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GrandFamilies:

*The Contemporary Journal of
Research, Practice and Policy*

Affiliated with the

National Research Center on Grandparents Raising Grandchildren

Welcome!

The editors of *GrandFamilies: The Contemporary Journal of Research, Practice and Policy* extend a sincere welcome to readers of our first published issue. We are looking forward to many years of bringing high quality, peer-reviewed papers on research, practice and policy affecting grandparent-headed families.

Publishing our first online issue is truly a collaboration effort made possible through the hard work of many committed persons who are passionate about serving families headed by grandparents. There has been much excitement and anticipation about this journal's potential to bring new knowledge to both research and practice fields. We believe the journal will have value for diverse groups of professionals working with grandparent-headed families. Researchers will have a specific journal to which they may submit manuscripts that will be reviewed by editors who are well-versed in the field of kinship care, and specifically grandparent caregiving. This may be particularly relevant for new/emerging researchers who are engaged in research and practice efforts in the field. In addition, current practitioners seeking evidence-based studies can use *GrandFamilies* as a source to find innovative, validated practice strategies that can inform both current and future work with grandparent-headed families.

Periodically, *GrandFamilies* will focus on topics related to social policy and advocacy. Generations United will feature an annual policy-based article to inform our readers about new initiatives or legislative efforts that have significance for grandparent-headed families. Finally, we believe the journal will also hold value for

administrators and grant managers of funding agencies who are looking for new funding priorities; we encourage them to use the journal as a viable source for their important work. The diversity of the potential readership is an essential reason we deliberately decided to keep the journal as an open access publication. Our goal is to allow easy access to *GrandFamilies'* content and to use its information to support continuing work in the field.

GrandFamilies is a primary resource of the National Center on Grandparents Raising Grandchildren. The mission of the National Center is to support efforts that enhance the well-being of grandparent-headed families. Influencing new scholarship, educating service providers, and creating a dynamic forum that supports an exchange of ideas among professionals characterizes the National Center's objectives. We encourage our readers to view other resources offered by the National Center at the website -

<http://www.wmich.edu/grandparenting/index.html> .

As noted earlier, putting all the ingredients together to publish an online professional journal is a collaborative process. There are many persons who helped to get the journal to this stage. Our managing editors, Deborah Langosch, PhD and John McElroy, PhD provided invaluable time and effort defining the contents of the journal. John, in particular, spent many hours working with our publisher, Scholar Works, to ensure all the inner workings actually functioned well. Our editorial board members provided encouragement and valuable suggestions about the journal's design, focus and content; we are truly indebted to them. Please see the list of research and practice experts who are serving as contributing editors for GrandFamilies. Their eagerness to be associated with the journal has confirmed the

importance of this work, and we thank them wholeheartedly. Finally, this initiative could not have occurred without the support of our partnering institutions – Western Michigan University and Georgia State University. *GrandFamilies* represents how two institutions can work together to create a product that has the potential for national /international significance.

The journal, *GrandFamilies*, is about grandparents and their grandchildren. It is their hope and desire for their families to grow and respond positively to change; it is our hope *GrandFamilies* is instrumental in helping these families meet their desires.

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Research Article

The Rewards of Caring For Grandchildren: Black Canadian Grandmothers Who Are Custodial Parents, Co-parents, and Extensive Babysitters

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Abstract

This grounded theory qualitative study of 16 Black Canadian grandmothers identified the rewards of caregiving. Variations in rewards emerged by caregiver type: custodial grandparent (n=7), co-parent grandparent (n=5) and extensive babysitter (n=4). Five major themes were identified: (1) grandmothers' responsibilities and pride of caregiving; (2) grandmothers keeping the family close together and safe; (3) mutual respect between grandmothers and grandchildren; (4) caregiving provides grandmothers with a sense of purpose; and (5) grandchildren are fun. Implications of these findings for practice and further research are discussed.

Keywords: African American, kinship care, grandmothers raising grandchildren, generativity, grandparenting, Caribbean Canadian

Grandparent caregiving is a growing phenomenon in both the United States (Livingston & Parker, 2010) and Canada (Fuller-Thomson, 2005). In the United States, there has been a 64% increase in children living with at least one grandparent since 1991 (US Census, 2011). There are 6.7 million grandparents who live with their grandchildren. Of these, 2.7 million co-resident grandparents were responsible “for the most basic needs (i.e., food, shelter, clothing)” of their grandchildren (US Census, 2011). Many grandparents who do not live with their grandchildren also provide substantial amounts of care. Approximately one-third of U.S. preschoolers whose mothers are employed outside the home were cared for by a grandparent while their mothers worked (Laughlin, 2010).

There are three types of grandparent caregivers: custodial grandparents, co-parents, and extensive babysitters. A *custodial grandparent* has the primary caregiver role with minimal assistance from the grandchild’s parents (Heywood, 1999; Jendrek, 1994); this mode of caregiving has also been termed “parental replacement” (Smith & Dannison, 2008). A *co-parent grandparent* is a grandparent that resides with their grandchild and their parents. The grandparent has assumed a primary or a secondary caregiver role (Jendrek, 1994). Grandparents who are *extensive babysitters* provide substantial amounts of childcare, often when the children’s parents are at work or school (Fuller-Thomson & Minkler, 2001).

In the last two decades, grandparent caregivers have been a burgeoning research area. Most research has tended to focus on negative aspects of being a grandparent caregiver. These studies have included challenges related to poverty and/or financial instability, stress, increased physical health risk, increased mental health risks, and lack

of formal services (Miller, 1991; Davis, 1993). Qualitative studies of grandparent caregivers by Burton (1992), and Minkler and Roe, (1993), similarly have suggested an association between the assumption of caregiving for one's grandchildren and such adverse outcomes as self-rated declines in physical and emotional health problems, increased social isolation, and decreased life satisfaction. According to Fuller-Thomson, Minkler, and Driver's (1997) analyses of a nationally representative American dataset, custodial grandparents are almost twice as likely to be clinically depressed as are non-caregiving grandparents, even when accounting for pre-caregiving depression levels and other psycho-social characteristics. Similarly, they demonstrated that custodial grandparents also are more vulnerable to limitations in activities of daily living, including climbing stairs, walking six blocks and moving about inside the house (Minkler & Fuller-Thomson, 1999).

Studies indicate that patterns in grandparent caregiving vary by ethnicity. African American grandparents are 80% more likely to become grandparent caregivers than non-African-Americans (Fuller-Thomson, Minkler, & Driver, 1997). Almost 30% of African American grandmothers, and about 14% of African American grandfathers, report having had primary responsibility for raising a grandchild for at least six months at some point in their lives (Szinovacz, 1998). As of June 2011, 17% of African American children live with at least one grandparent, compared to 9% of White children. One in eighteen African American children (5.5%) live in skipped generation households, compared to 1.8% of White children (Kreider & Ellis, 2011b).

In-depth qualitative studies with African American inner-city grandmothers (Burton, 1992; Minkler & Roe, 1993) documented the experience of caregiving from a

more personal perspective and also highlighted the important context of caregiving within a history of slavery and discrimination. These studies support the need for an ethno-specific approach using qualitative analysis to explore the meaning and individual context of caregiving.

Despite substantial attention to custodial caregiving among African-Americans, Black Caribbean immigrants are an understudied population. This is an important oversight because considerable heterogeneity exists in the North American Black population. The profile of foreign-born Blacks differs markedly from US-born African Americans with respect to household composition, socioeconomic status, health behaviors, and health status (Dey & Lucas, 2006; Fang, Madhavan, & Alderman 1996). Two-thirds of foreign born Black Americans are from the Caribbean and Latin America (Kent, 2007). With important implications for the context of grandparent caregiving, foreign-born Blacks are also more likely than U.S. born African Americans to be married (48.4% vs 37.1%) and to live in households of five or more persons (21.0% vs 14.0%). Comparable proportions of Black Caribbean-American and African American children live with grandparents in their home (13% vs 14%, respectively) (Hernandez, 2012). Children of Black Immigrants in the US are more likely to have a mother who works full-time than Whites (Hernandez, 2012). Foreign-born Blacks in the U.S. are more likely to be university educated (20.7% vs 13.2%), to have household incomes above \$75,000 (25.3% versus 17.0%), and less likely to be living in poverty (10.9% vs 16.3%) than native-born African Americans (Dey & Lucas, 2006). In a study of New York City residents, Blacks born in the Caribbean were more likely to have graduated from high school and to be employed than native born Blacks (Fang, Madhavan, & Alderman, 1996).

Caribbean-born Blacks in the New York City study had age-adjusted mortality rates much lower than that of African Americans and somewhat lower than that of native-born Whites (Fang, Madhavan, & Alderman, 1996). Some of this discrepancy may be due to health behaviors; Blacks born in the Caribbean are less likely to smoke than African Americans born in the U.S. (Taylor, Kerner, Gold, et al, 1997), with national figures suggesting a huge discrepancy in both current smoking (8.4% vs 23.8%) and obesity (18.5% vs 33.1%) (Dey & Lucas, 2006). After adjustments are made for age, Caribbean-born Blacks in the U.S. have a lower prevalence than native-born Blacks of serious psychological distress (1.9% vs 3.3%), of limitations in Activities of Daily Living such as eating and bathing (1.5% versus 3.0%), and of limitations in instrumental activities of daily living such as everyday household chores and shopping (3.0% vs 5.9%) (Dey & Lucas, 2006). These differences in economic situation, household composition, and health and disability status suggest that the context of grandparent caregiving in Caribbean immigrant households may be markedly different than in the more-widely studied U.S.-born African American community.

Although the Caribbean Canadian community is not as well studied as the Caribbean American community, many similarities between the two populations exist. In 2006, there were more than half a million Caribbean-Canadians (Statistics Canada, 2009). The vast majority of older Caribbean-Canadians immigrated during the 1960s or 1970s. Grandparent caregiving is a long-established tradition within the countries of origin, particularly as the parent generation moved to cities and/or abroad to work (Henry, 1998). Surprisingly little is known about grandparent caregiving within the Caribbean Canadian context.

A plethora of studies exists on the challenges and stressors when grandparents care for their grandchildren (e.g., Murphy, 2008; McGowen, Ladd, & Strom, 2006; Williamson, Softas-Nal, & Miller, 2003). Less attention has been paid to the rewards of caring for grandchildren. One of the earliest contributions to the literature on rewards was the analysis by Giarrusso, Feng, Wang, and Silverstein (1996) of predominately white grandparents. They reported that some grandparents experienced an improvement in psychological well-being related to their delight in caring for their new grandchildren and the meaningful role it gave them. Particularly important for good outcomes was the fact that grandparents had the autonomy to choose their level of caregiving involvement.

An important emerging literature explores elements of and outcomes associated with resiliency in grandparent caregivers (e.g. Hayslip & Smith, 2013a). Resilience is “best understood as an individual attribute and as an adaptive process growing out of one’s interactions with the environment and others in one’s life” (Hayslip & Smith, 2013b, p. 252). Individual characteristics highlighted as “resilient” include benefit finding (Castillo, Henderson, & North, 2013; Conway & Consedin, 2013) and positive appraisal (Smith & Dolbin-MacNab, 2013; Bailey, Letiecq, Erickson, & Koltz., 2013). These elements clearly encompass aspects of finding rewards in caregiving. A focus on benefit finding is associated with higher satisfaction with caregiving and better caregiver adjustment and quality of life (Castillo, Henderson, & North, 2013). Positive caregiving appraisal includes both perceived gain through the caregiving experience and self-assessed competence in caregiving (Smith & Dolbin-MacNab, 2013). Positive appraisal is associated with custodial grandmothers’ higher well-being and lower psychological

distress. It also had an indirect effect on grandchildren well-being (Smith & Dolbin-MacNab, 2013).

There is a need to explore the rewards of grandparent caring for their grandchildren. While there is diversity in grandparents' roles and styles (Silverstein & Marenco, 2001), we do not have a good understanding of the rewards to grandparent caregivers who are custodial parents, co-parents, or extensive babysitters. Consequently, this study adds to the grandparent literature by exploring the rewards of Black Caribbean-Canadian grandmothers in three different types of care provisions.

Method

Participants

Drawing upon qualitative research techniques, participants were selected through purposeful sampling in Ontario, Canada. The targeted participants were Black Caribbean-Canadian grandmothers who provided care to their grandchildren as a custodial grandmother, co-parent, or extensive babysitter. This research is part of a larger study on grandparents raising grandchildren from a diverse array of self-identified ethnic backgrounds (including Caribbean, Chinese, First Nations, and White). To locate participants, members of grandparent support groups and women's church groups were provided with flyers asking them to voluntarily participate in the study and snowball sampling was used. This analysis was focused on the 16 Black Caribbean grandmothers who volunteered to be interviewed. The grandmothers were between 45 and 70 years of age. Seven of the grandmothers were custodial parents, five were co-parents and four provided extensive babysitting of their grandchildren. There were a total of 28 grandchildren being raised by their grandmothers. The age of the grandchildren ranged from less than one year to

twenty-years old. Out of the 28 grandchildren, 11 were cared for by custodial grandparents (39%), seven by co-parents (25%) and 10 were cared for by extensive babysitter grandmothers (36%). The average age of the children varied by caregiver modality: custodial grandmothers cared for slighter older children (mean age 10.4 years), followed by co-parent grandmothers (mean age of 8.1 years). Extensive babysitter grandmothers cared for younger children (mean age of 6.6 years).

Procedure

Prior to conducting the research, the Research Ethics Board at the University of Toronto approved this study. Four graduate-level trained research assistants, who were of Caribbean descent, conducted the one-time, semi-structured interviews. Each interview was approximately one-hour long and was audio-taped with consent. Each participant was provided with printed information on the rationale, rewards, and risks associated with the study prior to obtaining informed consent. An honorarium of \$20 was provided to participants for their participation in the study. To ensure confidentiality of all participants, pseudonyms have been used.

Eleven standardized open-ended questions were asked of each participant to ensure consistency in the interview process. The traditional process of grounded theory was modified; We conducted all of our interviews before coding the data, in contrast to the usual strategy of *theoretical sampling* in which coding of data occurs after each interview and emerging findings guide selection of subsequent participants to be interviewed. The questions were designed to explore the scope of the grandmother's experiences by caregiver type, while also minimizing researcher bias. Of particular relevance to this article was

the question: *Please tell me about how caring for your grandchildren has impacted your daily life?* All interviews were transcribed onto a secure computer and verified for accuracy. We followed Charmaz's (2006) strategy for coding grounded theory using initial coding followed by focused coding. For the initial coding, transcripts were reviewed and coded line by line. These codes were reviewed through a second reading of the transcripts to ensure accuracy of the content. Since the sample was divided into three groups – custodial parent, co-parent, and extensive babysitter – this process assisted in the analytical direction of this article and guided the focused coding (Charmaz, 2006). The most frequent initial codes related to rewards were identified and compared across interviews. From this process, the focused coding emerged. The research team held several meetings to debrief and discuss the emerging themes within the transcripts. The second author kept written notes to document the themes as they emerged. The themes that emerged were presented to 12 members of a grandparent support group as a form of member checking (Charmaz, 2006).

Results

Five Rewards of Being a Grandparent Caregiver

The modified grounded theory data analysis process identified five key rewards of grandparent caregiving: (1) grandmothers' responsibilities and pride of caregiving; (2) grandmothers keeping the family close together and safe; (3) mutual respect between grandmothers and grandchildren; (4) caregiving provides grandmothers with a sense of purpose; and (5) grandchildren are fun. We have identified variations within the themes by caregiver type. An in-depth analysis of Table 1 is provided in the ensuing paragraphs.

TABLE 1: Overview of Grandmother Themes by Type of Caregiver

	Themes	Type of Grandmother Caregiver		
		Custodial	Co-parent	Extensive Babysitting
1	Grandmothers' pride of caregiving	Providing opportunities to their grandchildren that they weren't able to give their own children	Providing help to their daughter or son by co-parenting	Providing guidance and support to their grandchildren
2	Grandmothers keeping the family close together and safe	Keeping grandchildren from being placed in foster care or for adoption	Keeping grandchildren with them	Keeping the family together similar to their grandparents
3	Mutual respect between grandmothers and grandchildren	Feeling respected by grandchildren's actions	Feeling respected by grandchildren's actions	Feeling respected by grandchildren's actions
4	Caregiving provides grandmothers with a sense of purpose	Feeling like a protector, mentor and helper	Feeling like a caregiver	Feeling like a part of the family
5	Grandmothers say that grandchildren are FUN!	Wanting to spoil their grandchildren	Wanting to participate in activities	Wanting to participate in activities and self-reflecting on grandparent experience

The Responsibilities and Pride of Grandmother Caregivers

Regardless of the type of caregiving provided, the grandmothers unanimously spoke about the “pride” of being a grandmother and the various responsibilities that came with it. The responsibilities and duties changed with being a custodial parent, co-parent, or extensive babysitter.

1a. Custodial Grandmother: Providing opportunities to their grandchildren that they weren’t able to give to their own children (3 out of 7 participants). Almost half of the custodial grandmother caregivers interviewed (n=3) took pride in being able to provide opportunities for their grandchildren that they weren’t able to provide for their own children. They also took pride in respecting the wishes of their own children (e.g., prior to passing away, the parent indicated that they wanted the grandmother to care for the grandchildren).

1b. Co-Parent: Providing help to their daughter or son by co-parenting (4 out of 5 participants). Co-parent grandmother caregivers often took pride in being able to “help” their daughter or son by caring for their grandchild. The pride of being able and ready to assist with the parenting and/or co-parenting responsibilities was seen as a way to decrease their adult children’s hardship. Lily¹ points out that “I wanted to help. I wanted to be there to help [her daughter] because I was also a single parent, so I didn’t want her to have to experience what I did, which was

¹ All names of grandparent caregivers have been altered to protect anonymity of respondents

you know, hardship, frustration, that sort of thing, so I wanted to be there for her and that's pretty much it." While Alicia said, "My responsibility was to keep the house which again took the burden off [mother] because she had such very, very long days."

1c. Extensive Babysitter: Providing guidance and support to their grandchildren (2 out of 4 participants). Although extensive babysitter grandmother caregivers take pride in being able to spend time with their grandchildren, the motivation is based upon child factors and parent factors. Desiree reported that she took pride in teaching her grandchildren to be good. "I love children and I like to spend time with children. Teach them the right way to grow... And helped them also with their homework, schooling. Encourage them to read and write and to spell and so on. I love to bath them and dress them. Take them for walks." In addition to providing guidance, it was also noted as important for the grandmother who is unable to provide monetary assistance to her grandchildren or their parents, that she instead takes pride in being able to provide free babysitting. Rosie says, "I know babysitting is expensive and they, you know they got married and they were planning on buying a house... and so I figured, I'm retired."

Grandmothers Keeping the Family Together and Safe

Grandmothers were providing care to their grandchildren for several reasons. Many grandmothers spoke about being able to be spend time together as a family and/or keeping the family together. The motivation was often safety for their grandchildren. The concept of "safe" was perceived many ways: to prevent child abuse and/or neglect, to help correct the mistakes of parents so

grandchildren have optimal opportunities for success, to bond with grandchildren after tragic events (e.g., death of a parent), to set their grandchildren's path and positively affect their future, and to simply have more time to just "be" with the grandchildren than they did with their own children (e.g., Musil, Warner, Zauzniewski, Wykle, & Standing, 2009). Keeping the family close and safe often required the grandmother to take on many different roles. Bryah, a custodial grandmother, exemplifies this by stating: "I am a mother. I am a father, a grandmother. I am a grandfather. I am a maid. I am a chauffeur. I am a psychologist. I am everything." Regardless of the efforts needed to keep the family together, it was apparent that grandmothers – custodial, co-parent and extensive babysitters – would do whatever it takes.

2a. Custodial parent: Serving as family protector – avoiding out-of-family placement (4 out of 7 participants): Echoing previous research, (e.g., Bailey, Letiecq, Erickson, & Koltz., 2013), the custodial grandmothers in our study were very concerned that if they had not agreed to raise their grandchildren, the children would have ended up in foster care or adopted by strangers. Chloe spoke passionately about preventing her grandchild from entering care: "I took her from the mother because the mother was going to take her to a foster home or have her adopted. She didn't even know whom she would give it to. I said no grandchild of mine should be adopted or go to foster home." In Jendrek's (1994) study, approximately half of the 36 custodial grandparents interviewed wanted to prevent their grandchildren from entering the child welfare system due to the parents' substance use and/or mental health issues. Interestingly, only two out of the seven custodial grandmothers in this study disclosed involvement

in child welfare services. It may be that the grandmothers stepped in before a pending crisis, thereby avoiding child welfare involvement. Bryah disclosed that, “The reason why I fought so hard for my grandchildren... to have my grandchildren growing up with strangers – That in itself would kill me. That is how we were brought up, we keep our family together.”

Only one out of five co-parents expressed sentiments which were similar to the custodial parents. This one co-parent was previously a custodial grandmother. Evie said, “I went to the social services and signed up some papers [to be a foster parent] and had them live with me. They lived with me for about six months.”

2b. Extensive Babysitter: Keeping intergenerational bonds alive (3 out of 4 participants). Keeping the family together and spending time with one another was also seen as a generational issue. Carsandra comments, “[Daughter] wanted us to [spend time together] because of how I raised them.” By spending together, not only was the grandmother able to keep the family together, they were also able to decrease expenses for her grandchildren’s parents (i.e., no childcare fees). This financial motivation was also found in Jendrek’s (1994) research on white families. This researcher found that almost two-thirds of the 52 extensive babysitter grandparents in their study wanted to help the working mother (70.6%).

Mutual Respect Between Grandmother Caregiver and Grandchild

The theme of mutual respect is the only theme that emerged during the analysis that was consistently expressed across all caregiver types (4 out of 7 custodial

grandmothers, 1 out of 5 co-parents; 3 out of 4 extensive grand caregiving). All but one grandmother felt that their grandchildren respected them and appreciated them as a grandparent. Grandmothers were included in many elements of the grandchildren's lives (e.g., talking about school, friends, future; daily routines). Desiree proudly stated, "Well our relationship is very much solid. They listen to me. I don't have to yell at them. When I say no, they listen."

Caregiving Provides Grandmothers' with a Sense of Purpose

Many of the grandmothers reported that providing care to their grandchildren, in whatever capacity, provided them with a sense of purpose. This was explained as providing a reason to get up in the mornings, being able to "be there" for their grandchildren in whatever capacity (e.g., take them to church, play together), and a way to correct parenting issues of the past (i.e., a "second chance").

4a. Custodial Parent: Feeling like a protector, mentor and helper (4 out of 7 participants). Despite their primary caregiving role, custodial grandmothers perceived their purpose to be multidimensional: protector, mentor, and helper. Isabella proudly stated, "Most importantly, I always take them to church too, always pray with them and am moral support for them. I feel I want them to be raised in the church, to have moral support."

4b. Co-Parent: Feeling like a caregiver (3 out of 5 participants). As secondary parents, or live-in caregivers, co-parent grandmother caregivers report that it is their duty to help out with the children while the parents

are away (e.g., work). Lily said, “I’m like a second mother to her I would say. You know, because I’m here if she needs comforting, if she needs clothes.” In addition to the caregiver role, two grandmothers indicated that their purpose is to also be a mentor and/or guide for their grandchildren in order for them to mature and take on age-appropriate responsibilities. This grandmother provides a summary of what it is like to be a caregiver. Evie stated, “I am just here to help with the children while [her daughter and son-in-law] go to work. And I’m enjoying doing that because my mum did that for me also.” Alicia stated, “I want to be around until she reaches that age of maturity and responsibility. That’s my chief function so that to be here as a guide and as a protector.”

4c. Extensive Babysitter: Feeling like a part of the family (3 out of 4 participants). Grandmothers who provide extensive babysitting for their grandchildren identified caregiving as an opportunity to interact with these children. Their purpose is to be a part of the family and contribute in whatever way they see appropriate (e.g., role model). Rosie said, “The role I have played is a role model. They enjoy being with me.”

Grandchildren are fun!

Most grandmothers indicated that their grandchildren did provide them with a sense of youthfulness and fun. The grandchildren kept them moving/ working/ playing/ interacting throughout the day, sometimes leaving the grandparents “zonked” by nighttime. Despite grandmothers’ exhaustion, they said that their grandchildren re-energized them by being lively, happy, and filling the house with laughter and mischief.

5a. Custodial Parent: Wanting to spoil their grandchildren (4 out of 7 participants). Custodial grandmothers mourned the loss of the special grandparenting prerogative to spoil their grandchildren, joking they would love to have the option to give their grandchildren candy and then give them back to their parents. The responsibilities of caregiving made their role more like a parent than a doting grandparent. They did seek specific activities to do something special for their grandchildren such as taking them places and going out to dinner. Abigail remarked, “I take them places. I’m taking the big one to the Santa Claus parade, you know, things like that.”

5b. Co-Parent: Wanting to participate in activities (3 out of 5 participants). Grandmothers provided a list of activities that they did with the grandchildren that they thought were fun, including playing board games or playing on computers, talking, going to parks, cinemas, shopping, reading, and cooking and/or baking together. Phoebe emphasized, “All in all, it’s a lot of joy because you see them doing things and it just puts you back years ago when I had my children. It keeps me active. Although I try to be active apart from cooking and washing and baking, I do a lot of baking and a lot of entertaining but still it’s important to help out [grandchild] as much as I can.”

5c. Extensive Babysitter: Participate in fun activities (3 out of 4 participants). Desiree reported she enjoyed spending quality time with her grandchildren, “I love to spend time with them.” Over and over again respondents reported that grandchildren are fun for these reasons and simply because they “give you more life,” as Hollie stated.

Discussion

Grandparent caregiving is a cultural custom within the Caribbean-Canadian culture. It provides many rewards. While there were minor differences between the caregiver types (i.e., custodial, co-parent, and extensive babysitter), there were five main themes that emerged within the research. First, grandmothers held a high sense of pride and responsibility regarding their caregiving role. Second, grandmothers held a strong desire to keep their family close together and safe. These findings are consistent with that of other research (e.g., Brown & DeRycke, 2010). Third, grandmothers valued respect from their grandchildren. Fourth, grandmothers felt that caregiving gave them a sense of purpose. Lastly, grandmothers held the belief that caring for grandchildren was fun.

Villar and his colleagues provide an important theoretical framework to understand grandparent caregiving (Villar, Celdrán, & Triadó, 2012). Based on their study of Spanish grandmothers who provide 12 or more hours per week of care for their grandchildren, they conclude that extensive babysitting grandparents experience generativity through their caregiving duties (Villar, Celdrán, & Triadó, 2012). Generativity is a concept introduced by Erikson (Erikson, 1982; Villar, 2012), originally as an issue in mid-life to “establish, guide and ensure the well-being of next generations” (Villar, Celdrán, & Triadó, 2012, p. 669). In Erikson’s later work, he highlighted the concept’s value for later life as well, with the term “grand-generativity” (Erikson, Erikson, & Kivnick, 1986; Villar, Celdrán, & Triadó, 2012). Villar and colleagues (2012) conclude that extensive caregiving fits this concept as it provides meaning and personal growth in the lives of the grandparents, promotes the well-being of the next generation, and helps the grandparents avoid

stagnation. Our results suggest that Villar's findings on generativity among extensive caregiving grandparents are equally relevant for co-parenting and custodial grandparents. The rewards the latter two groups of grandparents emphasized, such as their desire to ensure the safety and well-being of the grandchild, the sense of purpose caregiving gave them, and the positive sense of self that emerged from the appreciation and respect they received, are all important elements of generativity.

This small qualitative study has implications for further research into Caribbean Canadian grandmothers and their caregiving roles. When exploring these experiences, it is important to consider the rewards to grandparenting. Lily, a co-parent, stated that, "the bottom line is that I love them. I love my daughter. I love my granddaughter and I will do whatever I have to do to make them happy. There's no compromise." The rewards of grandparenting may act as a protective factor against some of the negative factors associated with grandparent caregivers in the literature (e.g., decline on the physical and mental health, finances). The field's traditional emphasis on negative outcomes of caregiving has led to a neglect of these important and highly motivating rewards.

With respect to rewards, much overlap exists among the types of grandparent caregivers. Castillo, Henderson, & North's conclusion (2013) that benefit finding is associated with better caregiver adjustment and quality of life underlines the promise of interventions that are strength-based and focus on enhancing grandparents' ability to perceive the rewards of caregiving (Conway & Consedin, 2013).

Further research is required to develop a better understanding of the continuum of grandparent caregiver type. However, more knowledge about the grandparent-

parent-grandchild relationship would be advantageous (e.g., Brown & DeRycke, 2010). As Smith and Dannison (2008) emphasized, social workers and other service professionals can provide better personalized assistance to grandparent caregivers if they are aware of the grandparents' location along the continuum of caregiving.

It would also be helpful to understand more about the influences of formal institutions (e.g., court system, child welfare, health system) on grandparent caregivers and the children in their care. Despite the positive aspects of caregiving they reported, many of the custodial grandparents were exhausted and faced barriers to accessing needed services. Dolbin-MacNab, Roberto & Finney (2013) have highlighted a number of promising strategies to improve custodial grandparents access to services including the following: improved flexibility in service delivery, child care provision, educating program staff about grandparents raising grandchildren, coordinating services, and developing services specifically designed for grandparent caregivers.

Conclusion

All three types of grandmother caregivers shared a common sense of pride in their role, responsibility towards their grandchildren, and a delight in the respect they received from them. Differences by caregiver type were apparent in the remaining two themes identified. Both custodial and co-parents saw themselves as the child's parent, although the latter shared the parenting responsibility with the grandchild's parents. Extensive babysitters saw their role as contributing to family well-being but not as parents, per se. Although all three types of grandmother caregivers relished the fun and joy they shared with the grandchildren, only custodial grandmothers

mourned the loss of the traditional “right” of grandmothers to spoil their grandchildren without the need to also provide discipline and daily structure. Overall, grandparenting offered many rewards. Each group indicated elements of generativity through their caregiving responsibilities. As Evie summarized, “I can look back and say at least I had a good time with them, so yes, it will be a great impact in my life.”

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References

- Bailey, S., Letiecq, B., Erickson, M., & Koltz, R. (2013). Resilient grandparent caregivers: Pathways to positive adaptation. In B. Hayslip & G. Smith, *Resilient grandparent caregivers: A strengths-based perspective* (pp. 70-86). New York, NY: Rutledge Taylor & Francis.
- Brown, L.H., & DeRycke, S.B. (2010). The kinkeeping connection: Continuity, crisis and consensus. *Journal of Inter generational Relationships*, 8(4), 338-353.
- Burnette, D (1997). Grandparents raising grandchildren in

the inner city. *Families in Society*, 78, 489-499.

Burton, I. (1992). Black grandmothers rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist*, 32, 744-751.

Castillo, K.D., Henderson, C.E., & North, L.W. (2013). The relation between caregiving style, coping, benefit finding, grandchild symptoms, and caregiver adjustment among custodial grandparents. In B. Hayslip & G. Smith, *Resilient grandparent caregivers: A strengths-based perspective* (pp. 25-37). New York, NY: Rutledge Taylor Francis.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications.

Conway, F. & Consedin, N.S. (2013). Orienting to the positive: A practice framework for grandparent caregiving. In B. Hayslip & G. Smith, *Resilient grandparent caregivers: A strengths-based perspective* (pp. 167-183). New York, NY: Rutledge Taylor & Francis.

Dey, A.N., & Lucas, J.W. (2006) Physical and mental health characteristics of U.S.-and foreign-born adults: United States, 1998–2003. Advance data from vital and health statistics; no 369. Hyattsville, MD: National Center for Health Statistics.

Dolbin-MacNab, M.L., Roberto, K.A. & Finney, J.W. (2013). Formal support services: promoting resilience in grandparents parenting grandchildren. In B. Hayslip

- & G. Smith, *Resilient grandparent caregivers: A strengths-based perspective* (pp. 134-151). New York, NY: Rutledge Taylor & Francis.
- Erikson, E. H. (1982). *The life cycle completed*. New York, NY: Norton.
- Erikson, E. H. (1982). *The Life Cycle Completed: A Review*. New York: WW and Norton, Publishers.
- Erikson, E. H., Erikson, J. M., & Kivnick, H. Q. (1986). *Vital involvement in old age*. New York, NY: Norton.
- Fang J., Madhavan, S., & Alderman, M.H. (1996). The association between birthplace and mortality from cardiovascular causes among black and white residents of New York City. *New England Journal of Medicine*, 335:1545–51.
- Fuller-Thomson, E. (2005). Grandparents raising grandchildren in Canada: A profile of skipped generation families. *Social and Economic Dimensions of an Aging Population (SEDAP) Research Paper No. 132*. Hamilton, Ontario.
- Fuller-Thomson, E., & Minkler, M. (2001). American grandparents providing extensive child care to their grandchildren: Prevalence and profile. *The Gerontologist*, 41, 201-209.
- Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist*, 37, 406-411.
- Gatti, F.L., & Musatti, T. (1999). Grandmothers'

involvement in grandchildren's care: Attitudes, feelings and emotions. *Family Relations*, 48, 35-42.

- Giarrusso, R., Feng, D., Wang, Q., & Silverstein, M. (1996). Parenting and co-parenting of grandchildren: Effects of grandparents' well-being and family solidarity. *International Journal of Sociology and Social Policy*, 16(12), 124-156.
- Giarrusso, R., Silverstein, M., Feng, D., & Marengo, A. (2000). Primary and secondary stressors of grandparents raising grandchildren: Evidence from a national survey. *Journal of Mental Health and Aging*, 6, 291-310.
- Goodman, C.C., & Silverstein, M. (2001). Grandmothers who parent their grandchildren: An exploratory study of close relations across three generations. *Journal of Family Issues*, 22(5), 557-578.
- Harden, A.W., Clark, R.L., & Maguire, K. (1997). *Informal and formal kinship care*. Washington, D.C.: U.S. Department of Health and Human Services.
- Hayslip, Jr, B. & Smith, G.C. (eds), (2013a) *Resilient Grandparent Caregivers: A Strengths-based Perspective*. New York, NY: Routledge (Taylor & Francis).
- Hayslip, Jr, B. & Smith, G.C. (2013b) Epilogue. In Bert Hayslip, Jr & Gregory C. Smith (eds), *Resilient Grandparent Caregivers: A Strengths-based Perspective* (pp. 251-257). New York, NY: Routledge (Taylor & Francis).

Henry, F. (1998). Caribbean Peoples. In *The Encyclopedia of Canada's Peoples*. Located online May 3, 2014 at <http://multiculturalcanada.ca/Encyclopedia/A-Z/c6>.

Heywood, E. (1999). Custodial grandparents and their grandchildren. *The Family Journal*, 7(4), 367-373.

Hernandez, D. J. 2012. *Changing Demography and Circumstances for Young Black Children in African and Caribbean Immigrant Families*. Washington, DC: Migration Policy Institute.

Kent, M. M. (2007) "Immigration and America's Black Population," *Population Bulletin* 62, no. 4.

Jendrek, M.P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist*, 34, 206-216.

Kreider, R.M., & Ellis, R. (2011). Number, timing, and duration of marriages and divorces: 2009. *Current Population Reports*, 1-23.

Kreider, R.M., & Ellis, R. (2011b). Living arrangements of children: 2009. *Current Population Reports*, 70-126.

Laughlin, L. (August 2010). Who's minding the kids? Child care arrangements: Spring 2005/ Summer 2006. *Current Population Reports*, 70-121.

Livingston, G., & Parker, K. (September 2010). *Pew Research Centre: Washington, DC*. Retrieved November 5, 2011 from

[http://pewresearch.org/pubs/1724/sharp-increase-children-with-grandparent-caregivers.](http://pewresearch.org/pubs/1724/sharp-increase-children-with-grandparent-caregivers)

McGowen, M.R., Ladd, L., & Strom, R.D. (2006). On-line assessment of grandmother experiences in raising grandchildren. *Educational Gerontology*, 32, 669-684.

Minkler, M., & Fuller-Thomson, E. (1999). The health of grandparents raising grandchildren: results of a national study. *American Journal of Public Health*, 89(9), 1384-1389. doi:10.2105/AJPH.89.9.1384.

Minkler, M., & Fuller-Thomson, E. (2005). African American grandparents raising grandchildren: A national study using the Census 2000 American community survey. *Journal of Gerontology Services B – Psychological Sciences and Social Sciences*, 60(2), S82-S92.

Minkler, M., & Roe, K.M. (1993). *Grandmothers as caregivers: Raising children of the crack cocaine epidemic*. Newbury Park, CA: Sage.

Murphy, S.Y. (2008). Voices of African American grandmothers raising grandchildren. *Journal of Intergenerational Relationships*, 6(1), 25-39.

Musil, C., Warner, C., Zauzniewski, J., Wykle, M., & Standing, T. (2009). Grandmother caregiving, family stress and strain, and depressive symptoms. *Western Journal of Nursing Research*, 31(30), 389-408.

Pinson-Millburn, N.M., Fabian, E.S., Schlossberg, N.K., & Pyle, M. (1996). Grandparents raising grandchildren.

Journal of Counseling & Development, 74, 548-554.

- Silverstein, M. (2007). Benefits of grandparents raising grandchildren. *Journal of Intergenerational Relationships*, 5(3), 131-134.
- Silverstein, M., & Marenco, A. (2001). How Americans enact the grandparent role across the family life course. *Journal of Family Issues*, 22(4), 493-522.
- Singleton, R.A., & Straits, B.C. (2010). *Approaches to social research (5th ed.)*. New York: Oxford University Press.
- Seponski, D.M. & Lewis, D.C. (2009). Caring for and learning from each other: A grounded theory study of grandmothers and adult granddaughters. *Journal of Intergenerational Relationships*, 7(4), 394-410.
- Smith, A. & Dannison, L. (2008). Preschool children and caregiving grandparents: Enhancing family strengths. In Hayslip, B., & Kaminski, T. (Eds), *Parent the custodial grandchild: Implications for practice* (pp. 237-250). New York: Springer.
- Smith, G.C. & Dolbin-MacNab, M.L. (2013). The Role of Negative and Positive Caregiving Appraisals in Key Outcomes for Custodial Grandmothers and Grandchildren. In B. Hayslip & G. Smith, *Resilient grandparent caregivers: A strengths-based perspective* (pp. 3-24). New York, NY: Rutledge Taylor & Francis.
- Statistics Canada. (2009). *Population by selected ethnic*

origins, by province and territory (2006 Census).

Located May 1, 2014 at

<http://www.statcan.gc.ca/tables-tableaux/sum-som/101/cst01/demo26a-eng.html>.

Szinovacz, M. (1998). Grandparents today: A demographic profile. *The Gerontologist*, 38, 37-52.

Taylor, K.L., Kerner, J.F., Gold, K.F., et al. (1997). Ever vs never smoking among an urban, multiethnic sample of Haitian, Caribbean, and US born black. *Preventive Medicine*, 26, 855-65.

U.S. Census Bureau. (2009). *American Community Survey*. Retrieved from <http://factfinder.census.gov/>

Villar, F. (2012). Successful ageing and development: the contribution of generativity in older age. *Ageing and Society*, 32, 1087-1105
doi:10.1017/S0144686X11000973.

Villar, F., Celdrán, M., & Triadó, C. (2012). Grandmothers offering regular auxiliary care to their grandchildren: An expression of generativity in later life? *Journal of Women & Aging*, 24(4), 292-312. doi 10.1080/08952841.2012.708576.

Williamson, J., Softas-Nall, B., & Miller, J. (2003). Grandmothers raising grandchildren: An exploration of their experiences and emotions. *The Family Journal*, 11(1), 23-32.

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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References

- Abidin, R. R. (1995). *Parenting Stress Index: Professional Manual (3rd ed.)*. Odessa, FL: Psychological Assessment Resources, Inc.
- Adamsen, L. (2002). From victim to agent: The clinical and social significance of self-help group participation for people with life-threatening disease. *Scandinavian Journal of Caring Sciences*, 16(3), 224-231.
- Annie E. Casey Foundation. (2012). *Stepping up for kids: What government and communities should do to support kinship families*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/S/SteppingUpforKids2012PolicyReport/SteppingUpForKidsPolicyReport2012.pdf>

- Boothroyd, R.A. (1997). *Preliminary manual for the Caregiver Self-Efficacy Scale*. Tampa, FL: Louis de la Parte Florida Mental Health Institute.
- Bright, J.I., Baker, K.D., & Neimeyer, R.A. (1999). Professional and paraprofessional group treatments for depression: a comparison of cognitive-behavioral and mutual support interventions. *Journal of Consulting and Clinical Psychology, 67*(4), 491-501.
- Burnette, D. (1998). Grandparents rearing grandchildren: a school-based small group intervention. *Research on Social Work Practice, 8*(1), 10 –27.
- Burton, L. (1992). Black grandparents rearing children of drug-addicted parents: stressors, outcomes and social service needs. *Gerontologist, 32*(6), 744 –751.
- Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review, 26*, 623-639.
- Dunst, C.J., Trivette, C.M., & Hamby, D.W. (1994). Measuring social support in families with young children with disabilities. In C.J. Dunst, C.M. Trivette, & A.G. Deal (Eds.), *Supporting & strengthening families: Methods, strategies and practices* (pp. 152-160). Cambridge, MA: Brookline Books.
- Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
- Dunst, C. J., & Trivette, C. M. (1989). Toward experimental evaluation of the family, infant, and pre-school

- program. In H. Weiss & F. Jacobs (Eds.), *Evaluating family programs* (pp. 315–346). New York: Aldine Publishing.
- Gardner, D.L., Huber, C.H., Steiner, R., Vazquez, L.A., & Savage, T.A. (2008). The development and validation of the Inventory of Family Protective Factors: A brief assessment for family counseling. *The Family Journal*, 16(2), 107-117.
- Generations United. (2007). *Grandparents and other relatives raising children: The second intergenerational action agenda*. Washington, DC. Retrieved August 5, 2005 from <http://www.gu.org/2004.Action.Agenda.Final.pdf>
- Grant, R., Gordon, S.G., & Cohen, S.T. (1997). An innovative school-based intergenerational model to serve grandparent caregivers. *Journal of Gerontological Social Work*, 28, 47-61.
- Hayslip, B., & Kaminski, P.L. (2005). Grandparents raising their grandchildren. *Marriage & Family Review*, 37(2), 147-169.
- Kelley, S. J. (1993). Caregiver stress in grandparents raising grandchildren. *Image: Journal of Nursing Scholarship*, 25(4), 331–337.
- Kim, H.S. (2013). National culture and social desirability bias in measuring public service motivation. *Administration & Society*, doi:10.1177/0095399713498749
- Macgowan, M. J. (1997). A measure of engagement for social group work: The Groupwork Engagement Measure (GEM). *Journal of Social Service Research*, 23(2), 17-37.

- Marmar, C.R., Horowitz, M.J., Weiss, D.S., Wilner, N.R., & Kaltreider, N.B. (1988). A controlled trial of brief psychotherapy and mutual-help group treatment of conjugal bereavement. *American Journal of Psychiatry*, 145(2), 203-209.
- McCallion, P., Janicki, M. P., Grant-Griffin, L., & Kolomer, S. R. (2000). Grandparent caregivers II: Service needs and service provision issues. *Journal of Gerontological Social Work*, 33(3), 63–90.
- Roberts, L. J., Salem, D., Rappaport, J., Toro, P. A., Luke, D. A., & Seidman, E. (1999). Giving and receiving help: Interpersonal transactions in mutual-help meetings and psychosocial adjustment of members. *American Journal of Community Psychology*, 27(6), 841-868.
- Smith, C.J., & Monahan, D.J. (2006). KinNET: A demonstration project for a National Support Network for Kinship Care Providers. *Journal of Health and Social Policy*, 22(3), 215-231.
- Spirig, R. (1998). Support groups for people living with HIV/AIDS: A review of literature. *Journal of the Association of Nurses in AIDS Care*, 9(4), 43-55.
- Stevens, M., & Duttlinger, J. E. (1998). Correlates of participation in a breast cancer support group. *Journal of Psychosomatic Research*, 45, 263-275.
- Strom, R., & Strom, S. (2000). Goals for grandparent caregivers and support groups. In B. Hayslip, & R. Goldberg-Glen (Eds.), *Grandparents raising grandchildren: Theoretical, empirical and clinical perspectives* (pp. 171-218). New York: Springer.

- Strozier, A. (2012). The effectiveness of support groups in increasing social support for kinship caregivers. *Children and Youth Services Review*, 34(5), 876-881.
- Strozier, A., McGrew, L., Krisman, K., & Smith, A. (2005). Kinship Care Connection: The analysis of a school-based intervention for kinship caregivers, the children in their care, and the schools. *Children and Youth Services Review*, 27, 1011-1029.
- Valentine, K., Jenkins, B., Brennan, D., & Cass, Bettina. (2013). Information provision to grandparent kinship carers: Responding to their unique needs. *Australian Social Work*, 66(3), 425-439.
- Vardi, D. J., & Buchholz, E. S. (1994). Group psychotherapy with inner-city grandmothers raising their grandchildren. *International Journal of Group Psychotherapy*, 44(1), 101 –122.
- Weber, J. A., & Waldrop, D. P. (2000). Grandparents raising grandchildren: families in transition. *Journal of Gerontological Social Work*, 33(2), 27 –46.
- Wohl, E., Lahner, J., & Jooste, J. (2003). Group processes among grandparents raising grandchildren. In B. Hayslip & J. Patrick (Eds.), *Working with custodial grandparents* (pp. 195-212). New York: Springer.
- Yancura, L.A. (2013). Service use and unmet service needs in grandparents raising grandchildren. *Journal of Gerontological Social Work*, 56(6), 473-486.

Policy Article

Policy Update: Federal and State Legislation to Support Grandfamilies

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Abstract

Building on the progress of the last 20 years, helpful federal and state legislation continues to be pursued on behalf of grandfamilies. This update summarizes policy efforts during the last year and looks ahead to what is on the horizon. At the federal level, legislative efforts are focused on grandfamilies who are involved with the child welfare system. States are responding to federal activity by enacting policies to place more children with relatives and better serve grandfamilies who come into contact with the system, including “family finding” laws and including fictive kin as “relatives.” State policymakers are also striving to support the vast majority of grandfamilies who are outside the formal foster care system. States are increasingly collaborating across agencies to support grandfamilies with help from the federal Temporary Assistance for Needy Families (TANF) program, and are creating more educational and health care consent laws. These budget neutral laws respond to the needs of the families by allowing children in the care of their relatives to access public school tuition-free, as well as the array of necessary health care.

Keywords: grandfamilies, policy, federal, state, child welfare

Federal and state laws supporting grandfamilies have increased exponentially in the last 20 years. Reasons for this rise include a growing body of research showing that children fare well in relative care, positive portrayals of the families in the media, increased numbers of children being raised by relatives, and a smaller pool of nonrelated foster parents. One of the most dramatic illustrations of the growth in supportive state laws is with educational and health care consent laws, which allow a relative caregiver without legal custody or guardianship of the child to access health care and educational services on the child's behalf. As recently as 1994, California enacted the first such law, and now more than half the states have either an educational or health care consent law or both. The mid-1990s also saw the growth of state-subsidized guardianship assistance programs, which used their own funds or Temporary Assistance for Needy Families (TANF) monies to allow children to exit foster care into the care of their relative guardians. Eventually, 38 states and the District of Columbia had state-subsidized guardianship assistance programs (www.grandfamilies.org). Due in large part to the success of these state programs, as of 2008, the federal government has allowed all states to take an option to use federal child welfare monies to finance subsidized guardianships. Also, at the federal level in the last 15 years, the first two pieces of legislation specifically for grandfamilies became law:

- (1) National Family Caregiver Support Program -- the first federal program providing supportive

services specifically to older relatives raising children.

- (2) LEGACY -- the first affordable housing program specifically for grandfamilies.

Throughout this past year, we have continued to see growth in supportive laws for grandfamilies, as there are a number of policy trends. Most federal policy work focuses on grandfamilies who are in foster care or have come to the attention of the child welfare system. States are responding using various strategies to place more children with relatives and better serve grandfamilies who come into contact with the system, including “family finding” laws and including fictive kin as “relatives.” In addition, state policy makers are striving to support the millions of grandfamilies outside the formal foster care system by enacting educational and health care consent laws and collaborating across agencies to reach more children and caregivers with help from the block grant funds from the federal TANF program. This article summarizes federal and state policy trends, and looks ahead to what is on the horizon for grandfamilies and professionals working within this field.

Federal Legislation

The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008

The most significant child welfare legislation in recent years is the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Children’s Defense Fund & Child Trends, 2012). Among its many provisions, this federal law does a number of things specifically for grandfamilies:

- ♣ requires states to identify and notify relatives when children enter foster care.
- ♣ gives states the option to use funds through Federal Title IV-E of the Social Security Act to finance Guardianship Assistance Programs (GAPs) that enable children in the care of relatives (who are licensed foster parents) to exit foster care into permanent homes. As of May 2014, the U.S. Department of Health and Human Services Children's Bureau has approved 31 states (Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Washington, West Virginia, and Wisconsin), the District of Columbia, and four tribes (the Keweenaw Bay Indian Community, the Port Gamble S'Klallam Tribe, the Confederated Salish and Kootenai Tribe, and the South Puget Intertribal planning agency) to implement GAPs.
- ♣ requires child welfare agencies to make reasonable efforts to place siblings together, be it in foster care, guardianships, or adoptive placements. Siblings placed in the same home as a child eligible for federal guardianship payments may also receive support even if they are not otherwise eligible.
- ♣ authorizes "Family Connection" grants to establish kinship navigator programs that link relative caregivers to a broad range of services and supports for them and the children they raise. These grants

also fund “family finding” efforts and other programs that benefit grandfamilies.

- ♣ gives states the option to waive non-safety-related foster care licensing standards for relatives.

Pending Federal Legislation

This landmark 2008 law sets the stage for the federal legislation that follows. In spring 2014, there are several pieces of legislation currently pending on Capitol Hill, which build on the Fostering Connections Act and continue to reform the child welfare system. The two provisions being considered that most directly impact grandfamilies concern GAPs. These provisions would:

- (1) provide states with federal financial incentives for exiting children from foster care into permanent families through guardianships, much as they already do for exiting children to adoptions.
- (2) allow relatives who are guardians to name successor guardians in the event of their death and to allow for the successors to continue to receive the monthly subsidies to help meet the needs of the children they raise, similar in practice to the longstanding adoption subsidy program.

These two changes to federal law would be significant for grandfamilies. They would continue to validate the importance of guardianships as a permanency option for children for whom adoption and reunification with the parents are not an option. The pending provisions further acknowledge the tangible benefits that come to children who have someone permanent in their life—someone who

has the authority to make all decisions on the child's behalf, including health care, educational, and often "simple" decisions such as whether a child can go to a sleepover at a friend's house or attend a school field trip. Guardians no longer have to rely on the state for these decisions, and children have much more stability and normalcy in their lives. By also allowing guardians to name successors who could continue to get monthly subsidies, children would no longer be required to return to foster care after a guardian's death. Under current law, children must spend at least six months in foster care with someone else before another guardianship is even considered. This provision would allow children to benefit from continuity in care, rather than suffer further trauma and upheaval compounding the loss of their loved one.

In addition to these provisions specifically impacting grandfamilies, both houses of Congress have pieces of pending legislation that would affect the child welfare system as a whole. Lawmakers are considering reauthorizing the adoption incentives program and combining legislation reauthorizing adoption incentives with provisions to address child sex trafficking. Since foster children are particularly vulnerable to sex trafficking, national advocates support this approach.

Federal Legislation and Policy Reform on the Horizon *Holistic Child Welfare Financing Reform*

The legislation currently pending on Capitol Hill begins to reform some issues with the federal financing of child welfare, but many national organizations are advocating for holistic financing reform. Casey Family Programs has long been recommending overall reform (Casey, 2008). The Annie E. Casey Foundation (AECF) and the Jim Casey Youth Opportunities Initiative are also seeking holistic child welfare financing reform. The joint

Casey proposal, detailed in *When Child Welfare Works: A Proposal to Finance Best Practices* seeks to restructure federal child welfare funds to improve family foster care, reduce the amount of time children are in state care, and end federal spending on shelter and non-treatment group care (Annie E. Casey & Jim Casey, 2013). Simply put, their proposal aims to help more children grow up in families. Interest seems to be building on Capitol Hill around the concepts, but child welfare advocates disagree on some of the specific steps and consensus needs to emerge among advocates before significant reform can happen.

Model Family Foster Care Licensing Standards

Because the Fostering Connections Act requires children to live in licensed homes with relatives prior to being eligible for GAPs, many states are looking at their licensing practices and policies to determine how to license more relatives. One of the primary reasons more relatives are not licensed is due to state licensing standards that go well beyond federal requirements and cause unnecessary barriers to otherwise qualified caregivers. The federal government allows the states a great deal of flexibility in creating licensing standards, and consequently they differ dramatically around the country.

The AECF has spearheaded a multi-partner effort to look at family foster care licensing. Generations United's National Center on Grandfamilies, the American Bar Association Center on Children and the Law, and the National Association for Regulatory Administration have partnered with AECF to create one set of model family foster care licensing standards, with the goal that states eventually adopt them. The work began with extensive research into family foster care licensing standards from all 50 states and the District of Columbia. Findings confirmed wide variation in licensing standards, along with

problematic standards that cause unnecessary barriers and do not promote safe and appropriate foster homes. Some state standards have more to do with cultural bias and wealth, like requirements to own vehicles and have arbitrary square footage in homes, than with ensuring safe and appropriate homes for children (Beltran & Epstein, 2013). This extensive research, along with guiding principles, will inform the creation of the model standards that seek to fulfill the public policy intent behind licensing standards, which is to ensure that foster children have safe and appropriate placements. These improved standards are the first step to facilitating the licensing of additional appropriate relative and non-relative homes, so that children live in safe homes and can access necessary supports to meet their needs. Licensing relatives will also give more children access to the permanency option of guardianship and the accompanying financial assistance available under the GAPs in 36 participating jurisdictions.

State Legislation

State Child Welfare Legislation Impacting Grandfamilies

Fostering Connections Act

Within the first few years after the Fostering Connections Act became law, a flurry of state legislation happened to implement its many provisions. Although the federal law did not require the states to enact laws, many needed to fix inconsistencies between their existing laws and the new federal law. In 2014, there is much less activity, although 19 states still have not adopted the GAP option and will hopefully do so at some point (www.grandfamilies.org).

Fictive Kin

A legislative trend has emerged towards including “fictive kin”—or close family friends and godparents—as part of state definitions of “relative” for purposes of child placement, GAP, and TANF or “welfare.” The inclusion of “fictive kin” acknowledges the important traditions among many cultures, including African American and Native American, of caring for each other’s children, whether or not they are actually related by blood, marriage, or adoption.

Under the federal Fostering Connections Act, GAPs are limited to “relatives” and states have discretion in how they choose to define the term. The majority of states, 23 and the District of Columbia, define “relative” to include “fictive kin” (Children’s Defense Fund & Child Trends, 2012). In 2013, Missouri enacted a law, Senate Bill 47, to join this group of states. It now includes “close nonrelated person” as someone who may become a guardian and obtain monthly subsidies for the care of a child. Missouri defines its term, at Mo St. § 453.0722. (2) as “any nonrelated person whose life is so intermingled with the child such that the relationship is similar to a family relationship.”

In 2013, Arkansas enacted a law, House Bill 1684, to add fictive kin as a placement option for children. This law allows fictive kin in Arkansas to be approved as providing provisional or temporary homes for a specific child until they are fully licensed. It further allows them to apply as a “relative” for benefits under the state’s TANF program. Arkansas defines “fictive kin” at AR Code § 9-28-108(a)(1) as “a person not related to a child by blood or marriage, but who has a strong positive emotional tie to a child and has a positive role in the child’s life, such as godparent, neighbor, or family friend.”

Family Finding

Acknowledging the important role of family in the lives of children, a growing trend has emerged to make comprehensive and ongoing efforts to find family for children who have come to the attention of the child welfare system (Child Trends, 2011). “Family finding” is being implemented in many jurisdictions around the country. Basically, it encompasses a variety of diligent methods, including effective use of technology, to find relatives for children. Pennsylvania passed a law in July 2013 that requires its counties to look for a child’s relatives while a child is receiving preventative services, before a child comes into care. Pennsylvania’s House Bill 1075 is garnering national attention because of this unique timing. Other states that have revamped their policies and systems to find family for children once they come into care include Connecticut, the District of Columbia, and New Jersey. Child Trends, a national nonprofit located in Washington, D.C., will be releasing a report this year on family finding and the various ways it is implemented around the country.

State Non-Child Welfare Legislation for Grandfamilies

Although the bulk of current legislative activity focuses on those families within child welfare, significant state efforts have arisen to help support the families outside the system. Since the vast majority of children raised in grandfamilies are outside of the foster care system, supporting these families is essential to keeping them together and preventing them from having to enter the child welfare system.

For every one child living in foster care with a relative, about 26 children reside with relatives outside the child welfare system. Relative caregivers—extended family members and close family friends—are raising more than 2.7 million children in this country (Annie E. Casey, 2012). Many of these children are being raised by relatives with no

legal relationship, such as legal custody or guardianship. Only about 104,000 are living with relatives in foster care. Although this number represents almost one-fourth of all children in foster care, it is a small percentage of the overall grandfamilies population (Annie E. Casey, 2012).

Without the support of the foster care system or a legal relationship that is formalized by the courts, relative caregivers face enormous challenges enrolling children in school, advocating for educational services, and consenting to health care. Many relative caregivers also lack adequate housing, food, child care or financial resources to take on the expenses of raising children they did not expect to raise. States are responding to some of these challenges by enacting educational and health care consent laws and collaborating across agencies to reach more children and caregivers with help from the federal TANF program.

Educational and Health Care Consent Laws

To ensure children in grandfamilies can obtain health care and a tuition-free public education, 25 states have health care consent laws and 17 have educational consent laws (Generations United, 2013). These laws allow relative caregivers to access services for children they raise without the need for legal custody or guardianship. Caregivers complete an affidavit under penalty of perjury that they are the primary caregiver of the child; then, by presenting the form, the caregiver can consent to treatment or enroll the child in public school tuition-free.

California first enacted one of these budget neutral laws in 1994, and several more states joined it in the years following. Now, 20 years later, seeing the success of these laws, there is increased activity to pass similar laws. In April 2014, Kentucky enacted its first educational and health care consent law, Senate Bill 176, and Missouri enacted Senate Bill 532, which broadens its existing health

care consent and includes educational consent in the same affidavit. In 2013, Oregon enacted a combined educational and health care consent law, Senate Bill 601, and Virginia enacted an educational consent law, Senate Bill 960.

Temporary Assistance for Needy Families

Around the country, both positive and negative trends have emerged with respect to TANF, which is often the only source of financial support for the vast majority of grandfamilies who are outside the foster care system (Generations United, 2014).

On the positive side, several states' TANF agencies, often called economic security, and child welfare agencies are working together to better serve grandfamilies. The U.S. Department of Health and Human Services is encouraging this type of collaboration with its latest round of Fostering Connection Grants for Kinship Navigator Programs, and that effort was promoted in the 2011 Government Accountability Office (GAO) report on TANF and Child Welfare Programs. By working together, these agencies can maximize their resources and provide wraparound services to grandfamilies both inside and outside the foster care system.

On the negative side, several trends may jeopardize grandfamilies, including counting caregiver income for child-only grants and imposing time limits for child-only grants (Generations United, 2014).

Counting Caregiver Income for Child-only Grants

In the West, an emerging trend has arisen of counting caregiver income when determining child-only grants (Generations United, 2014). Washington is the most recent state to impose caregiver income requirements, joining Arizona, Nevada, and Oregon.

Driven by budget considerations, Washington's legislature passed a law in 2011, RCW § 74.12.037, requiring a caregiver to have an income no higher than 300% of the federal poverty guidelines to be able to receive a child-only grant for a child in his or her care, and a sliding scale for caregivers with incomes between 200% and 300%. Since the law went into effect, over 1,500 children have been cut off from assistance (Generations United, 2014).

Historically, only a child's income, such as child support payments, has been considered in determining TANF child-only grants, since these grants are designed only to meet the needs of the child. In 2011, the average child-only grant was about \$8 per day for one child, with only slight increases for additional children (GAO, 2011). Although this number is insufficient to meet all the needs of a child, it is a critical income support for many grandfamilies. These funds can prevent children from having to enter foster care, which would cause financial ramifications for the states. The monthly maintenance payments for foster care are on average double those of TANF grants, and many administrative and court costs are also associated with a child in foster care. In 2011, the national monthly foster care maintenance payment was an average of \$511, whereas the national monthly TANF child-only grant was an average of \$249 (GAO, 2011).

Imposing Time Limits for Child-only Grants

Unlike the vast majority of states, Arizona, Connecticut, North Dakota, and Tennessee subject child-only cases to time limits (GAO, 2011). Imposing arbitrary limits on what is often the sole source of financial assistance for grandfamilies jeopardizes the family's ongoing stability.

State Legislation on the Horizon

Looking ahead in this era of state budget constraints, policymakers will likely continue to pursue laws and policies that save state funds or are cost-neutral. Because educational and health care consent laws help relative caregivers' access critical services for the children in their care and are completely budget-neutral, it is anticipated that more states will enact these laws.

With respect to TANF, state policymakers should assume a long-range view and discontinue making policy changes that limit grandfamilies' ability to access their often sole source of financial assistance. There are serious budgetary and social implications to further restrictive actions, such as time limits on TANF child-only grants. Mandatory limits on these grants can break apart the families and thereby increase the numbers of children entering foster care.

In order to avoid these negative social and economic outcomes, it is likely that state and federal policymakers and advocates will continue to encourage positive collaborations across government and community agencies so that TANF and other supports can keep grandfamilies together.

Conclusion

There is a significant amount of both federal and state policy activity on behalf of grandfamilies. This activity began roughly 20 years ago and continues to grow each year. Increasingly, the media and policymakers acknowledge grandfamilies as heroes who step forward to care for related children whose parents are unable to care for them. National and state advocates will continue to capitalize on these positive portrayals to enact important public policies for grandfamilies.

References

Annie E. Casey Foundation. (2012, May). Stepping up for kids: What government and communities should do to support kinship families. Retrieved from www.aecf.org/resources/Stepping-up-for-kids/

Annie E. Casey Foundation & Jim Casey Youth Opportunities Initiative. (2013, October). When child welfare works: A proposal to finance best practices. Retrieved from <http://www.aecf.org/~media/Pubs/Topics/Child%20Welfare%20Permanence/Permanence/WhenChildWelfareWorks/WhenChildWelfareWorksWorkingPaper.pdf>.

Beltran, A. & Epstein, H. (2013). The standards to license kinship foster parents around the United States: Using research findings to effect change. *Journal of Family Social Work*, 16(5), 364-381. Retrieved from <http://dx.doi.org/10.1080/10522158.2013.832463>

Casey Family Programs (2008). Child welfare reform finance principles. Retrieved from http://www.casey.org/resources/publications/pdf/WhitePaper_ChildWelfareFinance_FR.pdf

Children's Defense Fund, Child Trends, American Bar Association Center on Children and the Law, Casey

Family Programs, Child Focus, & Generations United. (2012, October). Making it work: Using the Guardianship Assistance Program (GAP) to close the permanency gap for children in foster care. Retrieved from

<http://www.grandfamilies.org/LinkClick.aspx?fileticket=9SHP4MOANmE%3d&tabid=41&mid=403>

Child Trends. (2011, October). Family finding: Does implementation differ when serving different child welfare populations? Retrieved from

http://www.childtrends.org/wp-content/uploads/2011/10/Child_Trends-2011_10_17_RB_FamilyFinding.pdf

The Fostering Connections to Success and Increasing Adoptions Act of 2008, 42 U.S.C. §673(d).

Generations United. (2013). State educational and health care consent laws: Ensure that children in grandfamilies can access fundamental services. Retrieved from

<http://www.grandfamilies.org/LinkClick.aspx?fileticket=8-0Q2w7y1TU%3d&tabid=41&mid=403>

Generations United. (2014). Improving grandfamilies' access to Temporary Assistance for Needy Families. Manuscript in preparation.

House Bill 1684, Arkansas 89th General Assembly (2013). Retrieved from

<http://www.arkleg.state.ar.us/assembly/2013/2013R/Bills/HB1684.pdf>

House Bill 1075, Pennsylvania General Assembly (2013). Retrieved from

<http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sess=2013&sessInd=0&billBody=H&billTyp=B&billNbr=1075&pn=2203>

Legal database. (2014). Grandfamilies State Law and Policy Resource Center at www.grandfamilies.org.

Revised Code of Washington (RCW) § 74.12.037.

Retrieved from

<http://apps.leg.wa.gov/RCW/default.aspx?cite=74.12.037>

Senate Bill 47, Missouri 97th General Assembly (2013).

Retrieved from

<http://dx.doi.org/10.1080/10522158.2013.832463>

Senate Bill 176, Kentucky Legislature (2014). Retrieved

from <http://www.lrc.ky.gov/lrcsearch>

Senate Bill 532, Missouri 97th General Assembly (2014).

Retrieved from

<http://www.senate.mo.gov/14info/pdfbill/intro/SB532.pdf>

Senate Bill 601, Oregon 77th Legislative Assembly (2013).

Retrieved from

<https://olis.leg.state.or.us/liz/2013R1/Measures/Text/SB601/Enrolled>

Senate Bill 960, Virginia General Assembly (2013).

Retrieved from <http://lis.virginia.gov/cgi-bin/legp604.exe?131+ful+SB960ER+pdf>

U.S. Government Accountability Office. (2011, October).

TANF and child welfare programs: Increased data sharing could improve access to benefits and services

(Publication No. GAO-10-495T). Retrieved from
<http://www.gao.gov/products/GAO-12-2>.

Practice Brief

**Developing A Youth Mentoring Component of
Kinship Programs**

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ABSTRACT

External mentors can lend a hand; they can provide support to custodial grandparents and great-grandparents caring for grandchildren. This practice brief examines the potential of incorporating a formal youth mentoring component of kinship programs. It discusses how such an initiative can benefit grandfamilies. Youth mentees range in age from elementary to high school age. Adult mentors are recruited from the general community, but may also include high school and college youth serving as peer mentors to younger children.

To ensure maximum protection for all involved, kinship programs that want to develop a mentoring component should follow the *Elements of Effective Practice*, the quality assurance standards that govern all high-quality and sustainable youth mentoring initiatives.

Findings regarding the benefits of mentoring for the general population are also applicable for children of Grandfamilies. Research indicates that youth who are engaged with caring and supportive mentors improve their self-esteem, academic performance, school attendance, peer relationships and career and life skills. Mentors open many new doors for both youth mentees and their families.

Key words: youth mentoring; mentee; mentor

Today, the needs of youth are greater than ever before. Custodial grandparents and great-grandparents are often doing the best job possible to provide for the children in their care. Emotional challenges, economic concerns, and frequently the need to work two and three jobs while caring for multiple children make daily life challenging. Youth mentoring programs are improving the lives of youth in the United States and across the world. Young people with external mentors benefit from improved self-esteem, better peer relationships, academic and school improvements and the advocacy of a mentor (Weinberger, 2005a). Incorporating a youth mentoring component into kinship programs can serve to relieve grandparent caregivers from some of the challenges associated with their role.

Most of us remember individuals who, at different stages in our lives, informally guided, believed in us, and encouraged us to be our best. Teachers, clergy members or athletic coaches often fulfill this role, along with neighbors next door who provided a listening ear along with cookies and milk. Some youth have the ability to independently seek out and surround themselves with mentors. Others would not seek out mentors unless they were deliberately assigned. Individuals including business leaders, educators, retirees and other community members, and high school youth are all joining forces today in what has become a rapidly growing movement called formal youth mentoring. In the United States, Canada and around the world, these programs are proliferating (Weinberger, 2005a).

Elements of Effective Practice in Youth Mentoring

Over more than a decade, researchers, practitioners and other experts in the field of youth mentoring have worked to create a set of guidelines, or “best practices” related to the development of youth mentoring programs. These principles are known as the *Elements of Effective*

Practice (2005). This practice brief discusses the *Elements* as the basis for developing a successful and sustainable youth mentoring component for kinship programs. When such practices are lacking in implementation (Dubois, Holloway, Valentine, and Cooper, 2002), there is increased potential for harmful effects of program involvement on youth.

When creating youth mentoring components, kinship programs should follow the four categories of development suggested in the *Elements*.

1. Program Design and Planning: Youth population to be served; types of mentors to be recruited; types of mentoring (one-to-one, group, team, peer or e-mentoring); location and focus of mentoring.
2. Program Management: Formation of Advisory Council; system for managing program information; fund development plan; system to monitor the program; public relations and communication plan.
3. Program Operation: Orientation of grandfamilies - recruitment of mentors and mentees (the term used by mentoring program for the youth involved); mentor screening; training and matching mentors and mentees; location and focus of program; on-going staff support and supervision; recognition of mentors and mentees; closure steps, when needed.
4. Program Evaluation: Plan to measure program process and expected program outcomes.

MENTOR (2005) has prepared a free Toolkit that can be accessed for kinship programs, outlining all of the components in full detail at www.mentoring.org. The *Elements* define formal youth mentoring as a structured and

trusting relationship that brings young people together with caring individuals who offer guidance, support, and encouragement aimed at developing the competence and character of the mentees (MENTOR, 2005).

Formal youth mentoring programs select caring and committed adult and peer volunteers, representing all walks of life, who are matched with youth and serve as positive role models. Mentors and mentees decide together what they are going to do during their meetings. Typical activities include reading, playing games, going to community activities, playing sports and attending concerts, movies or theatre productions, and finding other ways to have fun together. Mentors and mentees also discuss setting goals, improving school attendance, post-secondary plans, and employment-related skills. Mentors may work with mentees and their grandfamilies members to locate and utilize existing resources and programs.

Effectiveness of Youth Mentoring Programs

How effective are mentoring programs for youth? A 2011 meta-analysis entitled, *A Systematic Assessment of the Evidence*, took stock of the current evidence on the effectiveness of mentoring programs for youth. Research indicates that, from a developmental standpoint, benefits of participation in mentoring programs are apparent from early childhood to adolescence and are not confined to any particular stage of development. Similarly, although programs typically have utilized adult volunteers and focused on cultivating one-to-one relationships, those that have engaged older peers as mentors or used group formats show comparable levels of effectiveness (Dubois et al. 2011).

Mentoring has great benefits. Youth involved in mentoring programs show improved attitudes, more positive peer and family relationships, higher self-esteem, more consistent school attendance, and enhanced academic

achievement. They also voice an increased desire to stay in school and graduate, and are more likely to avoid risky behavior (Weinberger, 2005a). Mentoring is bi-directional; it not only benefits youth, but also the mentors. Mentors improve their own morale, satisfaction, and report feeling better about themselves for having impacted the life of the youth with whom they are matched (Weinberger, 2005a; Weinberger, 2005b).

Designing a Youth Mentoring Component for Kinship Programs

Based on the *Elements*, mentors and youth mentees meet a minimum of one hour weekly or four hours per month. Many mentors opt to spend more time with their mentees. Depending on the program design selected by staff, meetings are held at schools, after-school sites or within the community. Mentors provide youth with guidance, support and nurturing. They also assist mentees in developing the three "C's": character, confidence and competence (Weinberger, 2005b). Mentors may assist older mentees with resume writing, interviewing skills and other aspects related to gaining employment. Mentees savor the attention of their mentor and benefit from mentoring relationships based on trust and confidence (Weinberger, 2005b). Depending on the type of component selected by program staff, mentors may also get involved with the youth's family, and may provide valuable information about existing resources and services. Some configurations of programming modify the typical one-on-one relationship. Group (one mentor working with up to four mentees), buddy (two mentors working with one mentee) and mentoring via the internet are some effective variations (MENTOR, 2005).

Recruiting Mentors for Kinship Programs

How do kinship programs go about the process of recruiting mentors for youth of Grandfamilies? Staff should first by identify existing programs and then inquire about strategies for locating and/or recruiting mentors. Staff may also examine community programs with existing mentoring components with whom kinship programs can partner or where mentors can be recruited. These include:

1. Local school district
2. Boys & Girls Club
3. United Way Agency
4. Voluntary Action Center
5. Big Brother Big Sister Agency
6. Churches and Synagogue
7. Local businesses and Chamber of Commerce
8. Retiree groups
9. Local colleges and universities
10. Municipal employees
11. State resources supporting kinship programs
12. Land grant Universities
13. Online. Go to www.mentoring.org, the website of MENTOR. Insert your zip code under the “find a mentor” section and learn what programs are available in your community.

Tips for Finding a Good Mentor

Kinship programs need to be proactive about searching for mentors. Selecting the right mentors is a critical component of effective programs. When contacting other agencies regarding potential mentors, staff should ask each organization if it incorporates the *Elements of Effective Practice*. These quality standards ensure maximum protection for mentors, mentees, the sponsoring program and families. Screening of mentors includes a

criminal background check, personal references, employment history and last places of residence.

Role of Mentor as Youth Advocate

What can grandfamilies expect from a mentor matched with the child in their custody? One key role of a mentor is that of an advocate for their mentee. Effective programs structure support for mentors in assuming teaching or advocacy roles with youth. The value-added nature of mentors taking on an advocacy role (Dubois, et.al. 2011) has potential benefits for grandfamilies. There are many ways in which a mentor may serve in an advocacy capacity. Advocacy is, for example, when a mentor talks to the mentee's family about behavior at home and achievement at school and then shares this information with teachers. It also includes instances when mentors research opportunities that could be beneficial for the mentee and/or their family, helps the mentee to sign up for after-school activities, and talks with other people who could serve an important role in the life of the youth. Mentors' advocacy efforts may also help mentees identify and utilize skills and resources necessary for future success and opportunities for exploring their talents and interests. Advocacy may include mentors' efforts in exploring post-secondary educational or vocational opportunities, providing academic support, or seeking a tutor if the mentee is not doing well in a subject.

The role of mentor as advocate can assist other grandfamily members in meeting challenges associated with raising their grandchildren. Mentors may offer advice, share their own relevant experiences, and provide resources and contacts that benefit not only their mentee but also other family members. The following case illustrates the diverse role of the mentor:

Julia was seven years old and in second grade when her mother died. Her parents

were divorced and her father did not assume any responsibility for her or her three other siblings. Julia's elderly grandmother stepped in to raise all four children as she was simultaneously caring for two other grandchildren. Life was stressful and difficult, living quarters were small, and her grandma had to work two part time jobs to pay the rent and put food on the table.

Julia's grandmother learned from school staff that Julia was falling behind academically, eating poorly and was highly unmotivated. She turned to school authorities to inquire about help. Luckily, the school and district had a mature youth mentoring program. Julia was matched with Rebecca, a mentor in her fifties. They met for an hour weekly at school. Soon Julia began to trust Rebecca and bond with her. Together they worked on her reading and communication skills and difficulties she was exhibiting with her peers. In her role as advocate, Julia's mentor spoke with the school counselor to receive a tutor to help with her failing grade in mathematics. Julia began to improve steadily.

Julia's grandmother spoke with Rebecca one day, sharing some grave concerns about one of Julia's younger brothers. He was exhibiting problematic behavior and a negative attitude. Rebecca enlisted the help of her own brother to

become his mentor. Later, Julia's grandmother needed assistance with setting up a small bank account in the hopes of being able to save some money for the future. Rebecca was a career banker and, assisted to expedite this process. Clearly mentoring was a "win-win" for this kincare family for these many beneficial reasons.

Beginning a Youth Mentoring Program

Kinship programs initiating a youth mentoring component may find the strategies listed below as helpful "first steps" in developing these services:

1. Determine first that your organization has a strong infrastructure and has both staff and board members who understand the benefits of mentoring and are responsive to developing this initiative.
2. Always start small. Programs have a tendency to want to match as many youth with mentors from the start as possible. While this is an ambitious and laudable goal, long term and quality matches are at stake. Beginning with a pilot of between ten and twelve matched mentor and mentee pairs is recommended in the first year of a program. *Quality rather than quantity of matches* is the key.
3. One size does not fit all! You will have to decide whether you want to establish a mentoring program that is site based (i.e., all the mentoring takes place at a location such as a school, after school program, church or community center) or in the community at the discretion of the mentor and mentee (e.g., Big Brothers Big Sisters).

4. There is no need to reinvent the wheel. There may already be one or more mentoring programs established in your community. Check with your local Voluntary Action Center, United Way, Boys & Girls Club, Big Brothers Big Sisters agency or school district to find out what kinds of mentoring programs are in place and whether your clients are eligible.
5. Make sure that you follow a program that incorporates the *Elements of Effective Practice*, the quality assurance standards of mentoring. These standards were established by a group of experts to ensure maximum protection for all involved in your program. The web site of MENTOR includes a free Tool Kit that can be easily downloaded and contains many suggestions as you begin at www.mentoring.org.
6. Create an advisory committee to help oversee your program. Select well-known individuals in the community who can provide you with time, talent and treasure. You may find it helpful to use the words “wealth”, “wisdom” and “workers” to describe these valuable individuals. They will open doors for you and help in recruitment efforts.
7. Many people rush forward and express wanting to volunteer in your program; but not everyone makes a good mentor. Select your mentors carefully. They must be caring, committed, and responsible, have an outstanding record of employment and be reliable. If these prospective mentors pass all the screening requirements, make sure they are also willing to show up to meet with the mentee when they say they will. Many young people today have had numerous disappointments in their lives. Trust is jeopardized if

mentors say they will show up at a given time and then are not there. Mentors must show evidence of both dependability and consistency.

8. Permissions from grandfamilies must be secured for all youth who will become mentees. Forms should be clearly written and should request permission in the first language of the family. Ask youth if they would like to have a mentor. Explain what a mentor does and how they can be supportive and open doors to career path and other opportunities. Describe some fun activities in which they will engage with their mentor, program expectations, and emphasize that the program is voluntary.
9. Mentor training should include policies and procedures specific to each organization or program. Information and strategies related to effective mentoring should be provided. Training should also incorporate information that is specific to the particular population of youth that will be served. Informational topics for inclusion may include abandonment, grief, loss, anger, family dynamics, and other related issues confronted by children in grand-families.
10. Emphasis should be on insuring that activities and information should be developmentally appropriate for each mentee.
11. One of the most important components for creating a successful mentoring program is on-going support of the matches. When beginning a program, consideration should be given to the staff resources needed to monitor and supervise the matches regularly. An appropriate level of staff support leads to long term matches and program sustainability. Staff should be available to

continually check with each mentor and mentee to find out how the program is going, and if there are any issues or concerns that staff can address.

12. Be willing to dismiss or reassign a mentor if the relationship is not working, or if either the mentor or youth mentee demonstrates a lack of commitment.

How do you know that the mentoring program is working? Kinship programs should build in methods for evaluating the effectiveness of their mentoring component. An essential first step relates to establishing desired outcomes. If, for example, school achievement is an area of focus, it would be important to track school attendance, interim and final report grades and other improvements connected to the mentoring intervention. If the key outcome is improvement in the mental health of a grandchild, then pre-posttests regarding depression, anxiety or another indicator can be administered. Program staff may decide to assess mentor satisfaction and improved morale.

Both pre and post-tests may be administered to youth, mentors and their families to quantify the effectiveness of the mentoring component. There are many validated surveys that can be found in the MENTOR toolkit as well as from agencies such as Education Northwest, educationnorthwest.org. The mission of Education Northwest, located in Portland, Oregon, is to improve learning by building capacity in schools, families and communities through applied research. They have developed comprehensive materials for youth mentoring programs.

Recommendations for Further Study

Formal youth mentoring programs conduct process and outcome evaluations to measure success. Currently much is

known about the benefits of mentoring for Native American and Latino youth, those in the juvenile justice system, and youth in foster care. But less is known from research about the value of mentoring for grandchildren living in grandfamilies. A research project to determine if and how these children benefit from the mentoring experience would be an important contribution to the field.

References

DuBois, D.L., Holloway, B.E., Valentine, J.C., & Cooper, H. (2002). Effectiveness of mentoring programs for youth: A meta-analytical review. *American Journal of Community Psychology, 30*, 257-197.

Dubois, D.L., Portillo, N., Rhodes, J.E., Silverthorn, N., & Valentine, J.C. (2011) How Effective are Mentoring Programs for Youth? A Systematic Assessment of the Evidence. *Psychological Science in the Public Interest, 12*, 92.

MENTOR. (2005). *Elements of effective practice* (2nd Ed.). Alexandria, VA: Author.

Weinberger, Susan G. (2005a). Developing a Mentoring Program. In D.L. DuBois & M. J. Karcher. (Eds.), *Handbook of youth mentoring* (pp. 220-234). Thousand Oaks, CA: Sage Publications.

Weinberger, S.G. (2005b). *Mentoring a movement: My personal journey*. Norwalk, CT. Author.

Book Review

Resilient Grandparent Caregivers: A Strengths-Based Perspective

Bert Hayslip, Jr. and Gregory C. Smith (eds), 2013.

Routledge (Taylor & Francis), New York, 268 pp. ISBN-10: 0415897556; ISBN-13: 978-0415897556 0

The title of this book, *Resilient Grandparent Caregivers: A Strengths-Based Perspective*, edited by Bert Hayslip, Jr. and Gregory Smith, provides an apt way of framing this diverse collection of articles about grandparent caregivers. The emphasis on “resilience” and individual and family “strengths” stands in contrast to much of the existing literature which emphasizes deficit and dysfunction in grandparent caregiver families.

The 16 chapters of this book, written by a distinguished group of researchers and practitioners, provide a balanced view of the grandparent caregiver experience. The authors do not shy away from the difficulties, deny the challenges, or ignore the physical, social, and emotional toll that raising children under difficult circumstances can have on grandparent caregivers’ lives. However, what seems most striking and, from my point of view, refreshing about this book is the robust rejection of the portrayal of grandparent caregivers as being passive victims of challenging circumstance. As Donna Butts, Generations United’s executive director, succinctly states in the forward, the research and programmatic examples presented in this book demonstrate “how grandfamilies use their resiliency and resources to overcome challenges” (xvi).

The key to understanding how the remarkable challenges that grandparent caregivers face can coexist with the perseverance and other assets they possess lies with the word “resilience.” The book lays out the contours of resilience in the lives of grandparent caregivers. The contributing authors note their impressive coping and other cognitive skills, resourcefulness, problem-solving capacities, and continuing abilities to adapt to change. Along these lines, the authors provide rich examples of how grandparent caregivers derive meaning, satisfaction, and even a sense of empowerment from their caregiving experiences.

Another theme highlighted in the book is the crucial role of social support—from other grandparent caregivers, from mentors, and from professional counselors—in helping grandparents transcend the caregiving challenges they encounter. The power of social support is conveyed in chapters with titles such as: “Formal Social Support: Promoting Resilience in Grandparents Parenting Grandchildren” (Dolbin-Macnab, Roberto, and Finney), “Skip Generations: A Strength-based Mentoring Program for Resilient Grandparent Caregivers” (James and Ferrante), “Promoting Resilience: Counseling Grandparents to Raise Effective Grandchildren” (Zuckerman and Maiden), and “Mutual Exchange within Skipped Generation Households: How Grandfamilies Support One Another” (Kolomer, Himmelheber, and Murray).

Some grandparent caregivers garner support and strength from their cultural heritage and values. This theme is articulated most convincingly in the two chapters of the book: “Raising Grandchildren as an Expression of Native Hawaiian Cultural Values” (Yancura and Greenwood) and “Promoting

Family Empowerment among African American Grandmothers Raising Grandchildren (Whitley, Kelley, and Campos).

The book is organized into three parts:

- (1) “Resilience and resourcefulness among grandparent caregivers.” Articles in this section emphasize the positive attributes and qualities of custodial grandparents.
- (2) “Interpersonal aspects of resilience and resourcefulness in grandparent caregivers.” These articles examine the significance of several forms of social support that grandparent caregivers receive and provide to others.
- (3) “Strength-based interventions with grandparent caregivers.” These articles explore ways in which programs and policies can be crafted to tap into, and further enhance, grandparent caregivers’ resiliencies.

The applied nature of this book and the emphasis on interventions is not restricted to the third section. In fact, each of the chapters is written or co-written by a practitioner, such as a geriatric social worker, counselor, psychologist, or geriatrician. The mixture of researcher and practitioner perspectives strengthens this book by highlighting pertinent grandparent caregiver-related research questions and theoretical frameworks. This insures that efforts to delineate the multidimensional construct of resilience are grounded in practice.

A particularly important message for practitioners is the need to think beyond the myriad of challenges faced by grandparent caregivers and the crafting of simple programmatic “fixes” for each challenge. In the middle of the equation is the individual who possesses a host of strengths and resiliencies, as well as capacities that have yet to be discovered. In this context, intervention becomes an exercise in tapping into relative caregivers’ adaptive abilities, readiness to learn, and motivation to succeed.

The goal of helping grandparent caregivers to become more knowledgeable, effective advocates on behalf of their families and the children for whom they care is quite different than setting out to “give to” or “do for” them. Smith, Dannison, and James, in their chapter (“Resiliency and Custodial Grandparents: Recognizing and Supporting Strengths”), frame this intervention goal, as well as the book’s explication of the construct of resilience, in empowerment terms: “Resiliency is enhanced when grandparents are assisted in recognizing that knowledge is power” (pg. 233).

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National Research Center on Grandparents Raising Grandchildren

Mission

Our mission is to improve the well-being of grandparent-headed families by promoting best practices in community-based service delivery, and advancing the work of practitioners and scholars in the development, implementation and evaluation of new knowledge in the field.

Core Beliefs

Grandparents contribute to the preservation of whole family systems when taking on the responsibility of raising their grandchildren.

Grandchildren, as well as all children, deserve to be loved and cherished in safe and nurturing families.

Parents should have primary responsibility for their children, but when they are unable/unwilling to assume that role, grandparents should be given the resources and support to assume parental responsibilities.

Communities are better served by grandparents taking on the custodial care of their grandchildren, when needed.

Center Goals

- Influence new scholarship that merges the fields of aging, child welfare, and family research in the context of intergenerational caregiving.
- Communicate and disseminate evidence-based research and practice strategies to practitioners, researchers, policy advocates, and grandparent caregivers.
- Promote training and professional development of service practitioners and other allied professionals working with grandparent caregivers.
- Endorse the replication of evidence-based strategies to support better outcomes for children, families, and communities across the nation.
- Support current and emerging researchers and practitioners working in the fields aging, child welfare, and family services to sustain efforts leading toward positive social change for intergenerational families.