FAIRNESS FOR children RAISED BY relatives

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CSSCF Centre for the Study of Services to Children and Families

Reimagining Family Support Services: Perspectives from Kinship Caregivers

PREPARED BY:

SHARI MONSMA, GAIL MOLLIET, BARBARA LEE, CHOI SHAN NG, KYLE TURONE, KOLBE NEVA, AND MADDIE CATHCART

Acknowledgements

Land Acknowledgement

We acknowledge that over 95% of British Columbia is situated on unceded First Nations territories, where Indigenous Peoples have never relinquished their rights or title to their lands. We offer this acknowledgement with respect for the Nations, families, and communities across the province whose stewardship and kinship practices continue today.

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Author Affiliations

Shari Monsma[1], Gail Molliet[1], Barbara Lee[2,3], Choi Shan Ng[2,3], Kyle Turone[2,3], Kolbe Neva[3], and Maddie Cathcart[2,3]

[1]Fairness for Children Raised by Relatives
[2]School of Social Work, The University of British Columbia, Vancouver
[3]Centre for the Study of Services to Children and Families

Contact

Shari Monsma, President
Fairness for Children Raised by Relatives
Website: https://fairness4crr.com/
Email: fairness4crr@gmail.com

Barbara Lee, MSW, PhD
Assistant Professor, School of Social Work
Director, Centre for the Study of Services to Children and Families
Knowledge Exchange and Mobilization (KxM) Scholar
The University of British Columbia | Vancouver Campus
Email: b.lee@ubc.ca

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Executive Summary

Kinship caregivers play a vital role in supporting children and youth who cannot live with their parents, providing stability, cultural connection, and a sense of belonging. In 2022, Fairness for Children Raised by Relatives (F4CRR) convened kinship caregivers across British Columbia to gather their perspectives on children and family services as part of a provincial consultation process by the Ministry of Children and Family Development (MCFD). This report presents the findings derived from qualitative content analysis of the experiences caregivers shared across in-person, virtual, and written contributions to the community consultation.

Five themes emerged from the data analysis. Caregivers emphasized the need for recognition and respect for kinship families, noting that their role and expertise are often overlooked despite their central involvement in children’s lives. They identified significant systemic barriers to accessing clear, timely, and equitable supports, particularly when navigating inconsistent information or regionally variable services. Many caregivers described the cumulative strain of long-term caregiving, especially when supporting children with trauma-related or developmental needs without adequate resources or guidance. Caregivers also stressed the importance of trauma-informed and culturally grounded practices that prioritize children's emotional safety, stability, and cultural identity. Finally, they highlighted the need to rebuild trust through more transparent, collaborative, and consistent communication with service providers and allied professionals.

These findings align with existing research on kinship care, underscoring both the strengths of kinship caregiving and the systemic challenges that limit its sustainability. The calls for action identified by caregivers offer clear direction for strengthening supports, including improving social work capacity and continuity, ensuring consistent access to services regardless of program stream, addressing financial inequities, upholding Indigenous children's cultural and community connections, clarifying legal processes, supporting caregiver well-being, and expanding early and preventive family supports.

Together, the research findings and calls for action highlight the urgent need for system improvements that recognize kinship caregivers as key partners and ensure children's well-being remains at the center of policy and practice decisions. This report contributes to ongoing efforts to strengthen kinship care in British Columbia and reinforces the importance of grounding reform in the lived experiences of caregivers and their family.

Introduction

Kinship care has become an increasingly significant component of child and family services in British Columbia and across Canada.

As child welfare systems continue to shift away from institutional and non-relative care, kinship caregivers have assumed a central role in supporting children and youth who are unable to live with their parents (Brisebois & Lee, 2012). These arrangements draw upon existing family relationships, cultural ties, and community networks, and are widely recognized for promoting continuity, belonging, and stability in children's lives (DeFinney & DiTomasso, 2015; Perry, Daly, & Kotler, 2012). Kinship care also reflects long-standing caregiving traditions within many Indigenous, racialized, and newcomer communities, where extended family and community members have historically played key roles in raising children (Burke, 2023; DeFinney & DiTomasso, 2015).

Despite the growing reliance on kinship care, support structures and policy frameworks have not evolved at the same pace.

Kinship caregivers continue to navigate significant inequities, including limited financial assistance, inconsistent access to services, and complex legal or administrative processes (Pegg, Palomino & Thomas, 2024). Many caregivers step into their roles unexpectedly, often in moments of crisis, and must manage caregiving responsibilities while addressing trauma, health concerns, employment disruptions, and financial strain (Burke, et al., 2022; Pegg, Palomino & Thomas, 2024; Lee, Clarkson-Hendrix, 2016). These challenges are intensified for caregivers in rural or remote communities (Bailey, 2021) and for those caring for Indigenous children, who must also contend with systemic barriers tied to colonialism and racism (Burke, 2023; DeFinney & DiTomasso, 2015).

In recent years, British Columbia has undertaken substantial efforts to transform child welfare services, strengthen family support pathways, and advance Indigenous jurisdiction (Bill C-92; Ministry of Children and Family Development [MCFD], n.d). Within this shifting landscape, the voices and experiences of kinship caregivers offer crucial insights into how services can better reflect the realities of family and community life. Their perspectives illuminate both the strengths that kinship families bring to caregiving and the systemic changes required to support children's safety, stability, and well-being.

This report contributes to empirical evidence and policy reform by centering the lived experiences of kinship caregivers in British Columbia. Drawing on consultation data shared by Fairness for Children Raised by Relatives (F4CRR), the analysis highlights caregivers' reflections on current services, identifies gaps and challenges within the system, and outlines opportunities for meaningful reform. The report aims to amplify the knowledge of kinship caregivers, inform evidence-based policy development, and support continued advocacy efforts led by caregivers and community organizations.

Context

This report emerges from a broader provincial effort to reflect on and transform child and family services in British Columbia. In 2022, the Ministry of Children and Family Development (MCFD) conducted a community consultation process focused on reforming the child welfare system and supporting the development of Indigenous jurisdiction (Bill C-92). As part of this work, Fairness for Children Raised by Relatives (F4CRR), a non-profit volunteer-run provincial organization advocating for kinship caregivers, shared their experiences and perspectives on supports for children, youth, and families across the province. These conversations brought forward a wide range of insights about strengths, priorities, and systemic challenges facing kinship families.

The contributions of kinship caregivers within this consultation represented a significant body of lived expert knowledge. However, the information was originally collected for policy consultation rather than formal research. A core aim of the present project was to maintain the integrity of caregivers' voices, analyze their contributions using qualitative methodology, and produce empirical findings that supports advocacy, system change, and community empowerment. In alignment with Ownership, Control, Access, and Possession (OCAP) principles (The First Nations Information Governance Centre [FTIGC], 2014), this project reflects a commitment to restoring ownership of the knowledge shared by caregivers, ensuring that their priorities are preserved, centred and amplified.

Guided by a community-engaged research approach (Halseth et al, 2016; Mahoney et al., 2021), the project sought to honour caregivers' expertise, strengthen caregiver-led advocacy, and contribute to ongoing efforts towards equity, support, and systemic reform. By situating caregiver perspectives within both scholarly and practice-oriented contexts, the report aims to support continued collaboration among caregivers, researchers, practitioners, and policymakers working toward a more responsive and just system of family support services.

Understanding Kinship Care

Kinship care refers to caregiving arrangements in which children live with relatives, extended family members, or trusted individuals from their cultural or community networks when they cannot remain with their parents (Pollock et al., 2024). Kinship care is situated within the broader category of out-of-home care. Out-of-home care includes any setting in which a child or youth resides outside their usual home for any reason and for any length of time (Pollock et al., 2024).

Definition of Kinship Care

“A kinship home is a type of family-based care with a caregiver who has a family relationship or other close tie or attachment to the child, their family, or the child’s cultural community” (Pollock et al., 2024)

Types of Kinship Care Arrangements

Kinship care takes multiple forms shaped by legal status, cultural practices, and the caregiving relationship. Three primary types are formal, informal, and customary care.

Formal kinship placements typically involve extended family homes and caregivers who have gone through a formal review, training and approval process that is similar to the process foster homes undergo (Pollock et al., 2024).

Informal kinship placements variously include children whose legal status has not changed (i.e. parents/guardians maintain legal custody), but the child is placed with an extended family member or a trusted community member (as in customary care) on an emergency or temporary basis under voluntary conditions or by court order (Pollock et al., 2024).

Customary care is a placement type that is specific to First Nations, Inuit and Métis communities. It typically involves a voluntary placement in or close to a home community with extended family or other community member.
(Pollock et al., 2024)

Strengths and Protective Factors of Kinship Care

A substantial body of research highlights the strengths associated with kinship placements (including Blakely, 2017; Gentles-Gibbs & Zema, 2020; PSSS of BC, 2021; RCY, 2024). Kinship care supports continuity of daily routines, relationships, and environments, which can lessen the disruption children experience when entering care (Blakely, 2017; PSSS of BC, 2021; RCY, 2024). Children often have pre-existing relationships with kinship caregivers, facilitating smoother transitions and promoting a sense of familiarity and safety (Blakely, 2017; Gentles-Gibbs & Zema, 2020; PSSS of BC, 2021; RCY, 2024).

Kinship placements are also strongly associated with the preservation of sibling relationships (Blakely, 2017), long-term commitment by caregivers (Perry, Daly, & Kotler, 2012), and reduced stigma compared to non-relative foster care (Gentles-Gibbs & Zema, 2020). Cultural strengths are especially important for Indigenous children, for whom kinship care supports the continuity of cultural identity, language, and traditions (Burke, 2023; DeFinney & DiTomasso, 2015). When adequately supported, kinship homes can provide culturally safer environments and help prevent the harms associated with frequent placement changes and institutional care.

Systemic Challenges and Barriers

Despite their strengths, kinship caregivers frequently face systemic inequities. Many receive less financial support than non-relative foster caregivers, even though their responsibilities are similar (Pegg, Palomino & Thomas, 2024; PSSS of BC, 2021; RCY, 2024; Sullivan et al., 2015). Caregivers often struggle to access respite, mental health services, or health supports, and they may encounter fragmented information when navigating services across different regions or program streams (Pegg, Palomino & Thomas, 2024; PSSS of BC, 2021; RCY, 2024). Legal processes related to guardianship and custody can be complex, costly, and emotionally taxing (Burke, et al., 2023; Lee, Clarkson-Hendrix, 2016).

Indigenous caregivers experience additional barriers linked to racism, surveillance, and limited access to culturally safe supports (DeFinney & DiTomasso, 2015). Many kinship caregivers are older adults who assume caregiving roles unexpectedly, often while managing their own health, employment, or financial challenges (Pegg, Palomino & Thomas, 2024; PSSS of BC, 2021). These cumulative pressures contribute to caregiver stress, burnout, and unmet support needs (Lee, Clarkson-Hendrix, 2016).

Evidence on Outcomes

Research demonstrates that kinship care contributes to positive outcomes when caregivers receive appropriate support (Gentles-Gibbs & Zema, 2020; Lee, Clarkson-Hendrix, 2016). Compared to non-relative foster care, kinship placements are associated with greater placement stability and fewer disruptions (Perry, Daly, & Kotler, 2012). Children in kinship care often exhibit fewer behavioural and trauma-related symptoms (Blakely, 2017) and are more likely to achieve permanency through guardianship or legal custody rather than adoption (Perry, Daly, & Kotler, 2012). Children also perceive kinship homes as less institutional and more natural, which enhances their sense of belonging (DeFinney & DiTomasso, 2015). These outcomes underscore the importance of sustained and equitable support for kinship caregivers.

Kinship Care in British Columbia and Canada

Over the last 20 years, kinship care has become an increasingly significant component of child and family services in British Columbia and Canada. However, there is no single consistent figure nationally or provincially of the number of children in kinship care. The number of children in kinship care varies depending on the data source and methodology. Nevertheless, available national and provincial statistics consistently show a decline in the number of children in foster care overall, and a steady increase in the proportion of children and youth placed with kin.

National Numbers of Children in Kinship Care

Nationally, there are 2 primary data sources: Canadian Child Welfare Information System (CCWIS) as reported by Pollock and colleagues in 2024; and Statistics Canada numbers. These two sources use very different kinds of data, which is one of the reasons their numbers are not equivalent.

Child Welfare Data

The CCWIS draws from administrative child welfare systems data from the provinces and territories. It includes three kinds of information: publicly available data from annual reports and dashboards, custom tabulated data, and de-identified record-level data.

Data from the Canadian Child Welfare Information System (CCWIS) indicate that in 2021 there were 70,434 children and youth in care across participating provinces and territories, of whom 21,752 (48.7%) were placed in foster homes.

CCWIS data represents about 73 percent of placements for children aged 0 up to 18 across 10 provinces and territories (Newfoundland and Labrador, Nova

Scotia, New Brunswick, Quebec, Ontario, Manitoba, Alberta, Yukon, Northwest Territories, and Nunavut); however, it excludes British Columbia and therefore do not capture the full national picture.

Population-based Data

Population-based data from Statistics Canada offer a different source by capturing the living arrangements of children as self-reported by the general public.

In 2021, 26,675 children aged 0 to 14 were identified as foster children on the census. Their data show a 10% decrease in the number of children aged 0 to 14 living in foster homes between 2011 (29,590 children) and 2021. During the same period, 36,860 children aged 0 to 14 were reported as living with at least one grandparent without their parents. Among these children, half (50%) lived with two grandparents, 42% with their grandmother only and 8% with their grandfather only.

These population-level estimates highlight the importance of considering both formal and informal arrangements when assessing the prevalence of kinship care.

Provincial Numbers of Children in Kinship Care

British Columbia's data illustrate similar patterns, despite information obtained from different sources, definitions and coverage. Provincially, existing data about children out-of-home care are from: Canadian Child Welfare Information System (CCWIS) as reported by Pollock and colleagues in 2024, Ministry of Children and Family Development (MCFD) Annual Reports, and Statistics Canada data, as reported in *Kinship Care Profile: The State of Kinship Care in BC* (PSSS of BC, 2021).

Child Welfare Data

CCWIS estimates indicate that 10,462 children and youth were in care in 2021, representing approximately 17.1 percent of the child population, but do not specify how many of these placements were kinship homes.

MCFD's annual reports provide narrower counts and show a decline from 5,032 children and youth in care in 2021–22 to 4,875 in 2022–23. Likewise, these numbers do not specify how many of these placements were kinship homes and reflect only those in formal care settings overseen by MCFD.

Population-based Data

Due to these knowledge gaps in the existing child welfare data, The State of Kinship Care in BC report had to rely on custom calculations using 2016 Statistics Canada data. Their analysis estimated that about 7,300 children aged 0 to 14 were living in kinship care, and another 6,440 youth aged 15 to 19 were living with other relatives for a combined total of roughly 13,740 children and youth. However, that number includes foster children aged 15 to 19, and it does not include older youth living with grandparents, who make up the largest group of kinship caregivers.

While not entirely comprised of kinship care arrangements, this estimate includes informal kinship care arrangements and therefore a wider range of caregiving relationships than administrative child welfare data. These numbers suggest that informal kinship care is a significant aspect of caregiving in the province and may be underrepresented in administrative datasets.

Updated Population-based Estimates of Children in Kinship Care

More recent census data (2021) provide additional clarity on the prevalence of kinship arrangements in British Columbia and Canada. In 2021, Statistics Canada reported the number of children and youth aged 0 to 24 living with at least one grandparent without parents present, as well as those living with other relatives outside of census families. This is an important change in how household composition is measured since the State of Kinship Care report based on 2016 data.

Nationally, there are **224,350** children and youth aged 0 to 24 living “with at least one grandparents and without parents”, and “other relatives”.

Provincially in BC, there are **33,785** children and youth aged 0-24 who live “with at least one grandparents and without parents”, and “other relatives”.

Although this wider age range differs from earlier administrative and census reports, it provides a more comprehensive understanding of kinship and kith caregiving in the province, aligning with expanded eligibility for support programs and a broader non-legislative understanding of kinship care that is based in cultural, community, and extended family networks.

Interpreting the Data Landscape

Across data sources, the overall trend is clear: while the number of children in formal care has been declining, kinship care has become increasingly common. These patterns reflect an ongoing shift toward family- and community-based placements, and they highlight the need for equitable and accessible supports for kinship caregivers. The variation across data sources also underscores the challenges of measuring kinship care accurately, particularly because many caregiving arrangements fall outside formal child welfare systems. For policy and practice, these findings point to the importance of recognizing informal kinship arrangements, ensuring supports do not depend solely on legal status or care stream, and developing coordinated approaches for identifying and assisting kinship families.

Methods

Research Design

This study used a qualitative, community-engaged research design to analyze insights shared by kinship caregivers in 2022 as part of the Ministry of Children and Family Development's (MCFD) broader effort to transform child and family services and to inform policy and legislative reform. Although the information was gathered for consultation rather than research purposes, it represents a substantial body of lived expert knowledge from caregivers with direct experience navigating child and family services in British Columbia.

Kinship caregivers were invited to respond to two open-ended questions posed by MCFD:

> **"What changes to children and family services would make them a more supportive resource, in a way that upholds and embraces the strengths of all families?"**

> **"How would children and family services better support children and teens to establish or strengthen connections with their families, communities, and culture?"**

Data Collection

F4CRR hosted three points of engagement in June and July 2022 for kinship caregivers to contribute their experiences and perspectives:

June 11–12, 2022
An in-person kinship caregiver conference held in Nanaimo, British Columbia

June 28, 2022
A virtual consultation via Zoom

July 5, 2022
A second virtual consultation via Zoom

Summer 2022
Additional input submitted by email from kinship caregivers unable to attend the live sessions

These sessions were facilitated either by F4CRR or, in the virtual consultations, chaired by a representative of MCFD. Caregivers were invited to share about the changes they believed would strengthen children and family services and better support children's connections to their families, communities, and cultures. The original data consisted of written notes and summaries produced during the consultations and caregiver-submitted written responses.

Analysis

A content analysis approach was used to analyze the qualitative data collected during the community consultation. Content analysis is well suited for projects that seek to understand participants' perspectives in their own words and identify patterns across a diverse set of narratives. The analysis began with close reading of all consultation materials to gain familiarity with the content. The analysis occurred over three phases: initial coding, axial coding, and deriving themes.

Phase 1: Initial Coding

Fairness conducted initial coding to capture key ideas, concerns, and priorities expressed by caregivers. These initial codes reflected specific issues raised across all three consultation sessions.

Phase 2: Axial Coding

In the second phase, the research team examined how the initial codes related to one another. Codes were grouped into broader categories that captured shared experiences or recurring patterns in the data. This stage helped clarify the connections between individual concerns and larger systemic issues.

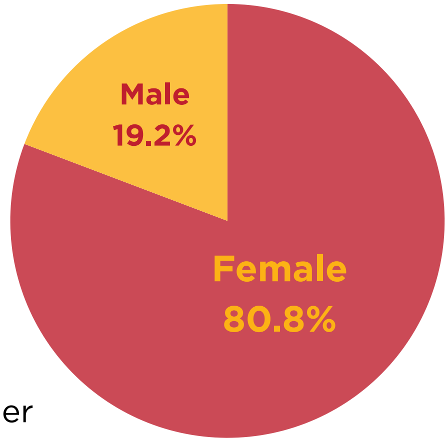
Phase 3: Deriving Themes

The final phase involved synthesizing the categories into overarching themes that best represented the central issues raised by kinship caregivers. This process moved beyond description toward identifying the themes and priorities that caregivers emphasized across the consultation sessions.

Sample

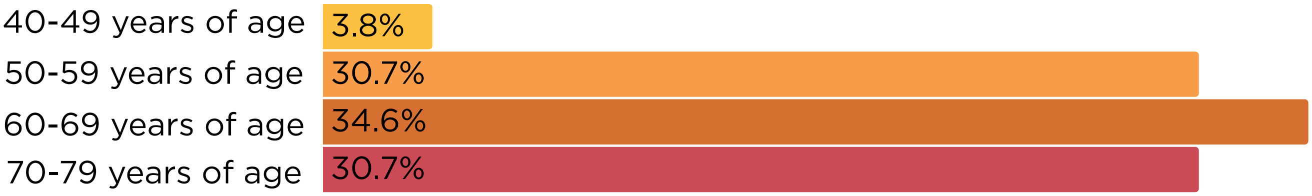
Demographic data were not collected during the original community consultations. To address this gap, a follow-up demographic survey was conducted by the research team. Thirty-three caregivers who self-identified as having participated in the original F4CRR consultations completed the survey. Some respondents did not complete every question, and the number of valid responses varies by item. Furthermore, demographic data was collected retrospectively and should be interpreted with caution. Nevertheless, this demographic data provides important contextual insight into the perspectives represented in the findings.

Demographics of Kinship Caregivers



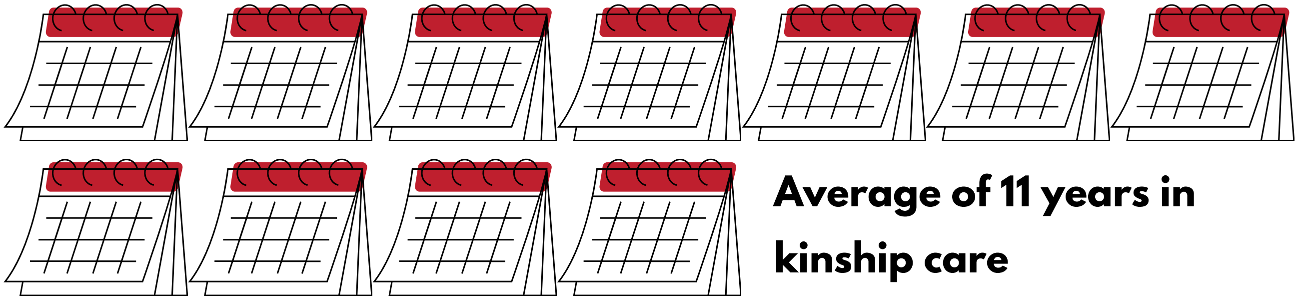
Gender Among those who reported their gender, most caregivers identified as female (n = 21, 80.8%), while a smaller number identified as male (n = 5, 19.2%).

Age The majority of respondents (96.2%) were over the age of 50, which is consistent with broader patterns in kinship care where many caregivers are grandparents or older relatives.



Cultural Background Respondents primarily identified as White (n = 23, 69.7%). Three caregivers (9.1%) identified as Indigenous or First Nations. It is important to acknowledge that Indigenous children and youth are significantly overrepresented in the child welfare system in British Columbia. As such, the demographic profile of respondents does not fully reflect the population most affected by out-of-home care, and Indigenous perspectives are underrepresented in this dataset.

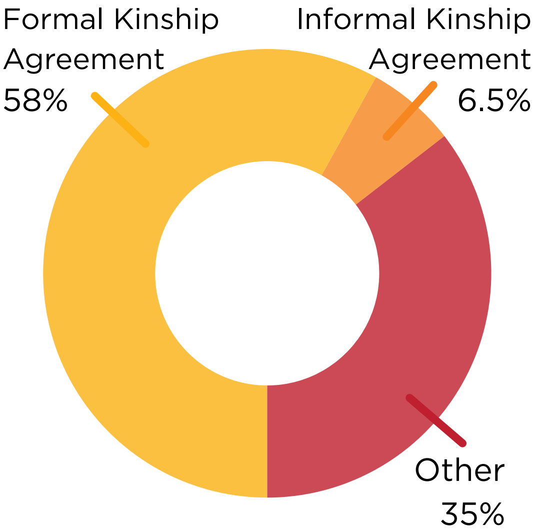
Marital Status Most respondents identified as married (n = 16, 61.5%), while the remaining caregivers represented a range of marital statuses.

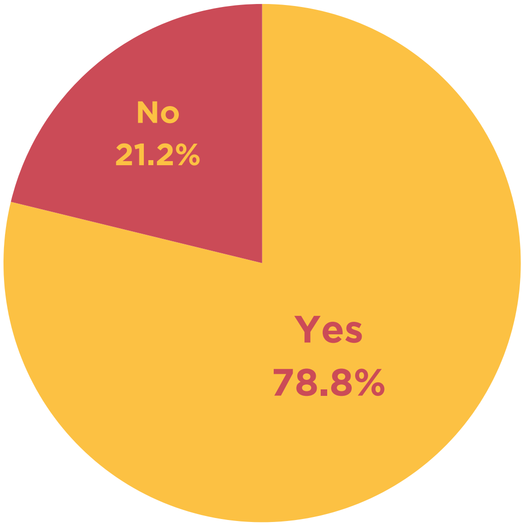


Average of 11 years in kinship care

Years in Care and Type of Agreement

Respondents indicated that children had been in their care for an average of approximately eleven years, with a minimum of three years. Most of these arrangements were formal agreements (n = 18, 58%), while, a smaller proportion were informal arrangements (n = 2, 6.5%). In addition, 35.5 percent of respondents reported "other" types of agreements, which may include adoption, private agreements, or other pathways into kinship care.



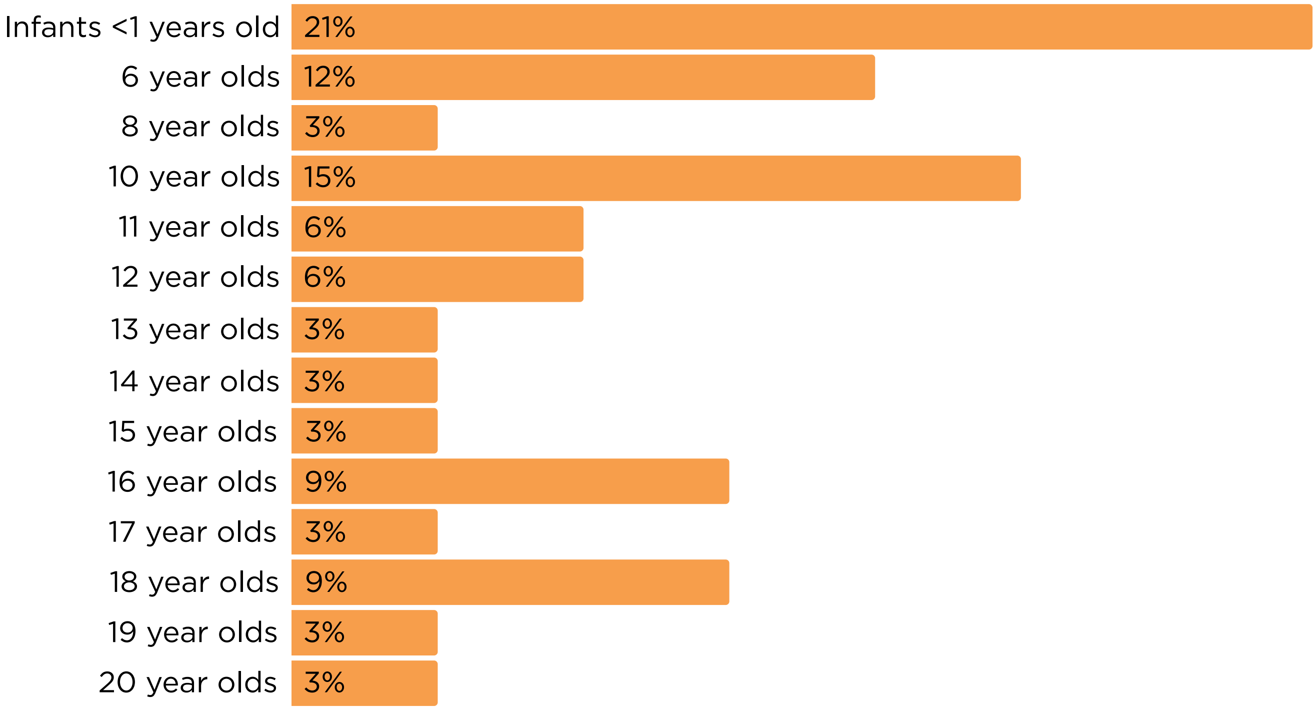


Children with Special Needs

A majority of caregivers reported that they care for children with disabilities (n =26, 78.8%).

Distance to Services Caregivers noted that they typically travel 16 to 30 minutes to access necessary services and supports, although some reported travel times of 31 to 90 minutes. These distances have implications for access to specialized care and caregiver well-being.

Number and Age of Children in Care Caregivers reported caring for between one and four children. Children's ages varied widely from infants up to 20 years old. A higher proportion of caregivers (n = 7, 21%) were raising infants under one year old, followed by, 10 year olds (n = 5, 15%) and six year olds (n = 4, 12%). Several respondents also reported caring for youth in their teenage years and into early adulthood, demonstrating the diversity of caregiving responsibilities within kinship arrangements.



Employment and Impact on Employment Respondents reported a range of employment situations. Many were retired, while others were employed full time. Several caregivers also identified as receiving disability benefits and continuing to provide care with this support. Although many respondents stated that caregiving had not affected their employment status, 38.5 percent (n = 10) reported that caregiving had negatively impacted their work. A high proportion of caregivers (n = 22, 84.6%) also reported experiencing health concerns of their own, which may compound the demands of long-term caregiving.

Findings

Qualitative content analysis resulted in five key themes that reflect the central concerns and priorities shared by kinship caregivers. These themes include:

1) Recognition and respect for kinship families;
2) Systemic barriers to equitable and timely supports;
3) Cumulative strain and the need for caregiver support;
4) Centering children's needs and stability; and
5) Rebuilding trust through collaborative partnerships.

The following sections present each theme in detail and draw on caregivers' words to illustrate the perspectives that informed the analysis.

Recognition and Respect for Kinship Families

Caregivers consistently emphasized the need for greater recognition and respect for the essential role they play in supporting children who would otherwise enter foster care. Many felt that their long-term commitment, deep knowledge of the children, and the stability they provide were often minimized or overlooked within the system. As one caregiver expressed, kinship families want clear **"recognition of the value of kinship caregivers who have stepped up to care for children and youth who would otherwise be in foster care."**

Caregivers described experiences of being excluded from important decisions, despite their central role in children's daily lives. Several noted that they were not consistently informed of plans or given opportunities to contribute their perspectives. One caregiver explained that

"kinship caregivers need a voice in the discussions and plans concerning children in their care,"

highlighting the gap between their responsibilities and their involvement. This lack of inclusion extended to access to essential information in some cases, with caregivers calling for "access to all personal, medical and birth records of the child/children in their care" so that they can meet the children's needs effectively.

A recurring concern was the inconsistency in how kinship families are treated compared to non-relative foster caregivers. Caregivers noted disparities in financial supports, services, and communication, observing that "a family is a family and financial support should be fair for all," and that **"kinship caregivers should have all the same supports provided to foster care providers."** These reflections underscore the sense that kinship families often shoulder comparable responsibilities without comparable recognition or resources.

Overall, caregivers described wanting to be **"heard, seen, respected, and supported."** Their comments reflect a clear call for a system that acknowledges the contributions of kinship families, values their expertise, and includes them meaningfully in decisions that affect children's well-being.

Systemic Barriers to Equitable and Timely Supports

Kinship caregivers described encountering significant systemic barriers that made it difficult to access consistent and timely supports for themselves and the children in their care. Many expressed that navigating the child welfare system required considerable persistence and effort, particularly when services availability and options were unclear. As one caregiver explained,

"support pathways are difficult to navigate".

This is especially for those who are new to kinship care or entering the system through informal arrangements.

A recurring concern was the lack of consistent information provided across MCFD offices and programs. Caregivers reported often received conflicting guidance about available supports and eligibility requirements. One caregiver noted that "when you change physical residency, you basically have to start all over," highlighting how inconsistencies across regions created additional strain. Another caregiver called for clearer direction, emphasizing the need to **"provide a list of Ministry-approved resource contacts that families can access right away."**

Caregivers also described gaps in financial and educational supports, particularly for children with complex needs. Many felt unprepared to access assessments or interventions that children required due to earlier trauma or instability, stating that kinship families **"require financial and educational support to care for children that may require assessments due to the environment that they were removed from, especially how to deal with trauma and other complex mental health issues."**

The absence of designated roles or liaisons for kinship caregivers further intensified these challenges. Caregivers frequently spoke about the need for a consistent point of contact who understands the distinct circumstances of kinship care. One caregiver captured this clearly: "There should be a kinship caregiver resource person in every office that has the expertise to deal with their special needs." Others highlighted related issues such as the need for "better supports to social workers to deal with the stressful nature of their job," noting that worker burnout and turnover contribute to inconsistent communication and follow-up.

For Indigenous caregivers, barriers were compounded by the lack of proactive connections with band offices. As one caregiver shared, **"establish a liaison with the band to support children... Currently we are left to our own devices to**

contact the band," which places the onus on caregivers to coordinate supports that should be facilitated through culturally responsive practice

Taken together, caregivers' accounts illustrate a system that is difficult to navigate, inconsistently communicated, and not yet designed to fully meet the needs of kinship families. These structural barriers reduce access to essential services and create inequities across care arrangements, contributing to preventable strain for both caregivers and children.

Cumulative Strain and the Need for Support

Across the consultation sessions, caregivers described the significant and ongoing strain that accompanies their caregiving responsibilities. Many took on the care of children unexpectedly, often in response to crisis situations, and without the preparation, resources, or guidance typically available to foster caregivers. These sudden shifts in family roles created emotional, financial, and practical pressures that accumulated over time. As one caregiver explained, **"we need to be able to care for ourselves so we can provide the best possible care for the child/children,"** capturing the dual responsibility caregivers hold for both their own well-being and that of the children in their care.

Caregivers frequently highlighted the absence of consistent support from social workers, noting that

"many of our families don't have social workers to support their processes."

Without dedicated support, caregivers often found themselves navigating complex systems alone, searching for services, and attempting to determine what resources were available. One caregiver described the challenge of limited information: "Not knowing what plans are available and not knowing what questions to ask. If you are not given any information about the available resources, how do you ask for them."

The strain was intensified for caregivers raising children with trauma-related, developmental, or behavioural needs. Many noted that they lacked access to the training required to understand or respond to these challenges. Caregivers expressed a need for education on trauma, attachment, FASD, and other behavioural concerns, emphasizing that "education on how to deal with childhood trauma, attachment, FASD and other behavioural challenges" would better equip them to support the children in their care.

Caregivers also identified gaps in practical supports, such as respite, peer networks, and accessible resource guides. The absence of clear, centralized information contributed to additional stress, prompting calls for **"a 'How to' resource guide for new kinship caregivers outlining all the resources available."** These comments reflect the broader theme that kinship caregivers often shoulder their responsibilities without adequate structural support, resulting in prolonged and cumulative strain.

Overall, caregivers' accounts illustrate the emotional and practical toll of long-term caregiving, particularly when undertaken with limited information, inconsistent support, and a lack of specialized resources. Their reflections highlight the need for proactive, accessible, and sustained supports that recognize the unique pressures faced by kinship families.

Centering Children's Needs and Stability

Caregivers consistently emphasized that children's well-being, safety, and long-term stability must be at the centre of decision-making within the child and family services system. Many shared concerns that system processes, shifting expectations, and inconsistent practices sometimes undermined children's emotional security or retraumatized them. Caregivers described instances where decisions appeared to prioritize procedural requirements rather than the child's readiness or best interests. As one caregiver stated,

"our children in care all come from trauma; we need to stop retraumatizing them by trying to return them to parents who are not ready to put them first."

Several caregivers reflected on the emotional and relational complexities involved in kinship care, highlighting how system interactions sometimes intensified tensions between birth parents and caregivers. One caregiver noted that **"kinship providers and birth parents are often pitted against each other... and this harms the whole family unit,"** emphasizing that adversarial processes can disrupt children's healing and sense of safety.

Caregivers also described the impact of inconsistent visitation practices on children's emotional well-being. Changes in visitation rules, schedules, or requirements could create instability, stress, or fear for children who were already coping with loss and transition. One caregiver explained that "children are put through too much trauma due to inconsistent rules and regulations, not putting the child first and protecting them and the kinship caregivers," highlighting the need for more predictable, trauma-informed approaches.

Concerns about children's safety during visitation were also raised, particularly when birth parents were struggling with unresolved challenges. As one caregiver shared, **"visitation needs to be earned and not just given when there are situations where the child's welfare is in jeopardy,"** reflecting caregivers' efforts to balance maintaining family connections with protecting children from harm.

Caregivers further emphasized the importance of preserving siblings' relationships and broader family connections, noting that children benefit from opportunities to maintain meaningful ties. As one caregiver stated, children need "funds for children to visit siblings and other extended family," underscoring that family and cultural continuity are essential aspects of children's well-being.

Overall, caregivers' reflections in this theme underscore the importance of trauma-informed, developmentally appropriate, and culturally grounded decision-making that prioritizes children's emotional safety and long-term stability. Their insights highlight the need for practices that support attachment, respect children's cultural identities, and protect their well-being throughout their time in care.

Rebuilding Trust Through Collaborative Partnerships

Caregivers emphasized the need to rebuild trust within the child and family services system through more transparent, consistent, and collaborative relationships. Many expressed a desire for more meaningful engagement with social workers and other professionals, noting that the absence of regular communication left them feeling disconnected and unsupported. As one caregiver put it, **"some contact with the ministry would at least be a start,"** reflecting the need for basic contact and ongoing interactions.

Caregivers also identified the adversarial dynamics that sometimes emerged between kinship families and service providers, noting that these tensions could undermine both caregiving relationships and children's sense of safety. One caregiver stated that **"partnership between kinship caregivers and ministry… should not be adversarial, and we should be respected,"** highlighting the need for relational approaches grounded in mutual respect and shared goals. When processes break down, caregivers often shoulder additional burdens. For example, in situations where birth parents cancel visits, one caregiver noted that "kinship caregivers should not have to pay out of pocket for transportation to and from visitation."

Participants also emphasized the importance of collaboration across systems that support children and families. Caregivers identified opportunities for stronger partnerships with schools, health units, hospitals, and community agencies. As one caregiver recommended, professionals in these settings "should be educated on kinship care and could assist in preventative measures," such as offering the same information and supports to kinship caregivers as they do to new parents. Others highlighted the need for cross-sector coordination, suggesting that agencies like Family Smart, Foundry, and school districts could play a greater role by having "a contact person for kinship care families" to support navigation and access to resources.

Caregivers also expressed the desire to see concrete action in response to their input. As one caregiver stated, **"a report is one thing, but actions speak louder than words,"** signalling the need for follow-through, accountability, and visible change in practice.

Collectively, caregivers' reflections in this theme demonstrate that trust cannot be rebuilt through consultation alone. Instead, it requires consistent communication, shared decision-making, and coordinated partnerships that recognize kinship caregivers as respected and valued contributors to children's well-being.

Discussion

The findings from this consultation highlight the complex and often overlooked realities that shape kinship caregiving in British Columbia.

Caregivers described a strong commitment to providing stability, safety, and belonging for children, often stepping into caregiving roles in times of crisis. Their reflections reinforce what existing research has shown: kinship care can offer children a sense of continuity and rootedness by drawing on established family connections, cultural identity, and familiar environments (Perry et al., 2012).

These strengths were evident particularly when caregivers spoke about prioritizing children's stability, maintaining sibling relationships, and ensuring that cultural connections were sustained.

Despite these strengths, caregivers' continually pointed to system conditions that make it difficult to provide and sustain kinship care without significant personal cost. Many described navigating service pathways with limited guidance, inconsistent information, and regionally variable access to resources.

These experiences resonate with community reports documenting ongoing gaps in financial, legal, and practical supports for kinship families in BC (PSSS of BC, 2021, Sullivan et al., 2015). The strain described by caregivers were often compounded by their own health concerns, financial pressures, or responsibilities to children with trauma-related needs. This echoes research identifying elevated levels of stress among kinship caregivers (Lee et al., 2016) and a lack of adequate formal supports for caregivers needs (Gentles-Gibbs & Zema, 2020; Pegg et al., 2025).

Caregivers also spoke to the importance of trauma-informed decision-making, particularly in relation to visitation and planning. Their concerns reflect evidence that children in kinship care often arrive with significant trauma histories and that abrupt or unsafe transitions can retraumatize rather than support healing (Burke et al., 2022; Blakely, 2017; DeFinney & DiTomasso, 2015). Research on the protective dimensions of kinship care emphasizes the stabilizing effect of relationships, routine, and connection (Perry et al., 2012); caregivers' reflections suggest that these protective factors are not always reinforced by system practices.

Another key insight from the consultation relates to the relational dynamics between caregivers and service providers. Caregivers expressed a desire for more communication, respect for their experience, and opportunities to be meaningfully involved in decisions that affect the children in their care. These concerns align with work emphasizing the importance of collaborative, family-centered practice and the need for trust in effective service delivery (Brisebois & Lee, 2012; Burke et al., 2023). When caregivers are sidelined or treated as peripheral to planning, the system risks jeopordizing key relationships with carer who can provide the necessary stability and continuity that children rely on.

Overall, the findings point to a system in which the strengths of kinship care are clear and well documented, yet the supports needed to sustain these strengths are inconsistently available. The findings underscores the need for policy and practice approaches that recognize kinship caregivers as essential partners, reduce barriers to accessing supports, and ensure that decisions prioritize children's stability, cultural identity, and well-being.

Aligning system practices with what is known about the benefits of kinship care, and with the insights shared by kinship caregivers in this research, represents a critical opportunity for strengthening outcomes for children and families across British Columbia.

Limitations

Several methodological limitations should be considered when interpreting the findings of this research. First, the consultation data were not originally collected for research purposes. The in-person, virtual, and email contributions varied in depth and quality. The available data consisted of notes rather than audio recordings and verbatim transcripts which may have limited the nuances and context of the consultations.

Second, demographic information was gathered two years later through a voluntary follow-up online questionnaire. Only a subset of caregivers completed this survey and had missing data. However, the demographic information illuminated the underrepresentation of Indigenous caregivers in the sample.

Finally, the findings reflect the perspectives of those who participated and are not necessarily generalizable to all kinship caregivers. Indigenous children and youth are significantly overrepresented in the child welfare and out-of-home care systems; however, the data insufficiently reflects the perspectives or experiences of Indigenous families, whose voices are essential to understanding kinship care in British Columbia. Despite the limitations, the findings point to clear and actionable priorities for strengthening support for kinship families in British Columbia.

Calls For Action

Kinship caregivers identified multiple areas where policy and practice shifts are urgently needed to ensure that children's stability, cultural connections, and well-being are upheld.

1

Invest in Social Work Capacity and Stability.
Caregivers emphasized the need for a stronger and more consistent social work presence. This includes reducing turnover, improving continuity, and ensuring workers have both the time and training to respond meaningfully to kinship families.

2

Ensure Consistent Access to Supports Across Programs.
One of the most frequent concerns was inequity. Caregivers under different program streams often receive drastically different levels of support. Families shouldn't be penalized based on how their case was coded.

3

Address Gaps in Financial Support for Kinship Caregivers.
Beyond achieving parity with foster care, many caregivers expressed how the current funding landscape simply does not reflect the real costs of raising children with complex needs. This is about fixing the funding gap—not just matching it.

4

Uphold Indigenous Connections and Cultural Planning.
Caregivers, especially those caring for Indigenous children, asked for support in ensuring cultural ties are maintained. This includes connection to band offices, cultural resources, and meaningful cultural safety in planning and practice.

5

Legal Rights for Kinship.
Many caregivers feel unprotected and uncertain, especially when it comes to visitation or long-term placement stability. There is a need for legal clarity and safeguards to uphold kinship families' roles in children's lives.

6

Recognize and Support Kinship Caregiver Well-being.
Caregivers are often navigating trauma, isolation, and fatigue. They asked for respect, for validation of their caregiving role, and for mental health and respite resources that actually meet their needs.

7

Provide Early and Preventative family Support.
Early supports could prevent crises and help stabilize kinship placements, benefiting both children and caregivers in the long term.

Conclusion

Kinship families provide children with stability, continuity, cultural connection, and a sense of belonging, often stepping into caregiving roles during moments of crisis. Yet these strengths can only be sustained when caregivers themselves are supported through clear, consistent, and equitable services. The calls for action presented by caregivers offer a clear and actionable path forward. They reflect a commitment to child centred well-being, safety, and stability. As British Columbia continues its efforts toward transforming child and family services, the perspectives of kinship caregivers must remain central. Their lived experience provides guidance for building a system that is responsive, equitable, and grounded in the realities of families and communities. Acting on their recommendations is an important step toward strengthening kinship care, improving outcomes for children and youth, and ensuring that all families have access to the supports they need to thrive.

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