

Chapter 1 : Introduction

The Problem: Needs at the Family-Level

Children face caregiving disruptions as a result of family adversity, often related to poverty, neglect, maltreatment, or contact with the criminal justice system 16 . The disruption in the caregiving placement constitutes an additional source of acute stress, and sometimes trauma, for the child and the family. Relatives responding to the need to care for the affected child take on new roles and responsibilities that they were unprepared for and often struggle with the resulting complexities of these new roles. For instance, kinship families experience issues with generational gaps, family loyalty, guilt and conflict regarding contact with birth parents 17 . In addition, kinship caregivers may underplay the behavioral difficulties of the children in their care 18 , potentially due to lack of trust of service providers or fear that further involvement with the child welfare system may jeopardize the placement 19 20 . Underreporting behavioral difficulties can result in missed opportunities for early intervention, which are particularly important given the multifaceted needs faced by children in kinship care 21 .

On the other hand, adoptive families often face a different set of complex dynamics. Difficulties may not emerge until specific developmental periods that fall outside the range of post-adoption support services. Conflicts in adoptive families are more likely to arise when the child reaches adolescence, which may be years after the finalization of the adoption 22 . Discerning differences in normative adolescent conflict from adoption-related issues can be of particular importance in these scenarios, yet families struggle to find providers that are specialized in issues of adoption 23 . This is a significant missed opportunity, given that adoptive parents stand to benefit substantially from understanding and learning to manage the child's difficult behaviors, even if the behaviors themselves do not change 24 .

Despite the prevalence of these complex family dynamics, kinship caregivers lack information about services available to address them 25 26 . Kinship caregivers may not be aware of their eligibility for certain programs and have lower expectations of assistance from child welfare compared to unrelated caregivers, especially when these families were formed via informal arrangements. Research has shown that kinship caregivers' lack of knowledge about resources moderates their children's access to needed mental health services, even when child welfare caseworkers are involved. Accordingly, recent initiatives have emphasized family engagement as a critical feature of programs for kinship families and recommended using public media campaigns, school-based programs, and health care and community professionals to promote engagement. Moreover, psychoeducation and navigation services can be especially effective to connect families with mental health services 27 .

Similarly, many adoptive families lack knowledge of the services that they are eligible for post-adoption 28 . Whereas pre-adoption services are often expected and available, families' need for services may not emerge until specific developmental periods or the occurrence of stressful events that may take place years after the adoption is finalized, after the connections to services have dissipated 29 . Therefore, researchers and practitioners have advocated for programs that provide a continuous model for follow-up and maintained connections to providers 30 .

Another long-recognized barrier that keeps both kinship and adoptive families from services is social stigma, particularly regarding mental health services. For instance, kinship caregivers may worry that the child's emotional or behavioral difficulties may be interpreted as a personal failure of the caregiver and may prompt increased involvement with the child welfare system or compromise the child's placement 31 32 . Adoptive caregivers also report feeling stigma, albeit in different forms. Weistra and Luke (2017) report that adoptive caregivers felt misunderstood by non-adopters and misrepresented as "heroes" or "desperate" by the media 33 . Normalization of these families' unique dynamics and difficulties and of seeking services to address them can facilitate improved service access 34 .

Additionally, systemic issues can exacerbate barriers to accessing services for families of color and of lower socio-economic status 35 . Studies have repeatedly shown that Black and Latino youth with both kinship and non-related caregivers are less likely than White children to receive recommended mental health services 36 37 38 . Moreover, kinship caregivers of color and of lower socio-economic status are less likely to access needed medical and mental health services for themselves, even though they experience greater need for these services than their white and higher income counterparts 39 . Although the intersection of race, socio-economic status, and geographical location makes it difficult to disentangle the reasons for lower service utilization, studies suggest that negative and stigmatizing experiences with services providers may be, at least partly, responsible for these disparities 40 41 . Importantly, Schneiderman and colleagues found that when Black kinship caregivers faced difficulty with access to services, they sought help from their social networks 42 . Understanding how cultural factors influence the use of formal and informal services among kinship families of color is essential to increasing their access to adequate supports. Moreover, assessing the presence and magnitude of providers' stigma towards the families they serve may be useful to identify and address areas for organizational training and service improvement 43 .

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