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Examining Support Needs for Children, Youth and Caregivers in Kinship/Out-of-Care Arrangements

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Abstract

The purpose of this research project is to examine the necessary support[s] for kinship/out of care families. In a joint opportunity, the Ministry of Child and Family Development (MCFD) and Fairness for Children Raised by Relatives (F4CRR) partnered with the common goal of understanding what supports are necessary for kinship families. This research project delves into the challenges and support needs of kinship caregivers in British Columbia (BC), with a focus on understanding the specific resources and support systems required by kinship caregivers to effectively care for both the children/youth in their care, particularly those with complex trauma histories, as well as their own mental, physical health and overall well-being throughout their caregiving journey. Through qualitative research methods, specifically thematic analysis, the study revealed two main themes relating to the complex demands of caregiving and caregivers feeling alone. Kinship caregivers face significant challenges, including financial strain, lack of access to resources, and feelings of ostracization. Despite these challenges, kinship caregivers express a sense of reward and blessing in their caregiving role. Disparities between kinship and foster caregivers in terms of support and recognition is evident, highlighting the need for more support and access to resources for kinship caregivers. The study emphasizes the importance of culturally relevant support and training programs to address the diverse needs of kinship caregivers and the children/youth in their care. While the research provides valuable insights, limitations such as small sample size, using non-probability sampling methods, and the exclusion of youth in kinship care emphasized the need for further research. Overall, this research contributes to advancing the understanding of kinship care challenges and support needs, paving the way for more inclusive and effective support systems for kinship families living in BC.

Keywords: kinship care, relative care, children's services, community-based research

The conclusions, interpretations and views expressed in these articles belong to the author(s) as individuals and may not represent the ultimate position of the Ministry of Children and Family Development.



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Introduction

When a child or youth is unable to safely live with their birth parents, the preferred outcome is for them to live with someone whom they are familiar. In many jurisdictions where the government is involved in making these arrangements, this is considered a kinship or out-of-care (OOC) arrangement, whereby an extended family member, trusted adult or individual with a cultural connection assumes parental responsibilities for the child (Denby, 2016). In BC, there are various types of kinship care arrangements, as recognized by the Ministry of Child and Family Development (MCFD, 2023) which is the statutory body responsible for child welfare services. The first are voluntary agreements, which are commonly referred to as informal arrangements. In these cases, kinship caregivers voluntarily assume the responsibility of caring for a child without a formal court order. Testa (2017) notes informal kinship care can also be a private arrangement, with no involvement of child welfare agencies, or voluntary, where child welfare authorities are involved without court engagement. Then, there are court-ordered custody arrangements, which can be either temporary or permanent and are referred to as formal arrangements. These arrangements establish legal custody for kinship caregivers based on specific circumstances (MCFD, 2023). Testa (2017) defines formal kinship care as placement with kin by child welfare authorities, following court findings of parental abuse or neglect. The legislation for regulating formal and voluntary informal kinship care placements in BC is the *Child Family and Community Services Act* (CFCSA) (Burke et al., 2023; PSSBC, 2021). MCFD and Indigenous Child and Family Service Agencies (ICFSA) oversee the implementation of the CFCSA (Burke et al., 2023b; PSSBC, 2021). In conjunction with a 2016 Statistics Canada report, the Parent Support Services Society of British Columbia (PSSBC) (2021) found that there are roughly 13,000 children and youth (aged 0-19) in kinship care in BC. The terms kinship caregiver, caregiver and kinship/out of care providers will be used interchangeably in this paper. The term caregiver will not be used in the context of how it is defined under the *Child, Family and Community Services Act* (CFCSA). Kinship care is the preferred outcome for the

development and quality of life of children and youth who have been removed from their parents; thus, supporting the need to examine this topic further (Cole, 2017; Coleman & Wu, 2016).

Fairness for Children Raised by Relatives (F4CRR) is a non-profit organization and registered BC society of kinship caregivers across the province who became established in 2021 because of documented legislative and lived experiences of inequity and discrimination against kinship families. The organization is dedicated to advocacy work on behalf of children and caregivers in kinship arrangements (F4CRR, n.d.). F4CRR and MCFD's Network of Care and Strategic Integration Branch are joint sponsors for this study. The Student Research Team at the University of British Columbia (UBC) intended to highlight existing supports or services that benefit kinship/OOC families. Identifying support needs for children, youth and caregivers in these arrangements will provide MCFD and F4CRR with research and evidence that may be used to increase the well-being of kinship/OOC families through their advocacy work and services.

Literature Review

This section aims to provide a synthesized overview of current knowledge regarding support needs for children, youth and kinship/OOC providers in the last decade, emphasizing challenges, recurring patterns, and existing gaps in the current literature. The literature review serves as a foundational step to inform the subsequent stages of the research. The challenges faced by kinship providers are dynamic and the role of social support in promoting the well-being of both caregivers and the youth under their care is vital. The literature highlights the prevalence of Adverse Childhood Experiences (ACEs) among children and youth in kinship/OOC arrangements (Burke et al., 2023a; Denby, 2016). ACEs such as abuse, neglect, and witnessing parental substance use, contribute to a complex array of social, emotional, behavioral, and developmental outcomes (Burke et al., 2023a). Jantz et al. (2002) also identify that children who have been removed from their biological parents experience emotional trauma, regardless of whether they were abused or not. These outcomes can include severe trauma, fetal alcohol

spectrum disorder (FASD), attention deficit disorder (ADHD), post-traumatic stress disorder (PTSD), anxiety, developmental delays, learning disorders and attachment disorders (Burke et al., 2023; Harding et al., 2020). Recognizing the prevalence and impact of ACEs is crucial for understanding the support needs of children and youth in kinship care as a population. Furthermore, research consistently emphasized the importance of support networks for both caregivers and children in kinship arrangements (Coleman and Wu, 2016; Denby, 2016). Caregivers play a pivotal role in accessing necessary support for their children, yet the availability of resources are often dependent on the type of care arrangements, as highlighted by Burke et al. (2023a) who note inconsistency in available support between kinship caregivers and foster parents. This discrepancy points to a critical gap that needs attention in supporting informal kinship caregivers.

The demographics of kinship caregivers also emerge as significant factors influencing support needs. Older age, low socioeconomic status, undereducation, and unemployment are common characteristics among kinship caregivers (Burke et al., 2023a; Coleman & Wu; Generations United, 2021). Internationally, there is a trend of confusion among caregivers on available services as well as the types of kinship arrangements and the subsequent impact of this on eligibility for support (Burke et al., 2023a; 2023b; Coleman and Wu, 2016; Schmidt & Treinen, 2017). This gap emphasized the importance of targeted outreach and education efforts to bridge the knowledge gap and ensure that caregivers can access the support they need. Furthermore, the complex needs of children and youth in kinship care highlight the necessity for assessments, training, and support services for caregivers (Burke et al., 2023a; 2023b; Generations United, 2021). Qualitative studies suggest that informative workshops on developmental and behavioral challenges, as well as guidance on navigating child welfare, legal, or educational systems, would be beneficial for kinship caregivers (Burke et al., 2023a; Generations United, 2021). However, there is evidence that kinship caregivers, particularly those in informal arrangements, may receive minimal offers for training or resources from child welfare agencies (Harding et al., 2020). These

findings stress the need to enhance support for kinship caregivers to help alleviate challenges they face due to demographics such as older age, low socioeconomic status and undereducation.

The need for systemic change and recognition of contributions of caregivers is also heard in the context of kinship care (Burke et al., 2023a; Coleman & Wu, 2016; Generations United, 2021). Foster parents often receive greater access to respite care and additional services, creating a disparity that kinship caregivers perceive as discriminatory (Burke et al., 2023a). The literature also stresses the importance of cultural sensitivity in kinship care, particularly for Indigenous and African Canadian families, who are disproportionately represented in the child welfare system (Lin, 2014; McPherson et al., 2022). Culturally competent practices are essential to address racial disparities and provide tailored support (Lin, 2014; McPherson et al., 2022). Addressing these barriers is crucial for designing effective and inclusive support systems for kinship/out-of-care providers and enhancing the well-being of the children and youth they serve.

A critical gap in the existing literature is the limited exploration of kinship care from an Indigenous perspective (Burke et al., 2023b). Ideas surrounding children, childhood, and parenting are products of cultural construction, thus resulting in diverse interpretations of kinship or alternative care for children across various contexts. Indigenous kinship caregivers in BC report feeling unsupported and distrustful within a system that they perceive as oppressive (Burke et al., 2023b). This highlights the urgent need for research and policy development that addresses the unique meanings and needs surrounding kinship care for Indigenous families. Culturally competent practices should extend beyond a mere acknowledgment of cultural diversity; they should be embedded in policies, programs, and services to ensure equitable and effective support for Indigenous kinship families (Burke et al., 2023b; McPherson et al., 2022).

While recognizing the need for systemic change regarding kinship caregivers support and recognition, there is limited exploration of specific strategies and policy recommendations. A deeper analysis of systemic

barriers and potential solutions is essential for effective support policies. Additionally, there is a notable absence of a thorough examination of fostering meaningful child participation in kinship care. Future research could explore strategies to empower children and youth in decision-making processes, enhancing the comprehensiveness of support systems.

Research Objectives and Questions

The research aimed to explore the needs and supports identified by kinship caregivers for the children/youth in their care, particularly for those caring for children and youth with complex trauma histories. The research sought to understand the personal well-being of kinship caregivers and examine the specific needs and support structures caregivers identify that help sustain their mental, physical health, and overall well-being, while fulfilling their roles. This study also aimed to provide a holistic understanding of the challenges faced by kinship family members and contribute insights for targeted and effective support. The research questions are:

1. What are kinship caregivers identified needs and supports for the child(ren) and/or youth in their care, and particularly those who have complex trauma histories?
2. What are kinship caregivers identified needs and supports to care for their own mental, physical health, and overall well-being while raising the child(ren) and/or youth in their care?

Theoretical Framework

Bronfenbrenner's (1994) ecological systems theory is the guiding theoretical framework for the research study. Systems theory emphasizes the importance of considering how various systems impact the development of an individual (Hong et al., 2011). In this context, children who are placed into kinship care have multiple levels of influence on their developmental outcomes. In turn, their caregivers are also nested in intersecting systems that influence how they raise the children or youth in their care. Microsystems consist of interpersonal relationships, social roles and activity patterns. In kinship care, this includes the relationship between the child and caregiver, attachment between

the child and kin and the family dynamic. The various stressors experienced by caregivers identified in the literature review can impact the parenting behavior and practices within the microsystem. Social supports and involvement of child welfare professionals, known as the exosystem also impacts the children and kin (Hong et al., 2011). Green and Rogers (2001) note systems theory highlights the critical need for enhancing social support and interventions in the exosystem for kinship caregivers. Finally, the macrosystem explains how societal structures at the systemic level such as kinship care policies determine particular conditions and processes occurring in both the exosystem and the microsystem.

Methodology

Research Design

Qualitative research was selected as the approach to inquiry for this study. According to Rubin (2020), qualitative research methods attempt to produce discoveries or understandings that can be applied to certain populations. Qualitative research evaluations aim to answer open-ended questions such as how, in what way or why? (Lee, 2023). In consultation with F4CRR and MCFD, the authors determined that this approach was appropriate to examine how kinship caregivers' families can be better supported and how they can maintain their well-being while providing care.

Sampling Strategy

Non-probability sampling was used to recruit research participants, with elements of both convenience and purposive sampling. Purposive sampling was used due to the fact that the participants were asked to participate in the study based on their knowledge and lived experiences as kinship caregivers. Participants were all kinship caregivers associated with F4CRR who have direct experience and knowledge of their needs and the needs of the children or youth in their care. The target population was drawn from across the whole province of BC. The criterion for inclusion was F4CRR affiliated kinship caregivers with informal or formal care arrangements recognised by MCFD and who were currently raising children or youth under the age of 19. The research focused on services, programs, and supports geared towards improving the quality of

kinship care arrangements for both the caregivers and the children. There was minimal risk to interviewees who chose to participate in the study as participation remained voluntary throughout and confidentiality mitigation strategies were implemented. Ethical approval for the research was obtained through the UBC Behavioural Research Ethics Board.

Participant Recruitment

Study participants were recruited via a poster created by the Student Research Team, which was provided to the President of F4CRR, who shared the poster on F4CRR's Facebook page and sent it to F4CRR's mailing list to appeal to potential participants. Interested participants contacted the Student Research Team, who sent them an Initial Contact Form and Study Information Letter to review prior to engaging in the research study. The demographic questionnaire for survey participants was then provided to potential interviewees to give the authors an overview of participant demographics.

Data Collection and Analysis

The authors facilitated three focus group sessions via Zoom in February 2024, each one and a half hours in length, with a total of 17 participants attending. Study participants engaged in discussion, led by one or two Student Research Team members, following the focus group interview guide. Participant privacy and confidentiality was maintained throughout the research study. Measures for ethical data security, storage and erasure was adhered to, based on UBC and MCFD data security requirements. The interviews were recorded using Zoom and the data was transcribed either by a professional transcription service or the authors. Identifying participant information was removed from the transcripts to protect client privacy and maintain confidentiality standards. Thematic analysis was utilized to analyze the content of the data. The authors followed the phases of thematic analysis which included familiarizing themselves with the data, generating initial codes, searching for and reviewing emerging themes, naming the themes and finally, producing the report (Braun & Clarke, 2006). Initial coding was completed individually by the student researchers using both versus and in-vivo coding (Saldana, 2021). Codes were then compared and collapsed through multiple rounds

and review until the two primary themes and their accompanying subthemes were identified. This was done in consultation and collaboration with the Principal Investigator and Co-Investigator (course instructors) and Student Research Team.

Results

Two themes were developed from the analysis of the data: (1) The complex demands of caregiving and (2) Caregivers feeling alone. The complex demands of caregiving entails the many barriers and complexities that come with the role of being a kinship caregiver. Subcategories emerged through this theme: relating to the caregivers' ability to cope, the impact on the family unit, the increased need for assessment services for children, and the need for caregiver training. The second theme, 'caregivers feeling alone' is about patterns of isolation or ostracization that emerged throughout the interviews. Caregivers experience a multitude of factors that served as the subcategories for this theme such as disparities in support and financial challenges.

Complex Demands for Caregiving

Coping. All the respondents identified respite care as a crucial component to alleviating some of the stress they experience as kinship caregivers. As one caregiver outlined "That was absolutely essential when my grandson was young, because he was up all night. And so I didn't sleep for a year pretty much at night. I had to drop him at daycare and then go back and sleep at home to get through" (P06). Caregivers also cited extracurricular activities for their children as another key component to promoting coping and wellness. All participants expressed difficulty finding time to fit extracurricular activities or respite into their full or conflicting schedules, however this was exceedingly difficult for respondents who were single caregivers, had multiple children, or children with additional support needs. A participant shared "I'm caring for three toddlers with complex, special needs, on my own" (P04). Many participants had to reduce their hours of employment or stop working altogether to accommodate the lack of respite for and complex needs of the child(ren) they were raising. Another consensus among participants was the increased need for mental

health counselling for themselves and the young people in their care. One participant expressed how this need was a priority among others: “One of the biggest things would be counselling. And (...) there’s a huge, long list of all the other things that could also help for all of us. But that would be my number one I think” (P01). Participants indicated they have accessed various forms of support from their children’s schools including after school care, counselling, emotional regulation skills, culturally competent support for Indigenous students, and mental health workshops or webinars.

Impact on Family Dynamics. The introduction of a new member into a family unit is described by participants as a very emotionally charged and sometimes disruptive experience. As one participant recalled “I think just nothing has gone smoothly or easily in the process of trying to integrate the child of a relative that we’re raising into our family” (P08). Insights provided by caregivers illustrate that the impact of kinship care arrangements ripple beyond the core family unit through extended family, as well as the relationships between the biological parent(s) and their biological child(ren). These dynamics are further compounded by involvement with child welfare and legal systems. Multiple accounts from participants indicated emotionally charged and complex relationships between their biological children and their kinship child(ren). One caregiver (P08) said:

[The child] has a lot of history of complex trauma and lots of emotional regulation difficulties, [the experience is] emotional for my biological children who are displaced in age/order by bringing her into our family and just having a sibling who’s so emotional all the time.

Participants also noted a shift in dynamic and support from extended family once they brought a new family member into their lives. According to caregivers, kinship care arrangements also significantly impacted the children in their care in a multitude of ways including loss of connection to their biological siblings who disappear into the child welfare system and being displaced into a new family, which leads to difficulties with emotional regulation. Participants further identified feeling challenging and frustrating to balance the dynamic between themselves and the biological

parents of the young person in their care. Respondents identified feeling unsure of their own identity as a caregiver and expressed they were often questioned by others in society regarding their role or relationship to their child; particularly for caregivers who were older adults. To address these challenges, caregivers indicated a need for family reunification services (specifically for siblings), respite care and consistent family counselling services. Despite all the complexities and hardships of kinship caregiving, all respondents described bringing a child or youth into their lives as a rewarding experience. One caregiver shared “I feel like she’s kind of (...), like my child, and she feels like I’m a parent that she’s never had. So (...) it’s grown into a really good relationship” (P09).

Need for Assessment. According to participants, the complex trauma and mental health presentations of the young people in their care highlight demands for assessment services such as mental health diagnostic services or behavioural intervention plans. For example, one participant shared “So if [the children] have multiple barriers, which (...) a lot of the children we get are from families that unfortunately had problems (...). Those are the kids that need this kind of help and these kinds of assessment[s]” (P11). Respondents identified factors such as waitlists, funding, and concurrent mental health diagnoses as barriers to receiving assessments for their children. Caregiver views on formal mental health diagnoses varied; some found it beneficial for their children or youth, while others did not. One participant stated “[The child] received formal diagnoses, but still isn’t receiving full supports based on that, because of our fragmented system and wait lists” (P04). Some participants explained receiving an Individualized Education Program (IEP) was valuable for their children and themselves. According to some caregivers, funding for assessment and subsequent support is limited based on the school district and/or the Ministry of Education. Caregivers identified an increased need for assessment services and consistency among mental health or developmental disability support needs for their children. Some participants raising children with additional support needs shared they received limited, inconsistent support or resources from their schools, MCFD or outside agencies dedicated

to children and youth.

Training for Caregivers. In regard to educational training or workshop opportunities, all caregivers stated they did not feel adequately equipped to raise a child with complex trauma histories prior to the child entering their home. As one participant summarized “if I’d had a few more skills or been coached about how to approach these issues, it would have helped him and I a great deal” (P06). Participants generally reported having little to no training and many said they were unaware of where or how to access training opportunities. Multiple respondents noted they had to seek support from agencies or online resources that were not affiliated with MCFD to fill this gap. Caregivers indicated a particular need for trauma informed training and education including but not limited to the following areas encompassing complex trauma: attachment issues, fetal alcohol spectrum disorder (FASD), attention deficit hyperactivity disorder (ADHD), emotional dysregulation, and autism spectrum disorder (ASD). Many of these caregivers took responsibility to care for the children unexpectedly. Without knowing the child’s developmental history, caregivers are unsure how to respond to the child’s needs. One respondent said “I got my grandson when he was two. But not having that sort of history of what he’d been through, I was responding to what his reactions were” (P06). Some participants also highlighted a need for culturally inclusive training so they could provide culturally competent support to the Black, Indigenous and other racialized children in their care. One caregiver affirmed “I think it would be really important if [child welfare agencies] they’re not like delegated to agencies that they need to be - if they’re Indigenous specific, they need to be aware of the Aboriginal supports, like 100% and really embracing trauma-informed care, not just saying that they do” (P04).

Caregivers Feeling Alone

Feeling Like An Outsider. Numerous participants emphasized the unique challenges faced by kinship caregivers, particularly noting that many of them are older individuals. This demographic characteristic exacerbates their feelings of isolation, as they often do not align with the conventional profile of caregivers and

encounter difficulties accessing the resources and support systems that are available to biological parents. Illustrating this point, one caregiver (P03) articulated:

There’s no social life. And then because we have a 12-year-old, we now no longer fit into the social life that our fellow retirees had. So that, it’s a different kind of isolation (...) but it’s definitely a social isolation for those of us that are in a grandparent’s role, you know, the aging grandparent category.

This statement underscores the profound sense of social disconnection experienced by older kinship caregivers, who find themselves in roles traditionally associated with grandparenthood rather than parenting. Participants highlighted the scarcity of resources tailored to the needs of kinship caregivers. This dearth, compounded by a general lack of awareness regarding available support systems and training opportunities, heightens their sense of overwhelm and inadequacy. Consequently, kinship caregivers often navigate their responsibilities without the necessary guidance and assistance, intensifying their feelings of being unsupported in their crucial role. Many participants also stressed that as kinship caregivers, they frequently find themselves shouldering the dual responsibility of both parent and grandparent, often without the necessary support. Some of the participants who were connected to MCFD acknowledged it was difficult to transition from having their support to no longer having it once their kinship care arrangements were finalized. Caregivers highlighted their varying experiences with child welfare agencies and their support was not always consistent. Participants acknowledged feeling unsupported with the frequent changes in social workers. Furthermore, participants said that once the child welfare ends, they are unsure of where to turn for help, especially caregivers living in rural areas where support services are minimal. Participants highlighted that prior to the finalization of kinship care arrangements, it may be beneficial to provide caregivers with a list of local resources. In speaking of the many challenges they faced including a palpable sense of isolation, all participants demonstrated that they are strong, dedicated, and deeply believe in the importance of the role they play in the lives of the children and

youth they care for.

Disparities in Support. Several participants highlighted that kinship caregivers may not receive the same level of financial supports as foster parents do. Some participants also acknowledged that some kinship caregivers have informal care arrangements without any child welfare involvement. One caregiver said, “It would be nice to see MCFD look at us in the same way and devote the same kind of resources that they do to their other major family support programs like fostering and post adoption” (P11). The discrepancy in support between kinship care and foster care arrangements shines a light on the financial challenges experienced by kinship caregivers. One participant candidly expressed the desire to provide ongoing counselling for their child, given their complex trauma history. However, due to financial constraints, the caregiver can only afford to access counselling for the child during times of crises. Many participants expressed the need for ongoing support services such as counselling and tutoring. One caregiver said, “Everything about trying to access support doesn’t seem to be easy” (P08). Participants also saw significant disparities in resources available to kinship caregivers and those available to foster caregivers, often resulting in feelings of frustration and inequality. Participants explained while they receive some supports from organizations outside of MCFD; they feel undervalued and overlooked. Participants highlighted the disparity in resources or support for kinship caregivers impacts their wellbeing and influences the quality of care they are able to provide to their children/youth.

Financial Challenges. Many participants highlighted that they face significant financial challenges while raising children and youth. They often have to cover expenses out of pocket, ranging from basic needs to unforeseen costs (i.e., counselling, legal fees, additional support services, etc.). As one caregiver (P01) said:

It’s one thing to pay for everything the child needs and make sure he’s well taken care of but all the additional costs of counseling, lawyers, things like that, that you never even considered you would to have a fund for.

This financial strain limits their ability to provide essential services such as respite care, tutoring,

extracurricular activities, and medical coverage for the children. Moreover, kinship caregivers are responsible for facilitating familial connections for children, incurring additional costs for travel and accommodations. Some participants noted they may not receive the same level of financial supports (i.e., funding for counseling, educational assessments, etc.) that foster parents receive, leading to delays and barriers in accessing vital support systems. In a discussion comparing kinship care versus foster care, one caregiver shared, “You’re on your own. I mean that’s to deal with it, you’re on your own at that point. It’s a double-edged sword, (...) no social worker is following you for the rest of your life either” (P02). Participants advised that some funding may be available for Indigenous children through First Nations Health funds or Jordan’s Principle. However, kinship caregivers overall face significant financial burdens that hinders their ability to provide adequate support to their children. Participants identified respite care as a crucial need, particularly older or single caregivers, as participants indicated that limited funds and demands on caregivers make it challenging to access.

Discussion

The strength and dedication of kinship caregivers in this study, who were predominantly female identifying older adults, is evident in their testimonies yet, reflected they do not feel adequately supported by the system. Caregivers expressed frustration with a multitude of barriers and discrimination against them from the system, which contributes to them being unable to provide the quality of care they would like to. Caregivers identified respite as one of their most prominent support needs which would help them relieve the stress and strain that they experience. Caregivers also noted they would greatly benefit from educational workshop or training opportunities on topics related to complex trauma to help them feel more equipped to support the children in their care. For their children or youth, caregivers shared that mental health counselling services to be necessary to help the young people manage and/or address the symptoms that accompany their mental health issues which stem from complex trauma. The majority of participants

reported feeling supported by their school systems, which have helped them fill some of the gaps that are lacking within our child welfare system. Participant testimonies also reflected the ongoing disparities in resources and support between themselves as kinship caregivers and foster parents. Additionally, many of the caregivers in this study did not feel they had access to culturally competent support for the ethnically diverse child they were raising, even though they wanted to ensure their child was exposed to their culture. Similarly to other kinship caregivers in the existing literature, participants in this study conveyed they felt rewarded or blessed to be a caregiver, despite the adversities and challenges it brings. The caregivers and children/youth in this study shared similar demographics to those found in kinship care research. Moreover, caregivers in other studies also shared they felt an overall sense of frustration with the child welfare system and were less supported in comparison to foster parents. As mentioned in the literature, caregivers also highlighted a need for increased training on trauma and cultural inclusivity to better support their children. Unfortunately, the consistency between the literature and the findings in this study suggests kinship caregivers continue to experience discrimination and a lack of recognition for all the sacrifices that they make to protect their children from the system.

Implications for Policy and/or Practice

This research is grounded in helping identify specific kinship family support needs for MCFD and F4CRR. These considerations aim to create a more supportive environment for kinship families and improve outcomes for children and youth in kinship care in BC. The research findings offer valuable insights that can inform policy and practice considerations to better support kinship caregivers and the children in their care. Some potential avenues to explore include:

Establishment of Specialized Support Services

Caregivers frequently expressed feelings of ostracization and a lack of support networks. There is an opportunity for MCFD to consider creating a specialized service hub with community partners like F4CRR for kinship families. This centralized resource could potentially provide guidance, advocacy, and tailored

support services to address the unique needs of kinship caregivers and their children. By establishing dedicated support infrastructure, MCFD and F4CRR can foster a sense of community, empower caregivers, and facilitate access to essential support services.

Needs-Based Assessment and Support Plans

Caregivers also noted financial challenges stemming from unforeseen circumstances. However, rather than focusing solely on financial support and listening to what specific support caregivers need, MCFD could consider looking into needs-based assessments and support planning. This approach could ensure that the specific needs of children and kinship caregivers are identified comprehensively and addressed effectively. MCFD could potentially implement an assessment process that considers factors such as respite care, counselling, educational support, and cultural competency training. By developing individualized support plans based on identified needs, MCFD can enhance the quality of care provided to kinship families and promote positive outcomes for children and youth.

Training/Education Programs

Many caregivers expressed feeling ill-equipped to raise children with complex needs, highlighting the need for training and education. In addition to creating resources and tools, it is important to ensure these materials reach those who need them. Collaborating with organizations like F4CRR can help identify the most effective methods for sharing information with kinship caregivers. By collaborating to develop distribution strategies, we can ensure caregivers have access to the supports and resources they need to navigate their roles effectively.

It was also noted throughout the focus groups that frequent staff changes in social workers led some caregivers to feel inadequately supported by MCFD. Clarifying the roles of social workers to kinship caregivers is essential for improving service delivery. Building upon the establishment of specialized support services, it may be beneficial for these services to include education and feedback loops on the role of social workers. By providing ongoing education and opportunities for feedback, kinship caregivers can better understand the support available to them and feel more empowered in their roles.

Further Research Needed on Indigenous Perspectives

An additional consideration not addressed in this study is the necessity for more in-depth research on Indigenous perspectives and cultural competency training within kinship care arrangements. Due to time constraints, small sample size and the broader focus of this study beyond solely Indigenous kinship families, this perspective was not explored. There is limited research done in this area and further research would be beneficial to further expand the understanding of the support needs specific to Indigenous kinship caregivers and families.

Conclusion

In conclusion, this research sheds light on the multifaceted challenges faced by kinship caregivers in BC and underscores the need to better understand their support needs. Kinship caregiving presents a myriad of demands, from managing the emotional and practical aspects of caregiving to navigating complex systems. Throughout this study, caregivers highlighted the importance of respite care, counseling services, and educational training to effectively support the children and youth in their care. Despite encountering various barriers, caregivers expressed a deep sense of fulfillment in their role, emphasizing their resilience and commitment to the well-being of their children. Disparities between kinship and foster caregivers in terms of financial resources were evident throughout the research. This indicates a need for tailored support services and comprehensive support planning specifically designed to meet the unique needs of kinship families. Collaboration with community organizations like Fairness can facilitate the dissemination of resources and training programs to kinship caregivers, empowering them to navigate their roles more effectively. While this study provides valuable insights into the support needs of kinship caregivers, it is essential to acknowledge its limitations, including the small sample size and geographical focus. Further research is warranted to explore the perspectives of Indigenous kinship caregivers more comprehensively and evaluate the effectiveness of proposed interventions in enhancing outcomes for kinship families. In summary, the primary objective of

this research was to better understand the support needs of kinship caregivers. By recognizing and addressing these needs, we can work towards creating a more supportive environment for kinship families and ultimately enhance the well-being of the children and youth they serve.

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