

Tips and Tricks for Working with Kinship Care Situations



Remember that every client, child, caregiver, and others you meet have the potential to come to you in a fear state. Matching that state only exacerbates the already existing communications gaps. Families need calm, caring support from us. You are on the seesaw too.....keep your balance.

The following pages are meant as a reference guide while working with Kin Families.

Key points to remember:

- 1. Every child that is living in a relative caregiver situation has moved to a new location on the family genogram. In many cases, this is also true in non-relative caregiver scenarios, when the non-relative kin is in a fictive kin role with the family. It is vital that the professional team understands the move the child has made and the change in relationships across the entire family as the result of the change in households. This should always be the starting point for any professional who is coming into initial contact with the kinship arrangement.**
- 2. We did not invent kinship care, and in fact, the foster care system is a very low end user of this type of support. Families have been doing this forever. They are the experts – not us.**
- 3. Kinship care placements of dependent children breakdown at a generally higher rate than licensed foster care placements. This is often due to the lack of support kinship caregivers are provided by the system. Professionals can prevent many of these breakdowns by developing a supportive relationship with the caregiver starting at the initial meeting. Linking Kin Caregivers to support groups and networks can also have very positive outcomes.**

Issues to Consider for Caregivers

Interruption of the Life Cycle

One of the key areas of struggle for Kin Caregivers revolves around interruption to the life cycle. To be successful, caregivers must learn to cope with loss. These losses tend to include loss of privacy, future planning ability, as well as other losses and struggles individual to the family. One of the key points of consideration and observation for the professional is to understand the family's ability to cope with these losses. Can they live with the losses? Do they understand to expect the losses? What are the benefits of keeping the child with them and do those benefits outweigh the losses?

Professionals can help by initiating the conversation around loss and explaining what that might mean for the family. Families are prone to find themselves trapped in feelings of obligation rather than viewing themselves as helping the children. Reframing this for families can be powerful. While it may seem contradictory, letting caregivers know that they have permission to step away from the obligation can actually calm them and help stabilize the placement. Caregivers need to understand that if they are not OK, then they can't be OK for the child. Establishing loss thresholds and giving caregivers permission to take breaks for self-care can make placements more stable. It's very important to handle these matters in the early stages of the placement rather than waiting until the caregiver is in crisis.

Issues that arise around Guilt and Fear

There can be a number of guilt and fear issues that confront Kin Caregivers. It may be that they are fearful of becoming involved in or contributing to the family's disruption. They may be fearful that they will end up as the child's permanent caregiver and have to raise the child. For grandparents, having to move their parental commitment from their birth children to their grandchildren can create not only their own difficulties, but may also incite more stress and dysregulation in the birth parent. These are oftentimes the same people who raised the parent. All the memories, fears and outcomes from that experience are there and ready to resurface. It's really no wonder that Kin Caregivers often come to us in an elevated fear state. Even if they parent this child more effectively than they parented the birth parent, there are repercussions from the birth parent observing this, which may also contribute to family dysregulation.

Professionals who work with Kin Caregivers must understand that the change created in a family by placing a child there creates fear. Even if the caregiver is not acknowledging the fear, it does not mean that it does not exist and that the professionals should not recognize and acknowledge it. Caregivers need to recognize that they will make mistakes with this child and those mistakes are normal and a part of everyday life and learning. Thoughtful strategy and planning in the early

stages of the placement can alleviate much of the uncertainty and help caregivers work through their fears. There are practical decisions that can be addressed jointly by caregivers and professionals that can build relationships and begin the process of thoughtful planning. Working together with the caregivers to facilitate school placements, daycare arrangements, parental communications plans, medical appointments, and any other day to day decisions can help caregivers feel supported and more self-assured. Deciding together about how to prioritize the children's immediate needs and address those needs sets a partnership tone that can have lasting effects on the stability of the placement.

Unresolved issues with birth parents are often seen infiltrating the relationships that Kin Caregivers have with the children. Tendencies toward transference of those issues and perceiving the child to be like the parent in negative ways sometimes show up. Conversations that focus on the strengths and talents of the birth parent and the common strengths and talents of the child can help reframe caregivers' thinking. When timing is appropriate, some professionals may even be able to open up conversations about the experience of knowing the birth parent as a child. Having caregivers explore the experiences and opportunities that might have resulted in a different outcome for the birth parent can sometimes help to alter negative perceptions. With grandparents, it may also be helpful to discuss changes in parenting strategy and/or techniques with this child, as opposed to those used with the birth parent.

Issues that Arise around Role and Boundary Redefinitions

Helping caregivers understand role and boundary redefinitions can be vital in the early stages of placement. Caregivers are often moving from support person to primary caregiver; from advisor to decision maker; from friend to authority. This is where understanding the genogram shift in the family is important for caregivers. Absent that understanding, caregivers are prone to misunderstand children's and parents' behaviors. What may appear to be anger or threatening behavior can sometimes be just the difficulty that everyone is having in moving into their new role. These roles shift when children are moved around in the family, irrespective of whether they are understood or not.

Professionals can help families by explaining the way the genogram has changed. It may even be necessary to pictorialize it for the caregivers. It is not uncommon to see experienced, educated professionals have an awakening moment the first time the shift is visually presented. Once caregivers can visualize the family movement, professionals can start working with them to help them make the adjustments. Roles can be reframed and redefined. Age appropriate children can be included in these conversations to help them understand why they may feel confused. Families who continue to struggle with role and boundary redefinition may be good candidates for a formal Co-Parenting plan negotiated and facilitated by the case manager or other professional working with the family. Find out how willing the family is to support the changes and follow the

plan. At the very least, professionals should be able to see the genogram shifts and understand the impact to the family. That alone can help resolve issues when they surface.

Issues that Arise around Embarrassment

This may be an area that many professionals are not prepared to consider when working with Kin Families. There are many demands that the social services system places on families that have the potential to create embarrassment.

Examples can include:

- Having to ask for social services (Medicaid, Food Stamps, etc)
- Involvement with social services agencies and the Courts
- Having to disclose or discuss negative information regarding the birth parent during Court, staffings, etc.
- Having to explain to friends and others in the community why they have the child rather than the birth parent
- Having to explain to the child why they are not with their birth parent

Families often face these issues without assistance – oftentimes because the social services system simply expects families to accept these situations. Families are often not prepared, and may not have even considered the possibility of these situations. Additionally, families may have little idea how to navigate the complexities of the social welfare system.

Early in the placement, the professional helping the family can introduce these expectations by opening up conversations around what the family might expect to encounter. Being open about potentially embarrassing and uncomfortable situations can help caregivers with expressing their own feelings. Professionals also have an obligation to demystify the system for caregivers. Educating on processes, utilization of resources and appropriate responses to system intrusion on their lives can help minimize the negative impacts of difficult situations. One of the most important practices for professionals to regularly employ is the clear setting of expectations when it comes to assistance. Ensuring that caregivers know exactly what they can expect, from whom they can expect it, and how much they can expect can be powerful in preventing future problems. An often overlooked and valuable added service that professionals can provide to families is true facilitation. Willingness to accompany caregivers in the early stages of systemic learning as well as coordinating services can have a very positive impact on the caregiving experience. Professionals who take the time to ensure that caregivers are comfortable with system usage and navigation will find that time paid back to them over and over in the form of minimal issues and reduced placement breakdowns.

Issues that Arise around Family Loyalty

Family loyalty is an interesting topic. What our families sometimes view as loyalty can actually be a learned protective behavioral response to systemic intrusions. Caregivers can also be very sensitive to their role with regard to usurping the birth parent. Caregivers may view disclosure of information to professionals as an act of disloyalty to the overall family – even when that disclosure might help professionals help the parent. It is important for professionals to be aware and respectful of family loyalty, while at the same time helping the family to understand how it can get in the way of progress toward reunification and/or caring for the child.

Here are some key questions and thoughts that professionals might be able to use with caregivers when encountering barriers that are generated by family loyalty issues.

- Who is less able to help themselves?
- Whose turn is it now?
- You may lose both if you try to save both.
- Who deserves your help first?
- Who does the agency need to see you caring for first if you want to keep this child in your care?

Child Rearing Issues and Questions

Some of our caregivers may not have cared for a child for some time. Updating, recalling and learning child rearing methods may be needed for the caregivers. Many of our caregivers may be completely unfamiliar with the concept of Co-Parenting, or other parenting practices that have come into use in recent years. Additionally, many of our caregivers may be unfamiliar with the impact that Adverse Childhood Experiences (ACEs) have on the brain and behavior. Caregivers may, on some level, have difficulty with understanding and validating the child's trauma history. Helping the child with education may present caregivers with challenges. Some may not have a great deal of educational history themselves. Some may have simply been away from school for so long that their skills are not up to date. Sharing parenting decisions with social service agencies presents an entirely new set of dynamics into the parenting scenario that our caregivers may be unprepared for. Raising children who may need medical or therapeutic interventions and children with special needs may also pose issues for Kin Caregivers. Essentially, it may be fair to say that

some of the requirements in this area that much of society takes for granted may create difficult scenarios for our caregivers. Social service professionals should, at the very least, be prepared to ask about these situations and to assist caregivers with useable ideas.

Addressing these questions with the caregiver is a useful first step for the professional. It's normally a good idea to encourage caregivers to first give their instincts and knowledge a chance. However, if issues continue, working with caregivers on alternative strategies is a good next step. Professionals can help teach caregivers how to set out criteria with regard to schooling, behaviors (public and in the home), curfews, etc. Once criteria are set, the professional can help the caregiver with learning to measure outcomes. Setting out timetables for success during the early days of the placement can help by limiting problematic scenarios later on.

Caregivers should also work on developing clear ideas about what types of skills and qualities they want the child to have. What do they themselves value as life skills? Working with caregivers to develop healthy and age appropriate outcome targets can lead to more stability and stronger co-parenting partnerships. Age appropriate children can easily be included in these conversations and can help with goal and target setting.

Issues that Arise around Anger and Resentment

There are any number of reasons that underlie anger and resentment in Kin Caregivers:

- At the birth parent for being absent and non-contributing
- At the birth parent for attempting to regain custody or to intervene in the parenting situation
- At the birth parent for sabotaging in order to regain parental attention
- At case managers, agencies, etc. for any number of reasons
- With themselves for their contributions to the situation
 - Did they fail as a parent?
 - Have they allowed themselves to be taken advantage of?

Professionals can assist Kin Caregivers with understanding and dealing with anger issues in several ways. Acknowledgement that the anger and/or resentment exists is certainly a good first step. Clarity in understanding the underlying causes is beneficial, but may not be an area that caregivers are ready to explore early in the placement. These issues might be more easily ferreted out later on. Professionals can help caregivers acknowledge that they are on some level being used by the birth

parent, but by allowing this they are helping the child. Research indicates that success in stability of Kinship placements often correlates to the availability of and participation in quality support groups by the Kin Caregiver. Professionals would be wise to seek out support groups in their area and encourage caregivers to participate. It can provide them with an outlet for frustration and story sharing. In many cases support networks are formed through these relationships. Many foster parent associations accept Kin Caregivers into their membership or have an ancillary arm for Kin Caregivers.

Issues to Consider for Children

Issues that arise around the emotional impact of being removed from parents

While it may at first be obvious that children who have been removed from their parents are probably suffering from loss and separation/emotional detachment issues, understanding how to approach this with children is not always quite so obvious. Many of our children are attached to therapists, and so at times these issues can be addressed through that relationship. However, caregivers are with the children every day, and they may also need some skill building in this area.

First and foremost, helping a caregiver to understand the concept of loss and separation for a child can be powerful. Some caregivers may feel threatened or hurt if the child does not display gratitude for being cared for or if the child is resistant to their attempts to parent. Caregivers need to understand that the child is in a grief and loss situation. Explaining to caregivers how that affects the child may help them understand the behaviors through a different lens. Teaching caregivers how to acknowledge the child's feelings and show the child how to appropriately express grief can help the child.

Another reaction from children that may be apparent to the professional, but perhaps not for the caregiver, is rejection and abandonment. Children may feel unwanted by parents who have chosen a particular lifestyle over parenting them. They may feel as if the parent has given them away. Helping caregivers acknowledge the child's feelings is a good start. Caregivers can help children by ensuring that they understand they are not responsible for their parent's situation and have no blame in the family's problems. Being honest in an age appropriate way with children as to the reason they are with the caregiver is very important. Keeping those conversations framed in an age appropriate cause and effect scenario is also very important. A statement such as "your mom is having some issues with using drugs right now, so for the moment it's better that you live with us" can help a child with framing the situation. A statement such as "your mom would rather take drugs than take care of you", will only further damage the child. Most importantly, all of the adults who are responsible for the child's care must ensure that the child feels welcome and wanted where he or she is.

Embarrassment can affect children just as much as it affects caregivers; although the reasons for their embarrassment may be different. Children who are being raised by someone other than their birth parent may be targeted with questions by other children, or even by otherwise well-meaning adults. Visible differences and/or age disparities can sometimes be an indicator of a non-parental relationship that children are more acutely aware of than the adults who care for them. Children may at times also be limited or unable to participate in normal parent/child activities because they are not with their birth parent. Caregivers and professionals can work together to help prepare children for

potentially embarrassing situations. Children, when asked, can be forthcoming about which situations or questions they find embarrassing – such as “who do they live with?” “Where are their parents?” “Why are their parents never around?” Preparing children in advance with a repertoire of responses can help children navigate the water. Children should also know when to explain something and to whom. They also need to know when a response or explanation is not required.

Anger, fantasy, fear, and a host of other reasons sometimes cause children to deliberately sabotage a placement. There is any number of ways kids sabotage placements, and case managers have to deal with it every day. Many times, children fantasize that sabotaging this placement will result in their going back home. Recognizing the behavior and talking it through with the child can be vital to success. Some strategies might include:

- Engage the child in a discussion about their goals
 - Where would you like to live and with whom?
 - What does everyone need to do in order to reach your goals? Put it in writing
 - Acknowledge the child’s power in the situation and his/her responsibilities in helping meet the goals
 - Discuss how acting out can distract others from doing their part
 - Why the sabotage? Are you trying to disrupt this placement? Are you trying to avoid going home? What’s your goal with this behavior?
 - If your parents can’t take care of you will you allow someone else to take care of you? Who?
 - Allow the child to express hopes and goals
 - I hope so, but if not, then what?
 - What does everyone need to do in order for your hopes and goals to come true?
 - After you do your part, how long will you wait for others to do their part? How many chances will you give them?
 - What’s your other plan, just in case?

Summary

Finally, while there are no formulaic solutions when working with Kin Caregivers, approaching placement stability in the early stages is almost always more effective than trying to piece a placement back together when it's falling apart. Building strong supportive relationships with Kin Caregivers and helping those caregivers build strong supportive relationships with the children they are caring for is always going to be the best approach. While it may take some extra work and time to establish and nurture those relationships, it often saves time later in the case in the form of placement stability. Caregivers who are confident in their ability to navigate the system will not need as much help from case managers and other professionals. Building strong Co-Parenting relationships can prevent case management from having to engage in day to day case work such as facilitating visitation or getting children to medical appointments. Most importantly, children who are living in stable family homes where they are wanted and nurtured will suffer less trauma as the result of system intrusion into their lives.