups occurred in various settings, including churches, mental health centers, senior/community centers, and at the sponsoring community-based agency. One group sponsored by Children's Home, Inc. in Florida facilitated an in-home support group in the home of a grandparent. This home-setting appeared to be initiated by a grandparent and facilitated a sense of belonging. This particular home setting functioned like a "card club," and members took turns to host the event. Participants in all the groups resembled the socio-cultural-economic characteristics of their communities.

Structure of the group, frequency, facilitation, and funding

Most groups included an educational component, an opportunity for information dissemination by guest speakers and content experts, and open discussion of issues by individual members. Over half of the groups offered a dinner with their groups in the evening. Participants commented that the food was an important piece of the process and helped to make the grandfamilies feel appreciated. Participants felt food provision was an important incentive for caregivers and mentioned attendance decline when food was not provided. Groups lasted from 1 hour to 2 ½ hours, weekly and monthly. Several groups were supported by the Relatives as Parents Program sponsored by the Brookdale Foundation.

Unique features

Several unique features were noted on the GrOW Inventory. Sponsoring agencies continue to adapt their groups to increase enrollment and best support grandparents in their community. Grandparents As Parents, Inc. in California has built in some crisis and therapeutic counseling into their program model and created an office in LA's Children's Court

to help caregivers navigate the court system. The KARE Family Center in Arizona sponsors a group exclusively for parents of incarcerated individuals who are raising their grandchildren, called Outmates. At the same time as Outmates meet, a children's program called Shooting Stars is offered for the children and focuses on expressive arts. Only two participants provided information on support groups for children, which were held concurrent to the grandfamilies support groups for caregivers. Situational-specific groups provide an opportunity for families to share unique experiences, such as caregivers/children grieving the loss of a parent/loved one, families dealing with substance abuse issues, and families with children with developmental disabilities. These types of groups help provide a venue that supports specific issues facing families.

Group facilitation, goals, measures, and evaluation

Table 2 details the group facilitation, goals, and methods for evaluation. Most groups were facilitated by someone who had a combination of social service experience and relative caregiving experience. These facilitators were often employed part-time or contracted out to provide facilitation services to the group. Other groups were facilitated by an experienced clinician, who also manages a larger program within the organization. Groups set similar goals for their participants, including: educate and connect to resources (n=4), build social support (n=4), reduce social isolation (n=2), empowerment (n=2), and reduce caregiver burden (n=1). Most support groups were evaluated based on personal testimonials, anecdotal evidence, and customer satisfaction surveys. Only one group used empirically based measures, the Dunst Family Support and Resource Scales (Dunst, Trivette, & Hamby, 1994). The GrOW inventory illuminated a disconnection between the established goals of the group and how these goals are measured in the support group.

TABLE 2. Support Group Facilitation, Goals, Measures

Program	Facilitation	Goals	Measures/Evaluation
Grandparents as Parents, Inc.	Combination of peer caregiver and professional	Reduce isolation Educate and connect to resources Empowerment Build social support	Personal testimonials
Jewish Board of Family and Children's Services, Kinship Care Program	Licensed Masters Social Worker	Reduce isolation Build social support Educate and connect to resources	Personal testimonials
Grandparents Raising Grandchildren Program, The Consultation Center, Yale	Combination of peer caregiver and professional	Reduce caregiver burden Build social support Educate and connect to resources Empowerment	Satisfaction, surveys on various topics, needs assessments

University

Kinship Care, The Children's Home, Inc.

Combination of peer caregiver and professional

Reduce stress
Build social support
Educate and connect to resources

Family Support Scale (Dunst & Trivette, 1989); Family Resource Scale (Dunst, Trivette, & Deal, 1988)

KARE Family Center

Professional Social Worker and Interns

Reduce stress
Information sharing

Perception of care survey (Satisfaction survey)

Discussion**Measuring Goals for Grandfamilies Support Groups**

The GrOW Support Group Inventory helped to identify a gap in existing support group performance management. No participating GrOW support groups regularly collected process data to assess whether adequate processes are being performed or if desired results are being achieved. Support groups seemed to rely too heavily on personal testimonials and satisfaction surveys instead of reliable and valid measures to assess outcomes. Based on the literature review, no measure exists to specifically assess outcomes in support groups for grandparents raising grandchildren (Strozier, 2012). Additionally, because many facilitators of support groups seem to be part-time employees of an organization who have a combination of experience in relative care and human services, it may be beyond the facilitator's level of expertise to implement a complex evaluation of group outcomes. This finding highlights the importance of network relationships like GrOW, institutional trainings, and bridging the clinician-researcher gap. Perhaps a better approach is to select one goal at a time for the group. For example, build social support, and measure that concept with one instrument before and after support group completion. This seems like a simpler approach, that is until cross-sectional methods show different lengths of membership for each participant and intermittent participation. To assist with more complex issues, two organizations participating in GrOW partner with universities to provide support for evaluation. Social work field placements and internships can help build evaluation support for new or existing groups interested in assessing outcomes.

Again, support groups included in the GrOW Support Group Inventory were also combined with other interventions, such as mental health counseling, case management, and information and referral. It is important for organizations to begin to consider the unique contributions support groups make to improve outcomes for grandfamilies. A good place to start is

by collecting structured information on attendance, descriptions of what takes place at each group (education, guest speaker, personal sharing), and engaging topics. Along with this process information, if progress on a goal is tracked during several points in time (time series design), organizations may have a more complete picture on how their support group work is helping improve outcomes.

Several assessment tools exist that show promise for examining goals for grandfamilies support groups. Table 3 lists the goals of each organization identified in the GrOW Support Group Inventory. Corresponding to each goal, a promising assessment measure is provided. These measures were selected based on their use with grandfamilies, as well as their utility, reliability, and validity.

TABLE 3. Goals and Promising Measures

Goals	Promising Measure
Educate	Caregiver Self-Efficacy Scale Behavior Subscale (Boothroyd, 1997; in Strozier, McGrew, Krisman, & Smith, 2005)
Reduce caregiver burden	Parental Stress Index (Abidin, 1995)
Empowerment	Inventory of Family Protective Factors (Gardner, Huber, Steiner, Vazquez, & Savage, 2008)
Reduce Social Isolation	Group Engagement Measure (MacGowan, 1997)
Connect to Resources	Family Resource Scale (Dunst, Trivette, & Deal, 1988)
Build Social Support	Family Support Scale (Dunst & Trivette, 1989)

For example, for support groups interested in improving education, the Caregiver Self-Efficacy Scale (Boothroyd, 1997) could be used to track outcomes. Additionally, this measure was used in previous work by Strozier and colleagues (2005) to assess kinship caregiver self-efficacy. This table is provided to show an example of promising measures to assess individual goals for support groups. Several other measures are useful and not included here due to the scope of this research.

Limitations

This study has several limitations. First, the GrOW inventory was designed only for the purposes of this study to help better understand the unique features and common practices of support groups for grandparents raising grandchildren. Unique factors and common practices are relevant for service delivery. However, as the field progresses, practitioners will need systems, networks, and data all pointing to measuring effective outcomes. Only five states were represented and shared information was all from one point in time about their groups. While the five states represent groups on each coast and provide participants from culturally diverse backgrounds, the information illuminated the continued discussion that takes place among GrOW members about how to best evaluate and capture outcomes for grandfamilies support groups. Expanded use of the GrOW Inventory could help refine the instrument and help other countries, states, or counties to better examine the support group efforts for grandfamilies. However, the small sample size limits the generalizability of the findings. An additional limitation may be “individualized” nature/benefits of support group around identity/belonging. Success for one caregiver may look much different, for varying reasons, and may be difficult to replicate. This limitation supports the need to use one or a few measureable inventory constructs to characterize the most visible and tangible elements for change.

Directions for Future Research

With limited resources available to fund and sustain grandfamilies support groups, it is now more important than ever to be able to articulate outcomes and to show how these groups are improving the lives of grandparents and other relatives raising children. This preliminary work lays the foundation for future evaluation on outcomes for support groups for grandfamilies. In particular, it identifies important concepts, goals/outcomes, and measures that can be used in future investigations on support groups. These results will guide GrOW's continued efforts to promote outcomes for grandfamilies support groups. This research only scratches the surface of the kind of work that needs to be done in the area of helping support groups better meet their goals and articulate their outcomes.

One important finding in this review is that no one instrument exists to measure all the goals and outcomes established by support groups for grandfamilies. If groups would like to measure several concepts, groups will need to administer several different instruments. This task could potentially be burdensome for support group participants. Future research could begin work to develop a new measure for support group outcomes for grandfamilies which includes each concept in a subscale in a brief measure. This area offers many opportunities including item selection, administrative survey review, and pilot testing. Furthermore, future efforts should capitalize on the deep commitment of existing groups. For example, GrOW members have been meeting through teleconference monthly since 2009 to discuss issues related to strengthening outcomes for grandfamilies. Funders who support this work should look at making investments to support this type of scholarship and practice-based collaboration. Finally, with better articulated outcomes for grandfamilies support groups, we could improve the sustainability for this important intervention in the future and strengthen grandfamilies.

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