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Perceptions of Family Empowerment in African American Custodial Grandmothers Raising Grandchildren: Thoughts for Research and Practice

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Empowerment practice is an approach to help marginalized families reduce their sense of powerlessness. The present study explores empowerment practice with a sample of low-income African American custodial grandmothers. It specifically describes how the effects of a strengths-based community service program influenced caregivers' sense of empowerment. Using the Family Empowerment Scale, the results suggest that the service intervention supports the empowerment dimensions and three subscales (knowledge, advocacy, and self-efficacy); the results did not support the competency subscale. Although all age groups experienced an increase in empowerment, older grandmothers had significant differences in perceptions regarding social systems, as well as a sense of competency as compared with younger grandmothers. Implications for service delivery and future research are presented.

IMPLICATIONS FOR PRACTICE

- Practitioners working with custodial grandmothers should consider incorporating combined home-based and group services to affect participants' sense of empowerment.
- When designing service programs for custodial grandmothers, variations in service delivery methods may be necessary to accommodate the specific service needs of older vs. younger custodial grandmothers.

Grandparents raising grandchildren is a prevailing family arrangement in U.S. society. Managing the care of children who experienced serious traumas requires constant attention and extensive resources. As hard as they may try, many grandparents experience frustration and anxiety, believing they lack the means to control their family circumstances, and the larger community has little regard for them. Feeling overwhelmed, without support, and in need of resources, custodial grandparents are at risk for having a reduced sense of empowerment. The focus of this study is to address the sense of powerlessness felt by many custodial grandparents, specifically African American grandmothers raising grandchildren. The study explores the effects of a strengths-based support program on perceptions of empowerment among grandparent caregivers.

There are 2.4 million grandparents in the United States serving as primary caregivers for their grandchildren, and 34% are in parent-absent households (Simmons & Dye, 2003). Parental substance abuse, psychiatric disorders, incarceration, homicide, HIV/AIDS, and, more recently, military deployment are the predominate reasons grandparents are raising their grandchildren (Bunch, 2007; Dowdell, 1995; Kelley, Whitley, & Sipe, 2007; Poindexter & Linsk, 1999; Vega et al., 1993). Some of these issues overlap, suggesting that families are trying to manage serious and difficult social problems while raising children. Despite such burdens, most custodial grandparents have shown their commitment to serving as surrogate parents. They consider their parental roles as satisfying and rewarding; few would prefer any alternatives. However, many grandparents worry about being full-time custodians. Previous studies suggest financial hardship, housing limitations, lack of transportation and day care, and inadequate material resources are reasons grandparents experience high levels of anxiety, frustration, and fear (Landry-Meyer, Gerard, & Guzell, 2005; Waldrop & Weber, 2001). Further, as grandparents experience the effects of aging, they become anxious about parenting grandchildren as their health fails and functioning declines (Fuller-Thomson & Minkler, 2000; Whitley, Kelley, & Sipe, 2001).

Grandparents also have concerns about meeting their grandchildren's special needs. Prenatal exposure to illicit substances and alcohol, coupled with poor parental functioning following birth, increase grandchildren's risks for emotional, physical, and developmental problems (Scarcella, Macomber, & Geen, 2003; Whitley & Kelley, 2008). Accessing public welfare services and benefits is often necessary to address their grandchildren's needs. However, many grandparents are unfamiliar with public welfare systems or harbor frustrations from previous experiences with them; other grandparents simply think they are not eligible to receive public benefits and do not begin the process to obtain them (Macomber & Geen, 2002; McCallion, Janicki, Grant-Griffin, & Kolomer, 2000).

Few studies have considered the influence of social stigma on family functioning in grandparent-headed households. Nearly 45% of all custodial grandparents are persons of color; African American grandparents represent the largest proportion by race (Okazawa-Rey, 1998; Simmons & Dye, 2003). Caregivers of color are more likely to have experienced poverty, worked in low-paying jobs, received public assistance, and care for several grandchildren for extended periods with inadequate resources to meet all their needs, as compared to their White counterparts (Poindexter & Linsk, 1999; Simpson & Lawrence-Webb, 2009). Empowerment practice is a method to help marginalized families gain a sense of control over their life circumstances. It helps reduce the feeling of powerlessness that inhibits one from taking appropriate action to resolve problems. Exploring the concept of empowerment with African American custodial grandparents is important because occurrences with social discrimination and oppression intensify their vulnerabilities, adding another layer of complexity to their caregiving behaviors. As a response, the present study explores empowerment practice with a sample of low-income African American custodial grandmothers. It specifically describes the effects of a strengths-based community service program on caregivers' perceptions of empowerment.

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Literature Review

A large body of research describes the concept of empowerment and empowerment practice (Chadiha, Adams, Biegel, Auslander, & Gutierrez, 2004; Cox & Parsons, 1996; Dunst, Trivette, & Deal, 1988; Freire, 1983; Gutierrez, 1994; Kieffer, 1984; Parsons, 1991; Rappaport, 1987). There is a consensus among authors that empowerment is a process by which individuals assume control over their lives and motivate others to act for positive social change. Gutierrez (1995) defined the term *empowerment* as "the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations" (p. 229). Understood as a proactive approach toward change, empowerment is the means by which individuals gain a sense of power and control over their lives. According to Lee (2001), empowerment is not *given* to an individual; rather, it "resides in the person" (p. 33). The role of practitioners is to help individuals recognize and use their power sources for positive change.

Power is an essential feature of empowerment. Parsons, Gutierrez, and Cox (1998) conceptualized the term along four dimensions: (a) the ability to influence the course of one's life, (b) an expression of self-worth, (c) the capacity to work with others to control aspects of public life, and (d) access to mechanisms of public decision making (p. 8). Forming relationships with service providers, extended family members, community advocates, and peers is important in recognizing power sources. Each member brings something to the relationship (e.g., skills, knowledge, influence, or wisdom) that is useful to overcome adversities and potentially motivates others for collective action. Discrimination, stigma, lack of education and training, and poverty are examples of "power blocks" that heighten perceptions of powerlessness (Parsons et al., 1998). When individuals perceive that they are without power, they experience feelings of self-blame, hopelessness, and distrust, which further inhibits them from taking action toward resolving problems or addressing needs (Kieffer, 1984).

Overcoming a sense of powerlessness requires an adjustment in one's beliefs and attitudes. Gutierrez and Lewis (1999) suggested that a "psychological transformation" takes place about how one thinks and interprets life events (p. 6). During the transformation process, three factors are fundamental to achieving empowerment: *consciousness* (acknowledgment of needs stemming from power inequities), *confidence* (feeling capable of modifying one's environment, mastering skills, and having enhanced self-efficacy), and *connection* (sharing goals with others for creating social support systems and power networks). The process challenges individuals to change their opinions, attitudes, and beliefs about the basis of problems; develop the capacity to use skills to affect change; and recognize power sources within social relationships to achieve positive outcomes. Having an understanding that family issues may not originate from personal attributes, but larger social systems, broadens possible solution options, including using collective action.

Hodges, Burwell, and Ortega (1998) expounded on empowerment perspectives presented by theorists and framed them in a family context. The essential principles of empowerment from a family perspective are similar to the individual perspective; however, the lens by which one views the participants in the process expands to include extended family members (e.g., parents, grandparents, godparents, and fictive kin) in the social network. Hodges et al. suggested, "Collaborative relationships, capacity building and connections to extended family networks are central themes of family empowerment" (p. 149). Viewed as the "experts," family members collaborate with providers to determine the various options for resolving problems. Service providers provide information about benefits, services, training, and other resources to overcome barriers that inhibit change, but family members take the lead in determining when and how to use such benefits and services. Broadening the family context to include extended family members allows the use of additional resources to overcome barriers to family well-being. Hodges et al. (1998), using the strengths perspective as a base, suggested extended families can bring their collective resources, skills, advice, and "authority" to protect against conflicts and adversities. As a result, featured outcomes of family empowerment are self-efficacy; obtaining new knowledge, resources, and skills; and engaging others to advocate for positive change.

Social work practitioners use empowerment-oriented interventions with a variety of groups. Past studies have included African American women as informal caregivers (Chadiha et al., 2004), residents in migrant communities (Williams & Labonte, 2007), the elderly (Cox & Parsons, 1996), and parents of children with disabilities (Nachshen, 2005). The aim of each study was to enhance empowerment for primary caregivers or the socially marginalized, using a group process. Empowerment has also been studied with a variety of multicultural groups, including Latino populations (Berryhill & Linney, 2006; Martinez, Peres, Ramirez, Canino, & Rand, 2009), Southeast Asians (Silka & Tip, 1994), and Koreans (Yoon, 2001). Cultural context was essential in defining the meaning of empowerment in these studies, yet the goal of enhancing self-efficacy was unequivocal.

Published studies on empowerment practices with custodial grandparents are minimal (Cox, 2002; Joslin, 2009; Okazawa-Rey, 1998). Each of the works is descriptive, used relatively small samples, and included African American grandparent caregivers in group settings. Recognizing the effects of social, economic, and cultural attributes on grandparent health outcomes, an early study by Okazawa-Rey (1998) described a support group of primarily African American grandmothers, serving 2 to 25 participants. Group meetings drew direct connections between social conditions and health outcomes, and the necessity for individual and collective empowerment to sustain physical health. As noted by Okazawa-Rey, recognizing the "triple jeopardy" of race, class, and gender-based oppression, empowerment was an essential goal for group members (p. 59). Weekly group meetings provided information, emotional support, and skill development, and they also raised awareness about current social and political issues impacting members' lives. A defining feature of the program was providing group facilitation training to grandparents who volunteered to establish their own support groups in local communities. Okazawa-Rey noted that having grandparents serve as group facilitators for their peers was a creative way to use community residents as resources in the provision of services, reflecting a primary empowerment practice principle—"promoting collective support and action" (p. 63).

Incorporating the works of Lorraine Gutierrez, Cox (2002) developed a 12-session parent training curriculum to enhance parenting and community advocacy skills for custodial grandparents. Using a classroom format, support group leaders and 14 African American grandmothers addressed a variety of topics related to parenting. The grandmothers completed homework assignments and maintained journals on how they applied course content to their daily lives. As a final assignment, they were required to give brief presentations on course topics to other community groups. Based on anecdotal feedback, Cox suggested that various aspects of the described program were empowering for the grandparents, specifically problem-solving strategies, role-plays, viewing videos, and conducting presentations to community groups. A core group of grandparents emerged as leaders, drawing attention to their innate qualities and strengths. Their involvement helped to sustain group momentum during the empowerment process.

In describing models of practice, Joslin (2009) presented an organiza-

tional empowerment program that brought together African American grandparents with service practitioners, community advocates, and educators to work collaboratively on behalf of participating families. Structured monthly meetings included developing problem-solving skills, discussions on shared experiences, and information exchanges with peers and professional group members. Service providers had the opportunity to share information with group members, provide concrete assistance, and hear how families interpreted information about services and community issues in relation to their families. Evaluation results from focus groups and interviews suggested that the grandparents experienced positive effects on various dimensions of individual empowerment, including self-efficacy, raised consciousness, and skill development for social change (e.g., advocacy and conflict management). Joslin noted that the program produced "an increased ability to take action on one's behalf and a greater sense of one's self-efficacy to problem solving reinforce[ing] a sense of personal competence and confidence" (p. 202).

The previous studies used the group model as the primary mode of practice to implement empowerment-oriented services. The current study extends understanding about empowerment by studying a large sample of African American grandmothers, using a quantitative measurement of empowerment, and testing a program approach that includes a holistic approach to service delivery. As more community-based programs support grandparent caregivers, it is beneficial to understand how expanded service-delivery models enhance perceptions of empowerment to extend overall understanding of caregiving behaviors by custodial grandparents.

Method

This study is part of a larger, ongoing research project designed to measure the effectiveness of an intervention aimed at improving the well-being of families in which grandparents are raising grandchildren in parent-absent households. Using a strengths-based approach (Saleebey, 1997), the stated goal of the project is to *empower* grandparents by increasing their personal sense of competence and to help them gain a sense of control over their family circumstances. Specific objectives were to (a) gain a sense of control over their families' lives, (b) work collaboratively with service providers to obtain needed resources, and (c) advocate for necessary support services to address family needs. Eligible grandparents received services for 1 full year. Following a year's participation, the grandparents did not continue to receive home-based case management services, but they could continue to participate in group meetings. The following is a description of project services, which ran concurrently.

Social work case management. Collaborating with grandparents, social workers provided home-based, individualized case management services. A social worker managed a family's case for the 12-month service duration, providing a minimum of two home visits per month. Specific case management activities included assessing individual, family, and community strengths; identifying and prioritizing family challenges; exchanging information; conducting service referrals; and developing and monitoring service plans. Providing concrete assistance was often an initial source of support; helping families obtain food, clothing, or shelter was sometimes paramount before starting any other aspect of the intervention. As the service provision continued, grandparents and staff worked together on case plans. Serving as "coaches," social workers helped grandparents to identify and tap into their personal strengths to address family needs; view professional service providers as partners in caregiving, rather than adversaries; and use advocacy skills to bring broad support for needed change. Staff sometimes accompanied the grandparents to scheduled appointments with various providers, including medical personnel, school administrators, court personnel, and child welfare workers. However, rather than the social workers taking a primary role in presenting family issues or serving as the advocates, the grandparents often took responsibility for presenting their issues, answering questions, and asking questions about service protocols. Grandparents participated in role-plays and practice exercises with staff to prepare for such meetings. Following 12 months of participation in the project, if a family continued to require case management services, they received a referral to another service provider for extended support.

Nursing case management. Families received a minimum of one home visit per month by a registered nurse. Home visits included conducting health history interviews, obtaining physical measures (blood pressure, weight, cholesterol, and glucose levels), and providing health education and health promotion information. The nurse also monitored medications taken by grandparents and grandchildren. Families received referrals to outpatient clinics, health centers, or private physicians for primary care services, when necessary. Mirroring the practice style of social workers, the nurses also helped grandparents to assume responsibility for their own health and the health of their grandchildren. Providing health education and promoting healthy behaviors were common approaches to serving families.

Support group meetings. Grandparents were encouraged to attend open-ended monthly support group meetings, facilitated by a social worker. Current and former participants of the project attended meetings without time constraints. All monthly meetings occurred during the day. When necessary, the social workers shared information about new services, benefit changes, and the like, with nonattending grandparents during the monthly home visits. The project provided refreshments and transportation services for attendees.

As part of the empowerment practice, the meetings provided a resource for socialization, information sharing, peer support, and emotional respite. Collaborating with attendees, topics selected for discussions ensured that the meetings reflected the group's particular needs. Examples of topic discussions included grief and loss, communicating with adolescents, effects of substance abuse on fetal development, and disciplining child behaviors. The mixture of having new and seasoned grandparents in group meetings permitted everyone to experience the personal stories shared by grandparents, which served as a teaching tool, illustrating the joys, challenges, history, culture, and personal sacrifices of families. Because many of the attendees had similar experiences, sharing personal stories helped the group to recognize what they shared as a collective body, supporting group cohesion.

Group facilitators invited guest speakers to share information about new services, public benefit changes, or specific topics such as health care reform. Community advocacy groups also brought information and instruction on how to access and influence decision makers. Grandparents used newly acquired information and skills to advocate on their own behalf as part of their case management plan and to advocate for resources in the broader community.

Legal support services. During the initial family assessment with the social worker, grandparents provided information on the types of legal relationship they had with their grandchildren. Working in collaboration with the local legal aid society and private law firms, grandparents received information about their legal options. They received referrals to local attorneys if extensive legal consultation was required to resolve family issues. During group meetings, attorneys and other legal advocates brought information to the grandparents to inform them of their legal rights regarding their grandchildren.

Other activities. The project took advantage of various communi-

ty-wide activities that engaged grandparents in advocacy. Grandparents had the opportunity to participate in national, state, and local advocacy initiatives to raise awareness about their collective needs. Individual leaders emerged from the project who promoted community advocacy activities. They brought information to group meetings to recruit volunteers to attend political rallies at the state capitol, join other community advocates to meet with county program administrators, and participate in the national GrandRally, an event sponsored by AARP and Generations United. During such activities, grandparents met with local, state, and national leaders to express the needs of custodial grandparents and describe the resources needed. For many grandparents, these events provided their first opportunities to engage in the political process beyond voting.

Participant Selection

Custodial grandparents were eligible for participation in the project if they were raising one or more grandchildren aged birth to 16 years in parent-absent households. All grandmothers and great-grandmothers participating in the project were included in the current study (generally referred to as grandparents). Although grandfathers were eligible to receive project services, their numbers were too small for study inclusion. Race was not an inclusion criterion for the study; however, the project's service boundaries were limited to participants residing in one of two counties in Georgia. The racial makeup in those counties is predominately African American. A variety of community agencies, including health care clinics, child care centers, schools, churches, and child welfare agencies referred families to the project. All families entered the project voluntarily; formal or informal custodial grandparents were eligible for participation. The university's institutional review board approved the research protocol; all participants signed letters of informed consent agreeing to participate in case management services, at a minimum.

Data Collection and Measurements

All data collection occurred at two time points: project entry, before the receipt of any services, and project exit, after 12 months of service participation. Using computer-assisted data collection procedures, trained research assistants collected data in the grandparents' homes; they read all questions to grandparents because the average educational attainment was less than high school. Data collectors downloaded the final data sets into SPSS® for later descriptive and pre/posttest comparative analysis. The measures used in the study are as follows.

Family Empowerment Scale (FES). FES is a 34-item rating scale designed to measure levels of perceived empowerment in parents of children with disabilities (Koren, DeChillo, & Friesen, 1992). FES is composed of three dimensions (family, service, and community/political systems) within four subscales (advocacy, knowledge, competence, and self-efficacy). The scale's original item wordings reflect its focus on parents as caregivers; thus the words "parents" and "child(ren)" were substituted for "grandparents" and "grandchild(ren)" to reflect the sample group. Responses were rated on a 5-point Likert scale (1 = *not true at all,* 5 = *very true*), with higher scores indicating greater perceived empowerment. Scores ranged from 12 to 60 for the family and service dimensions and 10 to 50 for the community/political dimension. Psychometric analyses indicated that FES has good test–retest reliability. Internal consistency coefficients ranged from .87 to .88; test–retest scores ranged from .77 to .85 (Koren et al., 1992; Singh & Curtis, 1995). Kappa coefficients were computed from independent ratings of scale items made on the basis of defined dimensions; results were .83, .70, and .77 for the family, service system, and community/political categories, respectively; the overall coefficient was .77 (Koren et al., 1992).

Demographic form. Demographic information included family composition, educational attainment, work status, reasons for parenting, and background information on the grandchildren.

Results

Participant Characteristics

Table 1 presents the demographic characteristics of a sample of 311 grandmothers served by the project during 1998–2005. All participants were African American grandmothers (95.5%) or great-grandmothers (4.5%). Sample participants ranged in age from 36–83 years, with a mean of 56.8 years. Only 13.5% of the grandparents reported being married at the time of the study. Nearly 45% of the participants did not have a high school diploma and 29.6% worked outside the home.

The grandmothers were raising an average of 2.3 grandchildren, with a range of 1–8. A majority of the grandparents reported parental abuse (73.9%) as the primary reason they were parenting their grandchildren, followed by parental substance abuse (63.3%). A description of the developmental needs of the grandchildren raised by a subsample of the grandmothers in this study is available in an earlier publication (see Whitley & Kelley, 2008). To summarize, in a sample of 74 grandchildren, 54.0% had a confirmed clinical diagnosis of a developmental disability, including fetal alcohol spectrum disorders. The subsample results suggest that there is a strong likelihood that a significant proportion of the grandchildren in the current sample have significant emotional, physical, and developmental challenges.

Family Empowerment Scale Analysis

Regarding the results of the *t*-test analysis that compares means for the three FES dimensions (family, service system, and community/political), the mean score on the family dimension increased significantly from 53.1 to 54.3 ($p < .001$); the percent improvement was 2.3%. Statements that reflect this dimension include "I feel my family life is under control" and "I know what to do when problems arise with my grandchild."

Similarly, perceptions about services improved significantly after participating in the project, with a mean score increasing from 52.9 to 54.5 ($p < .001$); the percent improvement was 3.0%. Specific statements from FES illustrating grandparent involvement with service systems include "I know the steps to take when I am concerned my grandchild is receiving poor services" and "I tell professionals what I think about services being provided to my grandchild."

The final FES dimension was the grandmothers' sense of involvement in community/political systems. The results suggest that they gained a greater sense of being able to effect change in communities, with mean scores increasing from 33.7 to 38.4 ($p < .001$) following participation in the project, a 13.9% improvement. Specific statements to illustrate this dimension include "I feel I can have a part in improving services for grandchildren in my community" and "I have ideas about the best services for grandchildren."

FES Subscale Analysis

Table 2 presents the results of the *t*-test analysis that compared means for the FES subscale. Three of the four FES subscales—advocacy ($p < .001$), knowledge ($p \leq .001$), and self-efficacy ($p < .001$)—showed a statistically significant enhancement in empowerment characteristics. Only the competency subscale failed to show a statistically

Table 1. *Demographic Characteristics of Respondents (N = 311)*

Subject status	Number	%
Grandmother	297	95.5
Great-grandmother	14	4.5
Grandparent age		
Mean	56.8 years (9.0)	
Range	36–83 years	
Marital status		
Married	42	13.5
Separated/divorced	83	26.6
Widowed	52	16.7
Single; living with partner	35	11.3
Unreported	99	31.8
Educational attainment		
No formal education	8	2.6
Less than high school	131	42.1
High school graduate	93	29.9
Some college or higher	79	25.4
Employment status		
Not employed outside home	165	53.1
Employed outside home	92	29.6
Retired	54	17.4
Grandchildren in household		
Number	721	
Mean	2.3 (1.6)	
Range	1–8	
Reasons for parenting [a]		
Parental abuse	230	73.9
Substance abuse	197	63.3
Neglect	189	60.8
Abandonment	109	35.0
Parental incarceration	80	25.7
Removal by child welfare	54	17.4
Deceased parents	54	17.4
Other (e.g., HIV)	27	29.5

[a] Due to multiple reasons for parenting as reported by grandparents, the total percentage is over 100%.

Table 2. *Paired Sample T-Test Scores for FES Subscales*

FES subscales	Preintervention *M (SD)*	Postintervention *M (SD)*	*t*-test	Percent improvement
Advocacy	23.3 (7.3)	26.4 (6.5)	7.8*	13.3%
Knowledge	32.9 (7.7)	36.3 (6.8)	7.8*	10.3%
Competence	28.8 (3.5)	29.0 (3.5)	1.0	< 1.0%
Self-efficacy	20.8 (3.3)	21.5 (2.9)	3.3*	3.4%

Note. FES = Family Empowerment Scale. $n = 311$, $df = 310$.
* $p < .001$.

significant improvement after participating in the project, with less than 1% improvement in mean score differences.

A repeated measures ANOVA comparing the between-subject effects for FES using selected demographic characteristics (age, number of grandchildren, marital status, employment status, and education) showed limited results. Using the median to group the sample, the age of grandmothers (< 56 years, ≥ 56 years) was the only demographic variable that showed statistical significance on the social system ($F = 3.9$, $p \leq .05$) and the competency subscale ($F = 8.9$, $p \leq .01$). Age approached statistical significance on self-efficacy ($F = 3.6$, $p < .06$). Table 3 presents the results for the repeated measure analysis.

Discussion

Based on the FES results, the service model appears to have enhanced perceptions of empowerment with the sample of African American grandmothers. The absolute mean differences increased across all FES dimensions and subscales. The results suggest that the gains grandmothers made on managing family and system interactions were significant, but modest. Their perceptions in these two areas were quite strong prior to receiving services. However, the large percent improvement on the community/political dimension was unanticipated. Although overall pre/postmean scores were lower on community/political than other dimensions, the percent improvement was nearly 14%. This result suggests that the grandmothers entered the project with less knowledge and experience in advocacy as compared to other dimensions of FES. The improvement on the community/political dimension demonstrates the project's effectiveness in raising awareness about community issues and presenting various options to address them through self-advocacy and/or community-wide advocacy efforts.

Interestingly, the competency subscale did not reach statistical significance in comparing pre/postmeans. One explanation for the finding is that the grandmothers needed more time to practice new skills or apply new strategies with successful outcomes before gaining a sense of competency. Similarly, grandmothers who have multiple tasks to master, or who have physical or emotional attributes that prevent them from mastering a set of skills or accomplishing an outcome within 12 months, might also require additional time to support a sense of competence. Using role models to demonstrate how to implement specific skill sets effectively is another possible resource to help caregivers gain a stronger sense of competence.

Age was the one demographic variable that had a group effect on empowerment outcomes. Younger grandmothers had a greater sense of empowerment over social systems as compared to older grandmothers. There are plausible explanations related to this finding. The older grandmothers' experiences with various forms of social stigma may

Table 3. *Repeated Measures ANOVA for Age and FES*

	Age < 56 years		Age ≥ 56 years		
FES	Preintervention *M (SD)*	Postintervention *M (SD)*	Preintervention *M (SD)*	Postintervention *M (SD)*	*F* value
Dimensions					
Family	53.6 (5.5)	54.7 (5.0)	52.6 (6.2)	53.9 (6.3)	2.4
Systems	53.6 (6.1)	55.0 (5.2)	52.2 (7.0)	54.0 (6.4)	3.9*
Community/political	34.2 (8.4)	38.7 (7.2)	33.3 (9.1)	38.1 (8.2)	1.0
Subscales					
Advocacy	23.8 (7.0)	26.8 (6.1)	22.8 (7.6)	26.1 (6.8)	1.7
Knowledge	33.2 (7.3)	36.3 (6.2)	32.5 (8.1)	36.2 (7.3)	0.3
Competence	29.3 (3.2)	29.5 (3.0)	28.3 (3.7)	28.5 (3.9)	8.9**
Self-efficacy	21.1 (3.1)	21.7 (2.6)	20.5 (3.5)	21.2 (3.1)	3.6***

Note. FES = Family Empowerment Scale. $N = 311$, $df = 309$.
* $p \leq .05$; ** $p \leq .01$; *** $p < .06$.

have left an indelible mark on their attitudes and beliefs about certain social institutions. As a result, they are unable (or unwilling) to make inquiries about services, take the initiative to identify new services, or view service providers as partners in family support. Another factor that may account for the finding is the weakened health, vitality, and mental health functioning of older grandmothers, which reduces their capacity to sustain a connection with service providers. The older grandmothers may complete any required contacts with service providers, but they are not able to go beyond what is necessary. As a result, they do not obtain timely information about service structures or know how to make inquiries about possible services for grandchildren that will inform their decision making. A third reasoning is the impact of technology that isolates older caregivers who are not technology-savvy. Accessing service information through Web-based sources or surfing the Internet may be easier for younger grandmothers, compared to older caregivers. Many service programs put benefit descriptions, contact information, and application forms online, reducing access to information by older grandmothers who often do not have access to a computer or have limited experience using one. Each of these reasons reduces the sense of being able to manage social systems to address family needs. Program designers should consider these issues when planning services that include older grandparent caregivers.

There is a distinction between younger and older grandmothers on the competency subscale, even though the finding for the overall sample was not significant. The results showed that young grandmothers have a greater sense of competency as compared to older grandmothers. Again, project time may be a hindrance for older grandmothers. In addition, older grandmothers might rely on project staff to perform certain tasks that could lead to empowerment because taking the time and initiative to master new skills may require more stamina than they possess. Consequently, staff perform a larger role in addressing family issues on behalf of the older grandmothers. The combined findings regarding social systems and competency possibly contributed to the result that differentiates younger grandmothers on perceptions of self-efficacy, which approached statistical significance.

Practice Implications

Guided by Gutierrez and Lewis (1999), the findings suggest that the service intervention promotes elements of psychological transformation among grandmothers, which is essential for enhanced empowerment. It is likely that the transformation process began when the grandmothers gained an understanding about their individual, familial, and community power sources during the strengths assessment that the social workers conducted with them at the initial home visit, and the process was reinforced during group sessions. Using this knowledge to influence or endorse action for positive change is at the heart of critical consciousness. Since individual home visits and group meetings occurred concurrently, the intersection of these methods allowed grandmothers to receive and interpret a broad spectrum of information about power sources, power relationships, and social change options from staff, community professionals, and peers. Practitioners should consider these issues when planning multiple methods of service delivery for caregivers.

Participation in monthly group meetings influenced perceptions of empowerment by creating a strong social support network among attending grandparents. The group's activities (e.g., story sharing, information exchange, peer support, and community presentations) solidified group commonality and a sense of shared fate (Gutierrez & Lewis, 1999). As a collective, group members formed interpretations of their various common experiences following group discussions and presentations. The realization of collective efficacy occurred when the grandmothers were successful in achieving a desired outcome as a group. One specific demonstration of collective efficacy that included grandparents from the project and the broader community was their participation in public meetings with the state Commissioner of Human Services to address the financial concerns of grandparent caregivers. Their advocacy efforts ultimately led to a redirection of public funds for the benefit of all grandparent caregivers in the state. This event served to raise the confidence of individual grandparents, as well as the entire group; it helped them to realize their power as a collective body for social change.

The age differentiation results highlight practice implications for older grandparent caregivers. In designing services, older grandparents' physical and emotional conditions require consideration regarding participation levels, service delivery time frames, and expected outcomes. It is essential that practitioners acknowledge the role of social context when helping older and younger grandparents interpret their circumstances. Negative past experiences due to the effects of social stigma shape one's worldview about where and how to seek assistance. As most programs serve a mixture of family groups, practitioners should consider how they might promote different forms of service delivery to meet the varying perspectives of the population served.

Research Limitations

The findings from the study have several limitations. There was no comparison or control group used in the study. Developing research designs that include randomization and control/comparison groups (e.g., formal vs. informal caregivers), would strengthen the initial results presented in this study. Further, the sample consisted of African American grandmothers residing in a large metropolitan area. Families representing other races and ethnic groups, as well as variations in residential locality, would add insight to current knowledge. The perceptions of empowerment were based on self-reports; future studies that include mixed methods for measuring empowerment may reinforce these findings.

Future Research

The findings from this study show beginning promise, but further inquiry will clarify how various service combinations and family characteristics affect empowerment perceptions over time among grandparent caregivers. Testing the complete service design to determine if it enhances perceptions of empowerment or if certain service components are relevant for change requires further study. The long-term effects of the intervention are unknown. Is unlimited participation in support groups a viable resource for sustaining perceptions of empowerment? Collecting multiple points of empowerment data over time will provide information to address this question. Another factor to consider in future studies is the practical relevance of changes in FES scores. The findings showed small changes between pre- and posttest measurements, which is consistent with other studies using the scale (Cunningham, Henggeler, Brondino, & Pickrel, 1999; Taub, Tighe, & Burchard, 2001). However, is there practical relevance in increasing perceptions of empowerment by a small number of points with this population? Are small changes in scores truly reflective of enhanced empowerment? These questions require further study of FES with various caregiver groups using multiple methods to measure empowerment. Another area of exploration is to study family and social factors that predict perceptions of empowerment among grandparent caregivers. Earlier studies (Hastings & Taunt, 2002; Nachshen, 2005) involving parents of children with disabilities identified various psychosocial factors (e.g., social support, family cohesion, and life stressors) that predicted empowerment. Using these and other studies as a base, future research should inquire about possible predictors of empowerment for grandparent caregivers, adding value to cur-

rent knowledge. Issues of oppression and discrimination add complexity to caregiving behaviors and should continue to receive explicit attention in relation to grandparent caregivers of color. Additional studies may also inquire how various demographics affect perceptions of empowerment and service delivery options, including issues of gender. Studies exploring empowerment perceptions among grandfathers of color raising grandchildren is another phase of inquiry that requires attention.

Conclusion

Custodial grandparents encounter numerous challenges when raising grandchildren. The challenges are especially difficult for grandparents of color, who encounter various forms of social stigma and discrimination. Empowerment practice is a potentially effective approach to help them gain a sense of control over their lives. It also helps grandparents to recognize personal strengths and collective efficacy for positive social change.

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