

Kinship Care Families in BC

CONSENT

By completing and submitting this survey, you are agreeing that the information you provide can be included in this Parent Support Services research on kinship care in BC.

This survey is meant for people who are currently kinship caregivers.

If you want someone to help you complete this survey, please phone our toll-free number at 1-877-345-9777 extension 111 or email us at research@parentsupportbc.ca.

Participation in this project is entirely voluntary and will have no impact whatsoever on the services you currently receive or you're entitled to receive from PSS. You can choose to skip any questions you do not wish to answer. If you decide to withdraw prior to or after completing the survey, your information will be excluded from the final research project.

How will you benefit?

The goal of this survey is to bring about positive change for kinship caregivers. We hope that by giving you the opportunity to share your experiences, we are also giving you the chance to guide these changes. We also hope you will benefit from the experience of sharing your story.

Who is conducting this study?

Susan Burke - UNBC School of Social Work
ph. 250-960-6620, email: susan.burke@unbc.ca

Jane Bouey - Project Manager, Parent Support Services of BC.
ph. 604-669-1616, ext. 110, email: jane.bouey@parentsupportbc.ca

Carol Madsen - Executive Director, Parent Support Services of BC
ph. 604-669-1616, ext. 102, email: cmadsen@parentsupport.bc.ca

Louise Costello - Board of Directors, Parent Support Services Society of BC

SECTION A: ABOUT YOU

You can choose to skip any questions that you do not wish to answer. Please **do not use people's names** in answering any questions on this questionnaire.

Please tell us a bit about you.

1. Gender: _____ Age: _____
2. Your age when you first became a kinship caregiver: _____ years of age
3. Have you parented prior to becoming a kinship caregiver? _____
4. How many *children of relatives* are you currently raising? _____
5. Have you ever raised *children of relatives* in the past? If so how many? _____
6. Do you have a partner or spouse? ☐Yes ☐No

More About You

Your responses to the following two questions will help us understand how these factors might affect your ability to access services and support networks.

7. Would you describe your community as:
Rural/Remote ☐ Urban under 10,000 ☐ Urban 10,000-100,000 ☐ Urban over 100,000 ☐
8. Please check all that apply. I am:
☐ A Canadian citizen
☐ An Indigenous Person living: ☐ On reserve ☐ Off reserve
☐ A Permanent Resident of Canada (Landed Immigrant)
☐ A Refugee
☐ Other (please specify): _____

Your Support Network

9. Who has provided you with financial or material support in your role as a kinship care provider? (Lent you a bed, given you a car seat, created an RESP account etc.). For example: family, friends, community groups, school, faith group, etc. _____
10. Does any person or organization provide you with time away from kids? ☐Yes ☐No
11. Who has helped you with advice or emotional support as a kinship care provider?
Top three: _____, _____, _____.
12. Are you in touch with other kinship care providers? ☐Yes ☐No
If yes, do you find it helpful? ☐Yes ☐No

Access to Justice

13. Have you looked for legal advice from a lawyer?
- ☐ Yes, I received advice
 - ☐ Yes, I tried but was unsuccessful in getting advice
 - ☐ No, legal advice was not needed
14. If you did have a lawyer, did they give you the help you needed?
- ☐ Yes
 - ☐ No, If no please explain _____
15. Some families cannot afford legal services. Has this been an issue for your family?
- ☐ Yes
 - ☐ No
16. Have you participated in an alternative to the court system (e.g. mediation, arbitration or something else)?
- ☐ Yes
 - ☐ No
17. In some communities, there are no lawyers, or so few, that families looking for legal advice cannot get it when they need it. Has this been an issue for your family?
- ☐ Yes, but legal aid was available
 - ☐ Yes, and legal aid was not available
 - ☐ No, it is not a problem for our family
18. Have you tried to get legal information from someone other than a lawyer (for example, a legal advocate, a legal clinic, or a community worker?)
- ☐ Yes, and I received the information I needed.
 - ☐ Yes, but they were unable to help me.
 - ☐ No, I did not know I could get legal information.
 - ☐ No, I did not need legal information
19. Do you have any court order that says you are the guardian of the children you are raising?
- ☐ Yes
 - ☐ No
 - ☐ Don't Know
20. Did anyone let you know that there are different kinds of agreements and/or court orders that are available to you, as a kinship caregiver?
- ☐ Yes
 - ☐ No
- a) If yes, have you been provided information or advice about the different kinds of kinship care agreements available under the *Child, Family and Community Services Act*, the *Family Law Act*, or through adoption (either legal or custom)?
- ☐ Yes
 - ☐ No
21. Are you raising kinship care children of Indigenous ancestry?
- ☐ Yes
 - ☐ No
- a) If yes, was the Indigenous community your kinship children are a part of, included in planning for their care?
- ☐ Yes
 - ☐ No
 - ☐ I Don't Know
- b) Do these children have access to cultural teachings and knowledge?
- ☐ Yes
 - ☐ No

Your Housing Situation

22. Do you consider your current housing adequate for your needs?

☐ Yes ☐ Just barely ☐ No

23. Did you need to change your housing situation so that you could raise the kinship care children?

☐ Yes ☐ No

Your Family Finances

Unexpected changes can have a big impact on a family's sense of financial security. This is an important part of the kinship care picture.

Remember that steps will be taken to make sure that you and your family cannot be identified.

24. Please describe the employment status of adults in your household (e.g. working full time, part time, unemployed, on leave, on social assistance, disability, pension or other)

25. Has your employment status, or that of the 2nd caregiver, changed since you began *providing kinship care*. (e.g. had to quit job, had to get job, had to get second job)

26. Please indicate if you receive income or benefits *specific to the kinship care children in your care*.

| Federal supports: | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| Canada Child Benefit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canada Child Disability Benefit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canada Pension Plan Children's Benefit (Disability) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canada Pension Plan Children's Benefit (Death) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Claim child as a dependent on Income Tax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Provincial supports: | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| Monthly maintenance payments from the Ministry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interim and Temporary Custody to Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restricted Foster Care Agreement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permanent Transfer of Guardianship (54.01 or 54.1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child in the Home of A Relative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended Family Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Claim child as a dependent on Income Assistance or claim child as a dependent on Persons with a Disability benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other supports (please specify): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. In February 2019, the Provincial Government increased caregiver rates for some kinship caregivers (effective April 2019). Did you receive an increase in payments?

20. ☐ Yes ☐ No ☐ I don't know

28. In total, how much do you receive in overall funding? _____

29. Do the parents of your kinship care children contribute to the costs of raising the children in our care?

☐ Yes, regularly ☐ Yes, occasionally ☐ Yes, but rarely ☐ No

30. On balance, are the children's parents a financial support or a financial drain to your family? Please place an X on the scale below.

| | | | | |
|--|---|----------------------------------|---------------------------------------|--------------------------------------|
| Major support <input type="checkbox"/> | Medium support <input type="checkbox"/> | Neutral <input type="checkbox"/> | Medium drain <input type="checkbox"/> | Major drain <input type="checkbox"/> |
|--|---|----------------------------------|---------------------------------------|--------------------------------------|

31. Do you need, or have you ever needed, financial assistance to pay for any essential needs or services for the kinship care children you are raising?

☐ Yes ☐ No

32. Has your family ever had to do *without essential needs or services* since you have been caring for the kinship care children?

☐ Yes ☐ No

33. What is the approximate gross annual income of your *whole household* (income before taxes) \$_____?

Health Matters

34. Do you feel your health status or the health status of your spouse/caregiving partner, has changed since taking the children into your home? ☐ Yes ☐ No

a) If yes, do you think this change is due to caring for the kinship care children in your home?

☐ Yes ☐ No

35. Do you feel your stress level or the stress level of your spouse/caregiving partner, has changed since taking the kinship children into your home?

☐ Yes ☐ No

a) If yes, do you think this change is due to caring for the kinship care children in your home?

☐ Yes ☐ No

36. Since taking on the care of the children do you?

| | | | | |
|---|---|----------------------------------|--|--|
| Feel much healthier <input type="checkbox"/> | Feel moderately healthier <input type="checkbox"/> | Neutral <input type="checkbox"/> | Feel less healthy <input type="checkbox"/> | Feel much less healthy <input type="checkbox"/> |
|---|---|----------------------------------|--|--|

SECTION B: ABOUT THE CHILDREN IN YOUR HOUSEHOLD

All Children

- Please provide the following information for **ALL THE CHILDREN** under 19 years of age currently living in your household - your own children and the kinship care children. Please **do not write the children's names** in any of your answers. Just use the lines below to provide the information.

| Child | Age | Relationship to you: Birth / Adopted / Step / Foster / Kincare |
|---------|-----|--|
| Child A | | |
| Child B | | |
| Child C | | |
| Child D | | |
| Child E | | |
| Child F | | |

Add additional children in comments at end of survey (Section E Summing up #3)

The Kinship Care Children

- Please complete all of the remaining questions in Section B. for your **kinship care children only**. Please **do not write the children's names** in any of your answers. Use the tables below, always using the same numbered column for a child. If you have more than 4 kinship care children in your household, please make note of that in the comments section at the end of the survey. **Please remember that answering any question is optional.**
- Please answer the **early years** questions in the table below for all the **PRESCHOOL** kinship care children in your household, starting with the Child 1 column. Skip to the next question if you have no preschool kinship care children. D/K means don't know.

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|---|---|---|---|
| Is this preschool child in daycare/pre-school out of your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In your opinion, is this child's physical, mental, and emotional development on track? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| If no, does this preschool child have a diagnosed early development challenge involving speech / language, motor skills, or early learning skills? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| If Yes , please describe: | | | | |
| Is this child receiving services? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Please answer the **school related** questions in the following table for all **SCHOOL AGED** kinship care children in your household, starting with the column you did not use for preschool children. For example, if you have 1 preschool child, start with the Child 2 column in this table, and leave column 1 blank. Skip to the next question if you have no school aged kinship care children. D/K means don't know.

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|---|---|---|---|
| In your opinion, is this child doing well at school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does this child have a diagnosed <u>learning</u> or <u>behavioural</u> challenge? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| If the answer is YES , please describe: | | | | |
| Does this child receive any special services, support or programming for <u>learning</u> or <u>behaviour</u> at school? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| In your opinion, does this child need testing or special services for <u>learning</u> or <u>behavioural</u> challenges? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |

5. Please answer the questions about **medical and/or mental health diagnoses** in this table for **ALL Kinship Care Children** in your household. For each child, use the same columns you used above. D/K means don't know.

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|---|---|---|---|
| Does this child have a medical diagnosis for a physical disability or a chronic physical health condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| • If yes, please specify the disability or condition: | | | | |
| Has this child been diagnosed with a mental health condition by a medical or mental health professional, for example attachment disorder, anxiety, depression, other? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| If the child has either a medical or mental health diagnosis is the child: (Check boxes for YES) | Child 1 | Child 2 | Child 3 | Child 4 |
| Waiting to see a specialist for testing or assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Waiting for treatment (on a waitlist)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Receiving treatment now? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Received treatment in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No treatment needed (Yes means this is true.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. This question is about the **availability of health services**. Please answer this question for **ALL Kinship Care Children**.
D/K means don't know.

| | | | | |
|---|---|---|---|---|
| This child: | Child 1 | Child 2 | Child 3 | Child 4 |
| has a family doctor available (a GP) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| relies on walk in clinics | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| has access to dental care | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| This child: | Child 1 | Child 2 | Child 3 | Child 4 |
| is covered for prescription drugs | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |
| has access to specialists/services needed for special medical needs/physical disabilities | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> D/K |

Past Experiences of Kinship Care Children

Understanding how many of our children in kinship care have had experiences like neglect, or abuse, or witnessing violence helps us make the case for better services. Please remember that answering any question is optional.

If you are choosing not to answer, simply *leave the answer space blank*.

Table 1

| | | | | |
|--|---------------|---------------|---------------|---------------|
| Prior to coming into my care this child was witness to: | Child 1 | Child 2 | Child 3 | Child 4 |
| | Y or N | Y or N | Y or N | Y or N |
| physical violence | | | | |
| verbal/emotional abuse | | | | |
| drug/alcohol abuse | | | | |
| criminal activity | | | | |

Table 2

| | | | | |
|--|---------------|---------------|---------------|---------------|
| Prior to coming into my care this child directly experienced: | Child 1 | Child 2 | Child 3 | Child 4 |
| | Y or N | Y or N | Y or N | Y or N |
| physical abuse | | | | |
| emotional abuse | | | | |
| sexual abuse | | | | |
| ongoing neglect | | | | |
| a severe incidence of neglect | | | | |

Table 3

| Prior to coming into my care this child experienced: | Child 1 | Child 2 | Child 3 | Child 4 |
|--|---------|---------|---------|---------|
| | Y or N | Y or N | Y or N | Y or N |
| food insecurity | | | | |
| housing insecurity | | | | |
| frequent moves | | | | |
| homelessness | | | | |
| ongoing poverty | | | | |

SECTION C: THE KINSHIP CARE CHILDREN'S CONNECTION WITH PARENTS

Please remember that answering any question is optional

About the Current Situation

- Are the parents involved in the children's lives? ☐ Yes ☐ No
If the parents are not involved or are deceased, please skip to question 5 below.
- Are you comfortable with the parental involvement?
☐ Yes ☐ No ☐ Mixed: Yes & No
- Is the parental involvement welcome or comfortable for the children?
☐ Yes ☐ No ☐ Mixed: Yes & No
- Is the parent(s)' involvement mandated by the Ministry of Children and Family Development or delegated agency?
☐ Yes ☐ No

The Kinship Care Planning Process

- Please select the statements that best describe how the kinship children came into your care.
Please check all that apply.

| Kinship Child | Child 1 | Child 2 | Child 3 | Child 4 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I thought that it might happen for weeks/months/years (please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It occurred on an emergency basis due to: <ul style="list-style-type: none"> child protection agency involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> a family emergency that did not involve a child protection agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It started as part time helping out caring for the children that became full-time / permanent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. What was the parents' situation before the children were placed in your home? **Please check all that apply.**

| Kinship Child | Child 1 | Child 2 | Child 3 | Child 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Parent(s) whereabouts unknown/abandonment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent(s) unable to parent due to disability/ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent(s) unable to parent due to mental health issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kinship Child | Child 1 | Child 2 | Child 3 | Child 4 |
| Parent(s) unable to parent due to physical health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent(s) unable to parent due to drug/alcohol issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent(s) unable to parent due to incarceration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent(s) unable to parent due to violence in the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent(s) has died | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify): | | | | |

SECTION D: THOUGHTS AND FEELINGS ABOUT KINSHIP CARE FAMILY STRENGTHS, STRAINS, AND STRESSORS

Please remember that answering any question is optional

Thoughts and Feelings about Kinship Care

1. The statements below have been made by some kinship caregivers. Please tell us how strongly you agree or disagree with the statements by placing a check mark in the correct column:



I agree with this statement.



I neither agree nor disagree.






I disagree with this statement.

Some statements may seem contradictory, but they may both be true for you. There are no right or wrong answers.

| | | | Taking in the children "just seemed natural". |
|--|--|--|--|
| | | | I am discovering strengths I didn't know I had. |
| | | | I felt I "had no choice" but to take the children in. |
| | | | Taking care of the children has "put meaning back into my life". |
| | | | I sometimes feel "I have to do it all myself". |
| | | | Children need to know their family history, "to know where they come from". |
| | | | Our family situation is complicated: I often feel like I am "walking on eggshells". |
| | | | There has been a real change in parenting since my own kids were at home. I find it challenging to make the shift. |
| | | | I feel proud of how well the children I am raising are doing. |
| | | | Children have a right to their cultural identity |

| | | | |
|--|--|--|---|
| | | | Families should determine the future of their children wherever possible. |
| | | | I feel alone in this experience. |
| | | | "Family is family": no matter who gave birth to the child, we are all responsible for our children. |
| | | | Sometimes I miss being the relative or friend who can "treat" or "spoil" the child on visits. |
| | | | I feel proud of how I am able to parent these children with confidence. |
| | | | I enjoy participating in the activities of the-children I am raising. |

The following statements may apply especially to grandparents:

| | | | |
|---|---|---|--|
|  |  |  | |
| | | | I sometimes feel that I failed my own children. |
| | | | I was young when I had my own children. I am much wiser now. |
| | | | I sometimes feel dissatisfied with "the way things turned out" in my family. |
| | | | I feel I have a chance to "do it differently (or better)" with my grandchildren. |

Family Strengths

- What led you to feel that taking the kinship children into your home was the best choice for them?
Please read the statements below and **check your top 5 statements** - those statements that feel most true for you, or reflect the most important things you considered.

| The children are better off in my home because: | |
|---|--|
| | I know what the children need. |
| | I understand what the children have been through. |
| | The children know me and my home. |
| | The children feel they belong here |
| | The children live closer to their parents. |
| | The children are better connected to their extended family. |
| | The children's lives will be more stable with me. They won't get moved around from place to place. |
| | The children's lives will more stable in my home: I provide structure, routines, and consistency. |

| The children are better off in my home because: | |
|---|---|
| | In the end, the children will be better adjusted if they stay with me. |
| | There is a better chance the children will be returned to parents if they are with me. |
| | I will have more say on if/when the children are returned to the parents if they are with me. |
| | There is a better chance of a healthy long-term plan if the children are with me. |
| | The Ministry won't have to be involved if the children are with me. |
| | It is important to me that the children remain in our culture. |

Strain and Stress

This section explores the worry, strain and stress in a kinship care family that may be unique to this kind of care. What gets more challenging or more complicated when kinship care children join a family?

3. At this time, what causes you stress as a kinship care provider? Please circle the response that most closely describes your worries, strains, stressors according to the following scale:

| 1 | 2 | 3 | 4 | 5 |
|---------------|-------------|-----------------|-------------|-------------|
| Little stress | Some stress | Moderate stress | More stress | High stress |

| Circle response | Worry, Strain or Stressor |
|-----------------|---|
| | |
| 1 2 3 4 5 | Meeting the daily needs of children (appointments, activities, homework, basic care) |
| 1 2 3 4 5 | Managing the children's behavior. |
| 1 2 3 4 5 | The children's physical health |
| 1 2 3 4 5 | The children's long term emotional well-being |
| 1 2 3 4 5 | Balancing the kinship care children's needs with family needs as a whole |
| 1 2 3 4 5 | Managing my relationship with my spouse |
| 1 2 3 4 5 | How the whole situation is affecting other members of the family |
| 1 2 3 4 5 | Managing extended family commitments |
| 1 2 3 4 5 | Generally how the children's parents are doing |
| 1 2 3 4 5 | The children's relationship with the parents |
| 1 2 3 4 5 | Managing my own relationship with the children's parents |
| 1 2 3 4 5 | (If you are the grandparents): Managing my feelings about my own children's situation. Describe: Confused <input type="checkbox"/> Anger <input type="checkbox"/> Guilt <input type="checkbox"/> Sad <input type="checkbox"/> Other: <input type="checkbox"/> _____ |
| 1 2 3 4 5 | How we manage financially from one month to the next |
| 1 2 3 4 5 | How we will manage financially in the long term |
| 1 2 3 4 5 | Our housing situation |
| 1 2 3 4 5 | The constantly changing legal landscape |
| 1 2 3 4 5 | Dealing with agencies involved, the time drain |
| 1 2 3 4 5 | Balancing family commitments with my work or other commitments |
| 1 2 3 4 5 | Balancing family commitments with my personal or health needs |
| 1 2 3 4 5 | Feeling out of step with my friends |
| 1 2 3 4 5 | Feeling isolated by my circumstances |
| 1 2 3 4 5 | My current health |
| 1 2 3 4 5 | My health in the future |
| 1 2 3 4 5 | What will happen to the children if/when I can no longer care for them? |

4. Please check the **one** statement that is **most true** for you:

| | |
|--|--|
| | The worries and stresses above seem to get worse and worse. |
| | Some worries and stresses are no longer as bad but others are getting worse. There is always something. |
| | My worries and stresses have stayed about the same since taking the children into my care. |
| | The worries and stresses I checked above were worse when I first took the children into my care, but have now become better. |

5. Over time, worry and stress can affect our mood and our sense of wellbeing. Please read the statements below and show us which of the statements applied to you personally over the past week. There are no right or wrong answers. Place a checkmark anywhere on the grid to tell us what is more true for you. If neither is really true for you, or you don't agree with one more than the other, place a checkmark in the middle.

Example: This check mark tells us that you *agree a bit more* with the statement "I felt energetic".

| | | | | | | | | |
|--------------------------|--|--|--|--|---|--|--|------------------|
| I felt really low energy | | | | | ✓ | | | I felt energetic |
|--------------------------|--|--|--|--|---|--|--|------------------|

In the past week...

| | | | | | | | | |
|---|--|--|--|--|--|--|--|---|
| I couldn't seem to get any enjoyment out of the things I did. I felt flat, mostly sad | | | | | | | | I found myself enjoying people or events around me. I felt mostly happy |
| I found I was able to take things in stride, stay calm | | | | | | | | I found myself getting upset easily. I tended to over-react to situations |
| I felt I had nothing to look forward to. I felt quite down | | | | | | | | I felt hopeful about the future, generally positive |
| I made time for the things in my life that help me relax | | | | | | | | I found it hard to wind down and relax |

SECTION E: Summing Up

1. What in your life has prepared you for being a kinship care provider? Is there any training,-education or background experience that you think all kinship caregivers should have?

2. Please comment on the experience of filing out this survey. What in this survey worked? What did not work? What would you have done differently?

3. Please make any additional comments you wish to make. Please remember not to include any identifying information.

Please read important information on the next page

THANK YOU FOR YOUR TIME!

Please return the completed survey by placing it in the provided pre-paid envelope and putting it in the regular mail. We would like to follow up with you in the next while to see if you need any additional support regarding your completion of this survey. We would also like to send you a \$10 Tim Horton's gift card to thank you for your participation*. Please provide your contact information below. As soon as your survey is received, this page will be removed and stored separately from your survey.

Name: _____

Address: _____

Phone number: _____

If you downloaded the survey from the website – please mail to:

**Kinship Care Research Office
c/o Parent Support Services Society of BC
204-5623 Imperial St, Burnaby, BC V5J 1G1**

If you call us at 1-877-345-9777 we can send you a pre-paid addressed envelope for you to send us the survey.

***Available for the first 100 kinship caregivers who fill out the survey.**

Email: research@parentsupportbc.ca