

# Maine Parenting Relatives Mental Health and Substance Abuse Project

*A Generations United-Funded Project*

## Article Series # 2

### What is Support to Relative Parents?

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In the early years as a child and family therapist, I must admit that I did not think a great deal about relative parents, or kinship care as it is often called. Many of the children I saw were with one or both of their parents, in foster care, or group care. Then “Thelma” opened my eyes, ears and mind. She had come forward to take her two grandsons, ages 10 and 12 who had been in foster care for six months. I first met her at a court hearing when it became clear that her daughter was headed for jail instead of reunifying with her sons. Thelma had, up until then, believed all that her daughter had been telling her about how great she was doing in rehab and with visits. Thelma, while overwhelmed by emotions she felt regarding her daughter, made her grandsons her priority. She became a very active participant in her grandsons’ treatment, gently and persuasively reinforcing for me the strength of familial commitment and connection. As her ten-year-old grandson put it-, “Nanny still loves my mom and shows us her pictures. If she can still love Mom after all that bad stuff she did, I know she’ll always love us.”

My experience with kinship care comes from my work as a private practice therapist and as a staff member of Families and Children Together (FACT). FACT has a program called Family Connections that works with relative parents individually and in groups providing a variety of services. I have learned so much from the relative parents I have been working with and hope to share what they believe support means.

Relative caregivers clearly identify certain areas that are key to getting the support they need:

- Relative caregivers need to know they are heard. I think too often we, as service providers, underrate the importance of really listening to relatives as they tell their stories, describe their difficulties and sort out the complexities of their lives. For many relative parents it is empowering to find a “live” person who will actually listen to them, and not put them on hold to be transferred to yet another worker or department. Too often they have heard, “There’s nothing we can do,” or “Here’s what you need.” It may take relative parents longer to share their stories and their struggles because of shame, guilt, and embarrassment. If we, as support people,

quickly jump to offer a solution (as we may all want to do) to what relative caregivers first state as an issue, we may miss the chance to hear the other issues that are truly affecting stability and family functioning. Just when many relative parents should be able to look to their family for support, they instead find that issues within the family may be tearing that support system apart. The siblings of the absent parent may be upset with the grandparent for “once again rescuing” their sibling. They may be upset that their sibling’s child is taking “Grammy or Auntie” away. If a relative parent has remarried, his or her spouse may or may not feel a commitment to the child for whom they are caring. Some relative parents, especially women, state they feel they have very little support from their partner and that caring for the child has placed a strain on their relationship. Those relative parents will need someone to listen to them, once they are able to articulate the stressors on their relationships.

- Families often speak of needing someone to provide them with accurate and understandable information regarding legal issues, financial assistance, school regulations, or healthcare. For those not used to accessing services, it can be a confusing and intimidating journey. Relative providers say that having someone to assist them along the way provides a great deal of support through a difficult time. This assistance needs to be practical, easily accessible and specific to the need they have identified. It may be as simple as filling out forms for Maine Care with the relative caregiver, or it may be assisting the caregiver in calling a P.E.T. Again, the key to support is what relative caregivers identify as supporting them in their care of their children. A sense of stability and permanency goes a long way in providing the support relative caregivers and their families need. The fear that a parent can come and take the child at any time contributes to instability and anxiety for both the caregiver and child. The lack of permanency can also affect the family’s ability to access needed services and school placement. Families say that working with service providers who are knowledgeable about the various child permanency options is very important to them.
- Relative parents also talk about the importance of receiving truly strength-based services. Too often, others see the problems, the difficulties and the struggles of relative parents. One grandmother said to me, “It seems like no one sees the growth my grandchild has had, even if it’s small. They want me to do more and more things, instead of asking me what I’ve been doing and what I think needs to happen.” Relative parents have many strengths. They have insight into what is happening and what has happened with their child. Relative parents have the ability to develop innovative and effective strategies and interventions when they work with a team of people who can see their strengths and the commitment they offer to the children in their care. Service personnel who can help families’

access and build upon their strengths and inner resources truly offer support.

- For some relative parents, one key factor that they identify as supportive is the reduction in isolation they feel by being able to meet with others who are also caring for relatives' children. They need to be able to talk about what is happening in their lives, the lives of the children with them and in the lives of their family members. Each person must be able to share at his or her own rate and in his or her own way. Support groups enable relative caregivers to establish communication and relationships with others who understand deeply what they are experiencing. Relative caregivers often talk of the loss of friends and social groups they experience when they take in relatives' children. Most of their peers are done raising children and are simply enjoying being "Grammy, Grumpy or Auntie", a luxury now not possible to relative caregivers who become the primary parenting figure.
  
- Relative caregivers need programs that provide low barrier services with referrals available as needed. Two grandparents with three grandsons ages eight to thirteen called our Family Connections program requesting that someone meet with them to go over psychological and school testing reports before an upcoming P.E.T. After this meeting, they requested that someone attend the P.E.T with them, as they felt they needed support in making certain requests of the school district. A few months later the family called again wanting some assistance with child management techniques. Later, the same family called requesting some assistance in finding after school and summertime community activities for their grandsons. This family has stated that it has been very useful to be able to call and access only the services they need without "reams of paperwork" to fill out.

While there are many relative caregivers I think about, one grandmother in particular comes to mind. Her granddaughter, "Ali," came to her at age 12 from another state. Ali had a list of medications she was taking, was upset about this and was threatening to not take them. A number of service providers had told the grandmother she had to make her granddaughter take the medications, but offered no assistance on how to do this. The grandmother had been attending a support group where she was able to express her frustrations with service providers not listening to her and learned she could also see me about mental health issues. I met with her and her granddaughter. We reviewed the medications, Ali's mental health diagnosis and the reasons these medications were necessary. The grandmother had already put in place a number of behavioral plans and was actively involved with her granddaughter in family therapy. Ali agreed to take her medications, with the understanding that as she

got better they could talk with the psychiatrist about tapering off. The granddaughter is now on only one medication and doing very well. For me, this particular case exemplifies the elements of support-the need to be listened to, the need for accurate and understandable information, reducing isolation through group support, ease of program and staff access and strength-based service planning.

These elements are essential in assisting kinship families to achieve permanency and stability. We, as service providers, can truly make a difference for relative parents when we work to ensure that what we provide to families meets their needs that are at once both unique and universal.

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