KINSHIP CARE PROFILE

THE STATE OF KINSHIP CARE IN BC

The State of Kinship Care in British Columbia

ACKNOWLEDGMENTS

Parent Support Services Society of BC acknowledges that this research was conducted on the Unceded, Traditional and Ancestral Lands of many Indigenous Nations across BC.

This report is an outcome of a research project funded by:
The Victoria Foundation - Adoption and Permanency Fund of BC, and the
Law Foundation of BC.
The opinions expressed in this document do not necessarily reflect the opinions or views of the Victoria Foundation or the Law Foundation of BC.

Research was conducted in partnership with the University of Northern BC, School of Social Work.

Principal Investigators: Susan Burke, Glen Schmidt
Writer / Project Manager: Jane Bouey
Legal Supervisor: Patricia Barkaskas
Other Steering Committee Members: Michelle Reid, Carol Madsen, Louise Costello
Data Analysis: Nicole White
Research Assistant: Data entry, survey follow-ups - Rabiah Murium
Research Assistant: Focus groups and transcription - Caitlin Alder
Cover Design: Rebecca Vattathichirayil

Thank you to Christina Campbell, Caity Goerke, and Ardith Walkem for sharing your knowledge.

A special thank you to the kinship caregivers who generously shared your experiences and ideas with us.

The State of Kinship Care in British Columbia

Contents

1. Executive Summary

In British Columbia (BC), it is conservatively estimated that over 13,000 children and youth ages 0-19 are being raised by their grandparents or other relatives because the child's parents are unable to raise the children. This is known as kinship care and the numbers are growing. If not for their relatives stepping up, these children would often be in government care.

This research study focuses on the experiences of diverse kinship caregivers throughout the Province of BC. It identifies the barriers and challenges faced by these families. The picture it paints is based on stories gathered through surveys, focus groups, and key informant interviews with 182 current kinship caregivers.

Six themes arose: Children and Lack of Recognition of their Challenges, Discrimination, Access to Programs, Supports and Services (Including Legal), Prevention, Caregiver Needs, and Rewards of Kinship Care

1) Children and the Lack of Recognition of their Challenges

Kinship caregivers told researchers that the complex needs of the children are not recognized. This study revealed that nearly 77% of kinship caregivers had at least one kinship child with physical, emotional, or behavioural challenges. 76% of the kinship children were reported to have experienced four or more adverse childhood experiences such as physical and sexual abuse, homelessness, and other trauma.

Research literature is clear: childhood trauma can result in significant behavioural challenges and life-long negative health consequences. However, when raised by family or others with close cultural connection, these children will have better outcomes. Recognizing this, government policy is to look for family connections first.

Grandparents and other kinship caregivers expressed deep frustration with barriers in providing their children with basic necessities, counselling and medical supports that are necessary for the children to thrive. They said they feel these services and benefits are often readily available to foster parents.

Discrimination

Kinship care has long been at the heart of Indigenous communities. Research participants reported a lack of institutional understanding of the ongoing impacts of racism and colonization on Indigenous families. Participants stated policy makers do not understand Indigenous traditions. They felt past family involvement with the Ministry of Children and Family Development (MCFD) was an automatic strike against consideration for MCFD programs and supports. Deep fears were expressed of becoming personally involved with MCFD.

Poverty was cited as a reason why the children were initially apprehended. This study found a significant number of kinship caregivers are not receiving any benefits, or are only receiving partial benefits. They are disproportionately living in, or at risk of poverty.

Kinship caregivers are keenly aware that children in foster care receive more support than most children being raised in kinship care. In 2019 basic maintenance rates for some children in kinship care were harmonized with those in foster care. However, even when base rates for the children are the same, there is still discrepancy. Children in foster care receive higher levels of funding depending on the severity of special needs. Children in kinship care are not eligible for that levelled funding to address their special needs.

There was also a clear disparity in social work practice. Some of the kinship care providers told of social workers who had gone those extra steps to meet the needs of the child. However, there were also many incidents cited, where social workers did not carry out or inform the families of government policy.

2) Access to Programs, Supports and Services (Including Legal) to Support Children

Kinship care providers shared frustrations with navigating complex government policy and legal systems. They described inequities and disparities in what programs and supports are available, depending on the legal status of the child, where they may happen to live, and even which social worker engages with the family. We heard from families about the overwhelming difficulty in wading through the myriad of available legal paths (if they had been informed of them at all), let alone determining which one would be the best fit for their particular situation. They faced barriers in accessing legal services. Participants who accessed the PSS kinship care support line stated it was often the one place they found the information they needed.

Grandparents and other kinship caregivers described lawyers, social workers, and other social service providers who had advised them to make decisions that they later learned were not always in the best interest of the child/family. There is a need for training and professional development, for these professionals and paraprofessionals to fully understand the complexity of kinship care.

3) Prevention

Kinship caregivers called for holistic steps to support the parents before children are apprehended. What they described, pointed to the need for trauma-informed practice within the court system and within MCFD. They pointed to immediate steps to reduce poverty, and called for other actions such as early intervention, parenting support, mental health and addiction services.

4) Caregiver needs: Stress and Respite

This study found stress levels for caregivers are high, particularly when they are not feeling positive about being kinship caregivers. Kinship caregivers indicated that they need respite. Many confided that they need mental health support themselves.

Kinship caregivers are usually older, female, frequently still working, or forced to return to work. They are exhausted trying to meet the complex needs of the children. The unexpected nature of caring for these children can have a negative impact on relationships with their spouses and other family members. Kinship caregivers reported that the system pitted them against the parents of the children they are raising.

Rewards of Kinship Care

While kinship caregivers reported they felt they "had no choice" but to take the children, many stories of resilience and children thriving were shared. Overwhelmingly kinship caregivers said they would do it again. They know that the difference they make in the childrens' lives. However, they do not feel that the government or the public in general recognize and acknowledge what they do. Researchers found that when kinship caregivers felt positive about being kinship caregivers, they indicated feeling less stress.

Improvements

The Government of BC has recently made substantial changes to Ministry of Children and Family policy that has improved the lives of some of these families (estimated 2400 out of the more than 13,000). These changes include improved access to programs and increases in caregiver rates within certain categories. Many of these improvements were implemented in April 2019. These were important first steps for those who were eligible. Further advancements are needed for these eligible children. However, there are thousands of children who did not receive any improvements, because of their legal status.

Recent federal legislation for Indigenous children and families may positively impact Indigenous caregivers.

This research clearly indicates that existing policies are still woefully inadequate to address the comprehensive needs of all kinship care families in the province.

What is Needed?

- All children raised in kinship care, regardless of legal status and duration of care, should receive, at minimum, the same supports and benefits as children in foster care.
- The systems, legal and governmental, should be made more transparent and easier to understand. Barriers to justice and supports need to be addressed and removed.
- The public and government need to have a deeper understanding of the ongoing legacy of colonialism and systemic racism.
- Caregiver stress, in all of its forms, must be addressed.
- There should be increased emphasis on prevention before protection.

Twenty-seven recommendations arising from this research can be found at the end of this report.

2. Introduction

Kinship care can be found in many cultures around the world (Leinaweaver, 2014). In countries like Canada, the tradition of extended family stepping in to care for relatives or friends was supplanted by the establishment of a formal foster care system, where people unknown to the family are hired by the state to care for children. In recent decades, particularly in countries where governments have instituted austerity measures, there has been a drive towards kinship care has a form of cost containment. (Glaser et al, 2018; Sullivan, 2015).

It is estimated that more than 13,000 children in BC are being raised by their grandparents, relatives, or close family friends when their parents are unable or unwilling, an arrangement that is referred to as kinship care (See Appendix 1) and their numbers are growing (Fuller-Thomson, 2005; Statistics Canada 2006, 2011, 2016) The leading reasons include the parents' substance misuse and/or mental illness. Other reasons include violence in the home, abandonment, incarceration, and physical illness. These children have often experienced unimaginable trauma and have unique challenges. If not for family/friends stepping in, the children would be in government foster care. Research is clear, as recognized by provincial government policy, that children have better outcomes when raised with family and/or cultural connections. Yet most children in kinship care receive little to no financial support, services, or benefits (See Section 4).

> Indigenous children are twice as likely to be raised in kinship care, as non-Indigenous. (Turner, 2016) However, this also reflects the fact that in many First Nations, there is a tradition of kinship care. (DeFinney,& DiTomasso, 2015).

Parent Support Services Society, a provincial charitable non-profit organization, has a mandate to prevent child abuse. Since 1974, PSS does this by supporting parents to be the best parents they can be and offers peer-to-peer support circles to those in a parenting role.

In the early 2000s, grandparents began to attend support circles, contact PSS offices, and raise their unique issues. Grandparents Raising Grandchildren (GRG) Support Circles were formed at that time. Between 2005 and 2011, three conferences of kinship caregivers and their families ("Grand Gatherings") were held. The purpose of the gatherings for grandparents and their children was to connect, to reduce isolation, and to help them discover they are not alone. The gatherings provided education, information, and resources. These Grand Gatherings also provided respite for the caregivers through the provision of meals and child care/activities.

PSS began to support GRG to advocate for the government to work towards improving their circumstances. Visits to the legislature and meetings with elected MLAs were organized. In 2007-2009, PSS conducted research in partnership with the University of Victoria's School of Social Work. This research resulted in a Grandparents' Raising Grandchildren Legal Guide (2009) and in 2012 a support line was established to provide navigational information to kinship caregivers. This line is now staffed by an Advocate-Lawyer and an Advocate–Social Worker who guide callers through a myriad of complex legal, social and financial concerns. A third outcome

from the original research was the 2014 documentary film, *Grandparents Raising Grandchildren: Telling Our Stories*.

Currently, one-third of PSS's Support Circles are kinship care specific circles. For almost two decades, PSS has listened to and learned from these caregivers.

PSS of BC heard a common concern from kinship care providers: *Why is it that the government will pay a stranger to look after a child, but will not provide the same supports to a relative?* PSS has shared with the Government of BC their position that children in kinship care, no matter their legal status and duration of care, should receive, *minimally*, the same benefits as those raised in foster care.

This position aligns with the guiding principle within the *Child, Family, Community Services Act* (CFCSA) (British Columbia, 2020b) that "a family is the preferred environment for the care and upbringing of children" (Guiding Principle 2b).

PSS has Taken that Message to the Public, and to Government

In recent years, PSS was asked to meet with the Minister responsible for Children and Family Development and various upper-level civil servants within MCFD on multiple occasions (in one case for two days) to discuss kinship care.

Kinship caregivers regularly demand PSS pressure the government to improve supports needed to raise their children. As a charitable non-profit, partially funded by MCFD and required to follow Canada Revenue Agency rules for charities regarding political activity, PSS carefully balances support for kinship families with our larger mission to support all those in a parenting role.

Need to Know More

In order to effectively support kinship families, PSS determined that it was necessary to gather an up-to-date picture of the state of kinship care in BC, and in particular the children being raised in Kinship Care families today. In January 2019, the Society secured funding from the Adoption and Permanency Fund (Victoria Foundation) and in April 2019 from the Law Foundation of BC to carry out this research.

Louise Costello Ph.D., (a retired child psychologist with extensive experience in research ethics and PSS Board member) joined Carol Madsen (Parent Support Services Society's Executive Director) and Jane Bouey (Project Manager) to form a working group. This group approached Dr. Susan Burke (University of Northern British Columbia - School of Social Work with expertise in Indigenous social work practice, child welfare practice, and kinship care) who became the Principal Investigator. Patricia Barkaskas (Indigenous Community Legal Clinic, University of BC- Allard School of Law) joined the project as the Supervising Lawyer. Michelle Reid (Nicola Valley Institute of Technology (NVIT)- Indigenous Social Work) and Dr. Glen Schmidt UNBC-School of Social Work) joined the research project. The project's steering committee was composed of Barkaskas, Reid, Schmidt, Costello, Madsen, Burke, and Bouey. Also involved were

research assistants, Rabiah Murium (Law Student Intern from Dalhousie University), and Caitlin Alder (practicing Child Protection Social Worker, and fourth-year BSW practicum student from NVIT). Nicole C. White (MA, Research Associate University of Northern BC) provided survey data analysis.

SIGNIFICANT RECENT DEVELOPMENTS

The landscape around kinship care in BC changed radically during the period of planning, and the execution of this research project. To what extent it makes a difference, on the ground, in the lives of BC kinship caregivers is yet to be determined.

The November 2016 Grand Chief Ed John report (2016), *Indigenous Resilience, Connectiveness and Reunification - From Root Causes to Root Solutions* on Indigenous Child Welfare, contained recommendations that included reducing the number of children in government care and improving access to kinship care programs. The provincial government immediately committed to implementing the recommendations. Following the provincial election in May 2017, there was a change in government. The current government has moved forward, making (and establishing plans to make) the necessary legislative and policy changes to bring the recommendations into effect.

In February 2019, the Government of BC announced, effective April 1st 2019, kinship caregiver rates were to be harmonized with foster caregiver rates. *https://news.gov.bc.ca/releases/2019PREM0023-000294* Based on the wording of the announcement, kinship caregivers in BC were extremely excited and Parent Support Services was inundated with calls. However, after studying the announcement and discussing questions with the provincial government, it became clear that it only affected those already receiving supports through MCFD (at most 2400 of the more than 13,000 families). PSS staff informed researchers that, for those families who were eligible, the increase made a significant positive difference. For example, 440 children on the Extended Family Program (EFP) received a 70% increase (C. Madsen, Executive Director PSS, personal communication November 20, 2019).

The provincial government made legislative changes in 2019 to the *CFCSA* (1996). Section 2 (Guiding Principles) was amended to include: "Indigenous families and Indigenous communities share responsibility for the upbringing and well-being of Indigenous children" (2.b.1), as well as "Indigenous children are entitled to (i) learn about and practice their Indigenous traditions, customs and languages, and (ii) belong to their Indigenous communities" (2.f).

Section 3 (Service Delivery Principles) was amended to include: "Indigenous people should be involved in the planning /and delivery of services to Indigenous families and their children" (3.b), as well as "the impact of residential schools on Indigenous children, families and communities should be considered in the planning and delivery of services to Indigenous children and families" (3.c.1).

Amendments increased the obligation on MCFD to notify an Indigenous community of child protection proceedings, for example as found in Section 34 of the *CFCSA* (British Columbia, 2020b).

The Extended Family Program (EFP) (established 2010) is intended for when a parent is temporarily unable to provide care for their children. The EFP supports the child to live with extended family or other individuals who have a relationship or cultural or traditional responsibility to the child/youth. The EFP, while providing financial supports, had been difficult for kinship caregivers to access. It was strictly a temporary agreement.

Recent changes (April 1, 2019) to the *CFCSA* Act, have opened the door to improvement to the EFP. A parent no longer needs to be a party to the Extended Family Program agreement, other than to provide one-time consent to transfer parenting responsibilities to the kinship caregiver. The parent maintains legal guardianship. While still considered a temporary program (lasting 12 months-2 years), the revised Out-of-Care Options Policy (MCFD, 2020a) may allow for ongoing renewals of EFP agreements (if it is in the child's best interest), so some families may be eligible to remain in an EFP agreement until the child ages out. For Indigenous children and families, new policy may allow for customary care arrangements to be supported under EFP agreements. The parent(s) voluntarily give care of the child/youth to the kinship caregiver, and MCFD provides the kinship caregiver financial and other supports to care for the child/youth based on assessed needs.

In November 2019, the BC Government (2020a) passed legislation to implement the *United Nations Declaration of the Rights of Indigenous Peoples*:

> The *B.C. Declaration on the Rights of Indigenous Peoples Act* aims to create a path forward that respects the human rights of Indigenous peoples while introducing better transparency and predictability in the work we do together.
>
> The Province worked with the First Nations Leadership Council (BC Assembly of First Nations, First Nations Summit and Union of BC Indian Chiefs), who have been directed by First Nations chiefs of B.C., to develop the legislation.
>
> The legislation sets out a process to align B.C.'s laws with the UN Declaration to bring provincial laws into harmony with the UN Declaration. It requires development of an action plan to achieve this alignment over time – providing transparency and accountability. And it requires regular reporting to the Legislature to monitor progress. In addition, the legislation allows for flexibility for the Province to enter into agreements with a broader range of Indigenous governments. And it provides a framework for decision-making between Indigenous governments and the Province on matters that impact their citizens. (British Columbia (2020a, May 17). para. 4 – 6)

These provincial developments were taking place amidst changes on the Federal level. The Government of Canada co-developed, with Indigenous peoples, provinces and territories, new legislation to reduce the number of Indigenous children and youth in care and improve child and family services.

The *Act Respecting First Nations, Inuit and Métis children, Youth and Families* (Parliament of Canada, 2019), the provisions of which take precedence over the provincial *CFCSA*, came into force on January 1, 2020. The *Act*, co-developed with Indigenous, provincial, and territorial partners:

- affirms the rights of First Nations, Inuit, and Métis peoples to exercise jurisdiction over child and family services
- establishes national principles such as the best interests of the child, cultural continuity, and substantive equality
- contributes to the implementation of the United Nations Declaration on the Rights of Indigenous Peoples
- provides an opportunity for Indigenous peoples to choose their own solutions for their children and families.

Based on informal discussions with well-informed policy analysts inside and outside government and their own work on the Support Line, PSS Advocates told researchers that there are early indications that these developments are resulting in fewer children in government care, increased numbers of children in kinship care, and improved supports for many children in kinship care.

INDIGENOUS PARTICIPATION IN THE RESEARCH

As of March 31, 2019, 65.1% of the children in government care in BC were Indigenous (Representative for Children and Youth [RCY], 2019). Indigenous children aged 14 and younger are two times as likely as non-Indigenous children to live with their grandparents (First Call, 2018). Statistics Canada (2016) reports that 6,835 Indigenous children were identified as living in kinship care in BC in 2016.

Steering committee members deliberated, on an ongoing basis, how best to ensure Indigenous voices were heard in this research study. After exploring Indigenous research methods, protocols, and ethics, it was determined that an Indigenous-led and Indigenous-designed research process was required. Three of the seven steering committee members identify as being Indigenous, including the Principle Investigator and the Supervising Lawyer. In addition, one of the two research assistants was Indigenous. The necessity to build relationships with Indigenous communities and First Nations was recognized before and during the design of the project. Through various Law Foundation funded projects, PSS advocates have travelled across the province providing workshops on Kinship Care within Indigenous spaces and have developed partnerships with Indigenous organizations and agencies. Steering Committee members Madsen and Bouey met with some Delegated Aboriginal Agencies, in person, and over the phone, to discuss the project. When they asked whether PSS was the right organization to conduct research

with Indigenous communities, the response more than once was, “If PSS doesn’t do it, who will?”.

After much consideration, the Steering Committee did not include Indigenous–specific research in its application to the University of Northern British Columbia Research Ethics Board. Due to time constraints and pending timelines, it was determined that there was not adequate time to do the necessary relationship building, nor engage meaningful Indigenous community involvement.

As a result of connections PSS developed, three Indigenous agencies invited researchers to host “discussion circles”, the term that was used to describe focus groups in a culturally sensitive way. One took place in an urban community and another took place on First Nations territory. The third discussion circle was cancelled due to inclement weather, and subsequent issues in the community that the hosting organization had to focus resources upon.

Researchers held an additional Indigenous focus group in an urban setting, aimed at Indigenous caregivers. This focus group included non-Indigenous participants who were parenting Indigenous children. Almost all of the 11 focus groups and discussion circles, held during this research project, included participants who self-identify as being Indigenous.

Despite not specifically targeting Indigenous communities, 21% of survey respondents identified as being Indigenous (39% of these indicated they live on-reserve, 43% off-reserve, and 18% did not specify). In addition, 50% of all survey respondents reported raising Indigenous kin. Of those, 40.7% stated the child was connected to their Indigenous culture.

3. Methodology

The goal of the research was to determine the state of kinship care families in BC.

CONSULTATION

Work began on this research project in January 2018. The first step involved consultation with kinship caregivers. The working group also met with frontline workers who interface with kinship caregivers, some Delegated Aboriginal Agencies, and other organizations who were researching child welfare issues. Parent Support Services Society staff (including working group members Madsen and Bouey) met with senior staff with the Ministry for Children and Family Development. While these meetings with MCFD were not directly related to the research project, the discussions informed the work.

SECONDARY SOURCES

An environmental scan of research on kinship care, in Canada and around the world, has been an ongoing feature of the project. A non-exhaustive bibliography is located at the end of this report.

PRIMARY SOURCES

The steering committee designed and implemented both qualitative and quantitative means to collect and analyze data.

A survey, focus groups, and key informant interviews were used to gather information. Steps were taken to protect participant confidentiality. Participants were given a full information letter that contained information regarding confidentiality There was an implied consent sentence on the survey rather than having participants sign a consent form. Throughout the research, names and any other identifiers were removed from records, and where necessary, codes were used.

A criterion for kinship participants in the research was that they must currently be providing kinship care in BC (i.e., raising a child or children of a relative because the parents are unable to). During the survey phase, participants also had to be able to complete the survey in English.

The research team identified a sample of subjects using a purposeful stratified technique to identify kinship caregivers in BC. The total kinship care sample size was 182 (86 surveys, 91 focus group participants, 5 key informant kinship caregiver interviews who spoke about their personal experiences.) An additional 18 participants in the focus group and key informant interview stages were people who work directly with kinship caregivers and/or hold particular knowledge of kinship care. Of these 18, 7 had never been kinship caregivers and 11 were kinship caregivers (at some point in their lives) who participated in the research, on the basis of their observations as facilitators of Support

Circles or other frontline workers. The total number of research participants was 200. Survey respondents were raising a total of 160 children and youth.

We obtained a fairly diverse sample which was included the following categories:

- Kinship caregivers living in various settings:
  - Rural/Remote
  - Urban under 10,000 people
  - Urban 10,000-100,000
  - Urban over 100,000
- Kinship caregivers: Grandparents/Other kinship caregiver
- Kinship caregivers of varying income levels (Lower, middle, and upper income)
- Kinship caregivers who were and were not connected to MCFD
- Kinship caregivers who were Indigenous and non-Indigenous
- Kinship caregivers who were Canadian Citizens and immigrants/refugees

The survey tool was designed and beta tested in consultation with key stakeholders and persons familiar with survey strategies and quantitative methodologies. The survey (the entire first phase of the research) was approved by the Research Ethics Board of the University of Northern BC in late April 2019. Approval of the focus group and key informant interview phase of the research was received in late September 2019.

QUANTITATIVE DATA

The Survey

The survey was designed to gain an overview/picture of as broad a range of kinship care providers as we could reach, in order to provide indicators of the state of kinship families. Data gathered in the survey included basic demographic information, detailed questions on children's health and experiences before coming into kinship care, supports respondents were receiving, stress and strains that caregivers face, and access to justice issues.

It is important to note, that, although the survey was quantitative, we included open-ended questions that allowed for the inclusion of participants' words and therefore added to our qualitative data.

The survey had a total of 57 questions, some with multiple parts (e.g., answering the same questions for multiple children on various school-based or other challenges and diagnoses, and several constructed as scales (e.g. total stress and strain). It is estimated that it took on average 45 minutes to one hour to complete the survey, based on limited field trials.

A page on the PSS website (https://www.parentsupportbc.ca/) was devoted to the research project. The page contained detailed information about the research, designed specifically for prospective respondents, as well as a hyperlink to the survey which could be downloaded, printed, and mailed to

the research office. Participants could also contact PSS and request that a pre-stamped copy be mailed to them.

Using a deliberative (or purposive) sampling technique, an information letter, with a link to the research page, was mailed to the PSS distribution list. In addition, the information letter, with a promotional flyer, was sent to PSS Kinship Care Support Facilitators. To broaden our reach to caregivers with no previous connection to PSS, a flyer was distributed to schools, community centres, and other organizations across the province. The survey was promoted on social media (Facebook, Twitter, and Instagram). Snowball sampling was also used.

The Research Ethics Board (REB) application's stated goal was to obtain between 30-60 completed surveys, with at least some representation from each of the strata noted above, as well as from caregivers previously unconnected to PSS. Based on requests for surveys, 307 surveys were printed.

One hundred and ninety-nine surveys were mailed to those who contacted the research office and requested copies; 108 survey packages were distributed to volunteers and partner agencies who work with kinship care providers and requested a package; 54 surveys were completed and returned by mail; 32 were completed by a research team member over the phone (or in-person); 33 packages were returned unopened/uncompleted.

A total of 86 surveys were completed. As researchers were unable to determine how many surveys were downloaded and returned, we cannot estimate a response rate.

Respondents were raising a total of 160 children and youth.

Data Analysis

Survey data was analyzed using R 3.5.1 (R Core Team, 2017), utilizing the packages tidyverse (Wickham et al., 2019), arsenal (Heinzen et al., 2019), simpleboot (Peng, 2019), and boot (Canty & Ripley, 2017; Davidson & Hinkley, 1997).

Standard descriptive outcomes were assessed according to the type of survey item, including frequency/percentage outcomes for categorical variables and quantitative estimates for continuous measures. Correlation analyses were conducted to assess relationships between two dichotomous variables using phi correlations for two dichotomous outcomes. For variables with more than two outcomes (e.g., continuous variables), we collapsed the outcomes into two categories as appropriate. For example, the continuous variable "Gross Income" was collapsed into two categories based on a median split (Below $50k vs. Above $50k).

Each correlation was subject to 10,000 bootstrap resampling estimates to provide 95% confidence intervals around each correlation estimate. The benefits of the bootstrap method are that no assumptions are required about the distribution of data and/or the population of interest and that the 95% confidence interval is derived from a sampling distribution created based on the sample itself. This non-parametric approach is ideal for small samples and non-normally distributed outcomes. If the

95% confidence interval around a correlation estimate does not include 0, the correlation can be interpreted as significant at $p<.05$.

Multiple regression analysis was also employed to determine relationships between variables. A standard approach to hierarchical regression was employed to explore factors that helped explain caregiver stress, attitudes (thoughts and feelings), and mood status, separately. In all cases, respondents with missing data on the items of interest within each analysis were excluded.

Limitations of the Survey

Due to constraints of time, the structure of the survey, technology limitations, and the UNBC Research Ethics Board data security requirements, the survey was not available to fill out online. This required participants to mail in the survey (after receiving it by mail with a stamped addressed return envelope or downloading it from the PSS website). This likely affected the response rate.

Early written responses indicated a lack of understanding of certain questions. Once recognized, researchers began to encourage caregivers to participate over the phone with the Project Manager and a Research Assistant. This was helpful, particularly for those for whom English was a second language or who had literacy challenges. The researchers were able to explain complex questions with minimum bias around the answers. This also helped researchers better understand which questions were the most difficult for responders. A total of 18 (21%) of the surveys were conducted over the phone. Two surveys were completed in person.

Researchers determined that the complexity, layout, literacy level, time required, and the emotionally triggering nature of the survey instrument resulted in some questions being filled out incorrectly and/or left blank. This understanding was factored into the data analysis plan and resulted in some loss of data.

Researchers also noted that there seemed a reluctance on the part of some caregivers to report on certain data, in both phone and written surveys. The possibility that respondents may have not been fully open in filling out the survey is reflected in research conducted on low-income mothers, which found that mothers were highly aware of the power of the state to remove children and concealed hardships, home life, and parenting behaviours from those with the actual or perceived power to report them to authorities; this included not reporting information to non-profit agencies, which were not directly involved in child protection (Fong, 2019).

It would be surprising if this awareness of the power of the state, and fear of child apprehension, did not play a role in the degree of participation in the research and the information shared. Fong's (2019) research, cited above, found that mothers chose to be involved because they recognized the importance of the help they could receive, but that they limited what they disclosed.

In the case of phone surveys, this wariness was indicated by a change of tone, language used, and in some cases, respondents declining to answer certain questions. It is possible that this tendency was heightened with the 18 surveys done over the phone, where respondents were disclosing directly to a

person. The number of non-responses in areas of increased sensitivity was higher. For example, the questions about adverse childhood experiences (e.g. abuse, neglect) had relatively higher non-responses than other questions. There are 160 children reported on in the dataset as a whole, but most of the direct experiences related to adverse childhood experiences (ACES) have between 22-30 missing data points. For comparison, only 15 people didn't report their income (which could also be considered sensitive) and the general rate of non-response to a relatively neutral item such as having previous parenting experience, age, or gender was typically ranging between 0-3 missing data points.

Feedback

In the feedback question at the end of the survey, 44% of respondents made overtly positive comments. For example, "I found the survey gave me an opportunity to express what we experience as grandparents raising grandchildren." Others pointed to structural issues with the survey such as the wording of questions and "It is too long" was a frequent response. Respondents reported frustration that they could not convey the changes they had experienced over time. Difficulty in answering questions if they were raising more than four kinship care children, was also indicated.

A few respondents stated that the survey had "brought up tears and stress". Researchers had anticipated the triggering nature of the survey and had prepared for this by: A) supplying a list of supports in the information letter that all respondents received, B) following up with every respondent who provided contact information within 14 days of receipt of the survey to check in and see how they were doing, and C) If answers on the survey indicated a significant amount of emotional stress, trained researchers called within 48 hours after receipt, offering support on our support line as well as other options.

As noted above, this check-in was only possible with respondents who filled out the separate form requesting the gift certificate. Before that form was separated from the survey package, specific markers for high stress within the survey were noted and certain respondents were identified for a rapid check-in. The gift request and survey were then permanently separated, thereby anonymizing the survey.

The Steering Committee determined that the survey instrument was not the best tool for Indigenous communities. However, despite this, almost 21% of respondents identified as being Indigenous. Within this respondent group, the survey did receive some expected criticism. One Indigenous respondent stated, "the survey was very intrusive. Doesn't reflect my culture. I answered questions I wish I hadn't. I think the research is important. But do not like the survey." Another said, "Survey does not really address how many of us (1st Nation) people raise children. In my community, it is the community that raises the children. We come together for the children. It isn't unusual or unique to be one (kinship caregiver)".

Every respondent who signed a separate request form received a $10 gift card to a national coffee chain. This incentive was not heavily promoted and was primarily simply a thank you. It was also a

way to obtain the contact information of respondents who may need support. (see below) Respondents who did not request gift cards were completely anonymous (%?).

QUALITATIVE DATA

Focus Groups/Discussion Circles

There were a total of 11 focus groups and discussion circles.

Focus groups were well attended (one with 16 participants) and the discussion was rich and informative. These were co-facilitated by the Project Manager and Research Assistant and on a few occasions co-facilitated with another trained PSS staff person or volunteer. Participants were kinship caregivers and a small number of frontline service workers.

Two focus groups were held in the north (one a primarily Indigenous Discussion Circle), two in the Interior, one on Vancouver Island, two in the Lower Mainland, two within First Nations communities, and two in the Fraser Valley. Three planned focus groups were cancelled due to winter storms - one in a central northern Indigenous community, and two on Vancouver Island.

The total of kinship focus group participants was 91, of which 5 were male-identified and 86 were female-identified. There were also 12 non-kinship caregiver focus group participants - frontline staff and paraprofessionals from PSS, community agencies, and Delegated Aboriginal Agencies - for a total of 103 participants.

Researchers began each focus group by sharing the purpose of the research, explaining the project, and receiving consent. Consent was gathered in written form, but in two predominantly Indigenous focus groups, consent was given orally, respecting local practices. Where group consent was given, the discussion was recorded. If consent was not given to record, notes were taken, also with permission. All identifiers were removed from transcripts and participants were assigned codes.

Following the introduction and receipt of consent, the researcher asked participants to introduce themselves by sharing their first name, how many children they were raising, their relationship to the children, and how long they had been caring for the children.

The questions asked of kinship caregivers were:

1) What have been the biggest challenges you face as kinship caregivers?
2) What has been most rewarding?
3) What supports do you receive as a kinship caregiver?
4) What other supports do you need?
5) What do you think people who are thinking about becoming kinship caregivers should know?
6) What do you think the public should know?
7) What do you think government should know?

Questions 6 and 7 were combined when time was an issue. On a few occasions, the discussion was so intense the focus group was unable to complete all questions.

Participants were given index cards and pens to write down points that they did not want to share with the group but did want researchers to know. Researchers received two contributions through this option.

Focus groups lasted from one to two and a half hours.

Recordings were transcribed by the Project Manager and Research Assistant. Notes taken were reviewed.

Key Informant Interviews

Eleven key informant interviews were conducted with kinship caregivers, professionals, paraprofessionals and youth. An information letter was given to each participant and consent was obtained via email or in written form.

Where knowledge gaps existed in the findings or themes from the other modalities, five kinship caregivers, who have had prior contact with PSS, and who did not participate in the survey or focus groups, were interviewed.

Questions Asked:

PSS Support Line Advocates

The questions asked of the PSS Support Line Advocates were as follows:

Based on your experience operating the Support Line and workshops you have been doing around the province on kinship care:

1) What are some of the most common reasons people call your support line?
2) What do you see as the greatest challenges faced by kinship caregivers?
3) What changes to legislation, policy, practice or law do you think are necessary?
4) What do you see as the major knowledge gaps in professionals (such as frontline workers, lawyers) who interact with kinship caregivers?
5) What additional supports do kinship caregivers need?
6) What do you think policy makers should know?

Kinship Care Support Circle Facilitators (or service providers from other agencies who are in contact with kinship caregivers or youth)

The questions asked of the Kinship Care Support Circle Facilitators or service providers from other agencies were as follows:

Based on your experience facilitating Support Circles (or providing services to kinship caregivers or youth):

1) What do you hear are the greatest challenges faced by kinship caregivers (or youth)?
2) What do you think the public and/or policy makers should know about kinship care?
3) What do you think could be done to support kinship caregivers (or youth)?

Interviews with kinship caregivers or kinship youth

The questions asked of kinship caregivers or kinship youth were as follows:

1) What have been the biggest challenges you face as kinship caregivers (or kinship care youth)?
2) What has been most rewarding?
3) What supports do you receive as a kinship caregiver (or as a kinship care youth)?
4) What other supports do you need?
5) What do you think people who are thinking about becoming kinship caregivers should know? (What would you like to tell other children and youth who are just going into kinship care?)
6) What do you think the public should know?
7) What do you think government should know?

Parent Support Services Society of BC's Kinship Care Support Line Advocates, Caity Goerke (Lawyer) and Christina Campbell (Social Worker) were interviewed; These Advocates have spoken with hundreds of diverse kinship caregivers across BC, helping them navigate the complex legal, financial, social and governmental systems and providing emotional support. Also interviewed were a frontline mental health advocate who works with kinship caregivers, as well as PSS Executive Director Carol Madsen.

Researchers also interviewed two facilitators of Kinship Care Support Circles (peer-to-peer self-help groups run by PSS) who were representing more than two dozen kinship caregivers in their regions. One of these facilitators was also a kinship caregiver.

Ardeth Wal'petko We'dalx Walkem (LL.B and LL.M), author of *Wrapping Our Ways Around Them*, (subsequently named Justice to the BC Supreme Court) was interviewed as researchers explored some of the themes raised by Indigenous participants.

An additional aim of the research was to learn from youth raised in kinship care. After discussion the steering committee chose to reach out only to adult youth over 19. However, this proved to be very difficult. A youth focus group was heavily promoted by partner agencies and youth organizations via email and social media, yet no one came. We continued to recruit via social media, and outreach to existing PSS partner agencies. As a result, we were able to conduct one valuable key informant interview with a young person who had experience living in both kinship care and foster care.

Key informant interviews were recorded and notes taken.

Thematic Analysis

During transcription of focus groups and key informant interviews, initial themes and patterns were identified. This was also applied to the open-ended qualitative questions in the survey. Notes taken during interviews were incorporated into transcripts. An iterative approach was used with researchers checking each other's work. In some cases, the initial recordings were listened to again by the analyst, before deletion, to get a stronger sense of the tone and intent of some statements. Data was run through software, which assisted in coding and determining subthemes. However, researchers found reading, re-reading, and manually coding transcripts most effective.

Using a spreadsheet, themes were explored, patterns discovered and subthemes developed. These were compared with the initial themes. This inductive analysis was reviewed with the lens of what researchers had learned from the environmental scan of kinship care research, and the deep organizational knowledge of Parent Support Services Society. Through this process six main themes were identified.

SIX MAIN THEMES IDENTIFIED WERE:

Discrimination

- Racism (Intergenerational trauma, colonization and Indigenous fear of Ministry involvement)
- Poverty (parents', leading to apprehension; kinship caregiver risk of poverty)
- Inequity (between caregiver supports, between foster parents and kinship caregivers, discrepancies in social work practice), and bias against kinship caregivers.

Children and recognition of challenges

- Depth of trauma experienced before kinship care
- Complexity of special needs
- Children's fear of being moved again.
- Benefits, supports, services needed

Access to Programs, Supports and Services (Including Legal) to Support Children

- Complexity
- Transparency
- Access (travel, cost)

Prevention

- Holistic steps to support parents (trauma informed practice, reduce poverty, early intervention, parenting support, mental health and addiction services).

Caregiver needs

- Mental health support, respite, aging issues, impact on relationship with spouse and other family members.

Rewards of kinship care

- Children thriving, kinship caregivers know they are needed

With kinship caregivers, the same steps were taken as with focus groups in order to protect confidentiality. Recordings were transcribed by the Project Manager and Research Assistant. A four-step model of textural analysis was applied to each interview transcript. This process allowed researchers to interpret the meaning and significance of the data.

(Note: The themes and recommendations were reviewed following the completion of the research, and initial edition of the report. Jane Bouey, Project Manager, travelled throughout BC meeting with kinship caregivers in person. She shared the results of the research, and asked the caregivers if the results resonated with them. Overwhelmingly the answer was yes. Three recommendations were added to the original set, as it was determined that certain key findings in the research were not full reflected in the recommendations.)

4. Basic demographics (Who participated in the survey?)

SECTION A BASIC DEMOGRAPHICS	
	Overall (N=86)
Gender	
Non-responses	3
Female	80 (96.4%)
Male	3 (3.6%)
Age	
Non-responses	3
Mean (SD)	60.5 (10.70)
Range	31 - 85
Partner/Spouse	
No	42 (48.8%)
Canadian citizen + Indigenous person on reserve	2 (2.3%)
Canadian citizen + Indigenous person off reserve	7 (8.1%)
Community of residence	
Rural/remote	17 (19.8%)
<10,000	13 (15.1%)
10-100,000	30 (34.9%)
100,000+	26 (30.2%)

SECTION A KINSHIP CARE OVERVIEW	
	Overall (N=86)
Age at start of kinship care provision	
Non-responses	4
Mean (SD)	50.9 (9.6)
Range	25 - 75
Parented prior to providing kinship care?	
No	13 (15.1%)
Yes	73 (84.9%)
Number of kinship care children now (continuous)	
Mean (SD)	1.7 (1.2)
Range	0-6
Raised kinship care children in the past?	
Non-responses	1
No	59 (69.4%)
Yes	26 (30.6%)
Number of kinship care children in the past	
Non-responses	3 (of 26 yes responses)
Mean (SD)	2.3 (1.6)
Range	1 - 6

Demographic breakdowns of focus groups and interview subjects not included.

Raising kinship care children of Indigenous ancestry?	
No	43 (50.0%)
Yes	43 (50.0%)
Is Indigenous community part of care?	
Non-responses	1 (of 43 yes responses)
No	29 (67.4%)
Yes	12 (27.9%)
Don't know	1 (2.3%)
Access to cultural teachings and knowledge?	
Non-responses	1 (of 43 yes responses)
No	7 (16.3%)
Yes	35 (81.4%)
Adequate housing for needs?	
No	9 (10.5%)
Yes	57 (66.3%)
Just barely	20 (23.3%)
Change of housing needed for kinship care?	
Non-responses	1
No	43 (50.6%)
Yes	42 (49.4%)

5. *Children Should be at the Centre of It All…*

He was constantly hiding, in closets, under sinks and beds…even at school. Other parents wondered why I just couldn't control him. But you have to understand, living with his mother was like living with a rabid dog. He never knew what to expect, and when it was going to be really, really bad, hiding was understandable. It was going to take a long time for him to understand that he didn't need to hide again…that he was safe. (focus group participant)

The kids hoarded food for two years after I took them in. They were so used to not having food. And didn't believe that they were going to be ok. (focus group participant)

When the manager let us into the apartment, we found my grandchild alone, surrounded by unbelievable filth, soiled diapers, no food in the fridge, sippy cups full of sour milk. Their mother was just too unwell to raise them. (survey participant)

Government policy states that decisions related to children must be in the best interests of the children (British Columbia, 2020b); however, how do we define what is in the best interest of the child?

Participants in the research indicated that they feel there is little recognition by government and the public in general of the challenges faced by the children they raise, including the:

- Complexity of special needs of these children
- Depth of trauma experienced by these children before kinship care
- Children afraid of being removed again.

Survey Results

65% of kinship care children had witnessed physical abuse

40% had directly experienced physical abuse

20% had experienced sexual abuse

72% children raised had witnessed drug and alcohol abuse

67% had experienced ongoing neglect or abandonment.

Unique and Complex Special Needs

Participants in the research stated that neither government nor the public understand the unique complexity of the children they raise. Yet there is abundant research to demonstrate that children in kinship care have more emotional problems and poorer health than children living with biological parents (Lee et al., 2016).

Survey Results

77% of respondents caring for at least one child with special needs

61% caring for children with two

76.7% of survey respondents reported caring for at least one child with special needs. 60.5% were caring for children with **two** or more special needs. On top of this, 26.7% were caring for more than one child with special needs. (Items used to assess whether a child has a special need:

Diagnosed early development challenge, learning/behavioural challenge, medical challenge, mental health condition, needs testing for learning/behavioural challenge).

Potential Limitations to our Data

The section of the survey that explored the children's special needs was extensive and complex. The research team heard from some respondents that they found the lay-out confusing. There was a very small space where respondents could specify diagnosed physical and mental health challenges. Many did not enter anything in that space or only filled it in partially. In analyzing the data, it was determined that there were limitations with this section. One was the potential limitation of some double-counting of data (e.g. the same diagnoses reported in the medical and mental health fields.) Where this was obvious, double counting was eliminated. Another limitation relates to the inability to distinguish, in some cases, a non-response from an endorsement of "no" for a particular question. When respondents did not complete questions, or if the data was missed, the aggregate number may not have reflected the full picture (e.g. if someone chose not to answer any of these items, their score would be 0). While our analyses excluded intentionally missing data wherever it was unequivocally obvious, that was not possible to determine in some cases (e.g. in the case that a respondent cared for two or more children but did not provide information for each child on a particular question). It is therefore possible, that for some children whose score = 0, this number arose because it wasn't answered rather than because the child had no special needs.

Therefore, outcomes may reflect an underestimation of the true percentage of respondents caring for children with one or more special needs.

The specific challenges listed by some respondents included: ADD/ADHD: n = 37 children, FASD: n = 20 children, learning disability or developmental delay: n = 20 children, Brain damage or other neurological problem: n = 12 children, Autism spectrum disorders: n = 11 children, Anxiety disorder: n = 7 children, PTSD: n = 6 children, Other (includes sleeping disorders, ODD, OCD, reactive attachment, among others): n = 11 children. In addition, within focus groups, mental health diagnoses for teens such as bipolar, depression, schizophrenia, and eating disorders were raised by more than a few participants.

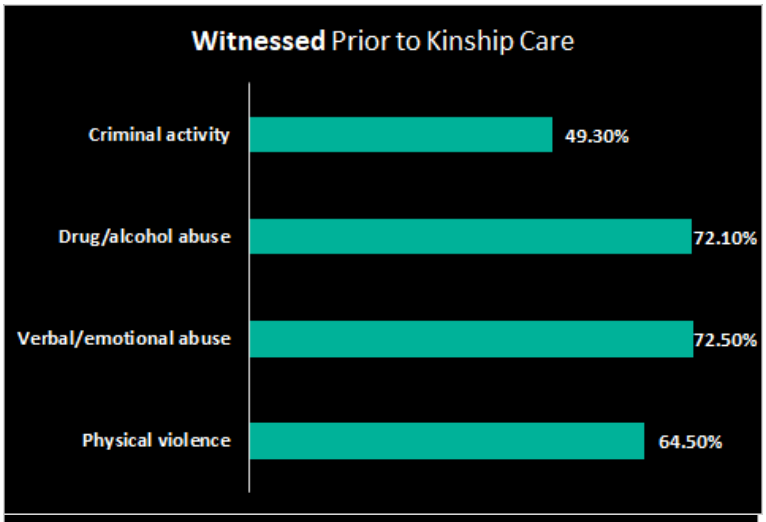
It is clear from this research, that these children have complex needs. During focus groups and over the phone, kinship caregivers often became extremely emotional as they described the exhaustion and frustration of the barriers they encounter in trying to meet the unique needs of these children. The challenges involved in parenting these children will be outlined more fully in Chapter 5, but include locating and paying for programs and supports for the children; learning how to deal with the children's unique behavioural issues; dealing with bureaucracies in MCFD, and the caregiver not having the time or money for self-care.

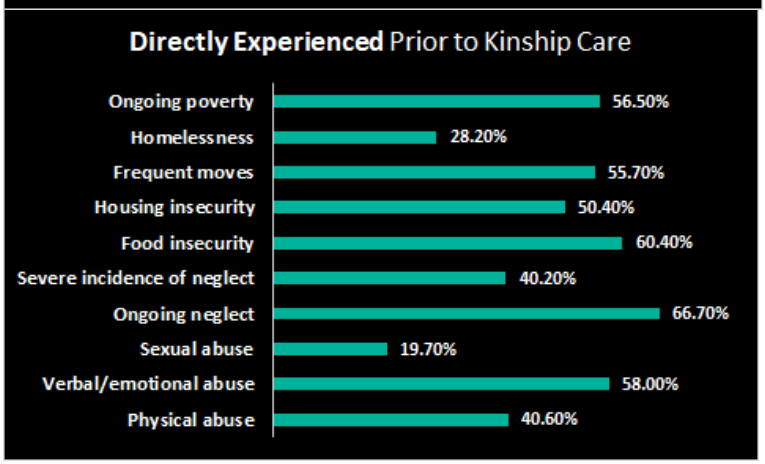
Trauma

"Why doesn't my mommy love me?" - grandchild quoted by focus group participant

Whether it is the initial trauma of being apprehended, removed from a home, or abandoned by a parent - almost every child in kinship care has experienced trauma (Bell & Romano, 2017; Fuller-Thomson, 2005). *As mentioned elsewhere in this report, kinship care is traditional in many Indigenous communities, and in those circumstances is not necessarily associated with trauma.*

The following graphs reflect the types and frequency of the trauma experienced by the children cared for by the grandparents and other kinship caregivers who completed the survey prior to coming into kinship care, expressed a percentage of the children in the sample:





The percentages in these graphs, are of the children reported on by the respondents. The number of children reported on ranged from a high of 142 on some questions to a low of 131 on others. This was an emotionally difficult section to complete for the respondents. Some did not complete this portion of the survey. Other kinship caregivers told us they found filling out this part of the survey reawakened trauma that they, the caregiver, had experienced during the time they fought to get custody of the children.

Early childhood experiences are biologically embedded within us. Clyde Hertzman is the founding Director of the Human Early Learning Partnership (HELP), Canada Research Chair in Population Health and Human Development and Professor in the School of Population and Public Health at UBC.

Hertzman's decades of research makes it clear that trauma, and ongoing ACEs negatively impact child development into adulthood (Hertzman, 2009; 2013a; 2013b; Hertzman & Boyce, 2010).

The vast majority of kinship caregivers are caring for children who have witnessed and/or directly experienced at least one ACE. Only 19.5% indicated their children had not faced an ACE.

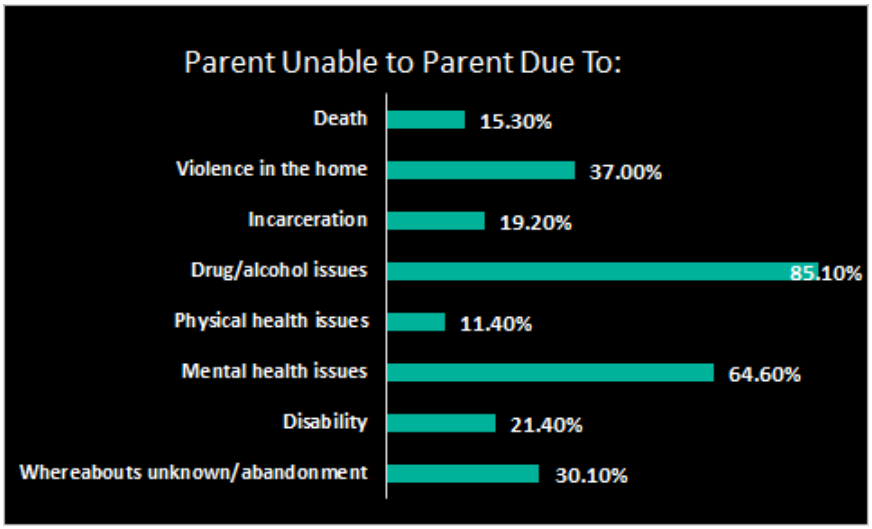
The Center for Disease Control and Kaiser Permanente Research indicates toxic stress from ACES can change brain development and affect how the body responds to stress (Felitti et al., 1998). Children who have experienced at least four ACES are 12 times more likely to have negative health outcomes, such as chronic health problems, mental illness, and substance misuse in adulthood, than the general child population (Stambaugh et al., 2013). In this description the phrase "general child population" refers to thousands of adult members of Kaiser Permanente who responded to a retrospective survey (Steele et al., 2016).

Survey result
76% of children have experienced four or more adverse childhood experiences.

In this research, 75.6% of kinship children were reported to have experienced four or more adverse childhood experiences.

These children do not live in a vacuum and it is important to examine the context of why they came into their kin's care. The survey asked kinship caregivers to list the reasons why children were removed from parental care. Overwhelmingly the reason reported was parental substance misuse (85.1%). This was followed by parental mental health issues (64.4%), violence in the home (37%) and abandonment (30.1%). These results reinforce the trauma data listed above.

It is important to note the impact of the substance misuse on the numbers of children in kinship care. Globally, there is a relationship between the number of children in kinship care and whether there is an opioid epidemic (Glaser, K. et al, Generations United. (2018)). This research may support that correlation.



Our research provides data directly supportive of trauma and ACEs, and by extension are highly suggestive of toxic stress. The research on ACES and biological embedding makes it clear that these experiences leave children at greater risk for adult depression, heart disease, obesity, teenage pregnancy and risky behaviour like substance misuse and smoking.

However, adverse childhood experiences are not a death sentence. Positive child-caregiver relationships, stable environments, and relationships with extended family members, are factors that mitigate the impact of ACEs and promote resiliency. Children who develop positive relationships with caring adults (even just one), develop healthy stress response systems (Filetti et al., 1998; Hertzman & Boyce, 2010).

Other research indicates that, compared with children raised in foster care, children raised in kinship care have more stable and safe childhoods and a greater likelihood of a permanent home (Bell & Romano, 2017; Perry, Daly, & Kotler, 2012; Sakai, Lin, & Flores, 2011; Winokur, Holtan, & Valentine, 2014).

They experience fewer school changes, have better behavioral and mental health outcomes, and are more likely to report that they “always feel loved.” They keep their connections to brothers, sisters, extended family and their cultural identity. These outcomes align with research on family-based protective factors that promote resiliency among children who have been exposed to violence (Generations United, 2017).

A recent study suggested that different combinations of ACEs are associated with different risks for children’s health. For example, children experiencing poverty and parental mental illness were found to have the highest level of risk for special health care needs relative to children with no

ACEs. The study, which was looking at the connection between homelessness and ACEs, pointed to the importance of trauma informed, parenting support (Brien, So, Ma, & Berner, 2019).

> "I think most satisfying to me, and my husband would agree, is seeing these kids beat the odds. We have been raising kids who had so many strikes against them…you see what happens when given half a chance. That's the most wonderful thing in the world. "
>
> (focus group participant)

Inequity and Lack of Access - Support and Services for Children

Concerns were raised about access to services for children. Respondents spoke of waiting lists. *My child has been on a waiting list for assessment for more than two years. Without a proper diagnosis he is not getting the targeted help he needs. His teacher says that I could pay for a private assessment - but I don't have that kind of money. This isn't fair. Why are there two systems, one for the people that have money and another for those that don't*. (focus group participant)

People in remote areas reported having to travel hundreds of kilometers for services: *We have to drive from nearly 700 miles, one way, to get my grandchild services. We can afford it, but it is hard. Not sure if everyone could do it.* (survey participant). Low income families reported that, 1) they could not afford services, and 2) if covered, could not afford the travel to get services (even in urban areas).

I have to sneak my kids onto the bus to get them to their programs. I can't afford the bus fare. It is humiliating. (kinship care interview participant)

Children in foster care receive levelled funding, depending on the severity of their special needs (British Columbia, 2020d). That is not the case for any children in kinship care.

> "I have been working with a 7-year old who is high on the autism spectrum, and was being violent towards grandma. Grandma was going repeatedly to the local MCFD office, asking for home supports and services. Grandma has legal guardianship, and nothing was being provided. It got to the point, where the grandma was so concerned for her safety because of the child's violence, that she took the child to the hospital because getting the child admitted to the hospital was the only way she could get other people involved in providing that service. She ended up being advised by the doctor to leave the child at the hospital and have the Ministry come and place the child in specialized foster care. Now the child is in specialized foster care and is being provided many of the services that grandma had asked for in the first place. They are struggling to have the child returned. But the fact they left the child at the hospital, now makes them unfit (in the eyes of the Ministry)." (PSS Support Line Advocate Interview)

Focus group participants expressed surprise, when they discovered some kinship caregivers were eligible for medical, dental and optical services: *I struggle to find the funds to pay for my children's teeth, and you get it covered? How is this fair? We are in almost the same situation. Only difference is you have an EFP, and I don't. There is something seriously broken.* (focus group participant)

Cost of counselling is beyond what families can afford (focus group participant)

It has been demonstrated that the majority of children in kinship care have experienced trauma, and have unique needs, and yet many do not have access to mental health services.

Children need emotional and mental health support. As much as I love them, they feel unloved, unwanted, "why was I born?". Kinship children should have access to support for these issues. (survey participant)

RECOMMENDATION (A-2) Provincial Policy Reform

That MCFD provide kinship caregivers of children with special needs with services and financial supports to account for additional needs, similar to the financial supports received by levelled foster homes.

Keeping families connected

Children in kinship care often have siblings or half-siblings who are not living with them. Research participants brought up the need for support for the siblings to maintain connections. *My grandkid has two brothers and one half-sister who don't live with us. It was not possible for me to take them all in. They live in different cities, and with different kin. The cost of taking my grandkid to visit them, is beyond what I can afford. But I think it is important to keep them connected. We do facetime when we can. I am saving up for a trip.* (focus group participant)

The child has a 12 yr old half-brother who he lived with all his life, but the brother is now with his biological father and it costs a lot to visit him; extreme cost involving only three annual visits. There is no financial help for these visits. (survey participant)

RECOMMENDATION (E-19)

That there be special funds to support the child to visit siblings.

The rights of children and youth

Another issue that arose in the research, was the rights of children and youth to have a voice in their living arrangements and to be adequately supported. PSS Support Line advocates spoke of youth who had left their family due to family violence being unable to receive support, either for themselves or for the auntie, uncle, or grandparent who they chose to live with.

A case study: a youth identifies that they are not safe in parent care. They have gone to live with a kinship caregiver. That family is not going to be eligible for an Extended Family Program agreement, because the reason the child left is that they have a fundamental disagreement, not necessarily violence. Another example - youth is LGTBQ, and parent(s) not supportive. There will be no EFP, because the parent is not going to say they are unable to raise the child. Also the youth is not eligible for a youth agreement, because that child has a safe place to live. (PSS Support Line Advocate Interview)

RECOMMENDATION (A-6) Provincial Policy Reform

That MCFD revise Youth Agreement eligibility criteria to include family violence as a "significant adverse condition". Additionally, that the policy be expanded to provide a pathway for youth to be supported by a Youth Agreement when they are in kinship care.

- Current Youth Agreement policy requires that there be "no family or adult to assist" the youth, which may make youth in kinship care ineligible for supports.

Respondents stated they felt that children and youth should be more involved in what happens. The Ministry of Children and Families' Out of Care Policy (MCFD, 2020) states that a child or youth should be involved in the EFP process. The language is very clear:

- Support and encourage the child/youth's participation in the EFP process and when necessary bring in others to assist.
- When considering and developing the EFP Agreement, involve the child/youth as appropriate to their developmental level and take into account their views.
- When parent(s) are considering whether to give care of their child to a care provider(s), encourage the parent(s) to seek and consider the child/youth's views.
- If the child/youth does not agree to being cared for by the care provider, complete the following steps:
    - Speak privately and in person with the child/youth and encourage them to fully express and elaborate on their opinions;

- Determine whether the child/youth has their own ideas about who they would like to care for them; and
- Consult with a supervisor to determine whether the proposed EFP Agreement is appropriate, whether another care provider should be considered, or whether another option should be pursued.

Missing Voices

This research project does not include the voices of children or youth. This is an area that deserves more study. As stated previously, attempts were made to hold a focus group and conduct interviews with youth aged 19+. Despite considerable promotion by partner organizations and PSS on social media, there was very little uptake. A study on children raised in kinship care that interviewed children noted that they showed adaptation and resilience in managing their life experiences (Downie et al., 2010).

Story of a Youth raised in Kinship Care

A young adult, who was raised by an aunt and uncle, did contact the researchers. A key informant interview was conducted. The youth had previously been in foster care. This is her story.

"Between the ages of 3 and 7, I was in three different foster homes. I felt I was not important. I bounced around. I had to keep being re-homed. It was such a relief when I was able to live with my aunt. It felt like home. Someone knew me, chose me…When I was with my aunt and uncle – I knew it was real love. They already knew me and already loved me. I felt more at home."

"The choice was made not to be adopted by them. They learned they could get more benefits by not adopting…More benefits were available to my caregivers in foster care."

"When you are raised around cousins, it is hard for others to understand they are like your siblings, to understand the depth of connection to that family."

The youth lives with bipolar disorder, and her aunt and uncle didn't have any support group. *"…they said they couldn't keep me any longer. I know now, I was difficult. But at the time, I sank into a deep depression. I wish they had sought out help instead of giving up. I understand now the impact I had on the family and why the decision was made.*

The youth lived on their own from age of 17, paid for rent, and had a job. *"I had emotional support from my social worker and counsellor. After I aged out I had to get a new counsellor. That was hard."*

This young person has a story of remarkable resilience. *"I am proud of myself. In highschool, I had straight "A"s. I was on the honour list, even though I was hospitalized for 2 months with my bipolar".*

"I now have a full-time job, own my own house, and am raising my 13-month-old daughter. I would like to go back to University and get a degree."

"My recommendations to the government: If youth has to leave a kinship family, find out how the youth think and feel. Discuss with them. The Tuition Waiver should be easier to learn about".

Concern about children's mental health was a common theme, as was the difficulty caregivers face in accessing services. *My granddaughter is very demanding and frequently very difficult to deal with. It is very discouraging and makes me want to give up sometimes. The moment passes, and then I am very glad I have taken her. I know I put more effort into her welfare than someone hired would. I wouldn't have it any other way*. (survey participant)

It is so hard to find mental health support for my grandson. (focus group participant)

RECOMMENDATION (E-16)

- **That every kinship child should automatically be offered access to counselling and mental health support, and steps taken to ensure access is possible.**

Aging Out

Kinship caregivers raised concerns about what would happen to the children after they aged out of the financial support they were receiving. They told us that the special needs these youth have *do not magically disappear at age 19.* A number of participants in the focus groups had children over 19, whose serious challenges make them unable to live independently. *The kid is never going to be able to work full time, or live on their own. I am getting old. What will happen when I can no longer care for her.? (*focus group participant)

It never occurred to me, when I took her in at two years old, that I would be caring for her till death. Why aren't there better supports for those living with disabilities? I don't want her living on the streets. (focus group participant)

There was appreciation expressed for the tuition waiver, which has been expanded to include many youths raised in kinship care. *She was so excited to hear that she was going to be eligible for the tuition waiver. It gave her a sudden surge in confidence and she seemed hopeful about her future.* (focus group participant)

RECOMMENDATION (E-21)

- **That benefits should be attached to the child.**

RECOMMENDATION (E-25)

- **That supports for youth raised in kinship care remain in place till the age of 24 and that these youth have access to services to assist them in aging out.**

6. Discrimination

Racism & Colonialism

We live with racism every day – whether in the line-up at the department store, or in the hospital. (Indigenous discussion circle participant)

Throughout the research, project researchers heard stories of injustice. This was particularly evident with Indigenous participants.

Kinship care within Indigenous communities in BC has important unique features. “Family and kinship structures have always been at the heart of the wellness of Indigenous communities and their ability to function as self-determining peoples. Extended family lineages form the core of Indigenous peoples’ identities and are expressed across the generations in diverse, culturally specific ways.” (Indigenous discussion group participant)

Colonialism interrupted this, and the result has harmed health and well-being of Indigenous families and communities. At the same time, “the existence and continuity of the specific customary guardianship traditions in certain First Nations communities have been documented in a number of court cases demonstrating the resilience of customary care traditions which continue to shape informal care practices in First Nations communities today.” (Holmes & Hunt, 2017, p. 7).

Beyond the legacy of residential schools is the "60’s scoop", where tens of thousands of Indigenous children were taken from homes and put into foster care. This history is still alive, and is now commonly called the *Millennial Scoop*. The number of Indigenous children and youth in care in BC remains grossly disproportionate compared to their non-Indigenous counterparts; although Indigenous children and youth represent only about 10 per cent of children and youth between the ages of birth and 19 years in BC, they represent 65.1 per cent of children and youth in care (RCY, 2019).

Figure 13 – Proportion of Indigenous and non-Indigenous children and youth in care – 2015/16 to 2018/19

Image from: *Representative for Children and Youth, Annual Report 2018/19 and Service Plan 2019/20 to 2021/22* p42

While the trend has been a decrease in the total number of children in care, the number of Indigenous children in care have not decreased at the same rate as non-Indigenous children.

Trend in the Number of CYIC

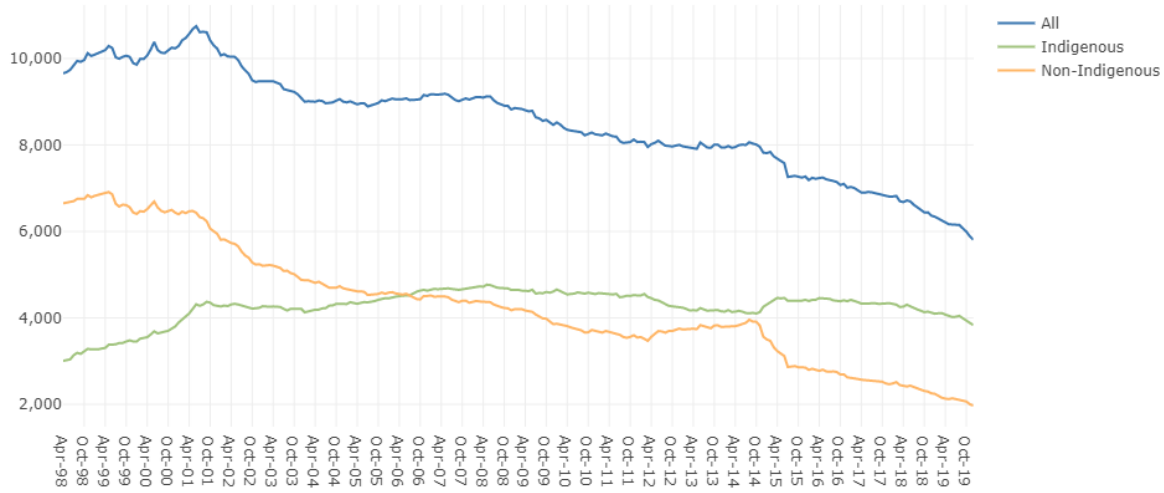


Image from *British Columbia (2020e, May 17). Permanency for children & youth in care.*

In one Indigenous discussion circle, when asked their greatest challenge, a participant said, "fear". The others agreed and the following discussion ensued:

> "When I am looking after my grandkids, we do everything we can to not go to the Ministry. We want to ensure NO MCFD involvement." "There are challenges to receiving the Canada Child Benefit – Fear of letting the government know we are caring for children. And you have to file taxes. And there is the turmoil created by taking the money away from the parent."
>
> "Biggest challenge is racism. The Government needs to take responsibility for what happened to First Nations. They have never understood it has affected every generation."
>
> "How do you make them see that decisions are made on the basis of racism? How do we open people's eyes? We just want to be treated as human beings"
>
> "Why are we looked at as criminals? System should be flipped to supporting people for their needs. They say they want to keep families together – this is bullshit."
>
> "Babies are apprehended. My friend had her kid taken at the hospital, because there was no car seat. Why wouldn't they just give them one? Or give them a chance to get one. It takes so long to get the child back. To get a child returned, it is a never-ending list of what we have to do."

"They want to take kids away. Even for things like, 'home is messy''.

"Policy should instill trust and honesty instead of fear." Policies and procedures are in place, but never protect people. Something needs to change" "We need people who understand working in the system. For example, government is now using fishermen to advise fishing policy. Someone who knows, is informing the system. Who they have right now (in MCFD) have to have too many letters behind their name, but not enough understanding. "

"It is frustrating, but we survive. Still live. We stand up and tell our stories. People say, "get over it". People don't get over it". "We live with racism every day – whether in the line-up at the department store, or in the hospital."

At a discussion circle held in a community, one of the frustrations expressed by kinship caregivers was a lack of financial support from their band, compared to what people were able to get from "town" (meaning MCFD). Much of this seemed to arise from confusion regarding jurisdiction, but it emphasizes the desperate need for financial support that many Indigenous kinship caregivers face.

We heard from an Indigenous grandparent, whose grandchild looks white: *You should see what we go through. One day she got sick. I stayed three days in the hospital with her, but they would not release my child, until child and family services came down.* (survey participant)

RECOMMENDATION (D-14) - Visionary

That MCFD employ a fluid approach to finding permanency for Indigenous children and that this approach incorporates relevant Indigenous law, custom and traditional ways of parenting (including extended family care, customary adoption and shared parenting amongst community and family).

Interview with Ardith (Walpetko We'dalx) Walkem

Ardith (Walpetko We'dalx) Walkem, J.D. member of the Nlaka'pamux Nation. Walkem practices in the areas of Indigenous law since 1996*. In December 2020, after this interview and the first edition of this report, Walkem became the first Indigenous woman named a Justice on the BC Supreme Court.* She is a trained interest-based and social justice mediator. She has a Masters Degree focusing on Indigenous laws, and is author of "Wrapping Our Ways Around Them: The CFCSA and Aboriginal Communities". *This guidebook is based on the belief that Indigenous communities and nations need to know, and work with, the systems that impact children and families today such as the Child, Family and Community Service Act (CFCSA). The guidebook and accompanying plain language version suggests immediate steps that can be taken to improve outcomes for Indigenous children through the active involvement and direction of Indigenous nations and communities, reflecting Indigenous laws.*

Parent Support Services Society utilizes this guidebook in its work. Much of what Ardith outlines in Wrapping Our Ways Around Them, echoes what was heard in the research from Indigenous participants.

Asked about the impact of colonization, Walkem responded, "One of the key things that we saw (in the research for Wrapping Our Ways) was our history of involvement in child welfare and involvement in residential schools, is often used to eliminate parents or grandparents as options to care for children, no matter what their current situation or capabilities are."

"We advocate for an approach which asks the Indigenous community to assess who is safe, to ask what peoples' capabilities and strengths are today, the communities are the people who know who is safe or not. You can't just look at the past. People change, they heal, they find different ways - people are different people than they were ten years ago. You can't hold a past against people when people are actively trying to recover. And if you want to ensure safety the proper thing to do is to ask the communities who know the people the best. Can you tell us now what you think?"

"To judge people on who they were and not who they have become is not fair, and does not lead to good outcomes for our kids. The weight of history should not be used against people, an assessment needs to be done of who they are now. Part of that is not seeing the humanity and evolution in the ways people fight to transform their lives in ways that are really important to acknowledge."

Cont'd on page 41

Walkem continued…

Walkem was asked what sort of challenges she sees Indigenous caregivers facing. “Unconscious bias. There are people who would be very good caregivers, who could help with the child within their culture, but who are dismissed and not seriously considered. One of the things that we found, is that often Indigenous people have a model of distributed caregiving. So, it’s not just one primary caregiver who cares for children, but it might be two families who want to distribute this amongst themselves, which would be traditional and seen as very stable but there’s a cultural prohibition against this. Western society needs to have one person or one nuclear family to believe that a child has stability or is properly cared for. There is no consideration of a distributive caring style as being a wonderful way of caring for children. There are also situations where we judge people based on poverty or our ideal of what an ideal home is. For example, homes are found insufficient because they are not big enough, or have too much stuff in them. We’re judging the houses thinking it has to do with safety, when it has nothing to do with safety. It actually has to do with cultural judgements that are being made. These judgements tend to be invisible and unacknowledged. Because we cannot see that it’s happening, it’s not being challenged. It’s being allowed to proceed.”

“After all Indigenous homes are rejected, often for culturally bound reasons that have nothing to do with safety or good parenting, then we turn to those outside the culture and place Indigenous children there. When in fact there could be a number of good homes within the community, it’s just they’re being dismissed at the gate. Rather than seeing this as being based in unconscious bias it’s being dismissed as the fault of the family, because they’re really just not up to par, or there are no appropriate community placements. We are saying the community is deficient not our methods for measuring and assessing home placements. When bias is unacknowledged it rules these decisions. We are not presently looking at the role of bias or racism is playing in these sorts of decisions in eliminating caregivers from consideration. “

“It is very hard to challenge decisions which occur like that without awareness of the bias that drives them.”

On the passing of Bill C-92, Walkem pointed out that this bill “acknowledges the rights of communities to pass law and to step into jurisdiction, which over the long term will make a huge impact.”

Walkem’s main concern is the necessity to empower and revitalize Indigenous laws, and that while waiting to do that, Indigenous communities should be recognized as having full party status in all child welfare matters involving their child members. This would mean that Indigenous communities would be recognized participants in the court proceeding, and could give approval to agreements, or withhold approval. Indigenous communities would have involvement that is not merely a consultative role, but an actual decision-making role.”

Poverty

We struggle to have enough food at the end of every month (survey respondent)

Studies from the US indicate that 38% of all kinship families live below the poverty line, and for grandmothers raising grandchildren that percentage rises to 48% (Lee et al., 2016)

Determining the poverty rate for kinship caregivers in BC has proven to be difficult. In their poverty report card, First Call (2019) stated that 14,490 children 0-17 were not living in census families (includes children living with grandparents or other relatives without their families present, living with non-relatives, and those living in foster care); 5245 of the children in these family types were living in poverty, giving a poverty rate of 36.2%. However, children living in First Nations communities were not included in this count. Within this family type in BC, 3,605 poor children were living with relatives (including those in foster care), with a poverty rate of 39%.

Survey Results
63% of kinship caregivers have a gross annual income under $50,000 (before taxes).
23% have a gross annual income under $25,000 (before taxes).
26% of are raising three or more children.

Income ranged from a low of $11,000 to a high of $200,000. The median gross income reported in the survey was $50,000, before taxes. 63% had an income under $50,000. 22.5% reported an income under $25,000. One has to keep in mind that 25.6% of respondents were caring for three or more children.

While direct comparisons to other available statistics are unfortunately not possible (as the survey asked for gross annual income before taxes and most poverty measurements are taken after taxes) the following estimations were made:

> Utilizing the Canada Revenue Agency's online payroll deduction calculator, a gross income of *$50,000 would be $39,813 after deductions.* (*$25,000 - would be $21,832 after deductions*) The Market Basket Measure (the measure used by the Ministry of Social Development and Poverty Reduction) sets the poverty line for a family of four at $40,000, and for a single person $20,000.
>
> **This strongly suggests that most kinship families are living close to or below the poverty line.**

And this may underestimate the extent of poverty. The researchers are aware that a survey that required a significant amount of time, a grade six reading level, and an ability to work with complex tables, may have skewed responses to higher income levels.

Unplanned

A unique aspect of kinship care is that it is often unplanned. 56.8% of survey respondents reported that a child came into their care with agency involvement, due to an emergency. Kinship caregivers report having very little time to even think about it, look into options, or to ensure everything needed is in place.

When researchers asked kinship caregivers what they would tell others thinking about becoming kinship caregivers, the response was laughter. "You don't have time to think. You just do." (focus group participant)

Kinship caregivers report depleting savings and equity to support the children.

> *The child I care for has complex behavioural problems. I had to quit my job, to care for him. But, in order to qualify for social assistance, I had to use up all of my registered savings plan.* (survey participant)

> *This is very hard sometimes and the system is very unfair. I've had to rely on re-mortgaging and a line of credit to support us. As a result, my retirement plan and dreams are gone. My pension is just $198/yr above the low-income threshold, so I don't qualify for programs, and have to pay $114 per month to have my granddaughter on my Blue Cross benefits. Her father is supposed to pay $227/month in child support but he is almost always in arrears and her mother gives no support.* (survey participant)

Among respondents who reported a comfortable income, many expressed fears of falling into poverty, if they or their spouse retired or got sick. *We were living off of 55% of my wage, because of my heart attack.* (focus group participant)

Research participants reported how hard it is to meet the needs of the children they care for, on the income they have. 57.3% have needed financial assistance for essential needs. 31.3% indicated they have gone without essential needs.

> *My biggest challenge is affordability. I'm like every other senior. I get Canada Pension Plan and Old Age Security. I have a Workers Compensation Benefit. If it wasn't for that I wouldn't be able to do any of it. I did get summer work for three months. It was minimum wage. But it was physical work, which for me is very hard, because I have serious rheumatoid arthritis. So, any physical work just kills me*. (focus group participant)

Survey results:
50% had to change housing once they became kinship caregivers.
34% reported that housing was inadequate, or just barely adequate.

Parent Support Services Society Kinship Care Support Line advocates shared that a lack of affordable housing is an issue that callers frequently mention. The research found that 49.9% reported they had to change housing once they became kinship caregivers. 33.8% reported that

their housing was inadequate, or just barely adequate. This subjective question was a deliberate choice by researchers. The number of bedrooms etc. was not asked.

In extrapolating data, more people with incomes below the median reported that housing was inadequate, or barely adequate than those with incomes above the median. Those that reported their housing was adequate were evenly split across income levels, possibly linked to, but beyond the scope of this research, where they reside, if they rented, if they bought their home when they had a higher income, or simply that people have different definitions of "adequate".

Child apprehension and poverty

This research found that, prior to coming into kinship care, 57% of the children of survey respondents had experienced poverty. 60% had experienced food insecurity, 56% frequent moves and 67% had experienced neglect.

Literature indicates that there is a strong correlation between reported incidences of neglect and poverty. While there is a debate whether this is due to class bias, it is clear that steps to improve material conditions of a family result in improved outcomes for children (Pelton, 2015).

In British Columbia, according to the Ministry of Children and Family Development, neglect makes up 72% of all the reasons for care indicated in MCFD data. This is particularly true for Indigenous children and youth (neglect was the reason for 75% of Indigenous children and youth in care - compared to 67% for non-Indigenous) (British Columbia, 2020e).

As Sinha et al. (2015), the authors of, *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System* state,

> "…the term "maltreatment" could be used to describe a situation in which a caregiver subjects a child to severe physical abuse as a form of punishment; but, it could be used to describe the experiences of a child living in extreme poverty who is exposed to severe mould, unsafe electrical wiring, or other household safety hazards. In cases like the latter, it can be very difficult to establish the extent to which a child is placed at risk of harm as a result of the caregiver's failure to protect the child or as a result of the family's difficult living circumstance." (p. ix-x)

Research participants indicated that poverty, and the fear of poverty, had an ongoing impact on their families. *If welfare rates were higher, I don't think my daughter would have spiraled downward so fast. I honestly think she would have been able to care for her baby.* (focus group participant)

Poverty, Age and Gender.
The majority of kinship caregivers are grandmothers. This demographic group has higher poverty rates and lower income than others. (Lee et al., 2016).

Several of grandmothers informed us that their marriages broke down once they took on the grandchildren: *It was just too much for my husband (focus group participant).*

Those kinship caregivers who have been receiving the Canada Pension Plan Disability benefit, lose the benefit once they turn 65. *It just seems like the government doesn't get that some seniors are raising children. This was a major financial hit for me"* (focus group

I know people who had their grandkids taken away, just because they were poor. I'm always on pins and needles. Will the social worker, or a neighbor think I can't raise mine too? (focus group participant)

Inequity

Permanency shouldn't mean poverty – reduced resources (focus group participant)

Among the kinship caregivers we heard from, one of the most consistent sources of anger was that foster parents receive more supports than most kinship caregivers. Even in the cases where the base maintenance rates for the caregivers have been harmonized with foster parents (in April 2019), kinship caregivers do not receive the same leveled funding to address special needs that foster parents receive. This was a frustration that came up in every focus group and discussion circle we held. It was also a common concern raised in the open comment portion of the survey.

They support foster parents. I don't understand why we don't get this support. (Kinship) caregivers save government money. (survey participant)

In his article, *Kinship Care in an Era of Cost Containment*, Richard Sullivan (2015) raises the question of whether, *kinship care policy is more effectively meeting the fiscal aspirations of government cost containment than the needs of children and their carers.* (p65)

It appears that saving money for the government trumps looking out for the long-term welfare of children even if it is going to cost more in the long run. (focus group participant)

As mentioned earlier, this is an area where there has been some important improvement since the election of the current government in BC (which does not seem as focused on austerity as previous administrations). PSS staff were invited to the Legislature in February 2019, for the government announcement about caregiver rate increases. PSS staff spoke directly with the Premier, the Minister of Children and Family Development and an Assistant Deputy Minister, to point out that the increases, while appreciated, would only benefit a small proportion of kinship

caregivers. Assurances were made by Premier John Horgan that this was just a first step (C. Madsen, Executive Director PSS, personal communication November 20, 2019).

The systems (legal and governmental) that kinship caregivers interface with are extremely complex. Without accurate and knowledgeable advice, caregivers often end up with little to no financial support. The kinship caregivers do not understand why some get $257.46 month/child, others $994.81 month/child, and others get nothing. They do not understand why some get the Canada Child Benefit, some get respite, and others get neither.

For example, if a kinship caregiver has custody of the child under the *Family Law Act* (a path which is frequently recommended by lawyers, and social workers), they are not eligible for any kinship care funding at all. This inequity is delved into in further later in this report.

Some focus group participants discovered for the first time, during the focus groups, that others were receiving more funding than they were. This caused emotional distress.

When the survey was conducted over the telephone, researchers found many survey respondents had difficulty answering which various categories of funding they received. Researchers determined, from comments made during phone surveys and also with handwritten notes on the returned surveys, that many had not realized that there were other possible benefits/ supports.

Bias

Kinship caregivers reported, in focus groups, in the narrative portion of the survey, and in key informant interviews, that they felt social workers (or the "system") had a bias against them. They said they were made to feel like "failures". It was also frequently mentioned that caregivers perceived the social workers believed that they must have done "something wrong or the parents would still be parenting" This opinion was particularly prevalent where the parent was unable to parent due to substance misuse. Researchers did find that the bias was reported as more intense when the kinship caregiver was living in poverty, a racialized person, and/or Indigenous.

Kinship caregivers expressed that this bias was why they had to fight so hard to get the child, and struggle so much to get any kind of services or supports. This sentiment was expressed by kinship caregivers within all categories (i.e. grandparents, aunts/uncles and siblings) This even includes kinship caregivers who were non-racialized and of higher than median income. Further study of this sense of bias is recommended in future research. Participants who were older, expressed, both in surveys and in focus groups, discrimination because of their age.

> *There is discrimination. I estimate I have saved MCFD $360,000 looking after the kid. My health and stress is worse, not because of the child, but because of fighting*

RECOMMENDATION (D-13)

That MCFD commit to shifting institutional culture so that racism and classism do not factor into decision making with regards to which families are deemed "deserving" of supports.

for support. (survey participant)

A young woman, who took in her five siblings said, *I was too afraid to call the Ministry for fear I would lose the kids. I don't believe that MCFD would have believed I was the best option at 25 years of age.* (survey participant)

7. Access to Programs, Support and Services

Kinship care in BC is very complex. Other than PSS's Kinship Care Support Line, there are few places to find information. This research has revealed that social workers, social service providers and lawyers often do not fully know all the options and their respective repercussions. Kinship caregivers reported feeling pressured, by lawyers and social workers, or even themselves, to make quick decisions, without all the facts and an understanding of the ramifications of their decisions.

Complexity

There is a complex labyrinth of pathways through which a child can enter kinship care. There are four main streams - through the *Child, Family, and Community Services Act*, the *Family Law Act*, the *Adoption Act* or informal arrangements.

For the purposes of kinship care arrangements, the Ministry of Children and Family Development and/or a Delegated Aboriginal Agency becomes involved in circumstances where a child may be at risk of harm in parent care or, it has been "assessed that there is a finding of a need of protection order under s.13 of the *Child, Family and Community Services Act (CFCSA)*, and it is not safe for the child to reside in the home under the care of the parent".

There are a number of different arrangements possible under the *CFCSA*):

> **Extended Family Program** – EFP - Falls under section 8 of the *Child, Family and Community Services Act CFCSA),* Recent changes (April 1, 2019) to the Act, mean that a parent no longer needs to be a party to the Extended Family Program agreement, other than to provide one-time consent to transfer parenting responsibilities to the kinship caregiver. However, the parent maintains legal guardianship. While considered a temporary program (lasting 12 months-2 years), new policy may allow for ongoing renewals of EFP agreements (if it is in the child's best interest), so some families may be eligible to remain in an EFP agreement until the child ages out. For Indigenous children and families, new policy may allow for customary care arrangements to be supported under EFP agreements. Financial support is equal to the basic foster parent maintenance rate. Children may be eligible for the Canada Child Benefit. Recipients must apply to the Canada Revenue Agency. **As of March 31st 2019, there were 440 children in this program.** (RCY 2019)
>
> **Temporary Transfer of Custody** (*CFCSA 35.2 (d); 41.1 (b) 42.2(4)(c) & 49(7)(b)*) Under this arrangement the guardianship of the child is transferred to the kinship caregiver. This is a temporary arrangement, and kinship caregivers receive financial support equal to basic Foster Parent Maintenance rates. The child is not eligible for the Canada Child Benefit.

Permanent Transfer of Custody (*CFCSA 54.01; 54.1*) This is a permanent arrangement. Guardianship has been transferred to the kinship caregiver. In this instance, the parent is deemed unable to resume care. Kinship caregivers in this arrangement receive financial support equal to basic Foster Parent Maintenance rates. A parent wanting to resume custody at this point would need to do so under the *Family Law Act*. The child is not eligible for the Canada Child Benefit.

***Family Law Act* (FLA)**

Whether or not MCFD has become involved, in many cases the kinship caregivers are encouraged, by a lawyer or MCFD social worker, to apply for legal guardianship under the *Family Law Act* (FLA). Arrangements made under this act can be permanent. Under the *FLA*, caregivers are considered, by government, the same as any other parent in BC. They are therefore ineligible for financial support intended for kinship caregivers. The child is eligible for the Canada Child Benefit. Parent/s can also retain guardianship because the caregiver guardian can assume all parenting responsibilities without the parent/s losing guardianship.

Adoption (Falls under the *Adoption Act*, or customary adoption in the case of Indigenous children)

This is a permanent arrangement. The kinship caregiver is considered the legal parent, and financial support intended for kinship caregivers is income and asset tested. However, the child may be ineligible for financial support intended for kinship caregivers. (For details see section b below) Other supports for children with disabilities or special needs may be provided.

Other arrangements:

Child in the Home of the Relative (CIHR)

Prior to 2010, kinship caregivers could apply for funding under the Child in the Home of the Relative program. This option has been discontinued except for those families who were legacied into the program. In those cases, a child who was receiving CIHR at the time the program was ended, would continue to receive the benefit until age 19.

The CIHR was open ended. A child would be funded as long as they remained in the care of the kinship caregiver. After 2010, if the child returned to a parent, but the parent was unable to continue to care for the child and subsequently the child was returned to their kinship caregiver, the kinship caregiver would no longer be able to access and receive CIHR funding. The child may be eligible for the Canada Child Benefit**. As of March 31st 2019, there were 774 children still in this program.** (RCY 2019)

Informal Arrangements

A kinship caregiver may be caring for a child informally. This means that the child is in care of kin, but with no "legal" arrangement. It requires no involvement from MCFD or DAA. This form of kinship care is very common within Indigenous communities. There are no state provided financial or other supports with informal arrangements. Although these may be referred to as "informal arrangements", within Indigenous communities these are often formal, socially and legally appropriate, and normal arrangements. They may follow very specific cultural ceremony and protocols. These may take the form of customary adoptions.

RECOMMENDATION (F-26)
System Overhaul

That the entire system(s) be streamlined and simplified. (Possibly use the discontinued Child in the Home of the Relative program as a model of what that could look like.)

A common theme throughout the research was frustration with how extraordinarily complex the system is.

Access to legal system

Kinship caregivers reported on their frustration with the legal system.

It is so hard to qualify for legal aid. (focus group participant)

64% of survey respondents indicated that being able to afford legal services was an issue for them. However, 56% of those who were able to get a lawyer said they received the help they needed (while 33% did not). 58% of study participants reported that they were not informed, by anyone, of different options for court orders.

Income level was significantly associated with being informed regarding different kinds of agreements or court orders, having an income below the median was associated with not having been informed as to legal options. (r(64) = .266, 95% CI [.039, .506]). *See Appendix II - regarding this data analysis*

I found a lawyer. It ended up costing me more than $10,000 to get guardianship of my grandchild. That was all my savings. Later, when I called the Parent Support Services Society Support Line, their legal advocate explained that because I had guardianship, I wasn't eligible for supports. I thought I had received the advice I needed. But I hadn't. (focus group participant)

Parents can qualify for legal aid, but other family or community members cannot generally access Legal Services Society support, regardless of their income.

It was frustrating. My daughter got all her legal costs covered by legal aid, I spent tens of thousands of dollars – because they said I could not qualify even though I met the financial requirements (focus group participant)

The recommendations contained in the Victoria Family Bar's *A Call to Action to end systemic injustices suffered by children and families in child apprehension cases* would take us some steps forward in addressing these concerns (Davies et al., 2015).

"When we took in the kids we were in good shape financially. Now it is very hard. There should be more support. Maybe we should not be caring for the children. Why are there not more options? More money. We may be giving up the kids. It breaks my heart. The lawyer did not give good advice. I only learned about different agreements after talking to the support line. I had to take on work. My husband had a stroke. He has used up his long term. We may lose the house. It is a big struggle. We now need money for essential needs or services and we didn't before. We are now going without essential needs. Our household income was $120,000 and will drop to $30,000. The two grandkids I care for come from two different children. Both deceased. The kids access to dental and prescription drugs will then be lost (I think)" (survey respondent)

Disparity – Another Human Rights Issue

Aside from the complexity of these various pathways, there is also a great deal of disparity in what they provide. See the following chart:

Programs	Maintenance Payment	Basic Medical (MSP)	Extended Medical	Dental & Optical	Child Care Subsidy & Surcharge	Canada Child Benefit & Child Disability Benefit	Tuition Waiver
Extended Family Program Agreement Age 0 to 11 Age 12 to 19	**YES** (Not income tested) $994.81 $1099.09	**YES**	**YES**	**YES**	**YES**	**YES**	**YES**
Interim & Temporary Custody to Others Age 0 to 11 Age 12 to 19	**YES** (Not income tested) $994.81 $1099.09	**YES**	**YES**	*	**YES**	Not eligible	**YES**
s. 54.01 & 54.1 Agreements Age 0 to 11 Age 12 to 19	**YES** (Not income tested) $994.81 $1099.09	Not eligible	Not eligible	Not eligible	**YES**	Not eligible	**YES**
Family Law Act	$0	Not eligible	Not eligible	Not eligible	**YES** Income-tested Subsidy only	**YES**	Not eligible
Restricted Foster Care Agreement Age 0 to 11 Age 12 to 19	**YES** (Not income tested) $994.81 $1099.09	**YES**	**YES**	**YES**	**YES** Subsidy only	Not eligible	**YES**
Post Adoption Assistance	Income & Asset tested	Not eligible	Not eligible	Not eligible	YES Income-tested Subsidy only	**YES**	**YES**

Chart from: Parent Support Services Society Kinship Care Support Line Advocates. (2020) Kinship & Customary Care the *CFCSA*, *An Act Respecting First Nations, Inuit and Metis Children, Youth and Families* & MCFD policy. A Power Point presentation.

Note: Not on this Chart: Child in the Home of a Relative (CIHR) rates range, depending on age, from $314.31 /month to $454.32/month (less any financial contribution by parents).

The chart above indicates that while the maintenance rates for all are the same (with the exception of agreements under the *Family Law Act*, the *Adoption Act*, and Child in the Home of a Relative), not all are eligible for the medical, and dental, or the Canada Child Benefit, Child Disability Benefit.

EFP - Extended Family Program - is the richest of the categories providing $994.81 for children 0-11, and $1099.09 for those aged 12-19. Children in this program are also eligible for basic medical (Medical Services Plan is covered; however, the current government has eliminated the MSP for everyone). It provides Extended Medical, Dental and Optical, and a Child Care Subsidy. They are also eligible for the Canada Child benefit and Child Disability Benefit (amount dependent on income) and the Tuition Waiver for those entering into post-secondary education.

RECOMMENDATION (A-4)
Provincial Policy Reform
That all Out-of-Care families have access to federal child benefits, including the Canada Child Benefit and the Disability Child Benefit, as is the case for families with Extended Family Program agreements.
The above reform is required to ensure all kinship care families can also access the BC Child Opportunity Benefit.

Interim and temporary custody to others, and **Section 54.01 and 54.1 agreements** - Children are not eligible for the Canada Child Benefit or the Child Disability Benefit. Several research participants, who understood the system well enough, identified this injustice. "Disabled children under 54.1 are being discriminated against. The government is taking money targeted for children, for themselves."

Kinship Caregiver Story

Our family have been receiving financial support from MCFD's 54.01 program since we obtained permanent custody of our grandchild several years ago.

This past year, grandchild was diagnosed with multiple disabilities, and doctors encouraged us to apply, with their support, for federal disability tax credit (DTC) status on the child's behalf, to help us pay for the additional supports the child requires because of these disabilities.

Although Canada Revenue Agency (CRA) ruled my grandchild is eligible for DTC benefits, they also ruled that two of those benefits – the Canada Child Benefit (CCB) and the Disability Child Benefit (DCB) - would be sent to MCFD as CRA considers MCFD responsible for her care because of the 54.01 funding they provide.

CRA also ruled we were not eligible to use the non-transferable disability tax credit, which parent/guardians are normally allowed to use to reduce their taxable income, for the same reason. This can mean tax savings of thousands of dollars for families. The province does not receive this benefit either – it simply goes unused.
Cont'd page 50

Kinship Caregiver Story cont.

Although it is the Federal Children's Special Allowances Act (CSA) that governs these child payments, it is actually up to the provinces to decide whether or not they will claim these allowances for themselves, or allow the child's guardians to receive them.

If MCFD files the Children's Special Allowance (CSA) form with the CRA for your child, it will receive the CCB and the DCB rather than you.

For example, MCFD chooses not file the CSA form for families receiving funds in their Extended Family Program, so those families with federal DTC eligible children will receive the CCB and DCB directly from CRA and can use their child's disability tax credit.

In other MCFD child support programs, such as foster care, foster families are provided additional funds for their children with disabilities on top of the basic foster allowance.

54.01/54.1 guardians and their children with disabilities who qualify for the federal DTC, are doubly penalized. Not only does MCFD not pass on the additional DCB benefit to affected family, their filing of the CSA form means CRA will deny families the use of their child's disability tax credit.

MCFD's actions deny 54.01/54.1 families thousands of dollars that should be going to help their children with disabilities."

As another kinship caregiver pointed out, this would be an easy discrimination to eliminate – social workers or others in MCFD, just have to adjust what boxes are checked.

The Canada Child Benefit is intended flow to the child and not the parent/caregiver – just like child support. Every person caring for a child should receive the child's benefit for the child's benefit.

Canada Pension Plan

An issue that has been identified by kinship caregivers, across Canada, for many years, and was raised by participants in this research project: If a caregiver is receiving Canada Pension Plan disability benefits, children they are raising may be eligible for the CPP Disability Children's Benefit. However, when that caregiver turns 65, the Disability Benefit ends and they are automatically to switch to the regular Canada Pension Plan. This results in the Children's Benefit being automatically discontinued. This is a significant financial blow to kinship care families.

RECOMMENDATION (B-8)
Federal Policy Reform

That the Canada Pension Plan disability benefit recognize that disabled recipients over 65 may have dependents.

Taxes

On top of these discrepancies, there is also the question of the ability to claim your child as a dependent on your income tax. Kinship caregivers complained about not being allowed to claim kinship care children as dependents. *I don't understand. Why can some of the caregivers in my support group claim their grandkids, but I can't?* (focus group participant)

RECOMMENDATION (B-7)
Federal Policy Reform

That families receiving provincial maintenance payments under the *CFCSA* be able to claim kinship care children as dependents for tax purposes.

The provincial kinship support program that is left out – Child in the Home of a Relative

The CIHR program was discontinued in 2010, but as of March 31st 2019 there were still 740 children receiving these benefits, the largest number of any of categories.

The children in CIHR have not received any rate increases since it ended in 2010, and the amounts they receive are drastically less. The rates range, depending on age, from $314.31 /month to $454.32/month (less any financial contribution by parents). The fact this group received no increase in April 2019, like other caregivers who receive funding from MCFD, is a source of outrage for those on CIHR.

Children in the Home of the Relative are forgotten. Why do we not get the same money? I did go through the special hoops to get my oldest grandson's education partially paid for. Treat us all the same; be fair. Find a way to reach out and find those of us who are struggling. (survey participant)

PSS Executive Director, Carol Madsen, reported that, "When we asked the government why those on CIHR didn't get the increase, the Ministry officials told us, 'it was because it was not a MCFD program'" (C. Madsen, Executive Director PSS, personal communication November 20, 2019). This appears to be a narrow definition of what is a MCFD program. The MCFD website states: "The CIHR program is the responsibility of the Ministry of Children and Family Development and is available under the Employment and Assistance Regulation existing as of March 31, 2010, and as authorized by the Child in the Home of a Relative Program Transition Regulation, to clients who applied on or before that date. This ministry administers the CIHR program on behalf of the Ministry of Children and Family Development" (British Columbia, 2020c).

RECOMMENDATION (A-5)
Provincial Policy Reform

That the Child in the Home of a Relative benefit be equal to the Extended Family Program maintenance rates.

This could be another easy fix. Because the program has been discontinued, the numbers continue to decrease and will eventually fall to zero once all children age out at 19. This means there is a finite end to funding for these children.

Family Law Act

Caregivers are unable to access kinship supports through MCFD, once they have a guardianship order under the *Family Law Act*. Kinship caregivers, advocates and others who work directly with kinship families described this to researchers as "completely unfair" and a "massive injustice".

Kinship caregivers, in the midst of a crisis, are frequently advised to apply for *FLA* guardianship. They are encouraged to do so by social workers, lawyers, advocates, and information they find on the internet. They are told that *FLA* guardianship is best for children. What they are not told, or do not understand, is that if they do this, they are no longer eligible for financial or other supports through MCFD.

RECOMMENDATION (D-15) Visionary

That MCFD apply section 8 of the *CFCSA* allowing kinship caregivers with guardianship under the *FLA* to access the Extended Family Program.

Section 8 of the *CFCSA*:

Agreements with child's kin and others

8 (1) A director may make a written agreement with a person who

(a) has established a relationship with a child or has a cultural or traditional responsibility toward a child, and

(b) is given care of the child by the child's parent.

(2) The agreement may provide for the director to contribute to the child's support while the child is in the care of the person referred to in subsection (1).

· Kinship caregivers with *FLA* orders are found ineligible for section 8 agreements (even if they meet the requirements set out in subsection (a) and (b) because, as legal parents under the *FLA*, they do not fall into the category of "child's kin and others". The only services provided for legal parents under the *CFCSA* are set out in section 5.

Informal care

It is difficult to determine how many children are in the informal care of kinship caregivers, without a legal custody agreement or MCFD involvement. This is common in Indigenous communities, and with individuals who may not want to have any formal agreements. The survey did not ask if respondents were providing informal care. Unless the respondent, or focus group participant, self-identified as providing informal care, the research did not pick this up. *My friend attempted suicide, and I am taking care of her kids. We have kept MCFD out of it. There is no legal agreement – I suppose there probably should be one. We take it day-by-day. I haven't had any problems with keeping them in school. My hope is she gets well enough to care for her kids again.* (key informant interview participant)

A separate but connected issue...

Safety Plans intended for a child at short-term risk of harm, are intended to last only a few days. The Safety Plan may include staying, for a short time, with extended family or a close friend until the parent can address the problem. Researchers heard from kinship caregivers who have received multiple safety plans, when an EFP could be possible. PSS Support Line Advocates point out this keeps families vulnerable for more intrusive measures because family preservation services and supports may not be provided.

RECOMMENDATION (C-9)
Social Work Practice Reform

That MCFD end the use of ongoing safety plans when a family is eligible for an Extended Family Program agreement.

Discrepancies in Practice

Over the course of the research, the degree of discrepancies in social work practice became extremely evident. The experience in interfacing with social workers in one area would be vastly different from in other areas. There were inconsistencies between those served by Delegated Aboriginal Agencies (DAAs) and the Ministry of Children and Family Development, by the different DAAs and different MCFD offices, and between individual social workers.

I told the social worker, if I was going to take in my grandkid, I want MSP, Extended Medical/Dental, respite, and after school care, in order to do the best job possible. But why do individual social workers (and there have been several on this file) take it upon themselves to be judge and jury. Why is the policy that tells you exactly what you are entitled to as a caregiver "secret"? Why do I have to discover this? Why do I have to go to a complaints commission to have it awarded? It is wrong on so many levels. Is it the Ministry, individual social workers, team leaders, or is it ignorance? Are there specific budgets that dictate how much is given out? (focus group participant)

PSS Support Line Advocates Christina Campbell and Caity Goerke also spoke to these discrepancies in their experience supporting kinship caregivers across the province. *We get so we can tell within minutes of a call, which MCFD region they are dealing with. There can be vast differences in practice from one region to the next.* (key informant interview, Campbell and Goerke)

Stories of discrepancies in the delivery of child welfare services are also contained in the West Coast LEAF (2019) research report *Pathways in the Forest: Indigenous Guidance on Prevention - Based Child Welfare.* As the report states, "the reasons for discrepancies in practice standards have been explored by various reports and are well known to MCFD" (p. 55).

Reasons for these discrepancies outlined in this and other reports include: Ministry challenges with recruitment and retention, heavy caseloads, and burn-out. These challenges contribute to inadequate clinical supervision by team leaders, and can result in social workers making decisions without consulting team leads. Reports also indicate there is insufficient training, training that may not be available in all regions, and a lack of culturally sensitive and community-based training, and that performance standards of MCFD are not met, and inadequately monitored (RCY, 2015; Seucharan et al., 2019).

Assessments and Screening

Everyone involved in this research agreed on the importance of the safety and well-being of children. The question of assessments and screenings of potential caregivers is a point of contention.

Traditional home assessments do not recognize traditional Indigenous customs and practices, do not recognize the inherent strengths of children being cared for by family and their community, and fail to recognize the challenges of poverty, inadequate housing, and systemic racism felt by prospective Indigenous caregivers (Mann-Johnson, 2016).

MCFD itself, regarding the Extended Family Program, states that *"when assessing an Indigenous care provider, **consider** the prior contact check (both an Initial Record Review and a Detailed Record Review) and criminal record checks **in the context of colonization and historically biased systems. (emphasis by author).** Indigenous peoples are over-*

RECOMMENDATION (C-10) Social Work Practice Reform

That MCFD staff practice in accordance with law (section 3 of the CFCSA and the Act Respecting First Nations, Inuit and Métis Children, Families and Youth) and policy with regards to assessing past histories of Indigenous caregivers, taking into account how people have transformed their lives.

- Indigenous kinship caregivers' ability to safely protect and care for Indigenous children should not be invalidated by past histories that are connected to the ongoing impacts of colonization and intergenerational trauma.

represented in the criminal-justice system and many factors have contributed to this, including poverty, institutionalization and racism. These factors must be considered when assessing potential care providers so that they are not unjustly screened out. (MCFD 2020, p 9)

Kinship caregivers, in this study, complained that assessment is culturally insensitive, frequently intrusive and in some cases asked questions participants found completely offensive such as, "what was your first sexual experience?"

RECOMMENDATION (A-3) Provincial Policy Reform

That MCFD recognize that the SAFE home assessment may not be safe and/or culturally-appropriate for all kinship care providers, specifically Indigenous families. Policy needs to allow for social work practice to employ alternative screening methods to meet permanency goals that are in children's best interest

What is Permanency?

PSS Kinship Care Support Line Advocate, Christina Campbell told researchers, *There is this understanding that kids need permanency, but when you're only looking at those decisions through the legal permanency lens, you're not making those other decisions about culture. There is a systemic emphasis on finding a legally permanent solution, rather than maintaining relationship to extended family and culture.* (key informant interview, Christina Campbell)

Campbell pointed out that in MCFD policy there is reference to *relational permanency*, *physical permanency*, *cultural permanency*, *and legal permanency*. The problem, as she sees it, is *a sole focus on the legal, and lip services to the others*. Campbell elaborated that legislative changes that came into effect in April 2019, should make the various forms of permanency, beyond simply legal, more obviously something that should be considered.

Campbell provided an example of an Indigenous child placed in non-Indigenous care. Campbell speculated that MCFD thought it would be too traumatic, because of the child's development stage, to move the child back into the care of their Indigenous family. The decision was made, in what Campbell called, *a very narrow point in time*, rather than *recognizing the importance of the cultural pillar over their*

RECCOMENDATION (C-11) Social Work Practice Reform

That MCFD ensure that the best interests of Indigenous children are assessed to ensure that their long-term well-being is not scarified for short-term safety.

- MCFD must recognize that maintaining and fostering a child's connection to their Indigenous culture and identity has a better chance of protecting a child in the long-term and ensuring a better life outcome, particularly in light of the negative impacts for Indigenous children when they are taken in government care, separated from their families and communities, and placed with non-Indigenous foster care providers.

lifespan. There wasn't enough weighing out 'what does that mean to place an Indigenous child in non-Indigenous care permanently'

In one focus group, researchers were told by a few kinship caregivers that they had been threatened with removal of the child from their care. They shared that Ministry social workers had explicitly stated to them: "the child is very adoptable", "desirable", "we have families waiting" for a child just like theirs. However, when these experiences were related, PSS Support Line Advocates said that in practice, adoption is an onerous process for the system. They wondered if this was more of an empty threat, to get the kinship caregivers to take on some increased level of permanence.

What is the Rush?

Kinship caregivers stated they often feel rushed by social workers to make decisions; however, that rush is based on Ministry policy where there is some flexibility. Support Line Advocate - Lawyer, Caity Goerke, stated, "Under different provisions in the CFCSA the director is entitled to extend time limits if it is "in the child's best interest to do so". In practice (anecdotally), we see these timelines being extended (with and without a court order to do so) all the time." If this is the case, why the pressure?

Section 6 of the CFCSA – Voluntary Care Agreements (parent consents to temporarily transfer care of child)

- The initial agreement must not exceed:
  - 3 months for children under 5;
  - 6 months for children over 5.
- Agreement may be renewed but the total duration of all agreements must not exceed:
  - 12 months if youngest child is under 5;
  - 18 months if the youngest child is over 5 and under 12;
  - 24 months if the youngest child is over 12 years.

Note: There are no legislated timelines under section 8 (the section that is the basis of EFP agreements) of the CFCSA.

Section 43 of the CFCSA - Temporary Custody Orders

- Term of the order must not exceed:
  - 3 months if the youngest child is under 5;
  - 6 months if the youngest child is over 5 and under 12;
  - 12 months if the youngest child is over 12.

Section 45 of the CFCSA – Total Period of Temporary Custody

- 12 months if the youngest child is under 5;
- 18 months if the youngest child is over 5 but under 12;
- 24 months if the youngest child is over 12

There has been a history of kinship caregivers being steered into the least costly solution for government - guardianship under the *Family Law Act*. The reasons reflect a combination of factors, including a lack of social worker training in the various permanency options, and how each option will have unique ramifications based on the specific family case. However, the most significant factor is likely the extremely heavy caseload of child protection* social workers.

Support the Front Line

In 2015, Representative for Children and Youth, Mary Ellen Turpel Lafond's report, "The Thin Front Line: MCFD staffing crunch leaves social workers over-burdened, B.C. children under-protected" indicated: "Social workers report that meeting ministry practice standards – standards mandated to protect vulnerable children and youth – is frequently impossible, and that not meeting mandated timelines has become routine due to heavy workloads" (p. 1).

Kinship caregivers' comments reflected an understanding of what social workers face.

There are many very good social workers, it is just that the system is broken. (focus group)

Often the best ones leave, because they can't stand not being able to do their job as well as they would like. (focus group)

We have had a revolving door of social workers. (focus group)

Others pointed out that child protection social workers should be better paid. *Isn't protecting children the most important job. Why are they the lowest paid social worker?* (focus group)

Legal Advocates and Lawyers

Often the first people that kinship caregivers reach out to when they realize they are going to be caring for a grandchild or other relative is a lawyer. Lawyers, and legal advocates, receive little to no training in child protection* law.

PSS Support Line Advocate - Lawyer, Caity Goerke stated, *I struggled to gain that education when I was a law student. Until recently UBC Law School did not have any full-time family law professors. When I did take Family Law, I think we had one session on child protection. We recently heard from a Law Foundation funded Advocate, who was being trained to become Family Law Advocates, that they had one afternoon on child protection**. (key informant interview, Caity Goerke).

Lawyers and legal advocates who are familiar with the *Family Law Act* steer the caregiver to solutions that fall within that act.

**We note that the term child protection can be triggering for some parents and kinship caregivers. Our use of the term here, is strictly based on the specific category of social worker*.

8. The Kinship Caregivers -

All I care about, is how the kids are doing... But, I know I have put off taking care of myself. (focus group participant)

This research project demonstrates that children raised in kinship care have unique challenges - past trauma and special needs (See Section 5). Kinship caregivers shared that they are proud of raising these children, but also told of their difficult struggle to provide all of the supports that they are acutely aware the children need. This struggle, was often a point of deep frustration. When caregivers felt they were unable to provide adequate support, they reported feelings of grief.

Research literature has established that there are better outcomes for children raised in kinship care than if the children were raised in foster care (Bell & Romano, 2017; Perry et al., 2012; Sakai et al., 2011; Winokur et al., 2008; Winokur et al., 2014). This fact, places the struggles kinship caregivers face in sharp contrast with the support and benefits they see foster parents receive. Kinship caregivers stated they feel unrecognized and unvalued.

Age and health

Age and health are sometimes raised as concerns by social services: *They told me I was too old. I had to prove I was healthy, and fought like hell to get those kids* (focus group participant) but also by kinship caregivers themselves: *Maybe I am too old for this now. I am 73. She is a teenager, and just wants to party. I don't have the energy to deal with the constant battles about going to school and obeying curfew* (focus group participant).

Grandparents (including the 10 great-grandparents who completed the survey) are significantly older than non-grandparents, on average. Grandparents are, on average, 62.6 yrs old. Non-grandparent kinship caregivers - 50.5 yrs old. *N=68 grandparents (2 non-responses), mean age = 62.6, SD = 8.64, range: 46-85 years. N=15 non-grandparents (1 non-response), mean = 50.5, SD = 13.6, range: 31-78*

The responsibility of raising the children, with acute needs, takes a toll on kinship caregivers. The majority, 53.6%, of survey respondents said they feel less healthy or much less healthy since becoming kinship caregivers. However, nearly 13% feel moderately healthier or much healthier. *I think it (raising the kids) keeps me going, has kept me active and alive. I'm 82, I'd just be sitting on the couch, if it wasn't for the kids.* (focus group participant)

Stress and Strain

Almost all, 91.7%, of survey respondents indicated that their stress level has changed, with 89.9% reporting this was a result of taking in the children. This study indicates that kinship caregivers, who struggle to provide for the children in their care, have greater levels of stress than those who do not face this struggle.

A Stress and Strain Scale developed for this research (Section D of the Survey, Question 3), drew from the existing literature on kinship care and the long experience of PSS. It consisted of 22 items covering present and future oriented concerns relating to the children, family relationships, finances, health, housing and navigating the system, among other things. There was an additional question for grandparents about their relationship with their own child, i.e., the parent of the kinship care child. Respondents were asked to rate each item on a scale of 1 (little stress) to 5 (high stress). The mean score on the strain and stress scale developed for this research was in moderate-to-high levels of stress on average. This research confirms what literature indicates, that stress is elevated as grandparents take on caregiving responsibilities (Lee et al., 2016).

See Appendices IV & V for more details on statistical analysis.

It is important to note that this survey only captured those who had the capacity to fill it out. Kinship caregivers who were experiencing high levels of stress, may have been unable to complete the survey.

Caregivers who were dealing with a higher level of special needs in the household had higher stress scores. Interestingly, analysis of this study's survey data found that, based on what was tested, stress was best explained by *the experiences of the caregiver*, rather than factors related directly to the children.

The thoughts and feelings (attitudes) of kinship caregivers contribute to their level of stress. The more positively they feel about kinship care, the less stress they experience. Researchers heard from kinship caregivers that they felt isolated, that no-one understands their situation, and that they are not respected for the work they do. Other research has indicated that parenting stress is worsened by lack of social support. (Lee et al., 2016).

Kinship caregivers who cannot access legal services also have greater levels of stress**.** This may be because they do not meet the financial requirements of legal aid and they cannot afford a lawyer. (They may not be eligible for legal aid, because they are not parents nor guardians.) This reflects what has been learned in other research: that a lack of economic resources, caregiver health, and children's behavior are sources of caregiver stress. (Lee et al., 2016).

It is clear that measures to help kinship caregivers manage stress could be among the most important recommendations; this research has found a direct relationship between stress and key caregiver attitudes, like pride in being a kinship caregiver, and parenting with

confidence. If not treated with respect, kinship caregivers' capacity to feel proud is undermined. If kinship caregivers feel challenged by child protection, there is a negative impact (Burke & Schmidt, 2009).

Caregivers eloquently and passionately described what they experienced in the period of taking in the child (recognizing that the parents could not raise the child). They described legal battles with the parents of the children that often destroyed relationships. Kinship caregivers told of dealing with social workers who they felt didn't understand what they were going through. Many labeled these experiences as traumatic. Researchers concur that this trauma must be recognized. Those working with kinship caregivers should be using trauma informed practice (Brien, So, Ma, & Berner, 2019).

RECOMMENDATION (E 20)

That there be specialized social workers who just deal with kinship caregivers – especially during transition periods. (For example, when children first come into kinship care, and when moving from one type of agreement to another.)

A trauma informed approach

- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures and practices;
- and Seeks to actively resist re-traumatization.

Relationships

As outlined above, being a kinship caregiver is stressful. It can be very hard on relationships. Kinship caregivers reported on marriage breakdowns, tensions with other family members, such as other children and grandchildren. *They are jealous of the time I spend with the grandchild I am raising.* (focus group participant)

Relationships with the parents of the children were often damaged – some said irreparably damaged. *The system seems set up to be adversarial*. (focus group participant)

The social worker said I had to be the one to take on my daughter, and get custody of the kid. She said, if she took steps to apprehend, she would lose the strong relationship she had built with my daughter. So, I had to be the bad guy. I had to destroy my relationship with my daughter, to save my grandchild. (focus group participant)

Survey data analysis, indicated that the involvement of parents in children's lives was marginally associated with lower stress in the kinship caregivers. This is an area that could be explored in future research.

Rewards

What is most satisfying to me is seeing these kids beat the odds. We have been raising kids who had so many strikes against them. You see what happens when given half a chance. That is the most wonderful thing in the world. **(focus group participant)**

In this research, kinship caregivers indicated that while they often faced high levels of stress, they also found kinship care can be very rewarding.

In the survey portion of the research respondents were asked whether they agreed, disagreed or were neutral with a number of statements made by kinship caregivers.

77% agreed with the statement, "I feel proud of how well the children are doing"
71% agreed with the statement, "I enjoy participating in the activities of the children I am raising."
65% agreed with the statement, "I am discovering strengths I didn't know I had.
65% agreed with the statement, "I feel proud of how I am able to parent these children with confidence."

In focus groups kinship caregivers told stories of children "blossoming" in their care. *It's his successes. How much he is advancing.*

Caregivers mentioned the comfort in knowing the children are safe. Kinship caregivers know that they provide stability and consistency. *The children know what to expect. The children hear and see and feel the love and safety in the life we provide.*

They discussed the impact of seeing the changes in the child.

Most rewarding? I think the change in her. Her coming out of her shell. We had a conversation once, and I had said no about something. She went into her room and came back and she gave me more information. And I said, well, I've changed my answer now. This is communicating. She's joining things at school. Really coming out in learning to communicate. Seeing her thrive – that's the most rewarding.

My granddaughter is such a triumph over a nasty disorder and she just sort of thumbs her nose at it and blooms.

It's not all one way, kinship caregivers also reported that the children keep them busy and active, and are somebody to talk to. Repeatedly they talked about how wonderful it is to hear, "I love you".

Most rewarding – hugs, kisses, just the love.

An important note of interest.

The survey analysis found that self-identified as Indigenous caregivers had a better mood status than non-Indigenous caregivers. It is possible that this could reflect the fact that kinship care is traditional within Indigenous communities, and have more recognition and respect within those communities. Self-identified Indigenous status predicts more positive attitudes toward kinship care when controlling for stress.

As noted elsewhere in this report, in many Indigenous communities, kinship care is associated with recognition and respect and is part of traditional ways of parenting.

Kids Come First

The kinship caregivers put the children ahead of themselves. They are not raising the children for financial gain. They are raising the children because they believe it is in the best interests of those children. Researchers found that kinship caregivers were often reluctant to raise their own personal needs with social workers. They stated did not want any personal demands to detract from what they were advocating for the children. They also feared that opening up about their own mental and physical health concerns could lead to children being removed from their care. However, throughout this study, in the survey, the focus groups and key informant interviews, kinship caregivers did bring up their need for respite and mental health support. *It should not be so difficult to set up respite. All kinship caregivers should get respite once a month.* (survey participant)

Concerns that children raised cannot access what they need and deserve.

Financial support that can be used for children to attend music, arts, and sports activities, was a frequent request from respondents. Dr Susan Burke found this same request arise in her 2009 research on kinship caregivers in Northern BC. (Burke & Schmidt, 2009).

I have spent the last of my retirement funds to make sure that my grandkid can take guitar, computer summer camp, and play soccer. They missed out on all this when they lived my daughter. It was such a hard life. I want to give them everything they missed. (focus group participant).

RECOMMENDATION (E-18)

That there be subsidies available for all children and youth in kinship care to attend sports, cultural and educational programs.

I feel so upset. My grandkid's step-brother is able to play hockey. I can't afford it. I have tried for the special programs, but no luck. It is all she really wants. Someday, maybe I will find a way. (focus group participant).

The need for funds to cover dental and optical care is a huge concern for kinship caregivers. *My dentist told me to let the kid's teeth get worse, then emergency surgery could be performed and it would be covered by MSP.* (focus group participant) In some cases kinship caregivers do not even have MSP coverage for the children.

The analysis of the survey data generated a developmental load variable (DVload) that included access to medical, dental and optical. The DVload score is higher for children who don't have prescription or dental coverage. *(See Appendix IV)*

RECOMMENDATION (E-17)

That all kinship children should have access to medical, dental and optical.

The stress is exacerbated by the complexity and opaqueness of the systems as described earlier. A decision, once made can have unexpected consequences.

When I applied for my CPP, I found that I could not claim the child as a dependent. The mother of the child is receiving a permanent disability pension. The child should receive a benefit from this pension no matter whom she lives with, but only if the pension is federal, which it is. Somehow a portion of it is not. As income increased slightly the Day Care Subsidy was cut off. The income level is exempt if you have a custody order but my order is from the BC Supreme Court, not a CFCSA Custody order, so I am not eligible for the subsidy. I have been told that the only way to receive financial assistance is for the child to be placed in my care by the Ministry. It is too late for that now. (survey respondent)

RECOMMENDATION (E-24)

That all kinship caregivers are asked what supports they need before and throughout the kinship care arrangement.

Caity Goerke (PSS Support Line Advocate points out, "there is money and support to provide "stranger care" (foster care) for kids, while there isn't that support and service for kinship care. Kids are actually leaving extended family care situations because of a lack of services or supports." (key informant interview participant Caity Goerke)

Kinship caregivers stated how valuable it was for them to have access to workshops and classes such as: raising children with attachment issues, Fetal Alcohol Spectrum, and mental illness. A number have taken advantage of programs offered by agencies in their communities. This demonstrates the importance of kinship caregivers connecting with each other, and exchanging resources. (Parent Support Services Society of BC's Kinship Care Support Circles, provide such a role.)

RECOMMENDATION (E23)

That all kinship caregivers be given subsidies to receive training related to the specific needs of their child; and that all kinship caregivers have access to cultural connection and cultural competency training.

Susan Burke, in her 2009 research on kinship care in BC found that, kinship caregivers are "...stretched by their role, in not only providing day-to-day care for the children, but also fulfilling duties such as working with the social worker and the child's parents, while dealing with their own life changes." (Burke, p128)

Burke points out that "…the question should be, 'How much does it cost to raise a child & what kinds of support do individual caregivers require in order to provide an appropriate level of care?' It does not make sense that it would cost a kinship caregiver less money to raise a child than a foster parent, nor that a

RECOMMENDATION (E-22)

That all lawyers and social workers receive training, at university and as professional development, on issues that pertain to kinship care.

kinship caregiver would require fewer services than a foster caregiver." (Burke, 2009 p130-131).

"Overall, it is fair to conclude that MCFD needs to invest more money in the kinship care program, in the form of increased pay or in direct services such as respite, training, and social worker support" (Burke & Schmidt, 2009 p 140).

RECOMMENDATION (C-12) Social Work Practice Reform

That MCFD provide administrative fairness when serving kinship care families including:

(a) that MCFD adequately explain services available to kinship care families (including the different legal pathways under the CFCSA and the FLA as well as the difference in supports and services available for each pathway), recognizing that this may need to occur carefully and over several meetings to account for the trauma experienced by parents, children and kinship caregivers when children are unable to live in parent care;

(b) that MCFD listen to and involve kinship caregivers in planning for children's care, in accordance with law (the CFCSA and the Act Respecting First Nations, Inuit and Métis Children, Families and Youth) and policy;

(c) that MCFD assist kinship care families in a reasonably timely manner;

(d) that MCFD make decisions based on law (the CFCSA and the Act Respecting First Nations, Inuit and Métis Children, Families and Youth) and policy;

(e) that MCFD treat parents, kinship caregivers and children with respect and ensure services are provided in a trauma-informed way.

9. Prevention

What doesn't work: taking children out of one care and moving place to place. What does work: love, stable home, communities all working for the family, hold no hate or threats, just love, hugs, laughter (Cry together, laugh together). (survey participant)

One theme that came up repeatedly within the research was the need for prevention, and a more holistic approach. This includes support for families before the children are apprehended (Glaser et al., 2018). This point is important to raise, as the systems often pit kinship caregivers against the biological parents. Most kinship caregivers, even those who were estranged from their adult children indicated that there needed to be early intervention.

What would have helped is when a 19-year-old has a baby, for the Ministry to get involved - not to apprehend - but to monitor. So, it wouldn't be so drastic. If not the Ministry then some other agency. (survey participant)

An example of such a holistic approach is the Live-in Family Enhancement Program developed and operated by the Metis Child, Family, and Community Services in Manitoba (Metis Child, Family, & Community Services, n.d.). It is an alternative to apprehension and removal of children from their family. The family are kept together while the children are in care through the placement of the entire family in a supported and supervised setting. Families reside with a trained foster parent who acts as a role model and will support, guide and mentor the parents. Referrals to the program are made through the family services worker. A wide array of resources is provided around the clock for an 8-12-month period. Authors of a study of the program recommend this approach for prevention and reunification.

Expanding the definition of family. Expanding the Notions of Permanency

A growing body of research supports the need for an Indigenous approach to child welfare. Recent actions by the Federal Government and Provincial Government begin to address the urgent need for a complete overhaul of provincial and territorial child welfare systems that have damaged Indigenous people. These are systems that have been defined as genocidal.

This research paper supports the recommendations outlined in the *Truth and Reconciliation Commission of Canada's Calls to Action* (2015*), Indigenous Resilience Connectedness And Reunification – From Root Causes To Root Solutions: a Report On Indigenous Child Welfare In British Columbia* (2016), *United Nations Declaration on the Rights of Indigenous Peoples* (UN General Assembly (2007), *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Inquiry: Calls for Justice*, (2019),

Ardith Walkem's (2015) *Wrapping Our Ways Around Them*, and West Coast Leaf's report, *Pathways in the Forest: Indigenous Guidance on Prevention-Based Child Welfare* (2019).

Researchers recognize that while the needs of Indigenous families and communities are unique, much can be learned from the recommendations being advanced that could improve child welfare for all children in BC. It is time to explore the Indigenous traditional definitions of caregiving, cultural planning, and the importance of cultural permanency (DeFinney & DiTomasso, 2015).

The traditions of kinship care are varied. However, certain characteristics remain, such as reasons for custom adoption in Indigenous cultures: children are cared for, teaching spiritual and traditional knowledges, developing strong relationships with many adults. Within Indigenous kinship care, there is flexibility, freedom of movement. It is seen as key in building a strong community. In many Indigenous cultures, children are seen as a gift, and the love of children a resource to share (DeFinney & DiTomasso, 2015).

"Upstream" Investment

Upstream investments, a term used frequently in population health, are interventions that address the root causes of a problem. Steps taken to alleviate poverty (such as a guaranteed annual income), would make a positive difference in parenting outcomes. Increased material support results in decreases in child maltreatment (Pelton, 2015; Yang, 2015).

Research is clear that addressing the social determinants of health (income and social status, social support networks, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture, race/racism) makes a difference to the lives of children, and to society as a whole (Raphael et al., 2008).

Supporting families, when children are small, could be seen as a part of a larger system of early intervention: *Are we moving toward, or away from, equity from the start?* is a question asked by Clyde Hertzman (2009) about the state of child development in Canada. Hertzman argues that the lack of investment is having negative effects on child development in Canada.

RECOMMENDATION (F-27)

That preventative child welfare measures be given more emphasis. These measures include: steps to reduce poverty; improvements of social determinants of health such as health services and job security; as well as targeted support for parents at risk (e.g. ongoing parenting support, improved access to mental and substance use support).

10. Conclusion

This study has provided a partial picture of kinship care in BC. It is clear from what has been learned about the unique needs of the children, raising them is "not a walk in the park". Kinship caregivers have devoted their life to children who would otherwise be in the foster system. The study has outlined the systemic barriers and discrimination that these families face. It also makes recommendations about what needs to be in place for these families to flourish.

Areas for future study

As the majority of children in kinship care are Indigenous, the picture of kinship care in BC cannot be complete without focused research on Indigenous kinship care, a focus this research project did not attempt. Indigenous traditions of kinship care are distinct and varied. It is the hope of the steering committee that in the future, there will be an Indigenous-led research project.

The voices of children and youth raised in care are largely absent from this and other research on kinship care. Future research that focuses on these voices is key in truly having an accurate picture of kinship care in BC.

Kinship Care - Why it should be supported

Despite financial, age, health, and stress issues, kinship care provides better outcomes for children than foster care. These grandparents and other kinship caregivers are struggling, yet they are managing without breaking. As one grandparent said in the research, *"we step up and raise kids when no one else would and we are rewarded with living in poverty. They count on us continuing to do what we do...out of love."*

As we have outlined above, previous research and accepted government policy demonstrates that steps taken to alleviate poverty (such as a guaranteed annual income), would make a positive difference in parenting outcomes. Increased material support results in decreases in child maltreatment (Pelton, 2015; Yang, 2015), and addressing the social determinants of health, benefits children and society as a whole. (Raphael et al., 2008).

The provincial government has taken steps to improve the situation for many kinship caregivers, by increasing maintenance rates, and removing many barriers to receiving the EFP. However, the system is still extraordinarily complex and difficult to understand. The decisions kinship caregivers make, often without complete information, can be devastating.

Other changes that would indirectly support kinship care families include: improved training and education for lawyers, social workers, and legal advocates; more accessible legal aid services; steps to decrease the caseload for child protection and family service social workers.

Children raised in kinship care have often experienced trauma, and have unique needs. The grandmas, uncles, and friends, who take them in need extra support. It is challenging, but the kinship caregivers are proud of how well the children are doing.

This study demonstrates that an increased investment in kinship care families, and recognition of the contribution of kinship caregivers, will have a profoundly positive impact on the lives of thousands of children, and outcomes will improve.

Sure, it's hard. Hell, it's exhausting. But I'd do it all over again. (focus group participant)

To see her making friends at school, learning to read, and do math. Things – I thought were not possible. I just can't say…(begins to cry). (focus group participant)

My oldest grandkid just got into college. When I think back to how hard it was, for him and me, the first few years. It is just…unbelievable. (focus group participant)

RECOMMENDATION (A-1) Provincial Policy Reform

All children raised in kinship care, regardless of legal status and duration of care, should receive, minimally, the same services and benefits as those of children in foster care.

11. Recommendations arising from Research

Recommendations (A): Provincial Policy Reform

1. That all children being raised in kinship care, regardless of legal status and duration of care, should receive, minimally, the same services and benefits as those of children in foster care.

2. That MCFD provide kinship caregivers of children with special needs services and financial supports to account for additional needs, similar to the financial supports received by levelled foster homes.

3. That MCFD recognize that the SAFE home assessment may not be safe and/or culturally-appropriate for all kinship care providers, specifically Indigenous families. Policy needs to allow for social work practice to employ alternative screening methods to meet permanency goals that are in children's best interests.

4. That all Out-of-Care families have access to federal child benefits, including the Canada Child Benefit and the Disability Child Benefit, as is the case for families with Extended Family Program agreements.

- The above reform is required to ensure all kinship care families can also access the BC Child Opportunity Benefit.

5. That the Child in the Home of a Relative benefit be equal to the Extended Family Program maintenance rates.

6. That MCFD revise Youth Agreement eligibility criteria to include family violence as a "significant adverse condition". Additionally, that the policy be expanded to provide a pathway for youth to be supported by a Youth Agreement when they are in kinship care.

Current Youth Agreement policy requires that there be "no family or adult to assist" the youth, which may make youth in kinship care ineligible for supports.

Recommendations (B): Federal Policy Reform

7. That families receiving provincial maintenance payments under the *CFCSA* be able to claim kinship care children as dependents for tax purposes.

8. That the Canada Pension Plan disability benefit recognize that disabled recipients over 65 may have dependents.

Recommendations (C): Social Work Practice Reform

9. That MCFD end the use of ongoing safety plans when a family is eligible for an Extended Family Program agreement. *Why?* This will allow parents, children and kinship caregivers to receive supports and services as soon as possible.

> We have observed the use of multiple safety plans, which keeps families vulnerable for more intrusive measures because family preservation services and supports may not be provided.

10. That MCFD staff practice in accordance with law (section 3 of the *CFCSA* and the *Act Respecting First Nations, Inuit and Métis Children, Families and Youth*) and policy with regards to assessing past histories of Indigenous caregivers, taking into account how people have transformed their lives.

> Indigenous kinship caregivers' ability to safely protect and care for Indigenous children should not be invalidated by past histories that are connected to the ongoing impacts of colonization and intergenerational trauma.

11. That MCFD ensure that the best interests of Indigenous children are assessed taking into account long term well-being, not just short-term safety.

> MCFD must recognize that maintaining and fostering a child's connection to their Indigenous culture and identity has a better chance of protecting a child in the long-term and ensuring a better life outcome, particularly in light of the negative impacts for Indigenous children when they are taken into government care, separated from their families and communities, and placed with non-Indigenous foster care providers.

12. That MCFD provide administrative fairness when serving kinship care families including:

> (a) that MCFD adequately explain services available to kinship care families (including the different legal pathways under the *CFCSA* and the *FLA* as well as the difference in supports and services available for each pathway), recognizing that this may need to occur carefully and over several meetings to account for the trauma experienced by parents, children and kinship caregivers when children are unable to live in parent care;
>
> (b) that MCFD listen to and involve kinship caregivers in planning for children's care, in accordance with law (the *CFCSA* and the *Act Respecting First Nations, Inuit and Métis Children, Families and Youth*) and policy;
>
> (c) that MCFD assist kinship care families in a reasonable amount of time;

(d) that MCFD make decisions based on law (the *CFCSA* and the *Act Respecting First Nations, Inuit and Métis Children, Families and Youth*) and policy;

(e) that MCFD treat parents, kinship caregivers and children with respect and ensure services are provided in a trauma-informed way.

Recommendations (D): Visionary

13. That MCFD commit to shifting institutional culture so that racism and classism do not factor into decision making with regards to which families are deemed "deserving" of supports.

14. That MCFD employ a fluid approach to finding permanency for Indigenous children and that this approach incorporates relevant Indigenous law, custom and traditional ways of parenting (including extended family care, customary adoption and shared parenting amongst community and family).

15. That MCFD apply section 8 of the *CFCSA* allowing kinship caregivers with guardianship under the *FLA* to access the Extended Family Program.

Section 8 of the *CFCSA*:

Agreements with child's kin and others

8 (1) A director may make a written agreement with a person who

(a) has established a relationship with a child or has a cultural or traditional responsibility toward a child, and

(b) is given care of the child by the child's parent.

(2) The agreement may provide for the director to contribute to the child's support while the child is in the care of the person referred to in subsection (1).

Kinship caregivers with *FLA* orders are found ineligible for section 8 agreements (even if they meet the requirements set out in subsection (a) and (b) because, as legal parents under the *FLA*, they do not fall into the category of "child's kin and others". The only services provided for legal parents under the *CFCSA* are set out in section 5.

Recommendations (E): Specific Assorted Supports and Benefits Raised by Kinship Caregivers

16. That every kinship child should automatically be offered counselling and mental health support.

17. That all kinship children should have access to medical, dental and optical care.

18. That there be subsidies available for all children and youth in kinship care to attend sports, cultural and educational programs.

19. That there be special funds to support the child to visit siblings.

20. That there be specialized social workers who just deal with kinship caregivers – especially during transition period.

21. That all benefits be attached to the child.

22. That all lawyers and social workers receive training, at university and as professional development, on issues that pertain to kinship care.

23. That all kinship caregivers be given subsidies to receive training related to the specific needs of their child; and that all kinship caregivers have access to cultural connection and cultural competency training.

24. That all kinship caregivers are asked what supports they need before and throughout the kinship care arrangement.

25. That support for youth raised in kinship care remain in place till the age of 27, and that youth have access to services that could assist in that transition.

Recommendation (F): System overhaul

26. That the entire system(s) be streamlined and simplified. Consider the discontinued Child in the Home of the Relative program as a model of what that could look like.

27. That preventative child welfare measures be given more emphasis. These measures include: steps to reduce poverty; improvements of social determinants of health such as health services and job security; as well as targeted support for parents at risk (e.g. ongoing parenting support, improved access to mental and substance use support).

References

Archibald, J., Xiiem, Q.Q., Lee-Morgan, J.B.J., De Santolo, J. ed (2019) Decolonizing Research: Indigenous Storywork as Methodology. London UK: Zed Books

Bell, T., & Romano, E. (2017). Permanency and safety among children in foster family and kinship Care: A scoping Review. *Trauma, Violence, & Abuse, 18*(3), 268-286. Retrieved from https://www.deepdyve.com/lp/sage/permanency-and-safety-among-children-in-foster-family-and-kinship-care-sPbaURkx3Z?

British Columbia (2020a, May 17). B.C. Declaration on the Rights of Indigenous Peoples Act. *https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples*

British Columbia (2020b, May 17). Child, Family, Community Services Act. https://www2.gov.bc.ca/gov/content/family-social-supports/data-monitoring-quality-assurance/reporting-monitoring/accountability/legislation-and-regulations

British Columbia (2020c, May 18). Child in home of relative. Retrieved from https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/eligibility/child-in-home-of-relative

British Columbia (2020d, May 18). Foster care payments in BC.

https://www2.gov.bc.ca/gov/content/family-social-supports/fostering/for-current-foster-parents/foster-care-payment

British Columbia (2020e, May 17). Permanency for children & youth in care. *https://mcfd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/case-data-and-trends*

British Columbia Federation of Foster Parent Associations. (2018) Are the Current Foster Care Rates Meeting the Needs of BC's Children in Care?: A report on study by UBC London School of Economics.. *FosterlineBC. 16*(1) p12. *https://bcfosterparents.ca/wp-content/uploads/2018/04/FosterlineBC-Spring-2018.pdf*

DeFinney, S., & DiTomasso, L. (2015). Creating places of belonging: Expanding notions of permanency with Indigenous youth in care. *First Peoples Child & Family Review, 10*(1), pp 63-85.

Brien, A., So, M., Ma, C., & Berner, L. (2019). Homelessness & Adverse Childhood Experiences: The health andbehavioral health consequences of childhood trauma. Retrieved from http://www.nhchc.org/aces

Burke, S. (2009). Exploring kinship care: A newly recognized age-old practice. Thesis submitted in Partial Fulfillment of The Requirements for The Degree of Master of Social Work. *University of Northern British Columbia.*

Burke, S., & Schmidt, G. G. (2009). Kinship Care in Northern BC. *Child Welfare*, *88*(6), 127-142.

Canty, A. & Ripley, B (2017). boot: Bootstrap R (S-Plus) Functions. R package version 1.3-20.

Davidson, A. C. & Hinkley, D. V. (1997) Bootstrap Methods and Their Applications. Cambridge University Press, Cambridge. ISBN 0-521-57391-2

Davies, E., et al. (2015). A call to action to end systemic injustice suffered by children and families in child apprehension cases. Victoria Family Bar.

Downie, J. M., Hay, D. A., Horner, B. J., Wichmann, H., & Hislop, A. L. (2010). Children living with their grandparents: Resilience and wellbeing. *International Journal of Social Welfare*, 19, 8–22.

Felitti, V., Anda, R., Nordenberg, D. , Williamson, D., Spitz, A. Edwards, V. Koss, M., & Marks, J (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 14 (4): 245–58.

First Call (2018). BC child and youth advocacy coalition submission to select standing committee on finance and government services. Retrieved from https://firstcallbc.org/wordpress/wp-content/uploads/2018/10/First-Call-BC-2019-Budget-Submission-FINAL.pdf

First Call (2019). 2019 BC child poverty report card. Retrieved from https://still1in5.ca/wp-content/uploads/2020/01/First_Call_Report_Card_2019_Summary_revised_Jan_22_2020_web.pdf

Fong, K. (2019) Concealment and constraint: Child protective services fears and poor mothers' institutional engagement. *Social Forces, 97* (4), 1785–1810, https://doi.org/10.1093/sf/soy093 Retrieved 2020-03-04 via deepdyve.com

Fuller-Thomson, E. (2005) Grandparents raising grandchildren in Canada: A profile of skipped generation families. *SEDAP Research Paper, 132*. McMaster University.

Generations United: In Loving Arms: The Protective Role of Grandparents and Other Relatives In Raising Children Exposed to Trauma State of GrandFamilies (2017). Retrieved from https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf

Glaser, K., Stuchbury, R., Price, D., Di Gessa, G., Ribe, E., & Tinker, A. (2018). Trends in the prevalence of grandparents living with grandchild(ren) in selected European countries and the United States. *European Journal of Ageing, 15*(3), 237–250. https://doi.org/10.1007/s10433-018-0474-3

Heinzen, E., Sinnwell, J., Atkinson, E., Gunderson, T., & Dougherty, G. (2019). Arsenal: An Arsenal of 'R' Functions for Large-Scale Statistical Summaries. R package version 3.3.0. Retrieved from https://CRAN.R-project.org/package=arsenal

Hertzman, C. (2009). The state of child development in Canada: Are we moving toward, or away from, equity from the start? *Pediatrics & Child Health, 14*(10), 673-676.

Hertzman, C. (2013a) Commentary on the symposium: Biological embedding, life course development, and the emergence of a new science. *Annual Review of Public Health 34*: 1-5.

Hertzman, C. (2013b). The significance of early childhood adversity. *Pediatrics & Child Health, 18*(3), 127-128.

Hertzman, C. & Boyce, T. How experience gets under the skin to create gradients in developmental health. (2010). *Annual Review of Public Health 31*(3) (29-47).

Holmes, C., & Hunt, S. (2017). Indigenous communities and family violence: Changing the conversation. Prince George, British Columbia: National Collaborating Centre for Aboriginal Health.

John, Grand Chief, E. (2016). Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia. Retrieved from http://fns.bc.ca/wp-content/uploads/2017/01/Final-Report-of-Grand-Chief-Ed-John-re-Indig-Child-Welfare-in-BC-November-2016.pdf

Lee, E. et al (2016) Parenting stress of grandparents and other kin as informal caregivers: A mixed methods study. *Children and Youth Services Review, 69*(1) pp 29-38.

Mann-Johnson, J (2016) Decolonizing home assessment practice at the kitchen table: A thematic analysis identifying the crucial elements in the assessment of kinship caregivers. *University of Calgary.*

Ministry of Children and Family Development (2020). Out of care policies: Chapter 4. Retrieved from https://www2.gov.bc.ca/assets/gov/family-and-social-supports/covid-19/out_of_care_policies.pdf

Ministry of Children and Family Development (2017). Healing families, helping systems: A trauma-informed practice guide for working with children, youth and families. https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf

Metis Child, Family and Community Services (n.d). Alternative placement services. *First Peoples Child & Family Review, 13*(1), Retrieved from https://www.metiscfs.mb.ca/alternative_placement_services.php / Deane, L., et al (2018) Live-In Family Enhancement (LIFE): a comprehensive program for healing and family reunification.

National Inquiry into Missing and Murdered Indigenous Women and Girls (2019). The MMIWG Inquiry Calls to Justice. Retrieved from https://www.mmiwg-ffada.ca/final-report/

Parliament of Canada (2020, May 17). Act Respecting First Nations, Inuit and Métis children, Youth and Families (2019). Retrieved from https://www.parl.ca/DocumentViewer/en/42-1/bill/C-92/royal-assent,/ https://laws.justice.gc.ca/eng/acts/F-11.73/index.html

Parent Support Services Society Kinship Care Support Line Advocates. (2020) Kinship & Customary Care the *CFCSA, An Act Respecting First Nations, Inuit and Metis Children, Youth and Families* & MCFD policy. A slide presentation.

Pelton, L.H. (2015). The Continuing Role of Material Factors in Child Maltreatment and Placement. *Child Abuse and Neglect, 41, 30 – 39.*

Peng, R.D. (2019). simpleboot: Simple Bootstrap Routines. R package version 1.1-7. https://CRAN.R-project.org/package=simpleboot

Perry, G., Daly, M., & Kotler, J. (2012). Placement stability in kinship and non-kin foster care: A Canadian study. *Children and Youth Services Review, 34*, 460–465.

R Core Team (2017) R: A Language and Environment for Statistical Computing. https://www.R-project.org/

Raphael, D., Curry-Stevens, A., & Bryant, T. (2008). Barriers to addressing the social determinants of health: Insights from the Canadian experience. *Health Policy 88*(2-3), 222-235.

Representative of Children and Youth (2015). The thin front line: MCFD staffing crunch leaves social workers over-burdened, B.C. children under-protected. Retrieved from *https://rcybc.ca/wp-content/uploads/2019/05/rcy-thethinfrontline-oct2015-final_revised.pdf*

Representative of Children and Youth (2019). *Representative for Children and Youth, Annual Report 2018/19 and Service Plan 2019/20 to 2021/22*

Retrieved from https://rcybc.ca/wp-content/uploads/2019/10/rcy-arsp-2018-2019_final.pdf

Sakai, C., Lin, H., & Flores, G. (2011). Health outcomes and family services in kinship care: Analysis of a national sample of children in the child welfare system. *Archives of Pediatrics and Adolescent Medicine, 165,* 159–165.

Schwartz, C., Waddell, C., Barican, J., Gray-Grant, D., Dickson, S., & Nightingale, L. (2014). Kinship foster care. *Children's Mental Health Research Quarterly, 8*(3), 1–16. Seucharan, C., Morgan, B., Hyslop, K., Sherlock, T. (2019) B.C.'s focus on foster care neglects need to support struggling families, experts say. Star-Vancouver . June 13, 2019.

Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., & Thomas Prokop, S. (2011). KiskisikAwasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System. Ontario: Assembly of First Nations.

Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). Adverse childhood experiences in National Survey of Child and Adolescent Well-Being (OPRE Report #2013-26). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Accessed August 10, 2017. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/aces_brief_final_7_23_13_2.pdf |

Statistics Canada. (2001). 2001 Census of Canada topic-based tabulations: Age groups (12B), number of grandparents (3A) and sex (3) for grandchildren living with grandparents with

no parent present, for Canada, provinces and territories, 1991 to 2001 censuses — 20% sample data. (Catalogue number 97F0005XCB2001042) Retrieved May 1, 2014, from Statistics Canada: http://buff.ly/1r4iPPt

Statistics Canada. (2014). 2006 Census of Canada topic-based tabulations: Age Group of Child (12), Number of Grandparents (3) and Sex (3) for the Grandchildren Living With Grandparents With No Parent Present, in Private Households of Canada, Provinces and Territories, 2006 Census - 20% Sample Data. (Catalogue number 97-553-XCB2006025). Retrieved May 19, 2020, from Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=89035&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=68&VID=0&VNAMEE=&VNAMEF=

Statistics Canada. (2011). 2011 Census of Canada: Topic-based tabulations: Age group of child (12), number of grandparents (3) and sex (3) for the grandchildren living with grandparents with no parent present, in private households of Canada, provinces and territories. (Catalogue no. 98-312-XCB2011036) Retrieved May 7, 2014, from Statistics Canada: http://buff.ly/1r4iXOW

Statistics Canada, National Household Survey. (2015). Insights on Canadian Society Table A.1. Grandchildren living with grandparents. Distribution of population aged 24 and under by living arrangements, 2011. Table Retrieved June 27, 2019, from Statistics Canada: https://www150.statcan.gc.ca/n1/pub/75-006-x/2015001/article/14154/grand-eng.htm

Statistics Canada. (2017) 2016 Census of Canada, topic based tabulations, family characteristics of children (17), age (4b) and sex (3) for the population aged 0 to 14 years in private

households of Canada, provinces and territories, census divisions and census subdivisions, 2016 and 2011 Censuses - 100% Data – BC,. (Catalogue no. 98-400-X2016041) Retrieved March 17, 2020 from Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&LANG=E&PID=109660&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&THEME=117&Temporal=2016&VID=0&VNAMEE=&VNAMEF=

Statistics Canada. (2017) 2016 Census of Canada topic based tabulations, family characteristics of adults (11), age (16) and sex (3) for the population 15 years and over in private households of Canada, provinces and territories, census metropolitan areas and census agglomerations, 2016 and 2011 Censuses - 100% Data – BC. (Catalogue no. 98-400-X2016028) Retrieved March 17, 2020 from Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1235625&GK=0&GRP=1&PID=109647&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=117&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0

Steele, H. (2016) Adverse Childhood Experiences, Poverty, and Parenting Stress. *Canadian Journal of Behavioural Science, 48*(1), 32-38

Sullivan, R. (2015). Kinship care in an era of cost containment, *Canadian Review of Social Policy/ Revue canadienne de politique sociale, 72/73,* pp.64-90.

Turner, A. (2016). Insights on Canadian Society: Living arrangements of Aboriginal children aged 14 and under, *The Daily*. Retrieved, May 19, 2020 from Statistics Canada. https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14547-eng.htm

Truth and Reconciliation Commission of Canada (2015). Calls to action. Retrieved from http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

Walkem, A. (2015) Wrapping our ways around them: Aboriginal communities & the Child, Family and Community Services Act (CFCSA) Guidebook *ShchEma-mee.tkt Project (Nlaka'pamux Nation Tribal Council).*

West Coast LEAF, (2019) Pathways in a Forest: Indigenous Guidance on Prevention-Based Child Welfare.

Wickham, H., Averick, M., Bryan, J., Chang, W., et al., (2019). Welcome to the tidyverse. Journal of Open Source Software, 4(43), 1686, https://doi.org/10.21105/joss.01686

Winokur, M., Crawford, G., Longobardi, R., & Valentine, D. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society 89*(3), 338-46.

Winokur, M., Holtan, A., & Valentine, D. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Database of Systematic Reviews, 1*.

Yang, Mi-Youn. (2015). The effect of material hardship on child protective service involvement. *Child Abuse & Neglect, 41,* 113-125.

Yoon, R., Kirby, C., Furlong, A., & Bloomenfeld, J. (2019) Integrating Trauma-Informed Practice into quality improvement processes. *Journal of Ethics in Mental Health*, *10,* 1- 19. Retrieved from https://jemh.ca/issues/v9/documents/JEMH%20QI%20Yoon%20copyedited%20by%20AY.pdf

Appendix I

On estimating the number of children living in kinship care in British Columbia

Source - Statistics Canada – 2016.

The number of children under the age of 15 living with grandparents with no parent present in BC – is 4340. There are an additional 2960 children living with other relatives (excluding foster children).

That is a total of 7300 children under the age of 15 living in kinship care. (# in foster care - 3920)

Family Characteristics of Children (17), Age (4B) and Sex (3) for the Population Aged 0 to 14 Years in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 and 2011 Censuses- 100% Data

The number of children and youth over the age of 15, living with grandparents with no parent present is not reported by Statistics Canada (they are lumped in with children living with parents).

The number of children and youth aged 15 – 19 living with other relatives (including foster children) is 6440.

- In 2011 the total number of children aged 0-19 raised by grandparents (not including those raised by other relatives – was 11,035.
- The total raised by grandparents (excluding other relatives) - 0-15 was 4330

Family Characteristics of Adults (11), Age (16) and Sex (3) for the Population 15 Years and Over in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 and 2011 Censuses - 100% Data

7300 (children 0-14 living in kinship care) + 6440 (15-19 living with other relatives) = 13,740. However this total includes some foster children aged 15-19, BUT does not include those aged 15-19 living with grandparents (the largest category of kinship caregiver).

The 2016 Statistics for BC, were flagged, "Excludes data from one or more incompletely enumerated Indian Reserves or Indian Settlements"

Research indicated that some families do not self-declare, especially if the arrangement is informal. (Not wanting "government**"** to know). This practice is particularly prevalent in Indigenous communities, where kinship care is a common practice.

Therefore, based on this and past statistics (11,035 aged 0-19 being raised by grandparents in 2011) Parent Support Services conservatively estimates the number of children and youth aged 0-19 in kinship care to be more than 13,000. However, it is most likely much higher.

Please note that youth aged 20-24 often continue to live in kinship care, as they have challenges that make it difficult to live on their own at that time (10,945 – living with other relatives). This is just added for information purposes.

Appendix II

Access to Justice – Data and Analysis

RAW DATA

SECTION A ACCESS TO JUSTICE	
	Overall (N=86)
Have looked for legal advice from lawyer	
Non-responses	3
Didn't need	25 (30.1%)
Yes, received	45 (54.2%)
Yes, unsuccessful	13 (15.7%)
Received the needed help from a lawyer	
Non-responses	5 (of 58 yes responses)
No	19 (32.8%)
Yes	33 (56.9%)
unknown item coded as 2	1 (1.7%)
Issues with ability to afford legal services	
Non-responses	4
No	30 (36.6%)
Yes	52 (63.4%)
Participation in alternatives to court system	
Non-responses	3
No	53 (63.9%)
Yes	30 (36.1%)
Problem acessing legal aid?	
Non-responses	6
No	55 (68.8%)
Yes, but available	14 (17.5%)
Yes, and not available	11 (13.8%)

Appendix - Access to Justice Raw Data cont'd

Have tried to access legal advice from non-lawyer source	
Non-responses	4
Yes, received	33 (40.2%)
Yes, did not receive	14 (17.1%)
No, didn't know	13 (15.9%)
No, didn't need	22 (26.8%)
Is legal guardian of children per court order	
Non-responses	3
No	25 (30.1%)
Yes	55 (66.3%)
Don't know	3 (3.6%)

Has been informed of different options for court order	
Non-responses	5
No	47 (58.0%)
Yes	33 (40.7%)
unknown item coded as 2	1 (1.2%)
Has been informed re different KC agreements	
Non-responses	42 (on full dataset--number of responses here sums to greater than yes responses to previous question)
No	14 (31.8%)
Yes	29 (65.9%)
Don't know	1 (2.3%)

*** note: where questions were nested, verified wherever possible that responses are properly aligned*
e.g., summary for item "LawHelp" is verified to summarize responses only from respondents who answered yes to the "Lawyer" item
notes re the uncorrected total Ns wherever this was not immediately verifiable through scanning the data

DATA ANALYSIS

Example of an unsuccessful attempt to gain more insight.

Researchers hoped to explore whether access to lawyers had any correlation with income levels.

The research did not have enough participants across the three outcomes (after excluding missing data on the income variable) to look at these separately. Therefore, correlation with income was calculated in two different ways.

The original item Lawyer (did you seek a lawyer, Section A, question 13) is coded 0=no; 1=yes, received; 2=yes, no success

For the first correlation the income level was to a two-level outcome: 0=no; 1=any yes answer. This allowed researchers to examine whether seeking advice from a lawyer at all correlates with income. The correlation was not significant, $r(67) = .035$, 95% CI [-.193, .270]..

For the second correlation the original Lawyer item was altered to: 0=no + yes, no success; 1=yes, received. This allowed researchers to examine whether income is correlated with successfully seeking legal advice from a lawyer. The correlation was not significant, $r(67) = .171$, 95% CI [-.056, .409].

As is evident in the results, neither correlation is statistically significant, although it is interesting that the correlation estimate for the second version is much larger than the first with confidence intervals that are more heavily biased in a positive direction. This suggests that while income is fairly unrelated (r = .035, or near zero)) to whether or not people will seek legal advice from a lawyer, income may bear some relationship with how likely they are to be successful at it (r=.17). There is a trend towards individuals with income below the median being less successful at retaining a lawyer's advice, despite no differences in the likelihood of seeking this help.

HelpAvail item (Section A, question 17; Community availability of lawyers):

Researchers started by taking a similar approach as above. The original coding is 0=not an issue; 1=yes, but legal aid is available; 2=yes, and no legal aid is available

Version 1 recoded: 0=not an issue; 1=yes (1+2). This allowed exploration of whether getting in touch with a lawyer is an issue in general. The correlation was not significant, $r(66) = -.105$, 95% CI [-.345, .131].

Version 2: 0=not an issue + yes but aid is available (0+1); 1=yes and no aid is available. This allowed exploration of whether access to legal services of any kind is an issue. Unfortunately, there were not enough people who reported "yes, and no aid is available" for this to stand alone in a 2x2 analysis so it was not conducted.

OtherLGL item (Section A, question 18; Legal information from other sources):

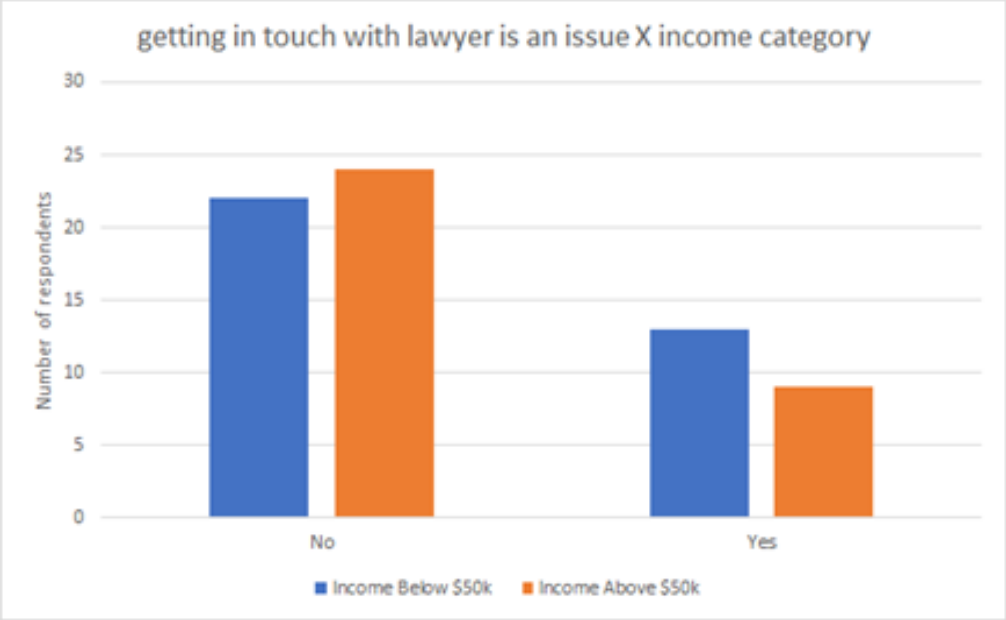
Responses were grouped such that 0=both types of no responses (originally coded as 3 and 4) and 1=both types of yes responses (originally 1 and 2). The outcome is not significant, $r(69) = -.087$, 95% CI [-.323, .145]..

CourtORD item (Section A, question 19; Have a court order):

Only three people responded "Don't know". These respondents were excluded from analysis, and a phi correlation was computed as for other binary variables. The correlation between having a court order and income was not significant, $r(65) = .066$, 95% CI -.173, .311]...

Inform item (Section A, question 30; Knowledge of other options):

Income level was significantly associated with being informed regarding different kinds of agreements or court orders for guardianship, $r(64) = .266$, 95% CI [.039, .506]. Having an income below the median was associated with not having been informed as to legal options.



	No =0	Yes=1+2	
Income Below $50k	**22**	**13**	
Income Above $50k	**24**	**9**	

Appendix III

Data - Children and Youth in Kinship Care

SECTION B SUMMARY DATA		
Number of ALL children in household reported	N	86 respondents
1	N (%)	49 (57.0%)
2		15 (17.4%)
3		14 (16.3%)
4		2 (2.3%)
5		5 (5.8%)
6		1 (1.2%)
Descriptive age outcomes(ChildXAge) - ALL Children		
Age of ALL children (total sample)	N	160 children
	Mean	10.11
	SD	4.46
	Range	1.0-20.0
Age of ALL children (≤18 only)	N	158 children
	Mean	9.994
	SD	4.357
	Range	1.0-18.0
Children Raised in Kinship Care		
Age-defined school groupings*	N (%)	153 children*
Preschool age (0-4)		19 (12.4%)
School age (5-18)		133 (86.9%)
Other (18+)		1 (0.7%)
Number of preschool children (respondent defined per ChildXPre items)	N (%)	15 (9.3%)

Children Raised in Kinship Care		
Developmental track(ChildXOnTrack) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	On track	9 (47.4%)
	Not on track	5 (26.3%)
	no response provided	5 (26.3%)
	N (%)	133 children*
School age (5-18)	On track	9 (6.8%)
	Not on track	5 (3.8%)
	no response provided	119 (89.5%)
	N (%)	1 child*
Other (18+)	On track	0
	Not on track	0
	no response provided	1

Children Raised in Kinship Care		
Early learning challenges(ChildXChal) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	Diagnosis (Dx) issue	2 (10.5%)
	No dx	9 (47.4%)
	no response	8 (42.1%)
	N (%)	133 children*
School age (5-18)	Dx issue	5 (3.8%)
	No dx	6 (4.5%)
	no response	122 (91.7%)
	N (%)	1 child*
Other (18+)	Dx issue	0
	No dx	0
	no response	1
Children Raised in Kinship Care		
Receiving services(ChildXServ) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	rec services	2 (10.5%)
	no services	4 (21.1%)
	no response	13 (68.4%)
	N (%)	133 children*
School age (5-18)	rec services	2 (1.5%)
	no services	5 (3.8%)
	no response	126 (94.7%)
	N (%)	1 child*
Other (18+)	rec services	0
	no services	0
	no response	1

Children Raised in Kinship Care		
School performance(ChildXWell) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	well at school	2 (10.5%)
	not well	1 (5.3%)
	no response	16 (84.2%)
	N (%)	133 children*
School age (5-18)	well at school	70 (52.6%)
	not well	46 (34.6%)
	no response	17 (12.8%)
	N (%)	1 child*
Other (18+)	well at school	0
	not well	1 (100%)
	no response	0

Children Raised in Kinship Care		
Diagnosed learning/behav issue(ChildXDiag) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	Dx issue	2 (10.5%)
	No dx	1 (5.3%)
	Don't know	0 (0%)
	no response	16 (84.2%)
	N (%)	133 children*
School age (5-18)	Dx issue	63 (47.4%)
	No dx	51 (38.3%)
	Don't know	2 (1.5%)
	no response	17 (12.8%)
	N (%)	1 child*
Other (18+)	Dx issue	1 (100%)
	No dx	0
	Don't know	0
	no response	0
Receiving support at school(ChildXSupp) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	rec support	1 (5.3%)
	no support	2 (10.5%)
	Don't know	0 (0%)
	no response	16 (84.2%)
	N (%)	133 children*
School age (5-18)	rec support	60 (45.1%)
	no support	55 (41.4%)
	Don't know	1 (0.75%)
	no response	17 (12.8%)
	N (%)	1 child*
Other (18+)	rec support	0
	no support	1 (100%)
	Don't know	0
	no response	0

Needs testing for challenges(ChildXTest) by age group (all respondent data)		
	N (%)	19 children*
Preschool age (0-4)	needs	3 (15.8%)
	doesn't need	0 (0%)
	don't know	0 (0%)
	no response	16 (84.2%)
	N (%)	133 children*
School age (5-18)	needs	63 (47.4%)
	doesn't need	36 (27.1%)
	don't know	5 (3.8%)
	no response	29 (21.8%)
	N (%)	1 child*
Other (18+)	needs	1 (100%)
	doesn't need	0
	don't know	0
	no response	0

SECTION B SUMMARY DATA (cont'd)		
Children's medical diagnoses	N (%)	N = 136 children reported on
Has Diagnosis (Dx)		37 (27.2%)
No Dx		97 (71.3%)
Don't know		2 (1.5%)
Children's mental health diagnoses	N (%)	N = 120 children reported on
Has Dx		45 (37.5%)
No Dx		71 (59.2%)
Don't know		4 (3.3%)
Waiting to see a specialist for testing?	N (%)	N = 82 children reported on
Yes		23 (28.0%)
No		59 (72.0%)
Waiting for treatment on a waitlist?	N (%)	N = 81 children reported on
Yes		15 (18.5%)
No		66 (81.5%)
Currently receiving treatment?	N (%)	N = 83 children reported on
Yes		30 (36.1%)
No		53 (63.9%)
Received treatment in the past?	N (%)	N = 82 children reported on
Yes		26 (31.7%)
No		56 (68.3%)
Treatment is not needed	N (%)	N = 68 children reported on
Yes - not needed		11 (16.2%)
No - it is needed		57 (83.8%)
Child has a family doctor?	N (%)	N = 140 children reported on
Yes		111 (79.3%)
No		28 (20.0%)
Don't know		1 (0.7%)
Child relies on walk-in clinics?	N (%)	N = 124 children reported on
Yes		33 (26.6%)
No		88 (71.0%)
Don't know		3 (2.4%)

Child has access to dental care?	N (%)	N = 136 children reported on
Yes		122 (89.7%)
No		14 (10.3%)
Don't know		0 (0%)
Child has coverage for prescription drugs?	N (%)	N = 139 children reported on
Yes		98 (70.5%)
No		34 (24.5%)
Partially		3 (2.2%)
Don't know		4 (2.9%)
Child has access to required specialist services?	N (%)	N = 121 children reported on
Yes		64 (52.9%)
No		42 (34.7%)
Partially		3 (2.5%)
Don't know		12 (9.9%)

Past experiences: witnessed		
Physical violence	N (%)	N = 141 children reported on
Yes		91 (64.5%)
No		39 (27.7%)
Don't know		11 (7.8%)
Verbal/emotional abuse	N (%)	N = 142 children reported on
Yes		103 (72.5%)
No		37 (26.1%)
Don't know		2 (1.4%)
Drug/alcohol abuse	N (%)	N = 140 children reported on
Yes		101 (72.1%)
No		39 (27.9%)
Don't know		0 (0%)
Criminal activity	N (%)	N = 140 children reported on
Yes		55 (39.3%)
No		69 (49.3%)
Don't know		16 (11.4%)

SECTION B SUMMARY DATA (cont'd) - Past experiences: direct experience		
Physical abuse	N (%)	N = 133 children reported on
Yes		54 (40.6%)
No		73 (54.9%)
Don't know		6 (4.5%)
Verbal/emotional abuse	N (%)	N = 138 children reported on
Yes		80 (58.0%)
No		50 (36.2%)
Don't know		8 (5.8%)
Sexual abuse	N (%)	N = 137 children reported on
Yes		27 (19.7%)
No		94 (68.6%)
Don't know		15 (10.9%)
unknown item coded as 3		1 (0.7%)
Ongoing neglect	N (%)	N = 135 children reported on
Yes		90 (66.7%)
No		45 (33.3%)
Don't know		0 (0%)
Severe incidence of neglect	N (%)	N = 132 children reported on
Yes		53 (40.2%)
No		73 (55.3%)
Don't know		5 (3.8%)
unknown item coded as 3		1 (0.8%)

Food insecurity	N (%)	N = 134 children reported on
Yes		81 (60.4%)
No		50 (37.3%)
Don't know		3 (2.2%)
Housing insecurity	N (%)	N = 131 children reported on
Yes		66 (50.4%)
No		64 (48.9%)
Don't know		1 (0.8%)
Frequent moves	N (%)	N = 131 children reported on
Yes		73 (55.7%)
No		58 (44.3%)
Don't know		0 (0%)
Homelessness	N (%)	N = 131 children reported on
Yes		37 (28.2%)
No		91 (69.5%)
Don't know		3 (2.3%)
Ongoing poverty	N (%)	N = 138 children reported on
Yes		78 (56.5%)
No		59 (42.8%)
Don't know		1 (0.7%)

SECTION B SUMMARY DATA (cont'd) – Past experiences: direct		
Food insecurity	N (%)	N = 134 children reported on
Yes		81 (60.4%)
No		50 (37.3%)
Don't know		3 (2.2%)
Housing insecurity	N (%)	N = 131 children reported on
Yes		66 (50.4%)
No		64 (48.9%)
Don't know		1 (0.8%)
Frequent moves	N (%)	N = 131 children reported on
Yes		73 (55.7%)
No		58 (44.3%)
Don't know		0 (0%)
Homelessness	N (%)	N = 131 children reported on
Yes		37 (28.2%)
No		91 (69.5%)
Don't know		3 (2.3%)
Ongoing poverty	N (%)	N = 138 children reported on
Yes		78 (56.5%)
No		59 (42.8%)
Don't know		1 (0.7%)

Appendix IV

Stresses and Strains of Kinship Caregivers – Survey Analysis

A Stress and Strain Scale developed for this research (Section D of the Survey, Question 3), drew from the existing literature on kinship care and the long experience of PSS. It consisted of 22 items covering present and future oriented concerns relating to the children, family relationships, finances, health, housing and navigating the system, among other things. There was an additional question for grandparents about their relationship with their own child, i.e., the parent of the kinship care child. Respondents were asked to rate each item on a scale of 1 (little stress) to 5 (high stress). As noted previously, the majority of caregivers experienced a moderate to high level of stress and strain related to kinship care.

To understand what factors predicted stress level, researchers used a hierarchical regression procedure. Initially researchers looked to variables that might be expected to have a strong relationship to stress and strain, such as number of children, previous parenting experience, and number of years as a kinship caregiver. Examining each of these in turn, it was found that only the number of children in the household predicted stress, and perhaps surprisingly *more* children was associated with less stress. It was also found that none were significantly related to stress on their own.

Further single-factor regression analyses were performed to predict stress/strain from various composite scores including child factors (developmental load, ACEs), supports (financial and emotional), the involvement of Ministry of Children and Family Development, and attitudes towards (thoughts and feelings about) kinship care.

Developmental load in the household (e.g., special needs of children) had a marginally significant relationship with stress ($p<.07$); caregivers who were dealing with a higher level of special needs in the household had higher stress scores. A relationship was also found between financial support from MCFD and the household developmental load. Kinship caregivers who received monthly financial support from the government, have a lower developmental load in their household. This could indicate that the children in these families are not on waiting lists, are getting the supports needed (factors within the created variable "load"), more so than other children in families without government maintenance. Therefore, the family's developmental load is lessened. (The other, less likely possibility is that households with higher developmental loads were receiving less financial support from government).

Interestingly, analysis of this study's survey data found that, based on what we tested, stress was best explained by *the experiences of the caregiver,* rather than factors related directly to the children. For instance, while developmental load was associated with caregivers' stress when

examining this relationship alone, hierarchical regression models showed that the relationship between developmental load and stress disappeared when taking other factors, such as caregiver health-change and attitudes or thoughts and feelings about kinship care, into account. These findings underscore the importance of caregivers' wellbeing in contributing to positive experiences as a kinship care provider.

Table of the individual items tested with strain/stress:

Item tested	Significance	p-value
Previous parenting experience	Not significant	.54
Number of children	Significant	.041
Developmental load	Marginally significant	.07

Regressions for Strain/Stress:

Of all the single factor regression analyses for stress/strain, we retained those variables with significant or marginally significant associations with strain/stress and began testing hierarchical regression models. We also retained variables that were non-significant where these variables were of theoretical interest.

Best-fitting model explaining caregivers' stress scores:

Variable	b	t
Step 1		
Number of children	-1.49	-1.08
Step 2		
Number of children	-3.51	-2.05 *
Developmental load	1.01	1.79 (marginal)
Step 3		
Number of children	-1.91	-1.15
Developmental load	0.85	1.59

Attitudes towards kinship care	-1.63	-3.33 **

Step 4		
Number of children	-2.20	-1.41
Developmental load	0.46	0.89
Attitudes towards kinship care	-1.30	-2.78 **
Health change since beginning kinship care	11.82	3.28 **

* $p < .05$; ** $p < .01$; marginal: $.09 > p > .05$

In a separate series of analyses examining factors that relate to attitudes (refer to statistical appendix table on attitudes), we found that attitudes were most strongly predicted by stress- and health-change after starting kinship care. The relationship above [in the hierarchical regression table] between strain/stress and attitudes likely reflects the complex influence of stress on attitudes. We have opted to control for attitudes in predicting strain/stress, but highlight that the nuanced relationship between stress and attitudes to kinship care should be studied further.

Of the additional items tested beyond child factors, supports, and MCFD involvement, three items were marginally associated with strain/stress in single-factor analyses (controlling for number of children):

- Having to sometimes go without essentials was marginally associated with higher stress, $b = 7.51$, $t(72) = 1.85$, $p = .068$). The results indicate that strain/stress scores are about 7.5 points higher, on average, in respondents who reported sometimes having to do without essential needs/services.
- Issues with ability to afford legal service were associated with higher stress—those who reported having issues affording services scored, on average, about 7 points higher on the stress composite, $b = 6.91$, $t(70) = 1.76$, $p = .082$
- Parental involvement in the children's lives was marginally associated with lower stress scores by about 7 points, $b = -7.26$, $t(73) = -1.85$, $p = .068$

None of these variables remained significantly associated with strain/stress when considering all variables together. As such, attitudes and health change remain the strongest contributors to strain/stress scores in this sample, but with more power, it may be the case that some of these factors would remain important predictors of stress.

An important note of interest. The survey analysis found that those who self-identified as Indigenous had a better mood status than non-Indigenous caregivers. It is possible that this could reflect the fact that kinship care is traditional within Indigenous communities, and have more recognition and respect within those communities. Self-identified Indigenous status predicts more positive attitudes toward kinship care when controlling for stress.

Table. Individual items tested in relation to caregiver mood status

Item tested	Significance	p-value
Previous parenting experience	Not significant	.909
Number of children	Significant	.003 [more children -> better mood]
Self-identified indigenous status	Significant	.021 [indigenous -> better mood]

Appendix V

Further Analyses of Caregiver Data: (Perceived) Family Strengths and Stresses and Strains

Questionnaire data were analyzed using R 3.5.1 (R Core Team, 2017) using the packages stats, tidyverse (Wickham et al., 2019), arsenal (Heinzen et al., 2019), simpleboot (Peng, 2019), boot (Canty & Ripley, 2017; Davidson & Hinkley, 1997). Standard descriptive outcomes were assessed according to the type of questionnaire item, including frequency/percentage outcomes for categorical variables and quantitative estimates for continuous measures.

Family Stengths

Consideration of family strengths was assessed to evaluate caregivers' relative focus on present-oriented concerns (e.g., providing a stable routine for kinship children) or future-oriented concerns (e.g., developing a long-term plan).

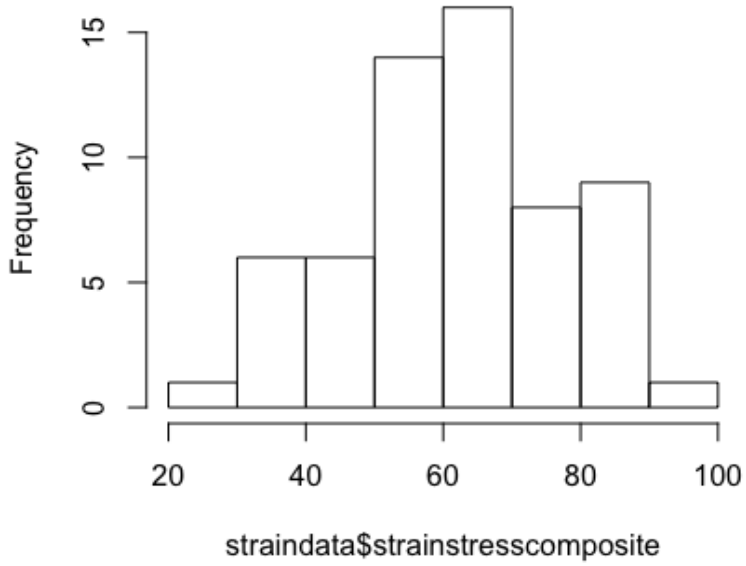
These outcomes correspond to Section D, Question 2. Respondents were given the option of endorsing or not endorsing 14 sentence stems in response to "The children are better off at my house because…". There were 8 items describing present-oriented considerations (e.g., consistency, structure, familiarity) and 6 describing future or outcome-oriented considerations (e.g., children will be better adjusted, stay within culture, long-term plan).

SECTION D: Family strengths composite	
	Overall (N=74)
Present-oriented concerns	
Mean (SD)	3.253 (1.153)
Range	0.750 - 6.000
Future-oriented concerns	
Mean (SD)	2.068 (1.388)
Range	0.000 - 6.000

After scaling these outcomes to reflect the same possible range of scores, a paired samples t-test revealed that respondents had significantly more present-oriented concerns relative to future-oriented concerns, $t(73) = 7.76$, $p < .001$. 95% CI of the difference between mean scores = [0.88, 1.49].

Strain/stress:

These outcomes correspond to Section D, Question 3. We created a composite score based on 22 items within the Strain & Stress question (we excluded the Feelings items pertaining to grandparents only, as well as the SpouseRel item due to a large amount of missing data). The range of possible scores is from 22 (endorsing the lowest stress per item) to 110 (the highest stress per item). Because this composite is the sum of 22 items, we included anyone who had complete data for a minimum of 20 items, and then weighted the final score by how many items were missing so that the composite score takes into account that someone might have skipped one or two items. **The distribution of scores is below (strain/stress score is on the X-axis, number of respondents on the Y-axis):**



This suggests that the majority of respondents experience a moderate-to-high level of strain and stress related to kinship care.

Regressions for strain/stress:

Strain/stress scores were analyzed according to a hierarchical regression modeling approach. First, we tested bivariate relationships between strain/stress and other variables of interest. Of these variables, we retained those with significant or marginally significant associations with strain/stress and began testing hierarchical models. We also retained variables that were non-significant where these variables were of theoretical value. Due to the size of the sample, a conservative approach to multiple regression was used such that no model included more than 4 predictor variables. In all models, number of children in the household was controlled for regardless of whether number of children was associated with the outcome of interest. In each model, we estimated the association between developmental load and stress while exploring the possible additional contributions of other factors (e.g., attitudes towards kinship care). This was

done to investigate the degree to which developmental issues in kinship children contribute to strain/stress in caregivers uniquely while considering other potential sources of stress in tandem.

Since multiple tests were carried out, a small p-value should not be regarded as proof of a relationship, but rather as a pointer to a possible relationship.

Table 1. Individual items tested with strain/stress:

Item tested	Significance	p-value
Previous parenting experience	Not significant	.54
Number of children	Not significant	.312 [1]
Self-identified indigenous status	Not significant	.477
Developmental load	Marginally significant	.070 [higher load -> more stress]
ACES per household	Not significant	.601
Gross household income	Not significant	.920
Financial drain on kinship care provider due to child's parents	Not significant	.892
Total number of sources of financial and emotional support	Not significant	.386
Total number of sources of financial support	Not significant	.472
Total number of sources of emotional support	Not significant	.151
Presence of spouse	Not significant	.217
Ability to take time away from children	Not significant	.536
Requiring assistance to pay for essential needs/services	Not significant	.843
Having to sometimes go without essential needs/services	Marginally significant	.075 [having to go without -> more stress]
Any MCFD involvement in the kinship care arrangement (yes/no)	Not significant	.247
Valence of thoughts/feelings towards kinship care [attitudes]	Significant	< .001 [positive attitudes -> less stress]
Mood status of caregiver	Not significant	.684
Caregivers' beliefs about the importance of family &	Not significant	.841

cultural identity		
Change in health since beginning kinship care (yes/no)	Significant	< .001 [health change -> more stress]
Change in stress since beginning kinship care (improvement/worsening)	Not significant	.161
Being in touch with other kinship care providers (yes/no)	Not significant	.827
Issues with ability to afford legal services (yes/no)	Marginally significant	.082 [issues with affording -> more stress]
Guardianship of children is supported by court order (yes/no)	Not significant	.173
Housing is adequate for the needs of the family (yes/no)	Not significant	.328
Employment change since beginning kinship care (reduced hours, no change, increased hours)	Not significant	.477
Total supplementary funding received	Not significant	.344
Parental involvement in children's lives (yes/no)	Marginally significant	.075 [parents involved -> less stress]
Mandated parental involvement (is mandated/not mandated)	Not significant	.959
Caregiver comfort with level of parental involvement (yes/mixed/no)	Not significant	.891
Children's comfort with level of parental involvement (yes/mixed/no)	Not significant	.229

Note 1. The number of children is not a significant predictor of stress on its own—the relationship between stress and number of children is contingent on other factors (e.g., developmental load).

Table 2. Optimally-fitting hierarchical regression model to explain strain/stress scores:

Variable	b	t
Step 1		
Number of children	-1.49	-1.08
Step 2		
Number of children	-3.51	-2.05 *

Developmental load	1.01	1.79 (marginal)
Step 3		
Number of children	-1.91	-1.15
Developmental load	0.85	1.59
Attitudes towards kinship care	-1.63	-3.33 **
Step 4		
Number of children	-2.20	-1.41
Developmental load	0.46	0.89
Attitudes towards kinship care	-1.30	-2.78 **
Health change since beginning kinship care	11.82	3.28 **

* p < .05; ** p < .01; *** p < .001; marginal: .10 > p > .05

Table 3. Individual items tested with attitudes composite scores (Section D Question 1, Thoughts and feelings about kinship care:

Item tested	Significance	p-value
Previous parenting experience	Not significant	.784
Number of children	Marginally significant	.058 [more children -> more positive attitudes]
Self-identified indigenous status	Not significant	.921
Developmental load	Not significant	.562
ACES per household	Not significant	.882
Gross household income	Not significant	.683
Financial drain on kinship care provider due to child's parents	Not significant	.431
Total number of sources of financial and emotional support	Not significant	.302
Total number of sources of financial support	Not significant	.316
Total number of sources of emotional support	Not significant	.673
Presence of spouse	Not significant	.877
Ability to take time away from children	Not significant	.551
Requiring assistance to pay for essential needs/services	Not significant	.502
Having to sometimes go without essential needs/services	Not significant	.925

Any MCFD involvement in the kinship care arrangement (yes/no)	Not significant	.870
Strain/stress	Significant	< .001 [more stress -> less positive attitudes]
Mood status of caregiver	Not significant	.551
Caregivers' beliefs about the importance of family & cultural identity	Not significant	.178
Change in health since beginning kinship care (yes/no)	Marginally significant	.075 [health change -> less positive attitudes]
Change in stress since beginning kinship care (improvement/worsening)	Significant	.006 [worsened stress -> less positive attitudes]
Being in touch with other kinship care providers (yes/no)	Not significant	.255
Issues with ability to afford legal services (yes/no)	Not significant	.793
Guardianship of children is supported by court order (yes/no)	Not significant	.193
Housing is adequate for the needs of the family (yes/no)	Not significant	.196

Employment change since beginning kinship care (reduced hours, no change, increased hours)	Not significant	.889
Total supplementary funding received	Not significant	.259
Parental involvement in children's lives (yes/no)	Not significant	.589
Mandated parental involvement (is mandated/not mandated)	Not significant	.475
Caregiver comfort with level of parental involvement (yes/mixed/no)	Not significant	.213
Children's comfort with level of parental involvement (yes/mixed/no)	Not significant	.229

Because the variables that were significantly associated with attitudes were primarily stress-related, and because stress is the more pressing outcome, we have opted to move forward with hierarchical regressions for stress outcomes only, controlling for attitudes.

Table 4. Individual items tested in relation to caregiver mood status composite score (Section D Question 5)

Item tested	Significance	p-value
Previous parenting experience	Not significant	.909
Number of children	Significant	.003 [more children -> better mood]
Self-identified indigenous status	Significant	.021 [indigenous -> better mood]
Developmental load	Not significant	.706
ACES per household	Not significant	.139
Gross household income	Not significant	.697
Financial drain on kinship care provider due to child's parents	Not significant	.469
Total number of sources of financial and emotional support	Not significant	.903

Total number of sources of financial support	Not significant	.752
Total number of sources of emotional support	Not significant	.581
Presence of spouse	Not significant	.965
Ability to take time away from children	Not significant	.941
Requiring assistance to pay for essential needs/services	Not significant	.856
Having to sometimes go without essential needs/services	Not significant	.818
Any MCFD involvement in the kinship care arrangement (yes/no)	Not significant	.647
Strain/stress	Not significant	.684
Attitudes towards kinship care	Not significant	.627
Caregivers' beliefs about the importance of family & cultural identity	Not significant	.943
Change in health since beginning kinship care (yes/no)	Not significant	.376
Change in stress since beginning kinship care (improvement/worsening)	Marginally significant	.065
Being in touch with other kinship care providers (yes/no)	Not significant	.670
Issues with ability to afford legal services (yes/no)	Not significant	.359
Guardianship of children is supported by court order (yes/no)	Not significant	.317
Housing is adequate for the needs of the family (yes/no)	Not significant	.602
Employment change since beginning kinship care (reduced hours, no change, increased hours) [2]	Significant	.043 [increased hours -> worse mood state]

Total supplementary funding received	Marginally significant	.096 [more funding -> more positive mood] [2]
Parental involvement in children's lives (yes/no)	Not significant	.972
Mandated parental involvement (is mandated/not mandated)	Not significant	.421
Caregiver comfort with level of parental involvement (yes/mixed/no)	Not significant	.126
Children's comfort with level of parental involvement (yes/mixed/no)	Not significant	.184

Note 2. Employment change and total funding relationships disappear when controlling for number of children.

Appendix VI

Survey data - Types of Kinship Care amongst respondents

Types of Kinship Care amongst respondents

	Number of YES Responses / Percent of total responses to question
Interim and Temporary Custody to Other	9 / 9.1%
Restricted Foster Care Agreement	11 / 12.4%
Permanent Transfer of Guardianship	17 / 18.9%
Child in Home of Relative	32 / 35.6%
Extended Family Program	7 / 8.0%

Interestingly, between 3.4% and 13.3% of persons responding to these questions did not know if they fell under a given program (3.4% for CIHR and EFP) and between 10.2 and 13.3% for the first three programs.

Benefits and Supports Received – Benefits per child

Number of YES Responses / Percent of total responses to question	
Canada Child Benefit	56 / 56.0%
Canada Child Disability Benefit	22 / 23.9%
CPP Children's Benefit (Disability)	6 / 6.6%
Claim Child as Dependent on Income Tax	55 / 55.6%
Provincial Support from Ministry	36 / 38.7%
Claim Child as Dependent on income assistance or persons with disabilities benefits	13 / 14.9%
Other Supports	16 / 20.8%
Specify	
No response	70
None (no additional supports)	5 / 31.2%
Spousal support	3 / 18.8%
CPP	0 / 0%
OAS	0 / 0%
OAS + CPP	1 / 6.2%
MCFD	1 / 6.2%
MCFD One-time payment	1 /6.2%
Island Métis bus pass, financial assistance, guidance	1 / 6.2%
At home program - medical and respite	1 / 6.2%
Day care support	1 / 6.2%
Pre-adoption support	2 /12.5%

Payments increased after April 2019 27 / 27.6%

Appendix VII

Non-exhaustive List of *Calls to Justice* that this research project endorses

Murdered and Missing Indigenous Women and Girls Inquiry

Calls for Social Workers and Those Implicated in Child Welfare:

12.2 We call upon on all governments, including Indigenous governments, to transform current child welfare systems fundamentally so that Indigenous communities have control over the design and delivery of services for their families and children. These services must be adequately funded and resourced to ensure better support for families and communities to keep children in their family homes.

12.3 We call upon all governments and Indigenous organizations to develop and apply a definition of "best interests of the child" based on distinct Indigenous perspectives, world views, needs, and priorities, including the perspective of Indigenous children and youth. The primary focus and objective of all child and family services agencies must be upholding and protecting the rights of the child through ensuring the health and well-being of children, their families, and communities, and family unification and reunification.

12.5 We call upon all levels of government for financial supports and resources to be provided so that family or community members of children of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people are capable of caring for the children left behind. Further, all governments must ensure the availability and accessibility of specialized care, such as grief, loss, trauma, and other required services, for children left behind who are in care due to the murder or disappearance of their caregiver.

12.6 We call upon all governments and child welfare services to ensure that, in cases where apprehension is not avoidable, child welfare services prioritize and ensure that a family member or members, or a close community member, assumes care of Indigenous children. The caregivers should be eligible for financial supports equal to an amount that might otherwise be paid to a foster family, and will not have other government financial support or benefits removed or reduced by virtue of receiving additional financial supports for the purpose of caring for the child. This is particularly the case for children who lose their mothers to violence or to institutionalization and are left behind, needing family and belonging to heal.

12.10 We call upon the federal, provincial, and territorial governments to immediately adopt the Canadian Human Rights Tribunal 2017 CHRT 14 standards regarding the implementation of Jordan's Principle in relation to all First Nations (Status and non-Status), Métis, and Inuit children. We call on governments to modify funding formulas for the provision of services on a needs basis, and to prioritize family support, reunification, and prevention of harms. Funding levels must represent the principle of substantive equity.

12.13 We call upon all governments and child welfare agencies to fully implement the Spirit Bear Plan.

Appendix VIII

Information Letter & Survey

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Parent Support Services Society of BC

Kinship Care Families in BC

Are you a kinship caregiver? Are you raising a child or children of a relative because their parents are unable? (This child lives in your home but the parent does not)

If you are, we invite you to participate in this survey being conducted by **Parent Support Services Society of BC (PSS) and the University of Northern BC (UNBC).**

At **PSS** we provide support to kinship caregivers like yourself. The goal of this survey is to better understand your needs so that we can better advocate *with* and *for* you.

Please consider helping us by completing our questionnaire. You will be given a $10 Tim Horton's gift card to thank you for your time.

You can look us up online at www.parentsupportbc.ca
Call our Provincial office at 1-877-345-9777 ext 111 or
Email us at research@parentsupportbc.ca
to find out more about us and this research.

PSS works hard to make sure kinship care voices are heard.
Your input is important – together we can make change happen.

What you need to know

You are being invited to participate in this survey because we believe you may be currently raising a child or children of a relative.

Who is conducting this study?

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

Co-Investigator(s):
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
Please contact one of the other team members with questions

How did we get your name?

We may have your name because:

- you called our office in response to our publicity campaign about this research and requested the survey;
- someone you know indicated you were interested in completing our survey;
- you participated in a Parent Support Services Society Circle and gave PSS permission to contact you;
- or you signed up at one of our information events and gave PSS permission to contact you.

If you are not providing kinship care but you know someone who is, please pass this survey along. If you know kinship care providers who did not get this invitation, please ask them to call us toll free 1-877-345-9777 ext.111. We want to hear from everyone!

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 you can choose to take part:

If you want to complete the survey, you can contact PSS by phoning our toll-free number at 1-877-345-9777 ext. 111 or by emailing us at research@parentsupportbc.ca. You can either arrange a time to complete the survey over the phone with someone or you can ask us to send you a copy of the survey in the mail (we will include a stamped, self-addressed envelope). The survey will take about 60 minutes to complete.

Your confidentiality will be protected:

Your confidentiality will be maintained wherever possible. If you choose to complete the survey on your own, we will ask you to only put your contact information on the last page of the survey, which will be removed from the rest of the survey once we receive it.

If you choose to be **interviewed** or get help with the survey, the interviewer will know your name, but will only record it on the last page of the survey and that page will be separated from the survey as soon as the interview is complete. Your contact information will only be used to follow up with you after the interview to see if you need some support and to send you a small gift card to thank you for your participation. All scheduling records will be destroyed. All interviewers will sign confidentiality agreements. Even if you mistakenly reveal your identity, careful steps will be taken to protect your identity.

A special note about interviews:

If you complete this survey with an interviewer (who will know your name while talking to you), he or she will advise you in advance that the research interview is not the place to report any active safety concerns you may have for a child. If you describe a current situation that puts a child at risk, and that situation has not previously been reported, the interviewer is required by law to report it to the appropriate authority. The interviewer will also be required to make a report if you disclose something that suggests you may pose a risk to yourself or others. These are the two exceptions to protection of your confidentiality.

How this research might benefit you:

The goal of this research is to directly inform social policy and practice changes and legal reform 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.

Other questions you may have:

Who is funding this study:

This research is being partially funded by The Permanency and Adoption Fund of the Victoria Foundation, the Vancouver Foundation, Parent Support Services Society of BC, and the Law Foundation of BC.

What are the risks to you?

Your experience with kinship care is a very personal matter.

This survey is long and asks questions that may be difficult to discuss. *You will be asked to share some information that most people consider private.* You will be asked questions about yourself and everybody living in your house. There will be questions about the children's needs and the stresses and rewards you may experience as a kinship caregiver. There will also be questions about your financial circumstances. Although we will do our best to protect your confidentiality, there is always a risk that someone will find out what you shared with us. You might also feel upset after talking about this information.

Some final words to all survey participants:

You may find thinking about some parts of your family's story somewhat upsetting. If you become distressed while completing the survey, stop, and consider contacting supportive friends, family, or local community resources. The PSS website can direct you to some local resources. You can also contact:

- PSS kinship care support line at (1-855-474-9777), email grgline@parentsupportbc.ca.
- bc211.ca (help@bc211.ca | Call or Text: 211) Visit the website - they can refer you to local help
- VictimLink – 1-800-563-0808 24hr help and information line
- Crisis Centre BC - 1-866-661-3311 TTY: 1-866-872-0113
- Northern BC 24 Hour Crisis Line: 1-888-562.1214
- Senior's Distress - 604-872-1234
- KUU-US 24 Hour Provincial Aboriginal Crisis Line – 1-800-588-8717

In case of an emergency call 911.

Do you have concerns or complaints?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the UNBC Office of Research at 250-960-6735 or by e-mail at reb@unbc.ca.

THANK YOU FOR YOUR TIME AND INTEREST!

Appendix IX

Survey

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 1-877-345-9777extension 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

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.

9. 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

10. If you did have a lawyer, did they give you the help you needed?
    - ☐ Yes
    - ☐ No, If no please explain _____

11. Some families cannot afford legal services. Has this been an issue for your family?
    ☐ Yes ☐No

12. Have you participated in an alternative to the court system (e.g. mediation, arbitration or something else)?
    ☐ Yes ☐No

13. 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

14. 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

15. 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	☐	☐	☐
Canada Child Disability Benefit	☐	☐	☐
Canada Pension Plan Children's Benefit (Disability)	☐	☐	☐
Canada Pension Plan Children's Benefit (Death)	☐	☐	☐
Claim child as a dependent on Income Tax	☐	☐	☐

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

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

☐ Yes ☐No ☐I don't know

28. In total, how much do your 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 ☐	Medium support ☐	Neutral ☐	Medium drain ☐	Major drain ☐

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 ☐	Feel moderately healthier ☐	Neutral ☐	Feel less healthy ☐	Feel much less healthy ☐

SECTION B: ABOUT THE CHILDREN IN YOUR HOUSEHOLD

All Children

1. 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

2. 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**.

3. 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
In your opinion, is this child's physical, mental, and emotional development on track?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
If no, does this preschool child have a **diagnosed** *early development* challenge involving speech / language, motor skills, or early learning skills?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
If Yes, please describe:				
Is this child receiving services?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does this child have a **diagnosed** *learning* or *behavioural* challenge?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
If the answer is **YES**, please describe:				
Does this child receive any special services, support or programming for *learning* or *behaviour* at school?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
In your opinion, does this child need testing or special services for *learning or behavioural* challenges?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ 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?	☐	☐	☐	☐
Waiting for treatment (on a waitlist)?	☐	☐	☐	☐
Receiving treatment now?	☐	☐	☐	☐
Received treatment in the past?	☐	☐	☐	☐
No treatment needed (Yes means this is true.)	☐	☐	☐	☐

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)	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
relies on walk in clinics	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
has access to dental care	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
This child:	Child 1	Child 2	Child 3	Child 4
is covered for prescription drugs	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K
has access to specialists/services needed for special medical needs/physical disabilities	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ D/K	☐ Yes ☐ No ☐ 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 THE PARENTS

Please remember that answering any question is optional

About the Current Situation

1. 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.

2. Are you comfortable with the parental involvement?
   ☐ Yes ☐ No ☐ Mixed: Yes & No

3. Is the parental involvement welcome or comfortable for the children?
   ☐ Yes ☐ No ☐ Mixed: Yes & No

4. Is the parent(s)' involvement mandated by the Ministry of Children and Family Development or delegated agency? ☐ Yes ☐ No

The Kinship Care Planning Process

5. 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)	☐	☐	☐	☐
It occurred on an emergency basis due to: • child protection agency involvement	☐	☐	☐	☐
• a family emergency that did not involve a child protection agency	☐	☐	☐	☐
It started as part time helping out caring for the children that became full-time / permanent	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐

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	☐	☐	☐	☐
Parent(s) unable to parent due to disability/	☐	☐	☐	☐
Parent(s) unable to parent due to mental health issues	☐	☐	☐	☐
Kinship Child	Child 1	Child 2	Child 3	Child 4
Parent(s) unable to parent due to physical health	☐	☐	☐	☐
Parent(s) unable to parent due to drug/alcohol issues	☐	☐	☐	☐
Parent(s) unable to parent due to incarceration	☐	☐	☐	☐
Parent(s) unable to parent due to violence in the home	☐	☐	☐	☐
Parent(s) has died	☐	☐	☐	☐
Other (please specify):				

SECTION D: THOUGHTS AND FEELINGS ABUT 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

2. 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 ☐ Anger☐ Guilt ☐ Sad ☐ Other:☐ _____
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 line 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.

THANK YOU FOR YOUR TIME!

Please return the completed survey by placing it in a stamped, self-addressed envelope and placing it in the 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:_____

Appendix X

Information Letter - Youth Raised in Kinship Care

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Parent Support Services Society of BC

Are you someone 19 years old and over who was raised by your grandparents or other relatives?

Please consider helping us by taking part in our research being conducted by Parent Support Services Society of BC (PSS) and the University of Northern BC (UNBC). You will be given a $10 Tim Horton's gift card to thank you for your time.

The goal of this research is to better understand your needs so that we can better champion those needs.

You can look us up online at www.parentsupportbc.ca
Call our Provincial office at 1-877-345-9777 ext 111 or
Email us at research@parentsupportbc.ca
to find out more about us and this research.

PSS works hard to make sure kinship care voices are heard.
Your input is important – together we can make change happen.

What you need to know

You are being invited to participate in this because we believe you may have been raised by relatives other than your parents.

Who is conducting this study?

Faculty Investigator: Glen Schmidt, UNBC School of Social Work

Co-Investigator(s):
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

Susan Burke - UNBC School of Social Work
Ph. 250-960-6620, email: susan.burke@unbc.ca
Other Steering Committee Members:
Michelle Reid - Faculty member: Nicola Valley Institute of Technology Social Work Department

Patricia Barkaskas - Supervising Lawyer on the Project *Director: UBC Allard School of Law, Indigenous Community Legal Clinic*

Who is funding this study:

This research is being partially funded by The Permanency and Adoption Fund of the Victoria Foundation, the Vancouver Foundation, Parent Support Services Society of BC, and the Law Foundation of BC.

Purpose of this Study:

The research will be gathering information that will be used to find out what types of changes are necessary to improve the lives of kinship care families. That information and recommendations for change will be shared with government(s). The goal is to convince government to make those changes.

Why do you have this letter?

- You contacted our office and asked to join our focus group.
- You signed up at one of our information events and gave PSS permission to contact you.
- You found out about the research through another organization, who, with your agreement, passed on your name, or gave this letter to you.

Participation in this project is entirely voluntary and will have no impact whatsoever on the services you or your family currently receive or you're entitled to receive from PSS

What is a focus group?

A focus group is a small group of people who discuss questions. That discussion is then used for research. This research project is holding focus groups of grandparents who have raised their grandchildren (and other kinship caregivers), and youth (19 years and over) raised by relatives other than their parents.

If you decide to be part of a focus group, you will join with 4 – 6 other youth raised by relatives. The group will meet at a time and place that works for group participants. A childcare and/or transportation subsidy is available to help make attendance possible. The session with last about 60 minutes. There will be snacks etc. At the start, you will be asked to complete a short questionnaire (age, gender, how long you were raised by kin). A facilitator will guide the group through a discussion on what challenges you might have faced in kinship care, what supports your family received at that time, what supports they needed, and what support you think you need now or in the future.

Confidentiality, and what happens with the information after the focus group:

All focus group participants will sign an agreement promising to protect the privacy of others. The importance of respecting the privacy of others will also be discussed in the groups. But it is always possible someone in the group could accidentally share information. It is important to only share what you feel comfortable sharing in a group setting.

The session will be audio recorded to make sure researchers have accurate information about the group's discussion.

If you choose to participate in a focus group, the facilitator will know your name, but you can just use your first name with other people in the group. A number code will be used instead of your name in all reports written on the group. Any accidental use of your name in the written notes from the focus group will be deleted by the note-taker after the focus group is over. Any use of your name in the recording will be replaced with the number code, too. The digital recording of the focus group and all scheduling records will be deleted after the transcription has been checked.

With your permission, things you say (without your name attached) may be used in reports. At any time during the focus group or at the end of the session, you can ask the note-taker to remove a comment you made from the notes or have it removed from the transcript.
You will be in a group with others. All information shared in the group (that is about other participants) should stay in the group. All participants will agree to keep in confidence information that identifies or could potentially identify another participant and/or their comments.

Take care when you are sharing information. Your facilitator will have to report any information about a situation that is about a child currently at risk, or if they think you might hurt yourself or others.

Is participation voluntary?

Your participation in this study is voluntary. You may decide to leave the study at any time. You can just take a break, or quit the group entirely. Just tell the focus group leader before you go. The researchers will work hard to remove anything you shared before you left. Please note that due to the focus group format, it may be difficult to remove all everything you said.

You do not have to answer every question. You may decide to use the cards to write your thoughts that you are not comfortable saying out loud.

If you later decide you don't want us to have what you shared, we can remove your data within two weeks of the focus group.

The only reasons researchers will contact you after the focus group, would be to send you a gift for participating, to check in and see if everything is okay, and to send you a copy of the final report.

How this research might benefit you:

The goal of this research is to improve provincial policy and possibly create legal reform for kinship families, including kinship youth. 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.

What are the risks to you?

Your experience with kinship care is a very personal matter.

Although we will do our best to protect your confidentiality, there is always a risk that some information you shared in the group will be shared more widely. You might also feel upset after talking about this information.

If you become upset during the focus group, the facilitator may ask you to take a few minutes to decide if you leave the group. You might want to contact supportive friends, family, or local community resources. If you are really upset after the focus group, the PSS website can direct you to some local resources. You can also contact:

- PSS kinship care support line at (1-855-474-9777), email grgline@parentsupportbc.ca.
- Youth In BC - https://youthinbc.com/
- bc211.ca (help@bc211.ca | Call or Text: 211) Visit the website - they can refer you to local help
- VictimLink – 1-800-563-0808 24hr help and information line
- Crisis Centre BC - 1-866-661-3311 TTY: 1-866-872-0113
- Northern BC 24 Hour Crisis Line: 1-888-562.1214

- KUU-US 24 Hour Provincial Aboriginal Crisis Line – 1-800-588-8717

In case of an emergency call 911.

All participants will be contacted within 14 days by the Project Manager or her delegate to check in

Questions, Concerns or Complains about the project

This study has been reviewed and received ethics clearance through the University of Northern BC Research Ethics Board.). If you have questions, concerns, or complaints about this experience contact the UNBC Office of Research at 250-960-6735 or by email at reb@unbc.ca

For all other questions contact Dr. Glen Schmidt of UNBC (250-960-6519 glen.schmidt@unbc.ca) or Jane Bouey, PSS Research Project Manager (604-669-1616 Ext 110 jane.bouey@parentsupportbc.ca).

THANK YOU FOR YOUR TIME AND INTEREST!

Appendix XI

Consent and confidentiality Form

By providing your consent, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

Title of the study: The State of Kinship Care in BC
I have read the information presented in the above information letter about a study conducted by Parent Support Services Society of BC (PSS), in partnership with the University of Northern BC. I have had the opportunity to ask questions related to the study and have received satisfactory answers to my questions and any additional details.
I was informed that participation in the study is voluntary and that I can withdraw this consent by informing the researcher.
I was informed that all information shared by participants is confidential and I that I am not to disclose any information shared by other participants during the focus group.
This study has been reviewed and received ethics clearance through the University of Northern BC Research Ethics Board.). If you have questions, concerns, or complaints about this experience contact the UNBC Office of Research at 250-960-6735 or by email at reb@unbc.ca

For all other questions contact Dr. Glen Schmidt of UNBC or Jane Bouey (PSS Research Project Manager).

☐ I am aware the focus group will be audio recorded to ensure accurate transcription and analysis.

☐ I give permission for the use of anonymous quotations in any thesis or publication that comes from this research.

☐ I agree not to share any information disclosed by other participants in the focus group.

I agree of my own free will to participate in the study.

Participant's name: _____

Participant's signature: _____ Date:_____

Researcher's/Witness' signature_____ Date:_____

THANK YOU FOR YOUR TIME AND INTEREST!.

.Appendix XII

Information Letter - Key Informant Interviews

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA Parent Support Services Society of BC

The State of Kinship Care Families in BC

Have you experience in raising a child of a relative because the parents are unable – Kinship Care.

Do you work with kinship caregivers?

Are you someone who was raised in kinship care?

If you are, we invite you to participate a key informant interview conducted by **Parent Support Services Society of BC (PSS) and the University of Northern BC (UNBC).**

At **PSS** we provide support to kinship caregivers. The goal of this research is to better understand their needs so that we can better advocate *with* and *for* kinship care families.

Please consider helping us by taking part in our research. You will be given a $10 Tim Horton's gift card to thank you for your time.

You can look us up online at www.parentsupportbc.ca
Call our Provincial office at 1-877-345-9777 ext 111 or
Email us at research@parentsupportbc.ca
to find out more about us and this research.

PSS works hard to make sure kinship care voices are heard.
Your input is important – together we can make change happen.

What you need to know

Who is conducting this study?

Faculty Investigator: Glen Schmidt, UNBC School of Social Work

Co-Investigator(s):
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

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

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

Additional Steering Committee Members:
Michelle Reid - Faculty member: Nicola Valley Institute of Technology Social Work Department

Patricia Barkaskas - Director: UBC Allard School of Law, Indigenous Community Legal Clinic

How did we get your name?

We may have your name because:

- You are someone who is known to be knowledgeable about kinship care or have a particular expertise in a similar area.

Your confidentiality will be protected:

Your confidentiality will be maintained wherever possible.

Key Informant Interview

If you choose to participate in a key informant interview, the facilitator will know your name. The interview may be recorded, and/or notes will be taken. Any use of your name in the recording or notes will be substituted in the transcription of the recording by a number code. Digital recording will be deleted after the transcription has been checked for accuracy.

Your contact information will only be used by the project coordinator to send you a thank you for your participation, and a copy of a final report. All scheduling records will be destroyed.

You will be advised prior to the key informant interview this interview is not the place to report any active safety concerns you may have for a child. If you describe a current situation that puts a child at risk, and that situation has not previously been reported, the interviewer is required by law to report it to the appropriate authority. The interviewer will also be required to make a report if you disclose something that suggests you may pose a risk to yourself or others. These are the two exceptions to protection of your confidentiality.

What does a key informant interview involve?

An interview will last approximately 45-60 minutes. It will be done, one-on- one in person, over the phone, or skype or similar program. The interview will consist of a few short questions based on your experience or knowledge of kinship care.

The session may be audio recorded to ensure an accurate transcript. Your comments will be identified with a code. With your permission, anonymous quotations may be used in publications and/or presentations, may refer to the types of occupations that participated in a non-identifying manner. At any time during the session, you can ask the note-taker to remove a comment you made from the notes or have it removed from the transcript.

Is participation voluntary?

Your participation in this study is voluntary. You may decline to answer any question(s) you prefer not to answer. You can choose to discontinue participating at any point in the interview. Any information you provided up to that point will not be used.
You can request your data be removed from the study up until November 30th as it is not possible to withdraw you data once a report has been published.

You are free to use Parent Support Services Society services (Support Line, Support Circle, Workshops) whether or not you participate in the study.

Other questions you may have:

Who is funding this study:

This research is being partially funded by The Permanency and Adoption Fund of the Victoria Foundation, the Vancouver Foundation, Parent Support Services Society of BC, and the Law Foundation of BC.

What are the risks to you?

Your experience with kinship care is a very personal matter.

In the course of the discussions, you may choose to share some information that most people consider private. You might also feel upset after talking about this information.

If you become distressed during the interview, the interviewer may ask you to take a few minutes to decide if you wish to continue. If you experience distress following the interview, the PSS website can direct you to some local resources. You can also contact:

- PSS kinship care support line at (1-855-474-9777), email grgline@parentsupportbc.ca.
- bc211.ca (help@bc211.ca | Call or Text: 211) Visit the website - they can refer you to local help
- VictimLink – 1-800-563-0808 24hr help and information line
- Crisis Centre BC - 1-866-661-3311 TTY: 1-866-872-0113
- Northern BC 24 Hour Crisis Line: 1-888-562.1214
- Senior's Distress - 604-872-1234
- KUU-US 24 Hour Provincial Aboriginal Crisis Line – 1-800-588-8717

In case of an emergency call 911.

Do you have concerns or complaints?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the UNBC Office of Research at 250-960-6735 or by e-mail at reb@unbc.ca.

THANK YOU FOR YOUR TIME AND INTEREST!

Appendix XIII

Bibliography

Canada

Alberta Government. (2017). Kinship Caregivers Handbook: A toolkit for kinship caregivers.

This handbook is a guide to the most frequently asked questions about kinship care. It helps identify the supports available, explain policy, and gives the caregiver information about their role as a caregiver. The policies in this guide may be outdated, but there is still useful advice within the guide for kinship caregivers.

Alberta Government. (2017). Supports for Permanency Fact Sheet.

This document outlines Alberta's Supports for Permanency program which provides financial support to families who adopt or obtain private guardianship of children in permanent government care. This includes some kinship care arrangements. [Note: Alberta defines kinship care providers as Kin who care for children in the care of the Director (of Children's Services). When kinship care providers gain guardianship, Children's Services closes the file and the family is no longer defined as a kinship home; rather they assume Guardianship and take over that role with the child (with the exception of having Supports for Permanency program involved as financial supports to those families). Source - Bryan Kelly Kinship Unit - Children's Services Alberta.]

Anishinaabe Child and Family Services (2020) Foster/Kinship Care. Retrieved from https://www.anishcfs.org/

This is a flyer from the Anishinaabe Child and Family Services (ACFS) (one of ten agencies within the Southern First Nations Network of Care - in Manitoba). From the flyer, "Alternative care or foster/kinship care can mean many things. It can be a grandparent caring for a grandchild, an aunt or uncle caring for a niece or nephew, or a community member caring for a child they are familiar with. These homes are referred to as Kinship homes. Alternative care or foster care can also be a person or family that is not familiar with a child but would like to open their heart and home to a child in need."

Archibald, J., Xiiem, Q.Q., Lee-Morgan, J.B.J., De Santolo, J. ed (2019) Decolonizing Research: Indigenous Storywork as Methodology. London UK: Zed Books

A collection of articles exploring the use of Indigenous storytelling in research, written by Indigenous researchers (and activists) from Canada, Australia and New Zealand. It determines that using this method, provides meaningful depth to research, and contributes to decolonization, Indigenous rights, and self-determination.

Beaupré, J., Courtney, M., & Flynn, R. J. (2013). Overview of out of home care in the USA and Canada. Psychosocial Intervention, 22, 163–173.

This paper compares child welfare systems in Canada, and the USA. It notes that in both countries there is an effort to reduce the number of children in care and that there has been a corresponding increase in kinship care and adoption.

Bell, T., & Romano, E. (2017). Permanency and Safety Among Children in Foster Family and Kinship Care: A Scoping Review. Trauma, Violence, & Abuse, 18(3), 268-286. Retrieved from https://www.deepdyve.com/lp/sage/permanency-and-safety-among-children-in- foster-family-and-kinship-care-sPbaURkx3Z?

This review of 54 quantitative studies of permanency and safety between foster care and kinship care. It finds that children in kinship care have greater permanency than those in foster care, but also lower rates of adoption and reunification than those in foster care.

British Columbia. (1996). Child, Family and Community Service Act [RSBC 1996]. Chap. 46. This Act is current to March 25, 2020. Retrieved April 15, 2020, from http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96046_01

The Child, Family, and Community Service Act (CFCSA) is the provincial legislation that Ministry of Children and Family Development (MCFD) and Delegated Aboriginal Agency (DAA) social workers must operate under when assessing and determining the level of risk and safety for children in the province of British Columbia.

British Columbia, Ministry of Children and Family Development. (2019) Out of Care Policies, Chapter 4. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/covid-19/out_of_care_policies.pdf

MCFD policy manual for social workers working with children who may be placed in Out of Care options. It includes policies amended April 1, 2019. It outlines the procedures for the Extended Family Program, Court Ordered Out-of-Care Providers – Interim Out-of-Care Custody Order Under(35(2)(d), Temporary Out-of-Care Custody Order Under 41(1)(b), , Permanent Transfer of Custody under 54.01 and Permanent Transfer of Custody after Continuing Custody Order under 54.1. This manual is now available on the government website, but it is extremely difficult to locate, unless you know exactly what to search for.

British Columbia, Ministry of Children and Family Development (2020) Policy 1.1 Working with Indigenous Children, Youth, Families and Communities. MCFD Core Policy - Child Safety, Family Support & Children in Care Services.

This policy provides guidance respecting the identity of Indigenous children and collaboration with Indigenous Communities, and outlines how the Federal "*An Act Respecting First Nations, Inuit and Metis , Youth and Families,* modifies a director's powers and duties under the *Child, Family and Community Services Ac*t. The standards under the Federal act prevail. The *CFCSA* is being amended to reflect this.

British Columbia, Ministry of Children and Family Development. (2019). *Foster Child Placement with a Person Other Than the Parent in BC.* Retrieved December 20, 2019, from https://www2.gov.bc.ca/gov/content/family-social-supports/fostering/temporary-permanent-care-options/placement-with-a-person-other-than-the-parent

This site provides information about the Extended Family Program (EFP) which provides kinship caregivers with an agreement between the parents and the Ministry of Children and Family Development (MCFD) to provide support for the kinship caregiver while caring for the child. The webpage details steps for the family to take if they would like to inquire about their eligibility for an EFP. This is a temporary agreement between the parents, the caregiver, and MCFD.

British Columbia, Ministry of Children and Family Development (2019). Permanency for Children & Youth in Care - Case Data and Trends. Retrieved from https://mcfd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/case-data-and-trends

Government web page documents trends of children and out in care.

British Columbia, Ministry of Children and Family Development (2019) Performance Indicators 4.14 Rate of Children and Youth in Care per 1,000 Population. Retrieved from https://mcfd.gov.bc.ca/reporting/services/child-protection/permanency-for-children-and-youth/performance-indicators/children-in-care

This government webpage documents MCFD performance indicators.

British Columbia, Ministry of Children and Family Development - temporary and permanent care options – permanent. (2019) Retrieved from https://www2.gov.bc.ca/gov/content/family-social-supports/fostering/temporary-permanent-care-options/permanent-transfer-of-custody-to-someone-familiar

This government webpage outlines temporary and permanent care options.

British Columbia, Ministry of Children and Family Development – CIHR Downloaded 2019. Retrieved fromhttps://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/eligibility/child-in-home-of-relative

Government webpage devoted to the Child in the Home of the Relative.

British Columbia MCFD (2017). Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families. Retrieved from https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf

A Ministry Guide for integrating a trauma based practice to working with children youth and families.

British Columbia, (2019) Declaration on The Rights of Indigenous Peoples Act. https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/41st-parliament/4th-session/bills/first-reading/gov41-1 https://declaration.gov.bc.ca/

Legislation that outlines a process to align B.C.'s laws with the UN Declaration. It mandates government to bring provincial laws into harmony with the UN Declaration. It requires: development of an action plan to achieve alignment over time; regular reporting to the Legislature to monitor progress. In addition, the legislation allows for flexibility for the Province to enter into agreements with a broader range of Indigenous governments. And it provides a framework for decision-making between Indigenous governments and the Province on matters that impact their citizens. This legislation will impact kinship care policy in BC.

British Columbia Government Employees Union. (2015). Closing the circle: a case for reinvesting in Aboriginal child, youth and family services in British Columbia.

This report, by the union that represents social workers employed by the Ministry of Children and Family Development, some Delegated Aboriginal Agencies, and many community-based social service agencies, explores the state of Indigenous child, youth and family services in BC. It identifies where services fall short, and reasons why this occurs, and provides detailed recommendations to improve the system.

Brown, L., Callahan, M., Mackenzie, P. & Whittington, B. (2004). Catch as catch can: grandmothers raising their grandchildren and kinship care policies. *Canadian Review of Social Policy* 54, 58-78.

This journal article looks at research conducted in 2004 with a group of 22 aboriginal and non-aboriginal grandmothers residing in BC. The paper examines how they experience kinship care policies within child welfare, showing the connection between the experiences grandmothers have with public policy and how it impacts their personal characteristics, cultural tradition, and value.

Burke, S., & Schmidt, G. G. (2009). Kinship Care in Northern BC. *Child Welfare, 88*(6), 127-142.

A qualitative study in northern British Columbia that identifies the needs of kinship caregivers. It uses interviews with caregivers and social workers, as well as MCFD case file reviews. This research finds many needs identified for kinship caregivers that must be addressed for kinship care to be a sustainable option for children in need.

Burke, Susan. (2018). Supporting Indigenous Social Workers In Front-line Practice. *Canadian Social Work Review.* 35. 5. 10.7202/1051100ar.

This study explores the experiences of nine Indigenous social workers in BC. It recommends ways that social service organizations must change in order to provide space for those social workers to engage in Indigenous practice.

Burke, S. (2009). Exploring Kinship Care: A Newly Recognized Age-Old Practice.

Thesis submitted in Partial Fulfillment of The Requirements for The Degree of Master of Social Work *University of Northern British Columbia.* This study explores the experiences of children in kinship care and of those that provide kinship care in the northern regions of British Columbia. The study looks at the types of children within kinship care and of the types of families that provide kinship care. It concludes with recommendations on changes in practice around kinship care and possible areas of future study.

Canada (2019) An Act respecting First Nations, Inuit and Métis children, youth and families. Government of Canada. S.C. 2019, c. 24 Assented to 2019-06-21 https://laws.justice.gc.ca/eng/acts/F-11.73/page-1.html

This Act, passed in 2019 by the Government of Canada, was co-developed with Indigenous peoples, provinces and territories. The aim of the legislation is to reduce the number of Indigenous children and youth in care and improve child and family services. It came into force on January 1, 2020. The acti affirms the rights of First Nations, Inuit and Metis peoples to exercise jurisdiction over child and family services. It establishes national principles such as the best interests of the child, cultural continuity and substantive equality. Its passage is part of the implementation of the United Nations Declaration on the Rights of Indigenous Peoples. It aims to provide an opportunity for Indigenous peoples to choose their own solutions for their children and families. At the time of writing this report, it is difficult to judge the impact of this act. Early reports are positive.

Carriere-Laboucane, J. (1997) Kinship Care: A Community Alternative to Foster Care. *Native Social Work Journal. Vol. 1(1), pp. 43-53.*

A qualitative study from an Indigenous lens focusing on Squamish (British Columbia) and Enoch (Alberta) First Nations. Written in 1997, it proposes that Indigenous kinship care policies be developed by Indigenous practitioners and community representatives as an independent strategy that that preserves the integrity and autonomy of First nations. While the paper is dated, much of it remains useful analysis.

Children's Health Policy Centre. (2014). When Relatives are the Best Resource. *Children's Mental Health Research Quarterly, 8(3), pp 3-6.* Simon Fraser University.

This article is a brief overview of what kinship care is, and how it is a positive alternative to the more mainstream method of placing children in government funded foster homes. The article provides a snapshot of some of the estimated numbers of children in kinship care arrangements, however comprehensive data is lacking in part due to varying definitions of kinship care across the country.

Children's Health Policy Centre. (2014). With a little help from their kin. *Children's Mental Health Research Quarterly, 8(3), pp. 7-11*. Simon Fraser University.

This article asks the question "do children in kinship care arrangements fare better than those in foster care?". This quasi-experimental study looked at both kinship care homes and foster homes looking at outcomes such as placement stability and child social and emotional wellbeing. To be included in the kinship group children's time in kinship agreements had to represent at least have of their total time in an out-of-home placement. This study cross-references over 100 other studies in other nations with the answer to the question being yes, children do fare better in kinship care agreements. However, it was indicated that potential kinship caregivers must be carefully screened, carefully planned, and monitored and that they should be provided with adequate resources to ensure the sustainability of the placement.

Clark, N. (2016) Shock and Awe: Trauma as the New Colonial Frontier. *Humanities* Vol 5, 14.

Clark discusses what she deems the "shock and awe" campaign against Indigenous women who experience violence, which has resulted in a perspective of victim blaming and assessing the woman's behaviour rather than the wrongness of what has happened to her. Clark further discusses that trauma treatment is based largely on empirical studies and evidence-based research, however, that research is rooted in Eurocentric ideologies. She calls for the development of models addressing violence aligned with Indigenous values based in strength, resistance, and survivance and states we must move beyond

decolonizing Western practice and centre on specific Indigenous approaches to healing and wellness.

Cradock, G. (2007). The politics of kith and kin: Observations on the British Columbia government's reaction to the death of Sherry Charlie. *First Peoples Child and Family Review, 3*(1), 15–33.

This paper analyzes the death of a First Nations child placed in kinship care in British Columbia and the possible systemic issues that may have contributed.

Davies, E., et al. (2015). A Call to Action to end systemic injustice suffered by children and families in child apprehension cases. Victoria Family Bar

This collaborative litigation support plan is a proposal addressed to the Victoria Bar by several members of the Victoria Family Bar seeking to raise awareness and address the challenges they face as family lawyers serving families involved with child welfare and dealing with the removal of a child from their family such as, court delays, issues with disclosure of requested information by legal counsel, and overall systemic unfairness.

DeFinney, S., & DiTomasso, L. (2015). Creating Places of Belonging: Expanding Notions of Permanency with Indigenous Youth in Care. *First Peoples Child & Family Review, 10*(1), pp 63-85.

This article speaks to the importance of permanency and belonging for Indigenous youth in care under both Western definitions of government care, guardianship, and adoption in conjunction with Indigenous traditional definitions of caregiving, cultural planning, and the importance of cultural permanency for the youth. The article looks at two community-based research studies from British Columbia focusing on urban and off-reserve Indigenous youth in care.

Deane, L., et al (2018) Live-In Family Enhancement (LIFE): a comprehensive program for healing and family reunification. *First Peoples Child and Family Review.* Vol 13, No. 1

This article documents the findings of an extensive evaluation of the Live-In Family Enhancement Program, developed and operated by Metis Child, Family, and Community Services in Manitoba. The program has parents fostered along with their children. Providing a wide array of resources around the clock for 8-12 month periods. The authors recommend using this approach for prevention and reunification.

Denby, R. (2016) Kinship Care: Increasing Child Well-Being Through Practice, Policy, and Research. New York, NY. Springer Publishing Company.

This book is intended for those who work with kinship caregivers. It advocates a relationship building approach. It argues that there is not enough attention paid to

addressing the unique needs of kinship caregivers. It argues that when neglect arises in these arrangements, it is because the "financial, emotional, and health needs" of these "vulnerable caregivers" are ignored. Innovations are needed to address unmet service

needs of caregivers, the needs of the children, "design interventions that increase caregivers' readiness and capacity, mitigate the high levels of stress and strain experienced by caregivers, and promote conditions that influence caregivers to become a permanent resource. It calls for more than financial support, but trained, and supported. Social workers educated and trained about the unique needs of these caregivers.

di Tomasso, L., & de Finney, S. (2015). A Discussion Paper on Indigenous Custom Adoption Part 1: Severed Connections - Historical Overview of Indigenous Adoption in Canada. *First Peoples Child & Family Review*, *10*(1), 7-18. Retrieved from https://fpcfr.com/index.php/FPCFR/article/view/247

Paper explores the history of adoption in Canada, and focuses on the impact of colonization of Indigenous traditions and the imposition of forced, closed and external adoptions on Indigenous Adoptees.

diTomasso, L., & de Finney, S. (2015). A Discussion Paper on Indigenous Custom Adoption. Part 2: Honouring Our Caretaking Traditions. First Peoples Child & Family Review 10.1

This paper uses a context of Indigenous self-determination and self-governance to explore custom adoption. It demonstrates custom adoption is practiced around the world. It examines what can be gained and lost through legal recognition of custom adoption. It argues for a radical shift in child welfare and adoption practice, policy and research. "Nothing is more fundamental to the strength, well-being, and continuing existence of Indigenous communities than our capacity to live our values and traditions and to exercise our right to care for our children in the ways we have always cared for them.

Dill, K.A. (2011) "Fitting a Square Peg into a Round Hole": Understanding Kinship Care Outside of the Foster Care Paradigm. University of Toronto.

This comparative analysis of kinship caregiving versus foster care in the province of Ontario is a comprehensive study compiled from the perspectives of caregivers, social workers, and youth in care from both kinship and fostering arrangements. The findings show that kinship caregivers have very complex unique needs compared with foster caregivers. Dr. Dill concludes that kinship programs require a level of intervention separate and discrete from foster care programs.

Federation of Community Social Services of BC & Ministry of Children and Family Development (Government of BC) (2012) Residential Review Project: Final Report.

This is a joint review of residential care services between the Ministry of Children and Family Development (MCFD) and Federation of Community Social Services of BC. The purpose of the project is to identify needs of children and youth who live or have lived in MCFD operated or funded residential placements. This review discusses permanency planning, kinship care, improving foster care and more. Included in the report are recommendations for change in policy and planning as well as action planning for steps moving forward by MCFD.

Fong, K. (2019) Concealment and Constraint: Child Protective Services Fears and Poor Mothers' Institutional Engagement. Social Forces, Volume 97, Issue 4, June 2019, Pages 1785–1810, https://doi.org/10.1093/sf/soy093 Retrieved 2020-03-04 via deepdyve.com

The author did in-depth interviews with 83 low income mothers in the USA. The research found that mothers were highly aware of the power of the state to remove children. When participating in the system, mothers concealed hardships, home life, and parenting behaviours from potential reporters.

Fuller-Thomson, E. (2005) Grandparents Raising Grandchildren in Canada: A Profile of Skipped Generation Families. *SEDAP Research Paper No. 132*. McMaster University.

This paper reviews existing research and Canadian statistics providing nationally representative data of grandparent led families. The research focuses on examining gender differences among those families. It points to gaps in research including studying grandchildren and the adult children, as well as a closer examination of grandfathers. The study examines the policy and practice implications of the disproportionate levels of poverty and disabilities in this largely female population.

Garrison, G. (2018). Raising Grandkids: Inside Skipped-Generation Families. Regina, Saskatchewan: University of Regina Press

In this document, Gary Garrison compiles stories from kinship caregivers about their experience as grandparents raising their grandchildren and the complex challenges that come with the process of dealing with custody arrangements, financial strain, and the impact on relationships with the parents of the children.

Greenwood, M. L., & De Leeuw, S. N. (2012). Social determinants of health and the future well-being of Aboriginal children in Canada. *Paediatrics and Child Health*(Canada), 17(7), 381–384.

Aboriginal children's well-being is vital to the health and success of our future nations. Addressing persistent and current Aboriginal health inequities requires considering both the contexts in which dis- parities exist and innovative and culturally appropriate means of rectifying those inequities. The present article contextualizes Aboriginal children's health disparities, considers 'determinants' of health as opposed to biomedical explanations of ill

health and concludes with ways to intervene in health inequities. Aboriginal children experience a greater burden of ill health compared with other children in Canada, and these health inequities have persisted for too long. A change that will impact individuals, communities and nations, a change that will last beyond seven generations, is required.

Applying a social determinants of health framework to health inequities experienced by Aboriginal children can create that change

Harrop, C. M. (2019). Tiwsamstawlst (We will teach each other): Final Report. Tla'amin Nation.

This report documents findings around the increased risk of Indigenous children with special needs entering the child welfare system away from their families, communities, and culture due to the factors of poverty, trauma both current and intergenerational, and lack of access to transportation, services, funding, and education. Together Vancouver Island University, Tla'amin Nation, and Aboriginal Supported Child Development compiled this research to share recommendations for child-centric supports, to create more resources in the community by building up the young people to fill important professional roles, and create meaningful change in these existing systems.

Hawkins, E., & Millard, E. (2008). NA DOONEA CHI: Kinship Care in the Yukon.

Unpublished research managed by the Little Salmon/Carmacks First Nation/Walter and financed by the Duncan Gordon Foundation, in partnership with the Grandparents' Rights Association of the Yukon. Report sent directly to Parent Support Services Society Kinship Research Office.

This report outlines research conducted in the Yukon from January to June in 2008. 59 families were surveyed, who were caring for 130 children who were kin but not their birth children.

Recommendations for Territorial and First Nation Governements include: developing a catergoy of alternative care with financial and social support for extended family kinship caregivers which better reflects the reality of their situations; expanding social and legal programs, less stringent and more pragmatic financial and social policy for legal issues, repite and counselling. It states that under kinship care, there is greater chance for re-uniting children with their parents and less placement in government care.

Hertzman, C., Boyce, T. (2010) How experience gets under the skin to create gradients in developmental health. Annual Review of Public Health 31: 329-47

This article outlines Clyde Hertzman's ground-breaking research on early childhood development. It explores biological embedding, the process by which experience gets under the skin and alters human biological and development processes. It cites the hHuman Learning Project's Early Development Instrument findings.

Hertzman, C. (2013a) Commentary on the symposium: Biological embedding, life course development, and the emergence of a new science. Annual Review of Public Health 34: 1-5

This article discusses how the science of biological embedding has advanced since the 2010 article.

Hertzman, C. (2013b). The significance of early childhood adversity. Pediatrics & Child Health, 18(3), 127-128.

This article outlines that research demonstrates the significance of early childhood adversity, and the importance of early intervention. It includes A Call to Action: "Most importantly, the report concludes that whereas research is needed to bolster our current knowledge, there is more than enough evidence to justify the early years as possibly the most effective window of opportunity for investment to improve outcomes in the later years of childhood and youth. Our children deserve no less."

Hertzman, C. (2009). The state of child development in Canada: Are we moving toward, or away from, equity from the start? Pediatrics & Child Health, 14(10), 673-676.

This paper clearly describes what Canadians need to know about early childhood years. It also argues that the lack of investment, is having negative effects on child development in Canada.

Holmes, C., Hunt, S. (2017) Indigenous Communities and Family Violence: Changing the Conversation. (Prince George, British Columbia: National Collaborating Centre for Aboriginal Health).

The authors put forward six principles in this framework for understanding family violence within Indigenous communities: recognizing ongoing colonialism and dispossession; locate risk within colonial systems; foster self-determination of individuals, families and communities; work from an Indigenous gender-based analysis; create localized solutions; and understand kinship systems as integral to Indigenous law.

John, Grand Chief, E. (2016). Indigenous Resilience, Connectedness and Reunification – From Root Causes to Root Solutions: A Report on Indigenous Child Welfare in British Columbia.

Grand Chief Ed John, a hereditary chief of Tl'azt'en Nation in northern British Columbia, was appointed in 2015 as Special Advisor on Indigenous Children in Care to report on three main topics related to Indigenous child welfare: Permanency for the 2,800 Indigenous children under Continuing Custody Orders (CCOs), the Council of the Federation's July 2015 report, *Aboriginal Children in Care- Report to Canada's Premiers*, and early years initiatives for Indigenous children. In 2016, Grand Chief Ed John released

his report with 85 recommendations to the British Columbia Government to implement changes to the Indigenous child welfare system. Some of the recommendations directly affect kinship care.

JustKids. (2011). Raising a Family Member's Children: Putting the foundations in place for children separated from their parents. *Elizabeth Fry Society of Greater Vancouver.*

This guide provides a toolkit for kinship caregivers for navigating the complex feelings they may be feeling from taking on caring for another family member's child(ren) and how to help the child navigate their own feelings about the trauma they have experienced. The guide also provides some national resources to access additional supports.

Kellington, S. (2002). Missing Voices: Mothers at risk for or experiencing apprehension in the child welfare system in BC. Report prepared for the National Action Committee on the Status of Women – BC Region. Second (revised) printing: January, 2002.

This report from an extensive research project that conducted focus groups in Vancouver and in Quesnel with diverse women (Indigenous - non-urban and urban, low-income - non-urban and urban, women with mental illness - urban, and Phillipina - urban) who were at risk for, or who had experienced their children apprehended. It concludes with recommendations: More comprehensive and broad-ranging preventative services; Support should be directed at parents through the child welfare system; Institute a "Mother's Advocates Office"; Cultural appropriateness and sensitivity.

Lines, L., Yellowknives Dene First Nation Wellness Division, & Jardine, C.G..
(2019). Connection to the land as a youth-identified social determinant of Indigenous Peoples' health. *BMC Public Health*, *19*(1), 1-13.

Social determinants of Indigenous health are known to include structural determinants such as history, political climate, and social contexts. Relationships, interconnectivity, and community are fundamental to these determinants. Understanding these determinants from the perspective of Indigenous youth is vital to identifying means of alleviating future inequities. In 2016, fifteen Yellowknives Dene First Nation (YKDFN) youth in the Canadian Northwest Territories participated in the 'On-the-Land Health Leadership Camp'. Using a strength- and community-based participatory approach through an Indigenous research lens, the YKDFN Wellness Division and university researchers crafted the workshop to provide opportunities for youth to practice cultural skills, and to capture the youth's perspectives of health and health agency. Perspectives of a healthy community, health issues, and health priorities were collected from youth through sharing circles, PhotoVoice, mural art, and surveys. The overall emerging theme was that a connection to the land is an imperative determinant of YKDFN health. Youth identified the importance of a relationship to land including practicing cultural skills, Elders passing on traditional knowledge, and surviving off the land. The youth framed future health research to include

roles for youth and an on-the-land component that builds YKDFN culture, community relations, and traditional knowledge transfer. Youth felt that a symbiotic relationship

between land, environment, and people is fundamental to building a healthy community. Our research confirmed there is a direct and critical relationship between structural context and determinants of Indigenous Peoples' health, and that this should be incorporated into health research and interventions.

Lomax, B. (1997) Hlugwit'y Hluuxw'y - - My Family My Child: the Survival of Customary Adoption in British Columbia. *Canadian Journal of Family Law, 14(2) pp. 197-215.*

This groundbreaking article, outlines the history and contemporary importance of Customary Adoption in BC. Survival of this custom, despite attempts to wipe it out.

MacKenzie, P. (2010). "Spinning the Family Web: Grandparents Raising Grandchildren" in Benoit, C. Valuing Intimate Labour: Gender and Work in Economic and non-Economic organizations. *University of Toronto Press.*

This article explores the important role that grandparents raising grandchildren fulfill in today's society.

Manitoba Government (2011) Circle of Care Fostering: Enhancing Supports to Foster and Kinship Care Families.

The Government of Manitoba's pamphlet that outlines their approach to and supports for kinship care families.

This paper is a thesis submitted in partial fulfillment of the requirements of the Degree of Master of Social Work Graduate Program in Social Work at the university of Calgary which critically examines the shortcomings of the kinship care assessment process. The author identifies the key differences between kinship caregivers and prospective foster caregivers and how "traditional" home assessments do not recognize traditional Indigenous customs and practices, do not recognize the inherent strengths of children being cared for by family and their community, and fails to recognize the challenges of poverty, inadequate housing, and systemic racism felt by prospective Indigenous caregivers.

Masten, A. S. (2006). *Promoting resilience in development: A general framework for systems of care*. In R. J. Flynn, et al. (Eds.) *Promoting resilience in child welfare* (pp. 3-17). Ottawa: Univ. of Ottawa Press.

This chapter in *Promoting resilience in child welfare*, reviews research on resilience. It argues for integrated systems of care, and a need for more research on the role systems such as child welfare systems in creating resilience.

Metis Child, Family and Community Services (n.d). Alternative Placement Services. Retrieved from https://www.metiscfs.mb.ca/alternative_placement_services.php

This Metis Agency (located in Manitoba) has alternate placement services including: a Kinship Care Program, Foster Care and Specialized Foster Care and their L.I.F.E. (Living in Family Enhancement) program which offers an alternative to the apprehension and removal of children from their family. The family are kept together while the children are in care through the placement of the entire family in a supported and supervised setting. Families reside with a trained foster parent who acts as a role model and will support, guide and mentor the parents. Referrals to this program are made through the family services worker.

Parent Support Services Society of BC (2009 – Revised 2014) Grandparents Raising Grandchildren Legal Guide (revised) *Parent Support Services Society of BC & University of Victoria School of Social Work.*

This guide was originally published by Parent Support Services and University of Victoria in 2009. The guide was updated in 2014 to include changes to legislation and policies. This guide provides plain language information on how to navigate the child welfare system and the programs in place to assist current and prospective kinship caregivers.

Ontario Association of Children's Aids Societies. 2020. Retrieved from http://www.oacas.org/childrens-aid- child-protection/kinship/

This website provides clear, accessible information about Ontario's kinship options – kinship care, kinship services, and customary care. Kinship care, where the child is in the care of the Children's Aid Society, provides similar supports as foster care. Kinship services, the child is not in the care of CAS and only provides financial support in special circumstances.

Perry, G., Daly, M., & Kotler, J. (2012). Placement stability in kinship and non-kin foster care: A Canadian study. Children and Youth Services Review, 34, 460–465.

This study compares the outcomes of kinship care children to those placed in non-kinship foster placements in one Ontario agency. The study between 2008 and 2010 looks at the outcomes of the children placed in kinship and foster care homes three years after placement. Findings show kinship care children to be more stable in their placements, whereas foster placements are more likely to end within the first month. The findings show a strong policy preference for the placement with kin over stranger care due to many factors including but not limited to the likelihood of an already existing relationship or bond between the kinship caregiver and the child.

Prince Edward Island (2017). Grandparents caring for children get help from province. Retrieved from https://www.princeedwardisland.ca/en/news/grandparents-caring-children-get-help-province

This article covers the actions taken by the Prince Edward Island government to help financially support grandparents raising grandchildren. The new Grandparents and Care Providers program financially helps families who provide out-of-home care for children due to safety reasons.

Public Health Agency of Canada. (2010). Canadian incidence study of reported child abuse and neglect 2008: Major findings. Ottawa, ON: *Public Health Agency of Canada.*

This is a collaborative report between the Public Health Agency of Canada, governments in all provinces and territories, First Nations representatives, and child welfare social workers. 2008 marked the 3rd cycle of this monitoring, the previous 2 being in 1998 and 2003. Findings show that 8% of investigations into child maltreatment resulted in a change of residence for a child, with 4% of children removed from their homes being placed in informal kinship care and 4% placed in formal kinship arrangements.

Raphael, D., Curry-Stevens, A., & Bryant, T. (2008). Barriers to addressing the social determinants of health: Insights from the Canadian experience. *Health Policy (Amsterdam, Netherlands), 88*(2-3), 222-235.

Despite Canada's reputation as a leader in health promotion and population health, implementation of public policies in support of the social determinants of health has been woefully inadequate. The continuing presence of income, housing, and food insecurity has led to Canada being the subject of a series of rebukes from the United Nations for failing to address child and family poverty, discrimination against women and Aboriginal groups, and most recently the crisis of homelessness and housing insecurity. In this article we consider some of the reasons why this might be the case. These include the epistemological dominance of positivist approaches to the health sciences, the ideology of individualism prevalent in North America, and the increasing influence on public policy of the marketplace. Various models of public policy provide pathways by which these barriers can be surmounted. Considering that the International Commission on the Social Determinants of Health will soon be releasing its findings and recommendations, such an analysis seems especially timely for understanding both the Canadian scene and developments in other nations.

Raphael, D. (2010). The health of Canada's children. Part III: Public policy and the social determinants of children's health. *Paediatrics & Child Health, 15*(3), 143-149.

The health of Canada's children does not compare well with other wealthy industrialized nations. Significant inequalities in health exist among Canadian children, and many of these inequalities are due to variations in Canadian children's life circumstances and the social determinants of health. The present article describes the social determinants of children's health and explains how the quality of these social determinants is shaped, in large part, by public policy decisions. The specific public policies that shape the quality of Canadian children's health are examined, and Canadian approaches in comparison with other wealthy developed nations are described. Policy directions that would improve the quality of the social determinants of children's health are presented and barriers to their implementation are considered.

Representative of Children and Youth - BC (2015) *The Thin Front Line: MCFD staffing crunch leaves social workers over-burdened, B.C. children under-protected.*

This report examines the Ministry of Children and Family Development and BC and the systemic reasons for a number of serious problems.

Representative for Children and Youth Annual Report 2017/18 and Service Plan 2018/19 to 2019/20. (2018)

This report provides an overview of the work done by the Representative for Children and Youth in British Columbia over the 2017-2018 year as well as the 2018-2020 goals and objectives for the organization.

Representative of Children and Youth - British Columbia Annual Report 2018/19 and Service Plan 2019/20 to 2021/22 (2019). Retrieved from https://rcybc.ca/wp-content/uploads/2019/10/rcy- arsp-2018-2019_final.pdf

This report provides an overview of the work done by the Representative for Children and Youth in British Columbia over the 2018/19 year as well as the 2020-2022 goals and objectives for the organization.

Representative of Children and Youth - BC (2010) No Shortcuts to Safety: Doing Better for Children Living with Extended Family. https://rcybc.ca/wp-content/uploads/2019/06/no_shortcuts_to_safety.pdf

This report was on kinship care was issued after the Provincial Government discontinued the Children in the Home of a Relative. A decision that was based partly upon concerns raised by the RCY about the lack of screening and oversight in that program. This report also points to shortcomings in the newly created Extended Family Program - primarily how difficult it was to access and that many families who would have qualified for the CIHR, no longer had any options for financial support.

Seucharan, C., Morgan, B., Hyslop, K., Sherlock, T. (2019) B.C.'s focus on foster care neglects need to support struggling families, experts say. Star-Vancouver. June 13, 2019.

A collaborative investigation into B.C.'s child-welfare system, journalists from The Discourse, The Tyee and Star Vancouver. Journalists asked parents whether they felt they were getting adequate support — financial and otherwise — before their children were apprehended by social services. 29 out of 30 said they were not getting adequate support. This newspaper report by the journalists who conducted the investigation, quotes leading figures in child welfare in BC who support the thesis that parents do not receive adequate support.

Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., Thomas Prokop, S. et al (2011). KiskisikAwasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System. Ontario: Assembly of First Nations.

This is a seminal work that explores the disproportionate number Indigenous children in the Child Welfare System across Canada.

Statistics Canada. (2001). 2001 Census of Canada topic-based tabulations: Age groups (12B), number of grandparents (3A) and sex (3) for grandchildren living with grandparents with no parent present, for Canada, provinces and territories, 1991 to 2001 censuses — 20% sample data. (Catalogue number 97F0005XCB2001042) Retrieved May 1, 2014, from Statistics Canada: http://buff.ly/1r4iPPt

This is a breakdown of the number of children accounted for within the 1991, 1996, and 2001 census that live with either one grandparent or grandparent couple by age group.

Statistics Canada. (2014). 2006 Census of Canada topic-based tabulations: Age Group of Child (12), Number of Grandparents (3) and Sex (3) for the Grandchildren Living With Grandparents With No Parent Present, in Private Households of Canada, Provinces and Territories, 2006 Census - 20% Sample Data. (Catalogue number 97-553-XCB2006025). Retrieved May 19, 2020, from Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=89035&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=68&VID=0&VNAMEE=&VNAMEF=

This is a breakdown of the number of children living with grandparents with no parent present. The 2006 Census did not use a long-form.

Statistics Canada. (2011). 2011 Census of Canada: Topic-based tabulations: Age group of child (12), number of grandparents (3) and sex (3) for the grandchildren living with grandparents with no parent present, in private households of Canada, provinces and territories. (Catalogue no. 98-312-XCB2011036) Retrieved May 7, 2014, from Statistics Canada: http://buff.ly/1r4iXOW

This is a breakdown of the number of children accounted for within the 2011 census that live with either one grandparent or grandparent couple by age group.

Statistics Canada, National Household Survey. (2015). Insights on Canadian Society Table A.1. Grandchildren living with grandparents. Distribution of population aged 24 and under by living arrangements, 2011. Table Retrieved June 27, 2019, from Statistics Canada: https://www150.statcan.gc.ca/n1/pub/75-006-x/2015001/article/14154/grand-eng.htm.

This tabulation provides statistics on the number of grandparents living with grandchildren in comparison to other living arrangements. Also, it includes the frequency of types of living arrangements in comparison to personal characteristics of grandparents and children. These statistics are based on the 2001 census and do not include the living arrangements of those that decided to opt out of taking the census.

Statistics Canada. (2017) 2016 Census of Canada, topic based tabulations, family characteristics of children (17), age (4b) and sex (3) for the population aged 0 to 14 years in private households of Canada, provinces and territories, census divisions and census subdivisions, 2016 and 2011 Censuses - 100% Data – BC,. (Catalogue no. 98-400-X2016041) Retrieved March 17, 2020 from Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&LANG=E&PID=109660&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&THEME=117&Temporal=2016&VID=0&VNAMEE=&VNAMEF=

These are breakdowns of the number of children accounted for within the 2016 and 2011 census in terms of family characteristics for the population aged 0-14 in private households. The number of children and youth living in kinship care can be determined from these stats. Use drop down tabs to choose BC, and 2016 or 2011.

Statistics Canada. (2017) 2016 Census of Canada topic based tabulations, family characteristics of adults (11), age (16) and sex (3) for the population 15 years and over in private households of Canada, provinces and territories, census metropolitan areas and census agglomerations, 2016 and 2011 Censuses - 100% Data – BC. (Catalogue no. 98-400-X2016028) Retrieved March 17, 2020 from Statistics Canada:
https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1235625

&GK=0&GRP=1&PID=109647&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=117&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0

These are breakdowns of the number of youth accounted for within the 2016 and 2011 census in terms of family characteristics for the population aged 15 and over in private households. The number of youth 15 and over living in kinship care can be determined from these stats. Use drop down tabs to choose BC, and 2016 or 2011.

Statistics Canada. (2019) 2016 Census of population topic based tabulations, family characteristics of children including presence of grandparents (10), Aboriginal identity (9), registered or treaty Indian status (3), residence by Aboriginal geography (10), age (4b) and sex (3) for the population aged 0 to 14 years in private households of Canada, Provinces and Territories, 2016 Census - 25% Sample Data (British Columbia). Catalogue no. 98-400-X2016350. Retrieved February 2020 from Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GK=0&GRP=1&PID=112124&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2017&THEME=122&VID=0&VNAMEE=&VNAMEF=

Breakdown of the number of Aboriginal children 0-14 accounted for in the 2016 Census, living with grandparents. There is a flagging of this information as there was a low participation rate in First Nations.

Statistics Canada. (2015) "Study: Grandparents living with their grandchildren, 2011." The Daily. Archived. Retrieved April 19, 2020 from Statistics Canada: http://www.statcan.gc.ca/daily-quotidien/150414/dq150414a-eng.htm

This is a quantitative study conducted by Statistics Canada in 2011, released in 2015. Findings showed 600,000 grandparents across Canada live in the same household as their grandchild, with approximately 12% of those households being skipped generation homes. Meaning, that the grandparent and the child live together on their own without the child's parent. Findings also show that Indigenous families are more likely to be skipped-generation households.

Steele, H et al. (2016) Adverse Childhood Experiences, Poverty, and Parenting Stress., Canadian Journal of Behavioural Science Vol 48. No. 1. 32-38

This article outlines a study that examined the impact of Adverse Childhood Experiences on parenting. The article includes a helpful review of current ACEs research. The findings of the study confirmed the negative impact of ACEs had on adult experiences of parenting.

Sullivan, R. (2015). Kinship care in an era of cost containment, *Canadian Review of Social Policy/ Revue canadienne de politique sociale, 72/73,* pp.64-90.

This study analyzes the evolution of the different types of kinship care arrangements in British Columbia focusing on identifying the interests that are served or omitted by these arrangements. This study emphasizes the intersectionality of race, class, and gender as essential to the analysis of the effectiveness of policies beneficial to kinship care.

Thompson, G.E, Cameron, R.R., Fuller-Thomson, E., (2012). Achieving Balance on the Red Road: First Nations Grandparents Speak. Transition (Summer 2012) Article based on "Walking the Red Road: The Role of First Nations Grandparents in Promoting Cultural Well Being" but the same authors published in the International Journal of Aging and Human Development.

This article outlines the powerful and unique traditions of grandparents raising grandchildren within First Nations.

Track, L. (2013). Supporting Mothers or Shutting Them Out: Results of a Court Watch, *West Coast Leaf.*

This is a research project conducted by West Coast LEAF to identify the obstacles many women face when working with the child welfare system. The report targets three main issues: Meaningful access to justice, the women's right to meaningful participation in child protection proceedings, and what other obstacles exist to ensuring women who live with addictions receive fair treatment in the justice system. This study was completed through a court watch process where observers attended child welfare court proceedings in Vancouver and Surrey and reported back qualitative data from their observation.

Turner, A. (2016). Insights on Canadian Society: Living arrangements of Aboriginal children aged 14 and under, *The Daily.* Retrieved, May 19, 2020 from Statistics Canada. https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14547-eng.htm

An analysis of the 2011 National Household Survey. It found that Indigenous children are twice as likely as non-Indigenous children to live in a kinship family.

University of Victoria School of Social Work & Parent Support Services Society of BC (2009).

Raw unpublished research results from research project on kinship care in BC that was conducted from 2007-2009. Obtained from PSS kinship care files.

Walkem, A. (2015) Wrapping Our Ways Around Them: Aboriginal Communities & the Child, Family and Community Services Act (CFCSA) Guidebook *ShchEma-mee.tkt Project (Nlaka'pamux Nation Tribal Council).*

Wrapping Our Ways Around Them is a plain language guide written by Indigenous lawyer Ardith Wal'petko We'dalx Walkem to help Indigenous families navigate the British Columbia *Child, Family, and Community Services Act*, the child welfare process, and help inform people about their rights as Indigenous children and parents.

West Coast LEAF, (2019) Pathways in a Forest: Indigenous Guidance on Prevention-Based Child Welfare.

This report, is the outcome of a law-reform collaborative project with West Coast LEAF, the Fraser Region Aboriginal Friendship Centre (FRAFCA), Lii Michif Otipemisiwak Children and Family Services (LMO), and Tillicum Lelum Friendship Centre. Intentions of project to "re-envision the current child welfare system from one rooted in colonial interventionist practices to one that can effectively support Indigenous families and communities." The report contains recommendations for systemic reform, legislative reform, improving financial supports, improving prevention-based efforts, and for improving advocacy for parents and Indigenous communities.

Yoon, R.,Kirby, C.,Furlong, A.,Bloomenfeld,J.(2019) Integrating Trauma-Informed Practice into Quality Improvement Processes. Journal of Ethics in Mental Health. Open Volume 10:1-19
https://jemh.ca/issues/v9/documents/JEMH%20QI%20Yoon%20copyedited%20by%20AY.pdf

The authors conclusion is that given the preponderance of trauma among people with mental health and substance use concerns, an integrated trauma-informed framework is an essential ethical approach to effectively meet the needs of clients and the service providers who support them.

GLOBAL

Leinaweaver, J. (2014) Informal kinship-based fostering around the world: Anthropological Findings Child Development Perspectives, 8 (3) (2014), pp. 131-136, 10.1111/cdep.12075

This article is a literature review of anthropological research into" informal kinship-based fostering" around the world, arguing that it is a "viable option for the care of vulnerable children". The author comes to the conclusion that policy makers should support it, but

that more research needs to be done, in order, to determine how children are doing in these families. Calling for a multi-country, cross-cultural, and longitudinal

study focusing on children (including age appropriate interviews), the author recommends researchers not rely on attachment security measures, but local indicators of trust and, "good enough" parenting and an emphasis on socioeconomic context.

UN General Assembly, United Nations Declaration on the Rights of Indigenous Peoples : resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295, available at: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

The BC provincial government passed legislation in November 2019 to implement the UN Declaration, which the Truth and Reconciliation Commission confirms as the framework for reconciliation.

EUROPE

Glaser, K., Stuchbury, R., Price, D., Di Gessa, G., Ribe, E., & Tinker, A. (2018). Trends in the prevalence of grandparents living with grandchild(ren) in selected European countries and the United States. European journal of ageing, 15(3), 237–250. https://doi.org/10.1007/s10433-018-0474-3

This article examines coresident, three generational households (not kinship care families) and only in a limited number of countries. The findings suggest that the prevalence of grandparents living with grandchildren is lower and less widespread than expected. It examines the socio-economic and government policy reasons for the variations. Where it does examine kinship care, it indicates that the opioid epidemic, austerity policies, and policies that encourage kinship care over foster care all are significant factors in the growing numbers of kinship caregivers.

Sweden

Ponnert, L. (2016) Emotional kinship care and neutral non-kinship care – the struggle between discourses. *Child and Family Social Work doi:10.111/cfs.12328*

This study, interviewed social workers and examined their attitudes toward kinship care and non-kinship care.

Spain

Boada, C. M. (2007). Kinship foster care: A study from the perspective of the caregivers, the children and the child welfare workers. *Psychology in Spain*, 11, 42–52.

This study examines the state of kinship care in Barcelona, Spain which has been steadily rising over the past 20 years. Findings came from the perspectives of the children, caregivers, and child welfare workers. Kinship care has a preferential benefit of

the child being able to live in a safe secure home with somebody they may already know and trust, and from a socioecological perspective also maintain the child's connection to family and cultural identity. Statistics show that 73% of kinship caregivers are grandparents, with the majority being grandmothers. The report demonstrates a need for better financial support, especially given that kinship placements are more likely to be long term or permanent without the child returning home to biological parents.

UK

Broad, B. (2012) Kinship Care & grandparent kinship carers: messages from research. Power Point Presentation. *London South Bank University*.

This presentation presents findings from a research study entitled Grandparents Voices: A research study on the views of grandparents who face up to challenging family situations. Findings were that most children in kinship care came from single parent households, grandmothers are the most dominant group of kinship caregivers, and that without adequate supports most homes providing kinship care struggle with their quality of life and relationships. There is a clear need for the recognition and valuing of the role kinship caregivers take on, fair and adequate financial support, appropriate family led assessment and support, and education and support services for kinship care children to build their resilience.

Farmer, E., Meakings, S., Selwyn, J., & Vaisey, P. (2013). The Poor Relations? Children and Informal Kinship Carers Speak Out: A Summary Research Report. *Retrieved from http://www.bristol.ac.uk/sps/research/projects/completed/2017/poor-relations/*

This report looks at the growing numbers of informal kinship carers in Britain, within a context of increasing legislative directions to place children with kin. It notes a context of increasing legislative directions to place children with kin. The study also points out that in Britain, the majority of these placements have been informal and not through the formal child welfare system. This research is unique in specifically focusing on the views of kinship children and youth.

Wilkinson, RG. (2006). The impact of inequality: how to make sick societies healthier. The New Press, New York, NY. As cited in Bruskas, D. Adverse childhood experiences & psychosocial well-being of women who were in foster care as children.

Wilkinson's work provides evidence that the greater the social inequality in a society, the poorer the health outcomes.

USA

Adamec, C., Adesman, A. (2018). The Grandfamily Guidebook: Wisdom and Support for Grandparents Raising Grandchildren. Centre City, Minnesota: Hazelden Publishing

Authors Andrew Adesman, MD, and Christine Adamec provide advice and insight into kinship families with information gathered from the 2016 Adesman Grandfamily Study. The book includes tips for working through relational issues with the parents, school and social challenges, dealing with problematic behaviours, and personal self-care.

Annie E. Casey Foundation. (2012). Stepping up for kids: what government and communities should do to support kinship families. Retrieved from https://www.aecf.org/resources/stepping-up-for-kids/

This report from the Annie E. Casey Foundation outlines the state of kinship care policies and practice in the United States. Key recommendations include increasing financial stability of kinship families, strengthen kinship families involved in the child welfare system, and enhance other community based and government responses for kinship families such as, access to stable housing, legal representation, health care, education, and support services.

Beltran, A (2017) Policy Brief: Federal and State Advances to Support Grandfamilies. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy. 4(2)* pp. 78-88.

This paper speaks to the Grandfamilies Adovcacy Network Demonstration (GrAND), aka. GrAND Voices, a group of kinship caregivers with expertise and personal experience as having raised children of family members. This program, launched by Generations United and Casey Family Programs is represented in 35 states, with plans for representation in all 50 states. These advocates have influenced new legislation and the implementation of policy changes such as guardianship assistance programs.

Blakely, G. I. (2017). Foster Care Children's Kinship Involvement and Behavioral Risks: A Longitudinal Study. *Journal of Child and Family Studies*. *26:2450-2462* DOI 10.1007/s10826-017-0746-0.

This research finds that kinship involvement reduces behavioural risks for children in foster care.

Bruskas, D. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. Permanente Journal. 17 (3). This article outlines the result of a study conducted in Tacoma Washington of women who were raised in foster care. The study outlines the type of trauma they experienced, both before entering foster care and while in foster care, and the resulting impact on their current well-being.

Felitti, V. J., R. F. Anda, D. Nordenberg, D. F. Williamson, A. M. Spitz, V. Edwards, M. P. Koss, and J. S. Marks. 1998. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 14 (4): 245–58.

This is the initial groundbreaking study, in the ongoing research conducted by the Centre for Disease Control and Kaiser Permante. It outlines the impact of serious childhood traumas, and resulting toxic stress, on people's health, even into adulthood. This research is vital to understanding the depth and complexity of challenges of children who come into kinship care.

Gentles-Gibbs, N,. Zema, J. (2020) It's not about them without them: Kinship grandparents' perspectives on family empowerment in public child welfare. *Child and Youth Services Review* Volume 108, January 2020

The authors of this article study eight grandparents who are raising their grandchildren. It determines there is a need for a "balance between autonomy and supportive engagement with the public child welfare system." It reveals that caregivers desire independence, yet need more resources. It calls for those working in the system, to listen to and include kinship caregivers in planning and determining the needs of the families. It recommends exploring ways for the democratic participation of kinship caregivers. It also calls for research into the informal and formal kinship care arrangements.

Generations United. 2000-2018 State of Grandfamilies Annual Reports.

These publications document the state of kinship families in the USA and contain legal and policy reform recommendations in a series of annual reports.

Hegar, R. L., & Takas, M (1999). The case for kinship adoption laws. In R. L. Hegar & M. Scannapieco (Eds.), Kinship foster care: Policy, practice, and research (pp. 54–67). New York: Oxford University Press.

This paper examines the impact that kinship adoption takes on family relationships. It discusses that kinship adoption could be a positive solution when it is agreed by all parties that is in the best interest of the child, and there is agreement that the child maintain some

level of relationship with the birth parent (or parents) after an adoption has been completed.

Henderson, T., Dinh, M., Morgan, K., Lewis, J. (2017) Alaska Native Grandparents Rearing Grandchildren: A Rural Community Story. *Journal of Family Issues.* Vol 38(4) DOI: 10.1177/0192513x15592792. pp 547-572.

This journal article details community based participatory research completed examining Indigenous grandparents in rural Alaska who are raising their grandchildren in their community. This research cultivates important information about these grandparents and the culture, values, and traditions they use in raising their grandchildren, and seek to understand why there are so many Alaskan Native grandparents raising grandchildren.

Hertzman, C. & Boyce, T. How experience gets under the skin to create gradients in developmental health. (2010). Annual Review of Public Health 31:3 (29-47).

Using their findings with the Early Development Instrument in British Columbia, Canada, the authors explore the importance of early experiences on later health, and the need for further research on the timing and types of interventions that can improve outcomes.

Lee, E. et al (2016) Parenting stress of grandparents and other kin as informal caregivers: A mixed methods study. *Children and Youth Services Review.* 69(1) pp 29-38.

This study used survey and focus groups to study the predictors and sources of parenting stress among kinship caregivers. Quantitative findings suggest that their family's needs and the caregiver's health and emotional well-being adversely affects parenting stress. Grandparent caregivers have higher parenting stress compared to other kin caregivers. Qualitative findings suggest that stress is exacerbated by financial strains, worries about children's behavior, navigating service systems and relationships with birth parents. It suggests that grandparent caregivers faced special challenges due to age differences, guilt and concerns over birth parents.

McConnico, N. (2017, July 13). Little listeners: Protecting young children by reducing community violence. [PowerPoint presentation]. Retrieved from http://dearcolleague.us/2017/07/lunch-briefing-little-listeners-protecting-young-children-by-reducing-community-violence/

This presentation outlines the impact of violence on children.

Miller, J., Donohue-Dioh, J. (2017) Mapping the Needs of Kinship Providers: A Mixed- methods Examination. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy. 4(2)* pp. 1-23.

This study looks at examining the needs of 105 kinship caregivers in a southeastern state in the United States. Using concept mapping, a mixed-method research methodology analyzing hierarchical cluster data to examine and identify relationships.

Results show 8 clusters which define needs for kinship families and helped order them in terms of priority. Those clusters are financial support, permanency, legal support, counselling, family and peer support, training, public outreach, and resources.

National Health Care for the Homeless Council and National Network to End Family Homelessness. (January 2019.) Homelessness & Adverse Childhood Experiences: The health andbehavioral health consequences of childhood trauma (Authors: Avery Brien, Program Manager NNEFH; Marvin So, Co-Chair, NNEFH; Christine Ma, Pediatrician, NNEFH; Lauryn Berner, Project Manager, NHCHC). Retrieved from http://www.nhchc.org/aces

A factsheet which looks at the connection between Adverse Childhood Experiences and homelessness, with a purpose of helping those working with the homeless, understand the role of ACEss have in health outcomes. The article determines that the best way to address childhood trauma may be to prevent it from happening in the first place. It recommends parenting support and education, trauma informed practice.

Pelton, L.H. The Continuing Role of Material Factors in Child Maltreatment and Placement. *Child Abuse and Neglect.* Volume 41, March 2015, Pages 30-39

The author explores the correlation between poverty, child maltreatment and child apprehension. It determines that there is evidence that when caregivers receive increased material support, there are decreases in child maltreatment. The author calls for reforms to social work practice, steps to be taken to reduce poverty and provision of a form of guaranteed annual income.

Sakai, C., Lin, H., & Flores, G. (2011). Health outcomes and family services in kinship care: Analysis of a national sample of children in the child welfare system. Archives of Pediatrics and Adolescent Medicine, 165, 159–165.

This report comes out of results of the National Survey of Child and Adolescent Wellbeing in a comparative analysis of American children in kinship care versus foster care. The authors state that with approximately 125,000 children in the U.S. residing in kinship care, there is a lack of support services for both child and caregiver. Finances provided (if any) are less than that of a foster parent, and findings show that kinship caregivers are far more likely to live in a lower socioeconomic status than licensed foster parents. While kinship care arrangements need greater support services there are positive findings that children in kinship care fare better than those in non-kinship foster arrangements.

Spindel, M. P. et al (2018). Kinship Diversion in the District of Columbia: A Review of Local Practice to Inform National Policy. GrandFamilies: The Contemporary Journal of Research, Practice and Policy, 5(1). Retrieved from https://scholarworks.wmich.edu/grandfamilies/vol 5/iss1/4

This report discusses the elevated risk and shortcomings of the common practice in the District of Columbia of "kinship diversion", a practice of placing a child with a kinship caregiver informally as an alternative to foster care. With this practice, there is little support for the caregiver, and the child and family services agency withdraws their involvement following the placement. Recommendations from this report calls for a change in practice to create more stability for "diverted children", asking that kinship caregivers be licensed as foster parents with appropriate tracking and follow up on the needs of the child, the stability of the family, and the stability placement.

Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). Adverse childhood experiences in National Survey of Child and Adolescent Well-Being (OPRE Report #2013-26). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Accessed August 10, 2017. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/aces_brief_final_7_23_13_2.pdf |

The ACEs study is an ongoing collaboration between Kaiser Permanente and the U.S. Centers for Disease Control and Prevention (CDC).

Winokur, M., Holtan, A., & Valentine, D. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Cochrane Database of Systematic Reviews, Issue 1.

This article reviews literature from 62 studies focusing on kinship care evaluating the outcomes of the children based on permanency, their well-being, and safety. The review finds that children in kinship care fared better in their behavioural development, mental health function, and placement stability. While there were no differences in the rates of reunification of the children in kinship care versus foster care, there was a higher likelihood of permanency via adoption for kinship care children.

Winokur, M., Crawford, G., Longobardi, R., & Valentine, D. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society 89*(3), 338-46.

This study compares the stability, safety, and permanency outcomes for children in foster and kinship care arrangements. The researchers examined 300 case files in which the children spent more than 60 days in out of home care. Kinship care arrangements were

found to have fewer changes in placement than foster care and were 7 times more likely to find a permanent living arrangement. Foster children were 10 times more likely to have an allegation of abuse or neglect made on their behalf and were 6 times more likely to become part of the juvenile justice system. The authors make recommendations on making kinship care a more viable out of home placement.

Yang, Mi-Youn. (2015). The effect of material hardship on child protective service involvement. *Child Abuse & Neglect.* Volume 41, March 2015, Pages 113-125
An article based on longitudinal data that explores the connection between poverty and the involvement of child protection services. The author argues that study results suggest that to prevent child maltreatment, it may be necessary to address a family's unmet material needs through economic support interventions.

Australia

Department of Communities. (2010) Kinship Care: A Literature Review. *Queensland Government.*

Queensland government released this review of national and international research on kinship care to better inform the development of policy, practice, and support services. kinship caregivers. The authors report that the assessment process is key in properly identifying and successfully placing a child with kin, however changes in the policy and procedures need to be made to address the unique situations of kinship caregivers and the best practice has not yet been proven.

Downie, J. M., Hay, D. A., Horner, B. J., Wichmann, H., & Hislop, A. L. (2010). Children living with their grandparents: Resilience and wellbeing. *International Journal of Social Welfare,* 19, 8–22.

This study examined the resilience and wellbeing of 20 children in the full-time care of their grandparents. It used a self‐report to measure of self‐concept and emotional wellbeing. Children were interviewed. The results of the study revealed the concerns regarding the children's family situation, and the "notable adaptation and resilience of the children in managing their life experiences."

Statistical Analysis

Canty, A. & Ripley, B (2017). boot: Bootstrap R (S-Plus) Functions. R package version 1.3-20.

Davidson, A. C. & Hinkley, D. V. (1997) Bootstrap Methods and Their Applications. Cambridge University Press, Cambridge. ISBN 0-521-57391-2

Heinzen, E. Sinnwell, J., Atkinson, E., Gunderson, T., & Dougherty, G. (2019). arsenal: An Arsenal of 'R' Functions for Large-Scale Statistical Summaries. R package version 3.3.0. https://CRAN.R-project.org/package=arsenal

Peng, R.D. (2019). simpleboot: Simple Bootstrap Routines. R package version 1.1-7. https://CRAN.R-project.org/package=simpleboot

R Core Team (2017) R: A Language and Environment for Statistical Computing. https://www.R-project.org/

Wickham, H., Averick, M., Bryan, J., Chang, W., et al., (2019). Welcome to the tidyverse. Journal of Open Source Software, 4(43), 1686, https://doi.org/10.21105/joss.01686