

CHILDREN AND FAMILY RESEARCH CENTER

Kinship Caregiver Burden

Research Integration Document
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Based on research conducted by

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INTRODUCTION

The Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign (CFRC, the Center) was established in 1996 in a cooperative agreement with the Illinois Department of Children and Family Services (DCFS). The mission of the Center is to report and interpret outcomes for children who are the responsibility of the Illinois Department of Children and Family Services, identify research needs, and support research that is policy and practice relevant, and encourage and facilitate public child welfare research activities through collaborative relationships and grant opportunities. This document is a collaborative effort between the Center, DCFS, and the Education Partners in the State of Illinois, designed to provide a bridge between research and practice in child welfare. It takes the results of a research project generated through the Center and interprets the findings for use in the child welfare practice community.

The study examined the degree of caregiver burden and social support perceived by kinship foster care caregivers and the relationship of these factors to the emotional distress the caregivers experienced. Individual interviews were conducted with 63 caregivers who were self-selected upon receipt of notification of the study (Cimmarusti, 1998)¹. As a result, the study provided a one-time picture of the experience of kinship foster caregivers who actively pursued participation in the study. The findings of the study indicated that, on the average, caregiver burden had a direct influence on the degree of emotional distress experienced by this sample of caregivers. Sources of caregiver burden and social supports can be thought of as areas that a caseworker can direct activities to relieve the burden of kinship caregivers who have children in their homes who are under the auspices of the Department.

¹ The full report is available from the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign 1207 W. Oregon Urbana, IL 61801

A discussion of the research was held with the researcher and those who participated in the development of this document to establish a common understanding of the work and its implications. This collaborative effort between Dr. Cimmarusti; CFRC; the Education Partnership, School of Social Work, Loyola University; the Education Partnership, School of Social Service Administration, University of Chicago, the Education Partnership, School of Social Work, University of Illinois at Urbana-Champaign; resulted in the creation of this document. It is designed to highlight the clinical implications of the results, and the specific casework interventions that can be implemented to help address the burden that caregivers experience when children are placed in their home.

AN ALLIANCE OF “TEARS”

When a caseworker enters the home of a family who has been involved with DCFS, it is important for the caseworker to recognize that relationships between the individuals within the family (both immediate and extended) have been under a great deal of stress and strain, and lines of communication can break down between them. These relationship “tears” can also effect communication with others from that point on.

Clinical Implications:

A family becomes involved with DCFS during a time in which they are in crisis. Several events and experiences – abuse and/or neglect, movement of children from one home to another, communication between family members, experiences with the child welfare and court systems – create opportunities within which “tears” in lines of communication in existing relationships are created, and limitations to developing new relationships, such as resistance and miscommunication, can occur. Additionally, caregivers can be experiencing a myriad of feelings related to the surrounding circumstances not limited to relief, guilt, embarrassment, anger, and hurt.

By acknowledging the complex nature of the situation, listening, and being empathic, the caseworker can demonstrate an attitude of openness, genuineness, and receptivity to the family’s perceptions, needs, and desires; offering the opportunity to repair some of the damage created in their past experiences and to develop an alliance with the caregivers. This can be the foundation for a productive relationship in which the caseworker and caregiver can act cooperatively in the best interest of the child and family in the establishment of a plan and services that will move the family toward permanency.

It is also important to acknowledge that as clients can develop “tears” in their relationships, so do caseworkers have the potential to form these same types of “tears” which could hinder their ability to function optimally in relationships. Caseworkers must

become aware of their own responses and reactions in order to begin to make the most effective interventions possible.

Implications for Casework:

1. Acknowledge the potential for “tears” in the caregivers current relationships.
 - a. Initiate a conversation with the caregiver about how they feel about DCFS’ and, particularly, your involvement with the family.
 - b. Ask what the caregiver’s understanding of the current situation is, and what led to the children being placed.
 - c. Listen closely to caregivers’ responses, including their nonverbal cues.
2. Collaborate with the caregiver to develop a list of needs. What do they feel they need assistance with in the way of providing care to the child(ren) in their home?
3. Discuss with the caregiver the ways in which you and other aspects of the child welfare system can assist them to meet these needs.
4. Validate the caregiver’s concern, or feelings of competition in their relationship with the children’s parents.
5. Use physical and psychological attending to demonstrate that you are listening to what the client has to say:
 - a. physical attending – orient body toward client, nod, say “uh’huh”, use good eye contact, etc.
 - b. psychological attending – listen for feeling statements and acknowledge those feelings.
6. Normalize negative feelings by acknowledging that many caregivers have reported feeling this way.
7. Solicit the needs and desires of the caregiver, e.g. When visiting a caregiver, ask them what they wanted to talk about in your meeting.
8. Offer to schedule regular family meetings (which include the foster parent) to discuss the relationship between the caregiver, biological parents, and children (if age permits) to air concerns and place potential issues on the table.

9. Recognize that biological parents may have experienced these “tears” as well, and make use of these procedures when communicating with them.
10. Pay attention to your own reactions to situations, comments, and individuals that might appear out of the ordinary.
11. When you become aware of these situations, develop a clear plan to intervene in the situation in a particular way so that you can overcome any limitation that may have developed.
12. If you are having difficulty with the situation, present it to your supervisor for assistance.
13. Make use of the organized plan when in the identified situations.

ASSESSMENT OF AND INTERVENTION INTO THE MEANING OF THE IMPACT OF CHILD PLACEMENT AND THE IMPACT OF CASEWORKER INVOLVEMENT ON THE CAREGIVER

Involvement with the child welfare system has an impact on families. It is important for a caseworker to recognize that caregivers have feelings about the fact that DCFS is involved with their family, and about the idea that the caseworker, as a representative of that system, is entering their home.

Clinical Implications:

Caregivers may perceive DCFS involvement, as well as the involvement of a specific caseworker, in many different ways. They may be unclear, frightened, angry, or confused by the events that have occurred leading up to the placement of the children in their homes, as well as by past experiences with different individuals in the child welfare system. By creating an environment in which the caregiver is encouraged to openly communicate feelings and

ask questions regarding the situation and the systemic issues that have arisen, whether real or imagined, workers can demonstrate that they are interested in developing a good relationship with them and begin to open communication so that the caregivers can begin to gain a clear understanding of the situation.

Many caregivers have had several workers. By acknowledging this, and allowing the caregiver to talk about their past experiences, identifying what worked and what didn't work, a worker can begin to gather information regarding the needs and expectations of the caregiver, as well as what approach would work best while working with them. Once the information is gathered, use this information as a starting point for developing interactive communication with the caregiver. It can be used to show the caregiver that you value their input, and model how one can come to an agreement on issues where differences of opinion arise.

Research also indicates that caregivers perceive that they obtain more information from foster care trainings than from caseworkers. They are often older, single, and in a lower socio-economic strata, and one-third are in poor health. They can have many different kinds of needs. By asking them if there is information or a resource that they need, and providing assistance in receipt of it, a caseworker can be of concrete assistance to the caregiver and can demonstrate to them that they value and recognize caregiver needs.

Implications for Casework with Caregivers:

1. Explore your own reactions to kinship caregivers as compared to traditional caregivers, and assess your interactions with these caregivers.
2. Ask open-ended questions to examine the caregiver's perceptions and explore the basis for their ascribed meaning/conclusions.
3. Ask the caregivers what they perceive the involvement of the department to be, and how they believe it will affect them.
4. Ask the caregivers what their experiences have been with previous workers, and what they think worked and what didn't work.

5. Summarize your understanding of the caregiver's perception and the meaning they have ascribed to your mutual involvement in the case.
6. Assess your understanding of the caregiver's meaning attribution by reflecting their story back to them, e.g. "What I hear you saying is..."
7. Assist caregivers in personalizing their statements and stating specifically how they feel.
8. Use positive reframing to help the caregiver understand that your intent is to help them. For example, when a caregiver exclaims, "No one ever asked me MY opinion!" state, "It is important that you be involved in decisions concerning your grandchildren's care."
9. Explore the caregiver's personal need for supports and resources. Do they feel the worker is concerned about them and interested in helping them the best they can?
10. Continue to offer services, knowledge, and training. Keep abreast of potential services for caregivers.

MAINTENANCE OF CLINICAL MANEUVERABILITY

Through direct communication, honesty, respectfulness, use of qualifying language, curiosity and eliciting client specificity, taking the one down position, and taking one's time, a caseworker can more easily facilitate the process of helping a family achieve their goals.

Clinical Implications:

Clinical maneuverability refers to the ease with which a caseworker facilitates the process of helping a family achieve their goals. By developing an environment in which interventions are viewed as helpful and supportive rather than intrusive and demanding a caseworker has a greater chance for success.

Beginning with an openness to understand the caregiver's perception of the situation, the child's needs, and the service plan, a worker can compare how their picture and

that of the caregiver is similar, and how they are different. Once this is determined, the caseworker can recognize whether they are perceived by the caregiver as providing assistance or adding to the burden.

Requiring caregivers to participate in standard/traditional services may be perceived as imposing a greater burden on the caregiver rather than helping them. For instance, requiring a caregiver to attend a specific parenting class may require them to miss regularly scheduled activities at church. Consequently, it is important to ask questions, listen to the caregivers' perceptions, and provide services/resources that will enhance the caregiver's ability to care for the child(ren) in their home. Through consistent demonstration of respectful behaviors caseworkers can continue the process of repairing the alliance of "tears" and solidify their role as helpful agents of change.

Implications for Casework with Caregivers:

1. Come to meetings prepared. Convey your expectations in clear, jargon-free language and solicit input from the caregiver. Clarify vague or unfamiliar terms.
2. Recognize the caregiver's experience and expertise. Be humble and gracious.
3. Address the caregiver with titles of respect (Mr., Mrs., Miss, etc.) unless invited by the caregiver to address them by their given name.
4. Schedule appointments in advance, arrive promptly, and depart at the agreed upon time.
5. Be forthcoming with information. Make sure that all information you provide is accurate and up-to-date.
6. Ask the caregiver what services/interventions that they feel are necessary.
7. Allow time during each meeting to address any concerns or questions that the caregiver may have.
8. Remember that interventions are to be personalized to meet the needs of each family. Avoid standard/traditional services that aren't needed by the family.

9. Assist the caregiver in understanding and navigating the child welfare system. Inform them of available resources and services.
10. Don't make promises you can't keep. If you say you will do something for a caregiver do it and do it in a timely manner.
11. Answer inquiries honestly. If you don't know the answer to a question, be honest about that too, and, if appropriate and available, obtain the needed information and relay it back to the caregiver.

**ASSESSMENT OF AND INTERVENTION INTO THE
CAREGIVER'S SOCIAL SUPPORTS
(REMEMBER – LOVE MAY NOT BE ENOUGH)**

Clinical Implications

Most caregivers report having social supports. Research shows that caregivers may or may not consider external support as important to their caregiving capacities. Regardless of their perception, workers should offer their concern regarding support systems. By helping caregivers maximize their social support network, caseworkers may be able to decrease the caregivers level of burden. This is a collaborative process that begins by assessing the depth and breadth of the caregiver's current social support network and how the caregiver utilizes individuals in that network. In order to decrease any misunderstandings about the purpose of this activity, it is important to help the caregiver understand your intentions prior to initiating any interventions.

Caseworker Interventions

1. Inquire as to the caregiver's support system including who they can count on, who might be interested in the child, and who could be of assistance, if needed.
2. Assess the depth and breadth of the social support network by asking questions such as:
 - a. Who do you go to when you have a problem/need help?
 - b. Are there members of your family, friends, or community who have offered help in the past?
 - c. What type of help would you find most useful?
 - d. Suggest that you complete an eco-map and explain how doing this will help them.
3. Assess the caregiver's ability to utilize available supports, e.g. "Are you comfortable asking members of your family, friends, and community for help?"
4. Use eco-maps and genograms to easily assess social supports, and also to understand what aspects of the social environment drain resources from the caregiver.
5. Assess the caregiver's need for increased involvement of the social support network by asking questions such as:
 - a. Sometimes other caregivers report that they wish their family or friends would offer to help out more. Do you ever feel this way?
 - b. Do you think your job would be easier if you had more help?
 - c. In what kind of helping organizations are you currently involved?
6. Ask the caregiver about their interest in potential supports, and what might prohibit them from becoming involved with them.
7. What resources are available in the neighborhood? What resources are available in their familial system?
8. Explain how a family/service team might be able to help meet unmet needs and discuss how to schedule a family/service meeting.

ASSESSMENT OF IMPACT OF RELIGION OR SPIRITUALITY

Spiritual faith is identified most often as a source of support by caregivers who completed the study. Understanding the relationship the caregivers have to their spirituality and the role it plays in their lives is vital to understanding how the kinship home functions.

Clinical Implications

Spiritual faith is the most often cited source of support cited by the caregivers in the study. Prayer and church involvement are seen as helpful in meeting the daily demands of caregiving. Caregivers report that they pray often; praying helps them remain calm and persevere. They also report that church programs help educate and enrich the lives of the children in their care. Based on this research workers should explore the family's connections to religion, and learn what resources caregivers feel they gain from these religious beliefs. Workers should also note that there may be meaning derived from the church which may impact parenting styles and caregiving beliefs.

Additionally, helping caregivers tap into a resource they already use may be one of the most helpful things a caseworker can do. By following up on the assessment process (#4 above), caseworkers can collaborate with caregivers to find additional ways that their church can support the caregiver.

Implications for Casework with Caregivers:

1. Ask the caregivers about their connection to the church, both historically, and present.
2. Ask about caregivers impression of how their religion influences their view of parenting, and kinship care.

3. Listen for ways the caregiver is using his/her faith and involvement in church to mediate caregiver burden.
4. Validate religious/spiritual practices that the caregiver finds helpful.
5. Inquire if there are other church-related programs that might help the caregiver meet the needs he/she cited.
6. Assist the caregiver in brainstorming how their faith community might be put to greater use, e.g.:
 - a. Are there programs you would like your church to offer that would provide you with additional support?
 - b. Are there individuals in your church who could provide respite care?
7. Strategize a plan to help the caregiver better tap into the faith community's existing resources and/or develop additional resources that the caregiver needs.

WORKER ASSESSMENT OF THEIR OWN ABILITY TO MOVE A CASE FORWARD: BONDS, TASKS, AND GOALS

When a worker receives a new case, the first thing they do is build a relationship with the family. Everything that a worker does impacts relationships with the family members.

Clinical Implications

Caregivers are generally in favor of support from the child welfare system but view certain aspects of the child welfare system as adding to their caregiver burden. It is important for caseworkers to recognize the impact that the child welfare system and they, as individuals, have on the families with whom they work. Permanency goals will have impact on the caregivers, based on their interpretation of the plan for the children. Whether they think the plans are not paying sufficient attention to the children's needs, that the children

might be returned too soon (before the parents have their act together) or that they may have the children in their care forever, caregivers will have concerns about the service plan. They may fear what may happen if they become ill or die. Caseworkers should continually keep these potential concerns in mind, demonstrate awareness that they are valid concerns, and work with caregivers to address these concerns.

Recognizing aspects of the system that may be viewed as burdensome by kinship caregivers is critical to mediating negative effects. Personal introspection by the caseworker and collaborative assessment of the effects of child welfare intervention will help remove barriers and improve the working relationship between kinship caregivers and child welfare caseworkers.

Implications for Casework with Caregivers:

1. Include caregivers in concurrent planning as early as possible.
2. Over the course of the case, workers should continue to ask caregivers what concerns they have regarding the permanency of the child.
3. As much as possible, be open and honest about the progress of the biological parents.
4. Convey that caregivers might have ambivalence about the capacity of the child's parents to accomplish the goals expected by DCFS or about the capacity of the Department to appropriately help the parents, and that this can be discussed.
5. Assess the impact of child welfare intervention on the caregiver and his/her family by asking:
 - a. How has the caregiver's life changed as a result of the placement of the child(ren) in their home?
 - b. How does the caregiver feel about these changes?
 - c. Does the caregiver view the child welfare system as a helping agent or a threat? How do I know that?
 - d. Does the caregiver view me as a helping agent or a threat? How do I know that?
 - e. Do we have the same goals? How do I know that?

- f. Am I asking things of the caregiver that are within their capability and emotional ability?
6. Ask the caregiver what they need. Be sure that they include but do not limit themselves to financial, physical and educational requests for resources and referrals.
7. Make an assessment of any barriers to caregivers getting their needs met. Include barriers of time, money, knowledge of “the system”, etc.