THE RANGE OF SUPPORTIVE INTERVENTIONS FOR GRANDPARENT CAREGIVERS AND THEIR FAMILIES

The last fifteen years have witnessed the growth of a wide range of supportive interventions for relative caregivers and their families. By far the most common are support groups, which run the gamut from informal weekly or monthly meetings in a grandparent's home to well funded therapeutic support groups providing child care, transportation, counseling, and a host of special programs and activities (Cohen and Pyle, 2000; Roe and Minkler, 1998). AARP’s Grandparent Information Center (GIC) described below currently lists approximately 800 support groups for relative caregivers. Such groups can have measurable effects on participants’ self esteem and well being (Burnette, 1998). They also can provide an avenue through which many caregivers can “give back” to their communities, by serving as co-facilitators and helping others learn from their experiences. Without external support, however, most such groups come and go as interest and resources vary over time (Roe and Minkler, 1998).

For relative caregivers in rural areas and others either unable to access or uncomfortable with the idea of support groups, special “warm lines” offering emotional and informational support by telephone, and Internet chat rooms and resource-oriented Web sites for relative caregivers also can be critical. On a larger scale, resource centers on the local thorough the national levels have proven valuable sources of information and referrals for relative caregivers, service providers, educators and other constituents. Local resource centers serve as clearinghouses for grandparents and professionals in need of assistance or referrals, with their larger counterparts offering a full range of integrated resources and services that can assist individuals as well as social service agencies through conferences, town hall meetings, policy forums and advocacy. Some of these resource centers, key among them AARP’s (GIC), are able to reach through multiple levels of the social system and stimulate policy and service coordination in support of grandparents raising grandchildren, as well as providing one-on-one information and referral (Roe and Minkler, 1998). A number of AAAs and state units on aging have already developed resource centers on relative caregivers and their families, often with the help of the GIC and the Brookdale Foundation’s RAPP (Relatives as Second Parents) program described below. And in Michigan, the state unit on aging indeed now asks that
AAA’s use 10% of the funds they receive from the State for relative caregiver activities to develop a grandparent caregiver resource center (Sainer, 2001).

Comprehensive programs for relative caregivers and their families also have been developed, some of which have targeted households facing particular challenges. Programs for grandparents raising the children of imprisoned mothers, for example, have been developed in Boston, Atlanta, and San Francisco, offering legal services, transportation for visitations, and respite care, in addition to support groups and other activities (Dressell & Barnhill, 1994; Minkler and Roe, 1993).

The array of programmatic interventions described above has real potential for improving the well-being of relative caregivers and their families. Although the effectiveness of such interventions has been demonstrated in a few carefully designed studies (cf. Burnette, 1998; Cohon et. al, 2000; Kelley et. al, 2001), there continues to be a great need to systematically evaluate the structure, content and outcomes of support groups and other more comprehensive programs. As Roe (2000) has pointed out, "Small programs, clearly the norm for caregiver interventions, have been reluctant to dedicate limited resources to evaluation or research," even though the lack of such data "may limit long term funding opportunities and investment" (p. 301). To help encourage evaluation, even by programs operating on a shoestring, the Brookdale Foundation offers evaluation training as a key component of its annual RAPP (Relatives as Parents Program) Training Conference for representatives of the many programs for which it has provided seed funding. Such technical assistance is critical if small local programs are going to be able to document their successes and problems so that others may learn from their experience.

Among the most ambitious program evaluations to date is one conducted as part of the larger Kin Caregiver Study by Don Cohon and associates (2000). Combining qualitative and quantitative methods, the study examined the effects on African American caregivers in San Francisco of supportive services received from either Edgewood Center for Children and Families' Kinship Support Network (see Best Practices below) or the City's Department of Human Services (DHS). The evaluation demonstrated that Edgewood's Kinship Support Network supportive services improved or maintained the health status of older caregivers when compared to that of relative caregivers receiving services through the DHS. Additionally, Edgewood participants were found to have significantly higher levels of program satisfaction than those receiving only public welfare
services; improved mental and physical health outcomes 12 months after Program completion; and decreased levels of need at graduation from the Program (Cohon et. al, 2000). The Edgewood study provides an excellent model for others in the aging network interested in undertaking detailed evaluations of program outcomes. It also may be cited as evidence of the kind of positive effects such interventions can have on grandparent caregiver participants.

Although programmatic interventions to assist relative caregivers and their families play a critical role on the individual and family levels, broader policy changes also are needed to help address the multiple needs of these intergenerational households. In part toward the end of helping to support needed policy changes, a number of local, state and national relative caregiver coalitions have been established. Groups such as the Wisconsin based National Coalition of Grandparents (NCOG), and the California based Grandparents as Parents (GAP) regularly receive calls from legislators and the mass media, testify on the needs of relative caregivers and their families, and work for changes in state and national policies that would assist such households (deToledo and Brown, 1995; Dunn, 2001; Roe and Minkler, 1998). The NCOG, for example, currently is advocating for laws that would support long-term informal caregivers by increasing their access to medical benefits for the children in their care, educational affidavits and other needed provisions (Dunn, 2001). The passage of a resolution supporting increased assistance to older relatives raising grandchildren at the 1995 White House Conference on Aging; Congress’ mandating of data collection on grandparent caregiving as part of the 2000 census; and legislative victories in California and a number of other states all are indicative of the growing visibility and political organization of grandparent headed families and their allies.

**IMPLICATIONS AND RECOMMENDATIONS FOR THE AGING NETWORK**

Both AAAs and state units on aging often have been in the forefront of developing creative programs to address the needs of older grandparent caregivers and their families. From their experiences and those of health and social service providers; through a rapidly burgeoning research base; and through the voices of grandparent caregivers and their families, a number of implications for practice can be drawn. State
units on aging and AAAs concerned with developing or expanding programs designed to help meet the needs of grandparent caregivers and their families thus may want to consider the following principles:

- **“Start where the people are” before deciding on a new program or activity.** Grandparent caregivers are articulate spokespersons for their own needs and concerns and those of their families and fellow caregivers. New programs that begin with their agenda, rather than that of a funder or provider, are far more likely to achieve success. Relative caregiver town halls and forums, surveys and focus groups and other methods should be employed to help determine the particular needs of grandparent caregivers in a given geographic area. Additionally, however, both AARP’s Grandparent Information Center and Generations United have conducted surveys involving hundreds of relative caregivers around the nation. Documents like Generations United’s *Grandparents and Other Relatives raising children: Grassroots concerns and solutions form across the United States* (2001), may provide much useful information in this regard.

- **Identify and address the special cultural, linguistic and other needs and concerns of diverse groups of relative caregivers.** As noted earlier, although grandparent caregiving cuts across class and racial/ethnic group lines, it is particularly prevalent among African American families and also appears more common among Hispanics and some other communities of color. Special attention is needed to the meaning and forms of relative caregiving in diverse communities, so that programs can be developed that are tailored to the specific needs and strengths of different population groups. Working through appropriate cultural institutions in these diverse communities; providing bilingual services, including support groups and newsletters; and holding special cultural pride events for relative caregiver families of different racial/ethnic groups all may be important means of adhering to this principle.

- **Search out and develop creative partnerships.** As indicated above, a major factor responsible for the success of the Brookdale Foundation's RAPP Program may well lie in its insistence that funded entities work collaboratively with other agencies and
organizations, including those outside the aging network. By partnering with voluntary children and youth organizations; faith based entities; public sector programs such as Head Start and Section 8 Housing; and local hospitals and schools, AAAs and state units on aging can vastly increase the resource base, visibility and effectiveness of their NFCSP efforts. Partnering with agencies or programs which are not limited in terms of client age further may enable the programs developed to better meet the needs of the many relative caregivers who are below age 60.

- **Think broadly and creatively.** As noted above, the language outlining the NFCSP was intentionally broad and non specific, to enable members of the aging network to draw on local knowledge of needs and opportunities to make the best possible use of the funds provided. Particularly when considering supplemental services that may benefit older relative caregivers and their families, taking advantage of the non specific language of the Program guidelines should enable aging network members considerable degrees of freedom in best meeting the needs of the relative caregiver populations they serve.

- **Recognize and build on the strengths of grandparent and other relative caregivers** Although this monograph has necessarily focused on the needs of older relative caregivers, such individuals often demonstrate immense strengths in coping with the daunting challenges of “second time around” parenting and contributing to their communities. By providing opportunities for relative caregivers to participate in special trainings and leadership activities; become support group leaders or co-facilitators; or serve as spokespersons with the mass media, policy makers etc., members of the aging network can build on these strengths while simultaneously building the self esteem of older caregivers.

- **Maintain open communication with organizations that can advocate for policy change.** As noted above, achieving substantive improvements in the well being of relative caregivers and their families frequently requires new legislative and policy changes, framed in an intergenerational context, that support, rather than penalize these families (Butts, 2000). Although AAAs and state units on aging generally
cannot advocate directly for legislative changes, they are in an excellent position to help
document the need for new policy directions. By providing such documentation, including,
for example, stories of grandparents adversely affected by existing housing or
welfare policies, and those who have benefited from new programs and services,
members of the aging network can help create the knowledge base vital to
organizations like AARP, Generations United, the Child Welfare League of America,
and the Children’s Defense Fund as they work to promote needed policy change.

The wonderful opportunity provided by the NFCSP to develop and expand
innovative and supportive programs for relative caregivers and their families must not
overshadow the need for coherent public and private sector policies that support the
growing number of intergenerational families headed by grandparents and other relatives.