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BRIEF REPORT

Lessons from the Field. Caregivers supporting marginalized people receiving social service support from street outreach workers

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Abstract

Objective: In this Lesson from the Field, we examine changes in the burden experienced by caregivers of persons who experience homelessness associated with lack employment, employability or education, and mental health challenges when the care recipient receives support from an outreach professional known as a social street worker (herein identified as worker). In addition, we focus on caregivers' perception of change in the quality of their relationship with the person for whom they care and whether the caregivers receive support from the worker.

Background: In the Netherlands, due to the transformation toward a participation society, persons living in compromised circumstances must increasingly rely on caregivers for support and shelter instead of relying on services, such as support from social community teams.

Methods: Workers provided by a Dutch organization covering the northwest of the Netherlands gained the consent of their clients to contact the clients' caregivers. Caregivers were invited to participate in the research and completed consent. A total of 111 caregivers of persons receiving support from workers completed surveys.

Results: Caregivers who had more contact with the worker worried less about the person for whom they provided care. No changes were found regarding tension between caregivers and the person for whom they cared. Most caregivers (73%) perceived positive changes in the quality of the relationship with the person for whom they provided care, and 52% received support from the worker.

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Conclusion: Most carers did not perceive changes in their burden, but did perceived positive changes in the quality of the relationship with the person for whom they cared and received support themselves.
Implications: Our study underpins the need to recognize the caregiver's burden of caregivers who support marginalized people, to connect with these caregivers, and to support them.

KEYWORDS
caregiver's burden, homeless populations, informal care, marginalized populations, outreach work, social street work

In the Netherlands, there has been a transformation from a welfare state toward a participation society. This transition is marked by a change in access to support services and a focus on an active citizenship to provide support instead of professionals, with professional support only available as a last resort. This means that people who live in compromised circumstances and are not able to live independently must increasingly rely on the support of their family and friends instead of on professional support services.

In this Lesson from the Field, we focus on the burden of care experienced by the caregivers who support family or friends who live in these compromised circumstances. Specifically, we focus on caregivers of persons who are receiving contact from an outreach professional known as a social street worker (herein identified as workers). From the perspective of the caregiver, we examine changes in caregivers' burden before and after the persons they support came in contact the worker. We also examine changes in the caregivers' relationship with the ones they support and whether as caregivers they receive support from the workers themselves.

BACKGROUND

Clients of the workers

Clients of workers are often homeless, sleep in hostels or in insecure or inadequate housing, often change shelter (Rauwerdink-Nijland & Metz, 2020; Winarski, 2004), and face a multitude of problems for which they do not yet receive the professional support they need (Andersson, 2013; Mikkonen et al., 2007; Rauwerdink-Nijland & Metz, 2020). These clients often have a low educational level (Rauwerdink-Nijland & Metz, 2020; Rutenfrans-Stupar et al., 2019), intellectual disabilities (van Straaten, 2016), and/or experience mental health problems (e.g., depression and anxiety) and have substance use problems (Fazel et al., 2008; Thompson et al., 2010; van Laere et al., 2009). Furthermore, they often have debts (Korf et al., 1999; Rutenfrans-Stupar et al., 2019), are unemployed (Rutenfrans-Stupar et al., 2019; Tyler & Whitbeck, 2004; van Laere, 2009), involved in criminal activities (Coston & Friday, 2017; Tyler & Whitbeck, 2004), and struggle to maintain a daily routine (Mikkonen et al., 2007; Szeintuch, 2015). Many of these persons experience family conflicts, rely solely on support of peers, or have no social network (Mago et al., 2013; Mallett et al., 2009; Mayock et al., 2013; Tsai et al., 2012).

Outreach method of the workers

Social street work is a professional social work outreach method and is characterized by long-term commitment to people in the margins of society. These workers spend most of their time

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in public areas, like streets and parks, to reach out to their clients (Andersson, 2013; Mikkonen et al., 2007; Szeintuch, 2015). On the streets, the workers see the poor living conditions of clients and how the persons struggle to hold their own. Workers offer support (Andersson, 2013; Mikkonen et al., 2007; Rauwerdink-Nijland & Metz, 2022; Szeintuch, 2015) and are known for their ability to create rapport, generate trust, and develop motivation for receiving support (Rauwerdink-Nijland & Metz, 2020; Schout, 2007). Workers try to bridge the gap between clients and the public services that can eventually provide the support needed (Andersson, 2013; Rauwerdink-Nijland & Metz, 2022).

In the Netherlands, this type of social street work is often organized by public welfare agencies and funded by local governments. The professional workers have a bachelor's degree or a vocational education in social work. Typically, workers have contact with 40–50 clients. The primary focus of workers are the clients, but because of their persistent presence in the environment of these clients, workers also connect to and maintain in contact with the network around clients (Rauwerdink-Nijland & Metz, 2022); for example, with neighbors, parents, siblings, entrepreneurs, administrators, or other professionals. Their connections with people around clients reflect the ecological approach in street outreach work (Bronfenbrenner, 1979).

Supporting caregivers of compromised clients

Providing support to caregivers of compromised clients is important, as existing literature suggests that (a) caregivers of people who live in compromised circumstances frequently have difficulties in holding their own, and providing care to marginalized people magnifies their already existing challenges (Polgar, 2011). (b) Caregivers who differ from "traditional" caregivers in gender, age, nature of the relationship, cultural background, or educational level, as the caregivers of workers' clients often do, are systematically overlooked as caregivers and, therefore, do not receive the support they need from services (de Klerk et al., 2015). (c) These caregivers seem to perceive a higher caregiver's burden than the traditional caregivers because the care they provide is more intensive and consumes more time because of the complex nature of the problems of marginalized people like workers' clients (Polgar, 2011; Polgar et al., 2006; Wittenberg et al., 2013). Lastly, (d) these caregivers are not able to find suitable support themselves (Wittenberg et al., 2013) because they do not know where to turn for help and struggle with embarrassment to ask for help, possibly out of fear of losing control over the support they provide or fear of being rejected by professionals (Linders, 2010). When these caregivers do ask for help, their problems have often piled up and escalated and, therefore, are difficult to solve (Linders, 2010).

Furthermore, the effort of the worker to make contact with and provide support to clients' caregivers is vital to clients as they depend heavily on their caregivers to fulfill their basic needs, such as shelter, food, and financial support (Polgar, 2011; Polgar et al., 2006; Spillman & Pezzin, 2000). Caregivers also provide the necessary support when clients try to exit homelessness, attain stable housing (van Straaten, 2016), and rebuild their lives (Caton et al., 2005; van Straaten, 2016). This type of support for caregivers is becoming more pressing in light of the transformation to the participation society, in which services are the last and temporary resort when the private market and the family, or other persons in the social network, fall short (Verhoeven & Tonkens, 2013).

The dependence of clients on their caregivers is the main reason workers make a strong effort to reestablish or strengthen contact between clients and their caregivers. If needed, workers also support clients' caregivers to deal with their own personal problems or with supporting clients (Kruiswijk & Nanninga, 2017). These caregivers can be family-related caregivers, such as parents, uncles, or grandparents, and non-family-related caregivers like friends or acquaintances (Bredewold et al., 2016; Caton et al., 2005; Polgar, 2011; Polgar et al., 2006).

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The frequency and duration of the contact with clients and their caregivers depend on the needs of clients and their caregivers.

Need to explore caregivers' situations

In the Netherlands and elsewhere, research examining caregivers of people who live in compromised circumstances, like those supported by workers in the Netherlands, is scarce (Polgar, 2011; Polgar et al., 2006; Wittenberg et al., 2013). However, the need for research on this population is becoming more urgent given the political context in which caregivers are expected to provide more support to their family and friends (Verhoeven & Tonkens, 2013). Moreover, very little is known about the relationship between these caregivers with the ones they support and if these caregivers are able to manage their daily living and support of the compromised person requiring living assistance.

The purpose of the present study is to examine the experience of the clients' caregivers when the clients have support from the worker. Specifically, we examine whether clients' contact with the worker is associated with a change in caregivers' perceived burden in providing care, whether a change in the caregivers' experience leads to a change in quality of the relationship with the workers' clients, and whether caregivers receive support from the workers themselves. We examine whether there is an association between the potential perceived changes in the caregiver's burden and the demographics of the caregivers (gender, age), as well as the metrics of the contact with the worker (duration of contact and frequency of contact). Additionally, we examine whether there is an association between the support that the caregivers receive from the worker and the demographics (gender, age) and metrics of contact with the worker (duration of contact and frequency of contact). This study provides an important lesson learned because it generates insight into the situation of caregivers supporting marginalized people like the workers' clients and the need to support this systematically overlooked group (Wittenberg et al., 2013).

DEFINING WHAT TO STUDY

Who are the caregivers?

To generate insight into who provides care to clients of the worker, the nature of the relationship between caregiver and client was categorized as either parent; non-parental family member, like child or grandparent; and non-family-related carer, like friend or acquaintance. We assessed age to generate insight into the age of the caregivers and to examine whether age is related to the perceived changes in the caregiver's burden, the quality of the relationship, and the support caregivers received from the worker. Age was categorized into three age categories based on relevant literature (Erikson & Erikson, 1998): 17–35 years, 36–50 years, and 51 years and older.

To generate insight into the socioeconomic position of caregivers, education was categorized into four levels: very low (did not complete or only completed primary school), low (prevocational secondary education, lower secondary vocational education), intermediate (higher secondary vocational education, senior general secondary education, preuniversity) and high (higher professional education, university education). To generate further insight into the socioeconomic position of caregivers, daytime activities were categorized into "I have regular daytime activities" (school, job, voluntary work, participation in a reintegration trajectory) and "I have no regular daytime activities."

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Worker–caregiver contact

To generate insight into the differences in contact between caregivers and worker, the duration of their contact was categorized into less than 6 months, between 6 months and 1 year, between 1 and 3 years, and 3 years or longer. Frequency of contact was categorized into less than once a month, once a month, every 2 weeks, and once every week or more.

Perceived change in caregiver's burden

We used two scales of the European version of the Involvement Evaluation Questionnaire (IEQ; van Wijngaarden et al., 2000) to measure the extent into which caregivers perceived a change in the caregiver's burden (i.e., worrying and tension) since clients received support from the workers. The scale "worrying" covers painful interpersonal cognitions and consisted of six items, for example, "I worry about client's received support" or "I worry about the client's safety." The scale "tension" refers to the strained interpersonal atmosphere and originally consisted of nine items, for example, "client's mental health feels like a burden to me" or "I am annoyed by client's behaviour." Regarding both scales, we have measured the perceived change by adding "Since clients received support from the worker." Items of both scales were measured on an adapted 4-point Likert scale (1 = *not anymore*, 2 = *less*, 3 = *same amount*, 4 = *more*). Participants could also select the answer "does not apply," which indicated they did not experience a burden at all. For both scales, a mean score was calculated where higher scores indicated a higher burden. We excluded four items from this scale in the analyses due to high percentages of answers of "does not apply" (>50%), which indicates that these items were not applicable for our respondents (see supplemental materials). As we adapted the original scales, we conducted an exploratory factor analysis (principal component analysis and direct oblimin rotation) of the responses of the caregivers to determine the validity of both scales. The factor analyses showed that the six items of worrying form a valid scale (63% explained variance and $\alpha = .73$) as do the five items of tension (52.9% explained variance and $\alpha = .83$).

Perceived change in quality of the relationship

We assessed whether the caregivers perceived a change in the quality of the relationship with the clients, since the clients were supported by the worker. This item was measured on a 3-point Likert scale (1 = *worsened*, 2 = *no change*, 3 = *improved*).

Received support

Caregivers reported if they received support from worker themselves since the client received support from worker (0 = *no support*, 1 = *support*).

STUDY DESCRIPTION

We carried out a survey among caregivers being in touch with workers provided by a Dutch organization covering the northwest of the Netherlands between March and October 2018. Caregivers ($N = 111$) were recruited through 90 workers of 15 teams of this organization, located in seven municipalities in the Netherlands (Amsterdam, Haarlem, Velsen, Velsenbroek, Hillegom, Heemstede, Woerden). After consent from workers' clients, workers asked caregivers

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to fill in a questionnaire. Written informed consent was obtained before filling in the questionnaire. The questionnaire was divided into five blocks: (a) demographic characteristics, (b) characteristics of contact with worker, (c) perceived change in their burden as a caregiver, (d) perceived change in the relationship with person for whom they provide care, and (e) the support caregivers received from the worker.

The study population consisted of caregivers who (a) provided (temporary) shelter to clients, and (b) were in touch with the worker. Participation in the study was voluntary and anonymous. Participants did not receive any incentive and could choose whether they wanted to fill in the digital or paper-and-pencil version of the questionnaire. The digital version was distributed by the worker through WhatsApp or email and was filled in on the participant's own device or the participant could use a device of the worker. To reduce response bias, the workers were not physically present as the caregivers filled in the questionnaire. Four caregivers received assistance from a researcher when filling in the questionnaire. The duration of filling in the questionnaire was approximately 15 minutes.

STATISTICAL ANALYSES

Data were analyzed using IBM SPSS Statistics 25. Descriptive analyses were performed to describe the sociodemographic characteristics of the workers' client's caregiver (gender, nature of relationship, age, educational level, daytime activities), and the characteristics of their contact with worker (duration, frequency). Six caregivers had missing answers on the question about daytime activities and therefore were excluded from analyses.

To examine relationships between caregivers' gender, age, and nature of relationship and their educational level and daily activities, we performed chi-square tests followed by pairwise comparisons with Bonferroni corrections. To examine the associations between the perceived change in the caregiver's burden and the characteristics of the caregivers and their contact with worker we used multiple linear regression analyses. For both subscales of the caregiver's burden (i.e., worrying and tension), we only included the caregivers ($n = 62$) who did not, or only once, selected the answer "does not apply." When caregivers did select the answer "does not apply" once, a score of zero for that specific item was included calculating the mean score.

To investigate whether the characteristics of caregivers with missing scores on caregiver's burden differed from those who were included in the analyses, we used chi-square tests. Both groups were found to be similar in terms of gender, daytime activities, and duration and frequency of contact (see supplementary materials). Parents, caregivers aged between 36–50 years, and caregivers with a very low educational level were overrepresented in the group of included participants. Caregivers aged between 17–35 years and non-family-related caregivers were underrepresented in the included group (see supplementary materials). To examine the associations between sociodemographic and contact characteristics and both the perceived change in the quality of the relationship between caregivers and clients and the caregivers' received support, we used exploratory stepwise backward (likelihood ratio) binary logistic regression analyses. We used the exploratory stepwise backward procedure to prevent exclusion of potentially important variables (Bursac et al., 2008; Field, 2005).

Regarding the perceived change in the quality of the relationship, the answers showed a very skewed distribution: Only three caregivers reported a worsened quality of the relationship. We, therefore, dichotomized the quality of the relationship into "improved" and "not improved."

For both the linear and logistic regressions we used a cutoff for significance of $p < .10$, as we aimed to identify potential associations instead of testing hypotheses (Ranganathan et al., 2017). Multicollinearity among the associated variables for both regressions was examined with the variance inflation factor (VIF) and indicated by a VIF value >5. For the logistic regression, the Nagelkerke R^2 is reported as a measure of generalized variance explained by the

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model. The Hosmer-Lemeshow goodness-of-fit test was used to assess the validity of the logistic models.

RESULTS

Who are clients' caregivers?

Most caregivers were relatives ($n = 70$; 63%), of which most were parents ($n = 52$; 47%), and over a third ($n = 41$; 37%) were non-family-related caregivers, like friends (Table 1). More than

TABLE 1 Sociodemographic characteristics and characteristics of contact with worker of total sample

Characteristics	Total *n* (%) 111 (100)
Sociodemographic characteristics	
Nature of relationship	
Parent	52 (46.8)
Non-parental family member	18 (16.4)
Non-family-related	41 (36.9)
Gender	
Female	71 (64.0)
Male	40 (36.0)
Age (years)	
17–35	40 (36.0)
36–50	40 (36.0)
51 and older	31 (28.0)
Educational level	
Very low	28 (25.2)
Low	5 (4.5)
Intermediate	60 (54.1)
High	18 (16.2)
Daily activities ($n = 105$)	
Regular activities	73 (65.8)
No regular activities	32 (28.8)
Characteristics of contact	
Duration	
Less than 6 months	25 (22.5)
Between 6 months and 1 year	22 (19.8)
Between 1–3 years	33 (29.7)
More than 3 years	31 (27.9)
Frequency	
Less than once a month	31 (27.9)
Once a month	27 (24.3)
Every 2 weeks	30 (27)
Every week or more	23 (20.7)

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TABLE 2 Results of stepwise backward multiple linear regression to explore relationships between characteristics of caregivers and perceived changes in worrying about workers' client

Model/variable	R^2	Beta	*t*	95% CI [*LL*, *UL*]	*p*
Worrying					
Model 1	.193				
Female		Ref			
Male		.029	0.189	[−0.28, 0.34]	.851
Age (years)					
17–35		Ref			
36–50		.056	0.232	[−0.42, 0.53]	.818
51 and older		.026	0.098	[−0.61, 0.67]	.922
Nature of relationship					
Parent		Ref			
Non-parental family member		−.178	−0.956	[−0.75, 0.27]	.344
Non-family-related		−.201	−1.071	[−0.70, 0.21]	.290
Daytime activities					
Regular daytime activities		Ref			
No regular daytime activities		.244	1.389	[−0.10, 0.57]	.172
Duration					
<6 months		Ref			
6 months–1 year		.105	0.543	[0.35, 0.60]	.590
1–3 years		−.130	−0.615	[−0.59, 0.31]	.542
>3 years		−.078	−0.307	[−0.64, 0.47]	.760
Frequency					
<Once a month		Ref			
Once a month		−.102	−0.562	[−0.51, 0.29]	.577
Every 2 weeks		−.166	−0.897	[−0.57, 0.22]	.374
Once a week or more		−.254	−1.483	[−0.90, 0.14]	.145
Final model	.113				
Daytime activities					
No regular daytime activities		.234	1.844	[−0.02, 0.50]	.071*
Frequency					
Once a week or more		−.231	−1.819	[−0.73, 0.04]	.074*

Note: CI = confidence interval; *LL* = lower limit; Ref = reference group; *UL* = upper limit. All of the variance inflation factor (VIF) values for the associations were <5, indicating that there was no multicollinearity in the model.
*Indicates potential association ($p < .10$).

half of caregivers were women ($n = 71$; 64%), and caregivers aged between 17–35 years and 36–50 years represented the largest age groups (both $n = 40$; 36%). About half of the caregivers ($n = 60$; 54%) reported an intermediate educational level, and more than half of the caregivers ($n = 73$; 66%) reported having regular daytime activities, like work. Additional analyses showed that caregivers aged between 17–35 years were less likely to be very low educated ($p < .001$) and caregivers aged 51 years and older ($p < .001$) and parents ($p < .001$) were more likely to be very low educated (see supplementary materials). Caregivers aged between 17–35 years were more likely to report having regular daily activities ($p < .01$) and caregivers aged 51 years and older ($p < .001$) and parents ($p < .01$) were more likely to report an absence of daily activities (see supplementary materials).

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TABLE 3 Results of stepwise backward multiple linear regression to explore relationships between characteristics of caregivers and perceived changes the tension between caregiver and workers' client

Model/variable	R^2	Beta	*t*	95% CI [*LL*, *UL*]	*p*
Tension					
Model 1	.173				
Female		Ref			
Male		.006	0.041	[−0.32, 0.34]	.968
Age (years)					
17–35		Ref			
36–50		−.182	−0.768	[−0.73, 0.33]	.447
51 and older		−.148	−0.577	[−0.90, 0.50]	.566
Nature of relationship					
Parent		Ref			
Non-parental family member		−.051	−0.284	[−0.62, 0.47]	.778
Non-family-related		.044	0.231	[−0.45, 0.57]	.818
Daytime activities					
Regular daytime activities		Ref			
No regular daytime activities		−.071	−0.434	[−0.48, 0.31]	.666
Duration					
<6 months		Ref			
6 months–1 year		−.241	−1.309	[−0.83, 0.18]	.197
1–3 years		.070	0.367	[−0.41, 0.59]	.715
>3 years		.217	0.953	[−0.28, 0.79]	.345
Frequency		Ref			
<Once a month					
Once a month		−.381	−2.168	[−0.90, −0.04]	.035**
Every 2 weeks		−.190	−1.059	[−0.65, 0.20]	.295
Once a week or more		−.219	−1.385	[−1.00, 0.18]	.173
Final model	–				
Constant		–	44.485	[2.91, 3.19]	<.001

Note: CI = confidence interval; *LL* = lower limit; Ref = reference group; *UL* = upper limit. All of the variance inflation factor (VIF) values for the associations were <5, indicating that there was no multicollinearity in the model.
**Indicates potential association ($p < .05$).

Characteristics of contact with worker

Of all caregivers, 42% ($n = 47$) were in contact with a worker for less than 1 year. Approximately half of the caregivers ($n = 58$; 52%) reported having contact with a worker once a month or less (Table 1).

Perceived change in caregiver's burden

Generally, caregivers perceived almost no change in worrying ($M = 3.03$, $SD = 0.49$) and tension ($M = 3.05$, $SD = 0.56$) since clients were supported by workers. For worrying, 82.3% ($n = 51$) of the caregivers reported no changes, 6.5% ($n = 4$) reported a reduction, and 11.3% ($n = 7$) reported an increase in worrying. Furthermore, for caregivers who had contact with

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worker once a week or more, and for caregivers without daily activities, a decrease in worrying was found, $F(2, 55) = 3.517$, $p = .037$, $R^2 = .113$, $R^2_{adjusted} = .081$ (Table 2).

For tension, 70.3% ($n = 45$) of caregivers reported no changes, 12.5% ($n = 8$) reported a reduction, and 17.2% ($n = 11$) reported an increase. None of the sociodemographic and contact characteristics showed significant associations with the perceived changes in tension (Table 3).

TABLE 4 Results of stepwise backward binary logistic regression to identify potential associations for the perceived change in the quality of the relationship ($N = 111$)

Model/variable	OR	95% CI	*p* value	Nagelkerke's R^2
Quality of the relationship				
Model 1[a]				.434
Female	Ref			
Male	1.489	[0.41, 4.71]	.498	
Age (years)				
17–35	Ref			
36–50	2.598	[0.51, 13.20]	.250	
51 and older	0.455	[0.63, 3.30]	.436	
Nature of relationship				
Parent	Ref			
Non-parental family member	0.277	[0.39, 1.98]	.200	
Non-family-related	0.095	[0.02, 0.61]	.013**	
Daytime activities				
Regular daytime activities	Ref			
No regular daytime activities	2.277	[0.49, 10.68]	.297	
Duration				
<6 months	Ref			
6 months–1 year	0.620	[0.13, 2.94]	.547	
1–3 years	0.140	[0.03, 0.71]	.018**	
>3 years	1.311	[0.22, 7.74]	.765	
Frequency				
<Once a month	Ref			
Once a month	1.56	[0.37, 6.67]	.546	
Every 2 weeks	6.67	[1.11, 40.22]	.038**	
Once a week or more	1.62	[0.35, 7.54]	.538	
Final model[b]				.319
Nature of relationship				
Non-parental family member	0.204	[0.05, 0.94]	.041**	
Non-family-related	0.080	[0.02, 0.29]	<.001**	
Duration				
1–3 years	0.187	[0.05, 0.75]	.018**	

Note: CI = confidence interval; OR = odds ratio; Ref = reference group.

[a]Hosmer-Lemeshow test for goodness of fit was not statistically significant ($p = .33$) implying good model fit. All of the variance inflation factor (VIF) values for the associations were <5, indicating that there was no multicollinearity in the model.

[b]Hosmer-Lemeshow test for goodness of fit was not statistically significant ($p = .54$) implying good model fit. All of the VIF values for the associations were <5, indicating that there was no multicollinearity in the model.

**Indicates potential associations ($p < .05$).

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TABLE 5 Results of stepwise backward binary logistic regression to identify potential associations for the received support *p* ($N = 111$)

Model/variable	OR	95% CI	*p* value	Nagelkerke's R^2
Received support				.427
Model 1[a]				
Female	Ref			
Male	1.829	[0.67, 5.02]	.242	
Age (years)				
17–35	Ref			
36–50	1.046	[0.22, 4.93]	.955	
51 and older	0.273	[0.04, 1.90]	.189	
Nature of relationship				
Parent				
Non-parental family member	0.168	[0.03, 1.07]	.058*	
Non-family-related	0.658	[0.14, 3.13]	.598	
Daytime activities				
Regular daytime activities	Ref			
No regular daytime activities	2.818	[0.78, 10.13]	.113	
Duration				
<6 months	Ref			
6 months–1 year	0.711	[0.17, 3.02]	.644	
1–3 years	0.607	[0.53, 2.42]	.479	
>3 years	7.855	[1.54, 39.97]	.013**	
Frequency				
<Once a month	Ref			
Once a month	2.729	[0.70, 10.60]	.147	
Every 2 weeks	7.196	[1.76, 29.43]	.006**	
Once a week or more	3.071	[0.71, 13.25]	.133	
Final model[b]				.371
Nature of relationship				
Non-parental family member	0.175	[0.04, 0.78]	.023**	
Duration				
>3 years	5.985	[1.29, 27.89]	.023**	
Frequency				
Every 2 weeks	6.201	[1.70, 22.65]	.006*	

Note: CI = confidence interval; OR = odds ratio; Ref = reference group.
[a]Hosmer-Lemeshow test for goodness of fit was not statistically significant ($p = .31$), implying good model fit. All of the VIF values for the associations were <5, indicating that there was no multicollinearity in the model.
[b]Hosmer-Lemeshow test for goodness of fit was not statistically significant ($p = .45$) implying good model fit. All of the VIF values for the associations were <5, indicating that there was no multicollinearity in the model.
*Indicates potential associations ($p < .10$). **Indicates potential associations ($p < .05$).

Change in relationship of caregivers and clients

Most of the caregivers ($n = 81$; 73%) reported a positive change in the relationship with clients since the latter received support from workers. We identified being non-parental family members (OR = 0.20, $p = .041$), non-family-related caregivers (OR = 0.08, $p < .001$), and being in

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contact with worker between 1–3 years (OR = 0.19, $p = .018$) as negatively associated characteristics, as these caregivers reported more often that the quality of the relationship with workers' clients had not improved (Table 4).

Received support from worker

Approximately half of the caregivers ($n = 58$; 52.3%) received support from worker. Non-parental family members (OR = 0.18, $p = .023$) received less support, while caregivers who were in contact with worker for 3 years or longer (OR = 5.99, $p = .023$) or had contact with worker once every 2 weeks (OR = 6.20, $p = .006$) received more support (Table 5).

DISCUSSION

We examined the burden experienced by caregivers supporting persons in need of support who received care from social street workers. As well, we examined the quality of caregivers' relationship with the person to whom they provided care and the support caregivers received through workers themselves. The relatively high percentage of non-family-related caregivers in the study sample (37%; $N = 111$) compared to parents or other family-related caregivers may be an indication of family conflicts or breakdowns in family relations (Mikkonen et al., 2007; Rutenfrans-Stupar et al., 2019; Szeintuch, 2015). This dependency of these persons on non-family-related caregivers, like peers or acquaintances, may be worrisome as these contacts are frequently reported as temporary and unstable (Rauwerdink-Nijland & Metz, 2022; van Laere et al., 2009).

In comparison with the general population, the caregivers in this research reported high rates of days without regular daytime activities (3% and 29%, respectively; Statistics Netherlands, 2020a) and very low educational level (9% and 25%, respectively; Statistics Netherlands, 2020b). This indicates that a substantial part of the crucial support offered to clients comes from caregivers who themselves may have limited resources to support themselves.

Generally, caregivers perceived almost no changes in their caregiver's burden since the persons for whom they cared were supported by workers. Most caregivers (82%) reported no changes regarding their worries about the ones they support. No significant associations were found regarding the perceived change in worrying and the nature of the relationship, gender, age, and duration of contact with the worker. However, caregivers who had contact with the worker more often were more likely to worry less about the ones they support. This may be due to the possibility for caregivers to share their worries with workers more often, and the higher frequency of the information provided by the worker, which could lead to having more confidence in the support clients receive.

Most caregivers (70%) reported no changes in perceived tension and no significant associations were found regarding sociodemographic variables and the perceived change in tension. Possibly, caregivers simply need more support to reduce the tension they perceive in contact with the ones they support, and to reduce the tension that sheltering the client gives them (Polgar, 2011; Polgar et al., 2006; Wittenberg et al., 2013).

Most caregivers (73%) perceived a positive change in the quality of the relationship with the ones they support. Non-parental family members and non-family-related caregivers were less likely to perceive a positive change in the relationship with the person they support since the person received support from the worker. In the case of non-parental family members, it may be because they receive less support from the worker. Additionally, we found that caregivers who were in contact with workers for 1–3 years, more often than caregivers in contact with the worker between 0–6 months, reported no improvement in the quality of the relationship with the ones they support. An explanation may be that it takes approximately 3 years after

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commencing the worker process before workers' clients enter (permanent) shelter due to the complexity of their problems (Andersson, 2013; Szeintuch, 2015), their mistrust in professional support (Chen & Ogden, 2012; Mikkonen et al., 2007; Rauwerdink-Nijland & Metz, 2022) and/or waiting lists (Statistics Netherlands, 2019). An additional explanation might be, in line with other research on caregivers who differ from traditional caregivers (de Klerk et al., 2015), that clients' caregivers who provide care for 1–3 years are not able to find suitable support themselves or do not receive the support they need (Wittenberg et al., 2013). During this period, clients still rely on their caregivers without any prospects of substantial change in the situation, which reflects onto the relationship with their caregivers despite the support of worker.

More than half of the caregivers (52%) received support from worker. We found that non-parental family members had lower odds of receiving support from worker than parents and non-family-related caregivers. This might be because parents and non-family-related caregivers have less assets themselves. Research has shown that the social learning mechanism explains transmission through direct and mutual influences of parents (Bandura, 1977), which might suggest that parents experience similar problems as their children to whom they provide shelter to and need professional support to solve these problems. Our study might underpin these indications because parents were more likely to report an absence of daily activities ($p < .001$) and were lower educated ($p < .001$) than non-parental-family-related caregivers or non-family-related caregivers. Other research has shown that non-family-related caregivers of clients, like peers, often experience similar challenges and share the same social position as the persons to whom they provide shelter and therefore need professional support themselves (Bandura, 1977; Rauwerdink-Nijland & Metz, 2022).

Finally, we found that being in contact with the worker for 3 years or longer is positively associated with the support received from the worker. This may be due to the long time it takes to get to know the caregivers and establish a positive, trusting working relationship (Andersson, 2013; Chen & Ogden, 2012; Mikkonen et al., 2007). In line with this result, we found that caregivers who were in contact with the worker frequently, once every 2 weeks, more often reported receiving support from the worker. Further research is needed to investigate this association and investigate why this association is only present for caregivers who were in contact with the worker every 2 weeks.

STRENGTHS AND LIMITATIONS

This study has several strengths. First, to our knowledge this is the first study on caregivers of persons in need receiving support from social street workers. Second, the questionnaire was constructed in close collaboration with workers, which ensured a questionnaire attuned to the workers' practice and the caregivers. Third, this study was carried out in 15 teams located in seven municipalities in the northwest of the Netherlands, meaning that our findings can be generalized to medium-sized cities in urban areas.

However, several limitations should also be considered when interpreting the results. First, the relatively small sample size ($N = 111$), which is partly because many workers' clients had no caregivers. We also know that workers had difficulties in recruiting caregivers for this study because (a) workers' clients and/or caregivers could not be reached for a longer period of time, (b) workers' clients did not give consent to approach their caregivers because they were suspicious about the reason their caregivers were questioned or they did not want to burden them, and (c) caregivers declined participation. Additionally, workers were not asked to keep track of response because of high work pressures, and consequently the response rate is unknown. Our findings may have been biased by the overrepresentation in our sample of parents, caregivers aged between 36–50 years, and caregivers with a very low educational level, and the underrepresentation of younger caregivers (17–35 years) and non-family-related caregivers. The

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underrepresentation of non-parental family members might have resulted in an underestimation of their odds to receive support.

Another limitation is the high number of not applicable answers for the caregiver's burden. Due to the explorative nature of this study, some questions were not applicable to caregivers' situations and we therefore used mean substitution in the linear multiple regression to prevent a possible bias. Finally, we dichotomized the outcome variable "quality of the relationship" because of a skewed distribution. An advantage of dichotomization is that it allows a more meaningful interpretation of the findings (Farrington & Loeber, 2000). Conversely, dichotomization may lead to loss of information, loss of power, and the potential to overlook nonlinear relationships (MacCallum et al., 2002).

NEXT STEPS FOR RESEARCH

This exploratory study has provided meaningful insights, but has also shown the need for more research. Future research should generate more insight into the socioeconomic position of caregivers, their motivation to give care, the ups and downs of their caregiving experiences, and their caregivers' burden. Further, future research should explore the nature of the problems caregivers are confronted with in their relationships with clients, the boundaries caregivers perceive in asking for support, and the types of support they could benefit from, also to alleviate their burden. Additionally, further research should identify the perspective of clients, workers, and the public services on the support of caregivers, and examine to what extent workers' clients have caregivers to rely on.

IMPLICATIONS FOR PRACTICE AND POLICY

The results of this study provide valuable clues for professionals in social work practices, especially those who perform an outreach service similar to the workers identified here. Of our caregivers, 52.3% received support from workers and 73% perceived a positive change in the quality of the relationship with the person to whom they provided care since that person had contact with the worker. These findings seem to underline and legitimize the importance of connecting with caregivers in the worker process, of "being there" for them as caregivers, taking time, being available for a longer period of time, and to mediate in the relationship with them and the person to whom they provide care. This research showed the importance of establishing a positive working relationship with clients' caregivers to support them, to overcome potential embarrassment and thresholds in asking for support, and to try to motivate them to reach out for support from public services. Especially, in the light of a transformation in the Netherlands toward a so-called participation society in which clients should rely increasingly on their caregivers instead of on public services, supporting caregivers, also by providing more appropriate resources and even compensations, is of utmost importance for both the clients and their caregivers to make sure they both can manage the challenges in their lives and are able to keep in touch and develop a more reciprocal relationship.

Author note

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Arnhem-Nijmegen declared that the study was exempt from formal review (registration number 2018/4450).

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