

**The Role of Unpaid Volunteers in a Group Caregiving Approach:
Validation of the Share The Care Program**
Summary of Findings

The purpose of the study was to find out what effect participation in STC has on the three types of group participants: Primary Caregivers, Group Members and Care Recipients. There were three overarching Research Questions:

- Does participation reduce the level of burden experienced by caregivers?
- Does participation improve the group member's confidence in their caregiving skills?
- Is there a relationship between the program's unique structure, emphasizing a shared group experience, and group members' satisfaction?

Data was collected through on-line surveys, followed by telephone interviews with a sample of survey respondents that were structured to capture more qualitative information. A total of 134 people participated in the surveys and/or interviews. Most were from the US however there were respondents from Canada, Australia and the UK.

There are a few limitations to the study methods that merit mention. First, with many on-line surveys, the sample consisted mostly of white, fairly well educated people who were not working full time at the time of the survey. We know this is not a representative sample because of the hundreds of examples of STC groups that have formed across the nation and around the world by people of many ethnicities, levels of education and social-economic status. Second, the study by design was retrospective, meaning that the experiences reported are those of people reflecting on an experience that has already taken place. Future research, should funding become available, might take a closer look at the in-the-moment experience of all three groups or explore how they experience participation over time.

Despite the limitations, the study's findings resonate to the many people who have participated in STC groups over the organization's twenty year history. A full research paper is forthcoming, but some of the study's highlights include:

- **A majority (83%) of caregivers reported a decreased sense of burden which they attributed to having others to help them.**
- **Socialization was a key component of the STC group for both group members and caregivers, but particularly caregivers. 77 percent of caregivers reported that the availability of the support provided by the STC group enabled them to increase or maintain their social networks and/or continue to work outside of the home.**

“Without our group, it would have been nearly impossible for me to continue employment while taking care of my sibling.”

STC Caregiver, Narrative Comment from Survey, 2014

- **72 percent of group members agreed that participation in STC expanded their leadership abilities and another 72 percent said that STC increased their awareness about the importance of taking care of themselves if they become a primary caregiver in the future.**

“I had never imagined myself as a caregiver, but I now feel a lot more confident in myself being able to give care, such as moving someone, feeding, etc. It has assisted me in being more proactive and capable in looking after my young grandchildren.”

STC Group Member, Narrative Comment from Survey, 2014

- **A majority (92%) of group members reported that the structure of STC enabled them to maintain flexibility and control over their assignments and tasks.**

“Having the different experiences spread around so nobody got really burnt out made our connection with each other on the team and with our friend just kind of one of grace, one of beauty, instead of obligation.”

STC Group Member Structured Interview, 2014

Conclusions

The STC program can serve as an important supplemental resource to support caregivers and care receivers, helping to bridge gaps in long term services and supports system and maintain people in their homes and communities for as long as possible. The research findings suggest that STC can support a care receiver’s ability to stay at home and receive necessary support and assistance, sometimes preventing or delaying the need to rely on medically or institutionally based care. This is not to say that STC can take the place of these services, but, rather, the program serves as a community based alternative that can act in conjunction with formal services, such as homecare and hospice. Several of the groups who responded to the surveys and interviews were organized to provide support to people with intensive needs (such as terminal cancer and ALS) that may have required a higher level of care, had the STC group not been available to provide the required level of assistance.

The research findings also revealed that STC was effective in providing support to individuals without access to informal caregiving support through friends or neighbors. For instance, frail and isolated older adults could benefit from a structured STC program to provide socialization services, such as friendly visiting or transportation to medical appointments or community events. This is important to note considering the literature on the changing age structure and the ratio of older people compared to young. As this ratio continues to get smaller, there will be fewer available caregivers that can be relied upon to provide the level of support that will be necessary to meet the pending demand.

The ability to provide assistance in areas in which they had a level of knowledge or expertise appears to have given many group members a sense of comfort and helped to foster the promotion of innovative ideas and solutions within the group. The research findings suggest that this structure is key to maintaining and ensuring a group's longevity and overall success. Adherence to structure may also have helped the group members develop cohesive partnerships that increased security and confidence.

This research offers a foundation of supportive evidence that supports the STC program as a best-practice model in the field of caregiving and one that can be replicated in a cost-effective manner. The results of this study further indicate that STC is effective in addressing a number of different challenges, whether short or long in duration.

Effective caregiving interventions should be multi-faceted and utilize a person-in-environment perspective that meets the needs of caregivers and care receivers where they are at the time of accessing services. This research demonstrates that innovative, sustainable, and replicable programs such as STC that take advantage of the productivity and civic engagement behaviors of volunteers could play a major role in strengthening local communities to meet the challenges of an aging society.

"It was the most rewarding experience of my life. It proved that I could contribute so much without feeling overwhelmed or overburdened. It taught me to trust others, to know the real meaning of "team work". Emotionally, being able to choose to help according to my strengths and to "pass the buck" where I felt I was weak was a Godsend!"

STC Group Member, Narrative Comment from Survey, 2014

STC Research: Caregiver/Group Member/Care Receiver Demographic Statistics

VARIABLE	N (TOTAL SAMPLE = 134)	PERCENTAGE
GENDER		
<i>Caregiver</i>		
Male	14	22.9%
Female	47	77.1%
<i>Group Member</i>		
Male	5	8.3%
Female	55	91.7%
<i>Care Receiver</i>		
Male	0	0.0%
Female	8	100.0%
RELATIONSHIP STATUS		
<i>Caregiver</i>		
Married	36	57.1%
Widowed	12	19.1%
Divorced	6	9.5%
Separated	1	1.6%
Domestic Partnership	1	1.6%
Single, but cohabitating	3	4.8%
Single, never married	4	6.4%
<i>Group Member</i>		
Married	43	70.5%
Widowed	6	9.8%
Divorced	7	11.5%
Single, but cohabitating	1	1.6%
Single, never married	4	6.6%
<i>Care Receiver</i>		
Married	4	50.0%
Divorced	1	12.5%
Single, never married	3	37.5%
RACE		
<i>Caregiver</i>		
White/Caucasian	56	93.3%
<i>Group Member</i>		
White/Caucasian	56	88.9%
<i>Care Receiver</i>		
White/Caucasian	8	100.0%

EDUCATION LEVEL

Caregiver

Some High School	0	0.0%
High School Grad	3	4.8%
Some College	11	17.6%
Trade/Tech/Vocational	6	9.5%
College Grad	12	19.1%
Some Post Grad	8	12.7%
Post Grad Degree	23	36.5%

Group Member

Some High School	2	3.3%
High School Grad	3	4.9%
Some College	2	3.3%
Trade/Tech/Vocational	5	8.2%
College Grad	19	31.2%
Some Post Grad	3	4.9%
Post Grad Degree	27	44.3%

Care Receiver

Some College	2	25%
College Grad	4	50%
Post Grad Degree	2	25%

EMPLOYMENT STATUS

Caregiver

Full Time	23	41.07%
Part Time	10	17.86%
Not Employed	4	7.14%
Retired	19	33.93%

Group Member

Full Time	20	33.3%
Part Time	13	21.67%
Not Employed	4	6.67%
Retired	23	38.33%

Care Receiver

Part Time	2	40%
Retired	3	60%



