Black Kin Caregivers: Acceptability and Cultural Adaptation of the Family Check-Up/Everyday Parenting Program

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Abstract

Black children join kinship care disproportionately and black kin caregivers often face financial, housing, mental health, and parenting challenges when caring for relative children. Few interventions have been developed specifically for kin caregivers, let alone Black kin caregivers. This study evaluated the initial acceptability of an evidence based parenting intervention and worked to culturally adapt it for Black kin caregivers. The intervention was delivered in a family camp format. Feedback from participant interviews were analyzed for this study. Participants felt that overall the intervention was culturally appropriate. However, they also proposed changes to the curriculum, as well as to the process and format of the intervention. This study experienced challenges in terms of participant recruitment and sample size, which was exacerbated by COVID-19-related safety concerns. Future steps regarding recruitment, content, and format are discussed. Implications for child welfare practice, policy, and research are also provided.

Keywords Parenting intervention · Kin caregiver · Black · Cultural adaptation · Family Check-Up

When a child is separated from their parents or guardians because of maltreatment or neglect, current child welfare policy favors kinship care, assuming that it represents the best interests of child (Wu et al., 2015). In the United States, four percent of all children, more than 2.65 million, are raised by their kin caregivers (Kids Count Data Center, 2019). There was a consistent trend that Black children were more likely to be placed into kinship care than other racial populations (Drake et al., 2011; Font, 2013; Putnam-Horstein et al., 2013; Summers, 2015). The disproportionate placement of Black children in kinship care relates to cultural assumptions and familial willingness (Harris & Skyles, 2008). Research showed that compared with children in non-kin foster care, children in kinship care had better outcomes related to safety and stability (Bell & Romano, 2017; Koh, 2010; Winokur et al., 2018), as well as physical and behavioral health outcomes (Winokur et al., 2018). However, when compared to children living with their biological parents, children in out-of-home care, including kinship care, were more likely to display behavior, substance abuse and mental health problems (Blome et al., 2009; Marinkovic & Backovic, 2007; Villodas et al., 2016).

The issues experienced by children living in out-of-home care presented challenges for caregivers, especially for kin caregivers who were often less educated, older Black women, and socially and economically disadvantaged (Cudeback & Orme, 2001; Fuller-Thomson & Minkler, 2000; Nandy & Selwyn, 2013). When kin caregivers have concerns about children’s behavioral health, they may have high parenting stress and they may not have adequate parenting skills to deal with such issues (N’zi et al., 2016). Cultural barriers may limit service use among Black kinship families (Szolnoki & Cahn, 2002). For example, Black kin caregivers often reported intrusiveness and experience with cultural insensitivity with regard to service access, which increased their distrust with the child welfare system (O’Brien et al., 2001; Szolnoki & Cahn, 2002). However, Black kinship families often have unique strengths such as strong extended family ties (Schwartz, 2008), in addition to the challenges including limited service use (Wu et al., 2015). There has been a long history of caregiving in the Black culture (Smith & Monahan, 2015; Smith et al., 2015), which has helped to buffer Black families from the systemic oppression of racism and violence of slavery (Szolnoki & Cahn, 2002). In practice, there are only a few empirically established parenting
interventions specifically available for Black kinship families. Therefore, it is critically important to provide culturally appropriate parent training to Black kin caregivers. This study aimed to use a cultural adaptation process to tailor the empirically supported Family Check-Up/Everyday Parenting Program to meet the unique needs of Black kinship families.

Black Children and Kinship Care

Black children are over-represented in the child welfare system and they are placed in kinship care disproportionately compared to White children (Child Welfare Information Gateway, 2016a; Harris & Skyles, 2008). Among all children in the United States in 2010, 14% were Black, but almost 30% of children in kinship care were Black (Stein et al., 2014). The percentage of Black children in foster care has been decreased from 38% in 2000 (Summers et al., 2012) into 23% in 2020 (Kids Count Data Center, 2020). A possible reason for the decreased was national attention to the problem of disproportionality, which resulted in the efforts of mandating requiring system responses in several states (Dettlaff & Boyd, 2020). However, Black children remained overrepresented in foster care, and their percentage was 1.6 times higher than their proportion of the general population (Dettlaff & Boyd, 2020).

Research has shown that the disproportionate placement of Black children in kinship care related to culture and familial willingness to provide support (e.g., existence of large extended family and fictive kin networks of support; Rufa & Fowler, 2015). Taking care of a relative’s child under extreme duress and devaluation has been a testament to the caring nature of Black families (Denby & Curtis, 2013). Kinship care has always been an expression of cultural bonding (Denby, 2015). In addition to the caring culture of the Black community, some researchers believed that Black children’s disproportionate exposure to environmental and family risk factors (e.g., poverty and caregivers’ chronic stress) contributed to the racial disproportionality in the child welfare system (Bartholet, 2009; Drake & Rank, 2009). Another reason to explain racial disproportionality is that racial bias may exist at the various stages in the process of child welfare decision-making (Garcia et al., 2015).

Although Black kin caregivers have shown commitment and attachment to children in their care, providing care for relative children has seriously burdened many caregivers given the limited financial support, limited knowledge about the system, lack of health insurance and health services, and challenging relationship with birth parents (Harris & Skyles, 2008). Black kin caregivers have service needs, but their use of services is limited, which may be due to cultural and systemic barriers, such as caregivers’ perceptions of services and the quality of the client-worker interactions (Washington et al., 2013). Black kin caregivers tend to make use of their own networks (Goodman & Silverstein, 2002), including faith or spirituality (Capous-Desyllas et al., 2020), to cope with stress and challenges rather than actively seeking out services. Therefore, increasing the willingness for Black kin caregivers, to use services and developing culturally sensitive training/services can better support kin caregivers.

Parenting Challenges for Kin Caregivers

Kinship care is considered the least restrictive and the most family-like care for children (Hegar & Scannapieco, 2005). Research has shown beneficial effects of kinship care on children’s safety, stability, and well-being outcomes (Winokur et al., 2018). However, kin caregivers often face challenges when raising and parenting a relative’s child (Wu et al., 2020). Children’s characteristics can be important factors that are associated with kin caregivers’ parenting stress. For example, children in kinship care tended to be older than those in non-kinship care (Beeman et al., 2000), and kin caregivers reported higher level of stress if they were raising older children (Kelley, 1993). For most children separated from their home, being apart from a parent was often traumatic and had a negative impact on the child’s behavioral health (Wu et al., 2015). Research showed that children in out-of-home care were at a high risk for socio-emotional, behavioral and psychological problems (Villodas et al., 2016). Such behavioral health problems, as well as children’s physical illnesses and disabilities, were associated with kin caregivers’ increased parenting stress (Kelley et al., 2011).

Kin caregivers often face a number of personal, interpersonal, and systemic challenges that might also influence their parenting. For example, past research has found that the older age of kin caregivers was often associated with poor health and limited ability to care for children long-term (Cuddeback, 2004). In fact, among family members who agree to take the caregiving role, most were grandparents (Child Welfare Information Gateway, 2016b). U.S. Census Bureau (2019) shows that 40% of the 2.7 million children living with a grandparent were without a parent in the household. There has also been a concern that those who had difficulty raising their own children will have challenges raising their grandchildren (Gibson, 2005). In addition, kin caregivers often had low economic status, inadequate housing, and greater financial stress (Lee et al., 2016; Schneiderman et al., 2012; Xu et al., 2020). Higher rates of depression were also found among kin caregivers compared to non-kin foster parents (Garcia et al., 2015). Taking on the primary caregiving role can produce or exacerbate caregivers’ physical and mental health problems (Kelley et al., 2011). In many cases, kin caregivers received a last-minute request to provide alternative care from the child welfare agency (Berrick et al., 1994).
which provided them limited time to prepare for their new parenting responsibility. Although kin caregivers had service needs, they often did not receive needed services (Lee et al., 2016). Kin caregivers were less likely to use formal services and supports than non-kin foster parents (Coleman & Wu, 2016). One reason was that most kinship care arrangements were informal (Wu, 2017), and therefore kin caregivers did not receive formal supports from the child welfare system (Walsh, 2013; Wu, 2017). All of the challenges kin caregivers faced increased their parenting stress and needs (Kortenkamp & Ehrle, 2002), however, their use of relevant services were low (Coleman & Wu, 2016).

Parenting Interventions and Research Purpose

The U.S. Department of Health & Human Services (DHHS, 2015) defined parenting interventions as those that offer a structured set of activities to enhance parenting behaviors, such as teaching, nurturing, monitoring, and discipline. Several studies have developed and evaluated services that were provided to foster parents and kin caregivers, including financial assistance, support services, and skills-based training (Lin, 2014; McLaughlin et al., 2017). A recent systematic review (Wu et al., 2020) of 28 studies on parenting interventions for kin caregivers showed that various parenting interventions have been developed to improve parenting capacities and reduce parental stress. Most of these studies showed positive impacts on different outcomes of both caregivers and children, such as parenting stress, parenting knowledge, social support, and child behavioral health. However, researchers found that many parenting interventions targeted foster parents rather than kin caregivers specifically, even if there were substantial differences between kin and non-kin foster parents (Chamberlain et al., 2008). In addition, few interventions have been designed for specific ethnic/racial groups (Wu et al., 2020). Therefore, a research gap exists in the area of parenting interventions for Black kin caregivers.

Few studies have specifically addressed how parenting programs have been culturally adapted to meet the needs of Black kin families (Wu et al., 2020). Providing Black kinship families with support and enhanced parenting skills is critical to reduce kin caregivers’ parenting stress, and to further promote the healthy development of children. More development and options regarding supporting services for Black kin caregivers are needed. To fill this research gap, this study aims to evaluate the acceptability and to culturally adapt the Family Check-Up/Everyday Parenting Program (FCU/EDP), an evidence-based intervention, for Black kin caregivers. Through the adaptation of this intervention, this study hopes to develop a culturally relevant intervention for black kin caregivers to improve their parenting skills.

Method

Research Design and Sample

This study was designed to evaluate the initial acceptability and to conduct the cultural adaptation of FCU/EDP with Black kinship families. Qualitative feedback was gathered at the end of intervention, and any improvements made as part of the adaptive process. After evaluating the initial acceptability of the intervention in the pilot, appropriate cultural adaptations were discovered. Then, the intervention was revised based on Black kinship families’ unique values, beliefs, traditions, and parenting practices. Eligibility criteria for the sample included: (a) must self-identify as a Black kin caregiver (kin or fictive kin), (b) caring for one or more Black children age 5 through 15 years for at least one month prior to recruitment, and (c) must speak, write, and understand English.

Description of the FCU/EDP Program

FCU/EDP is a brief, strengths-based intervention to enhance parenting practices in low-income families (Dishion et al., 2008). FCU/EDP uses motivational interviewing techniques and helps to support caregivers’ appraisal of existing strengths and challenges in their family management practices, and to motivate families to engage in appropriate services related to parenting (Dishion & Stormshak, 2007). Social learning theory, and specifically the contribution of coercive family processes in the emergence and maintenance of children’s problem behaviors, is an underlying empirically supported theoretical framework for the program (Smith et al., 2014). FCU/EDP has been shown to improve parenting practices, strengthen parent/child relationships, reduce child behavioral problems, improve emotional regulation, decrease school failure, increase school readiness, decrease child risk for obesity, and decrease child substance use (Connell, 2009; Connell & Dishion, 2008; Dishion et al., 2014; Smith et al., 2015; Van Ryzin & Dishion, 2012).

Figure 1 shows the intervention process of FCU/EDP used in this study (REACH Institute, 2018). The intervention process involves four steps: (1) Initial interview focused on building rapport and relationships with families, exploring parent concerns, discussing how parenting practices influence the child’s behaviors, and exploring the parents’ motivation for change. (2) Comprehensive and ecological family assessment which aims to identify a family’s needs and strengths. The Family Check-Up assessment is
strengths-based and ecological, integrating information that collects information regarding family well-being and support, youth adjustment, and family management and relationships. Follow-up intervention services will be informed by the assessment. (3) Feedback, which is provided when the provider and parents meet to discuss the family’s needs and goals for follow-up services. Based on the needs and goals, the provider tailored the family-based interventions and the providers and parents collaboratively make decision regarding follow-up services after the Feedback session. (4) Follow-up services include EDP—a parent management training program, and other clinical and case management supports. This manualized intervention focuses on parent management training that includes four sessions. The four sessions include the following domains of family management: positive behavior support, limit setting and monitoring, and relationship building. The follow-up services can be tailored based on the results of the ecological assessment and caregivers’ motivation, so that the parents can improve their parenting skills and family relationship processes.

FCU/EDP has been adapted for diverse economic and cultural groups (e.g., Mauricio et al., 2021; Smith et al., 2014). However, it had never been adapted and tested among Black kin caregivers. Through the cultural adaptation of this intervention for Black kin caregivers’ input will help determine the content of the adaptation including managing interfamilial conflict, addressing children’s separation concerns, mindfulness/self-care, decreasing parenting stress, and further improving child behavioral health.

Recruitment

Flyers advertising the intervention were distributed to different child welfare agencies and Black churches. When participants were recruited, informed consent forms were provided to them. If there was more than one caregiver in the family, both caregivers were encouraged to participate and complete the measures. Childcare and recreational activities such as art and canoeing were provided for all children when they attended the family camp. Currently, this study was able to recruit three Black kin caregivers to participate prior to the COVID-19 pandemic. Since the pandemic, recruitment was stopped given safety concerns. We plan to resume recruitment and testing at a safer time. All the three participants were recruited from a Black church. All adult participants were single. The ages of the participants were 64, 37, and 37 years, and they were caring for 3, 4, and 5 children, respectively. Participants were provided informed consent forms to ensure they understood the purpose, process, risks and benefits of the research, and the protective procedures to ensure confidentiality and safety, as well as the right to withdraw from this study at any time. The researchers conducted the initial interview, ecological assessment, and feedback discussion through three visits with each family between April 2019 to June 2019. Then participants and their children attended three EDP sessions that were 1.5–2 h per session at the family camp during one weekend in early July, 2019.

Setting

The FCU program was delivered through home visits. For EDP sessions, the research team collaborated with a non-profit organization in a southwestern state that provided EDP to Black kinship families through a family camp. Three Black facilitators, who had experience working with Black families and children were trained by the FCU/EDP Program. They conducted home visits and delivered EDP to the families in the context of a family camp. Research has shown that family camps can be an impactful experience to strengthen family connections and family functioning (Agate & Covey, 2007). Participants can benefit from improved family interactions and functioning, reconnection and nurturing of relationships, interacting with other families who understand their experiences, and addressing specific issues (Agate & Covey, 2007). Some studies that have examined the impact of residential camps on vulnerable youth have found camps’ beneficial effects in improving youths’ social skills (e.g., Dare et al., 2020). However, family camps have seldom been used with a child welfare-involved population. This study used the family camp format to provide kinship families opportunities to interact more effectively with their children, and to re-think their relationship with their children in a new environment. Given that not many kinship families have had outdoor experiences, it was believed that providing the family camp experience might attract families and facilitate their involvement in the intervention with minimal distractions.
In this study, participants arrived at the camp on Friday night and left the camp on Sunday morning. The three EDP sessions were provided in the morning, early afternoon, and late afternoon of Saturday. Kin caregivers and children had outdoor activities developed by the camp staff, together between sessions. The camp provided food and lodging to the participating families, as well as child care for the 12 children. Transportation was provided upon request, and two participating families requested transportation to the camp.

Data Collection

Qualitative data were collected after participants completed the EDP sessions through a semi-structured, in-depth interview. The average interview took about 60 min to complete. The aim of the interview was to collect participants’ feedback about attending the intervention, as well as their suggestions about the cultural adaptation of FCU/EDP in their community. The interview questions were developed based on previous literature. Example questions included: (a) “What is the most important thing you have learned from the FCU/EDP curriculum? How is it the most important?”; (b) “If you had the opportunity to change only one thing in the FCU/EDP curriculum (an activity or a task), what would it be?”; (c) “Were the strategies and concepts discussed relevant to you, your family, and others within your community? Which ones? What made them relevant or not?”; (d) “Was the language or metaphors used in the curriculum relatable to you, your family, and others within your community? Which ones? What made them relatable or not?” Based on participants’ responses, follow-up questions were posed to probe for greater detail or to clarify. All three interviews were audiotaped with participant consent.

Data Analysis

All the audiotaped data were transcribed verbatim. Two members of the research team (one is a social work faculty in Child Welfare area, and the other is an MSW research assistant) reviewed the transcripts and coded quotations from the transcripts separately. Based on an initial list of codes for the transcripts that were developed by the research team, an open coding strategy (Padgett, 2016) was independently employed by two coders. Coders read interview transcripts, and then use a descriptive label for each discrete piece of data. Then axial coding strategy (Padgett, 2016) was used by finding relationships among the labels, which helped to develop preliminary themes. There was 90% agreement of the codes applied between the two coders, which indicated good inter-observer reliability (Boyatzis, 1998). The discrepancies mainly involved different codes or missing codes. All inconsistent codes were discussed in the research team to ensure their accuracy and consistency. Data were managed and inductive analysis was conducted using Atlas.ti 9.

Results

Each of the kin caregiver participants provided a wealth of feedback during their interviews after completing the intervention. In addition to the main study purpose of cultural adaptation of the FCU/EDP intervention, participants also shared their feelings and experiences of attending the intervention. Overall, participant feedback can be summarized into two main themes: 1) the most important things they learned from the FCU/EDP program, and 2) cultural adaptation and participants’ suggestions regarding how to make changes. Participants’ suggestions regarding cultural adaptation mainly involved the curriculum content and process/format.

The Most Important Things Learned

The FCU/EDP intervention trains participants in parenting skills, such as positive behavior support through effective requests and specific praise; effective communication and shared family routines; and clear rules, incentives, and consequences. Participants stated that making effective requests is one of the most important things they learned from the program.

To break down, um, my wants... My requests, yeah. Like, uh, ‘Clean your room.’ I learned that you have to break it down like ‘Hey, put the toys in the toy box, put the shoes in the closet.’ Because they’re still kids and they don’t know everything so you have to break ’em down little by little, um. (Participant 1)

What it has taught me is how I direct them to do those kinds of things, …… so I’m learning if you—to—maybe a request, and my request to be not so much in a negative way, but maybe reminding them no matter how often it can be, um, the child may… be more apt to have a better day or a better morning ……(Participant 2)

When making effective requests though breaking down the request, participant 3 shared the feeling that:

Well overall I think the most important thing I learned is it’s not hard to make small changes…… If I’m doing something that’s not working, it’s not hard to adjust that. But, well ‘Oh no if something’s not working, I’m doing everything wrong’ and it’s like oh you can make these minor changes that and you know get a different result so…. it’s all a lot less overwhelming.
Participants also realized that when making request to children, they need to be aware that the child is different from an adult, and everyone has their own environment.

Because I gotta remind myself I’m not talking to an adult I’m talking to a kid so they don’t know everything yet so I’m sittin’ here sayin’ clean up your room but they don’t understand what that means versus to what—to them. (Participant 1)

It helps me to remind myself during that is that everybody comes from a different environment. That section just helped me to realize that step back a ‘lil bit, that these people, your kids are coming from different environments, that’s what impressed me the most that they’re gonna do it and they’re gonna follow the rules but first, give ‘em a chance, because you don’t know where they come from, you know. (Participant 2)

Acceptability and Cultural Adaptation

Feedback regarding cultural adaptation were collected from the perspectives of curriculum (including content, strategy, and language, etc.) as well as process/format. Participants provided helpful suggestions to strengthen the curriculum such as adding more hands-on activities, self-care skills and research evidence. They also shared suggestions regarding how to deliver this intervention to better meet their needs.

Curriculum

Feedback regarding the cultural adaptation was collected to consider modification of the curriculum and its strategies and concepts, and some of the language or metaphors used. When asked about the curriculum, all three participants stated that the content of curriculum was culturally related to their communities. Participant 1 also thought that the content of positive behavior in the curriculum had the best fit for her cultural background. Other participants shared that:

You know, um, the program was like um, uh, a box model. But what I liked about it was the examples they had given or shared were out of the box. And I think it’s important to, to realize, hello, you have foster kids, um, that teach you that a model doesn’t display how to or what to do when you have foster kids. Because there’s different type of kids. You have to think outside the box, examples that are outside the box. (Participant 2)

Yeah, especially the communication portion this afternoon, was you know just simple, how can you incorporate this in. But, it was just here’s how you enhance, you know, what you’re already doing so I thought that was very considerate, every parent communicates differently, every kid responds differently to different communication. (Participant 3)

In terms of strategies, participant 3 expressed that: “it helped me really understand how to meet my kids. The strategies helped me meet my kids where they are.” Participant 2 shared that:

It kept me interested, you know, even though I feel that I have a lot of background it still kept me interested, you know, and it will always feel that way when you have different interactions, you have people that are willing to interact and to talk and that takes a skill from the facilitator’s point, and to stay on track.

In addition, all the participants thought the language in the program was culturally appropriate.

Although all participants felt that the overall curriculum, strategies, and language was culturally related to the Black community, they proposed the following changes to better develop the curriculum.

Hands-on Activities

Participant 1 mentioned that she would like to have more hands-on activities during the EDP training because then she would know how to do things. For example: “a demonstration chart of chores or—a chart of how people do their award system or the incentive thing. Like something to show me how to do what.” Providing more detailed and instructional guidance on the parenting skills, and adding more interaction and practice in the training helps the participants have a better understanding and application of the skills they learned from the intervention.

Time Management and Self-Care

Participants had multiple children in each of their households. Different children have different needs and schedules, which adds challenges for caregivers because they need to accompany the children to different appointments and activities, in addition to meeting their own appointments. Participant 2 said: “I’m always running. I have to drag them all, make everyone’s appointments. Um, and then you got the groceries, and then the cooking and the bit. So this is an everyday thing.” The time management issue often brings stress to participants, and participants have the need to learn how to balance all the needs and appointments: “What I would like to have heard is how does a foster parent take care of themselves? How do you find that time? What are some of the ways in, um that other parents are making that balance?” (Participant 2). Participant 3 also mentioned the need to learn self-care: “I really wish it was more pointed about just uh, um self-care.”
Research Evidence

Participant 3 connected research evidence to the motivation of attending this intervention. She thinks that having a better understanding of the relevant research would be helpful for her in shifting her parenting approach, which prompted her willingness to attend the training:

   I think that would be a huge motivator for me to make the time. Cause I think if I knew exactly what it looked like research based as far as me not taking care of myself and how that’s cause right now it’s one of those ‘Oh, just affects me.’ Nothing that impacts me gets priority in my house, but if I knew how it was impacting my kids I think it would help a lot.

Intervention Process and Format

Participants were satisfied with the facilitators, and felt that how the curriculum was delivered was culturally appropriate. The most impressive thing participant 3 mentioned about the facilitator was: “I like that he took the time to relate the content to his own experience as a parent, so I didn’t feel like it was someone talking at me about ‘Theoretically, this is how you parent.’” Participant 1 said: “I mean it’s always good when you’re doing something with culture that you actually have people from that background teaching it so I appreciate that.”

As to the length and pacing of the trainings, participant 1 hoped to have longer training: “I would like a longer class just because I like to hear what other parents are—got going on, and get some other um, you know, some other ideas.” In terms of the camp format, all the participants appreciated this camping opportunity. The family camp provided different activities, such as games and kayaking. Participant 3 shared that:

   I was kinda discouraged like man I wish I had a chance to do a lot more with the kids out here ……‘cause I felt removed from the family at a time when we’re doing something so out of the ordinary.

Participant 3 also hoped to have more activities in the evening and to spend more time with the kids together at camp. Participant 1 shared that: “I’ve enjoyed it. I’ve actually been calm and peaceful and if anything was to change, a longer time to stay.” In addition, participant 1 thought that the location of the camping and transportation can be important factors for families deciding whether to enroll in this intervention. Participant 2 also shared thoughts regarding the transportation and considerations of time and support needed to prepare for the family camp from another perspective:

   So all these different issues that bring up that don’t allow me to find that balance is now you guys gon’ drive me out to the woods? Okay, and then you go and meeting at nine o’clock and I’m going …… So, that’s why I had to breathe a little bit. I think that bugged me in a way is because getting here was an effort, okay, and when you have five kids it’s push, packing.

Participants also mentioned that they liked the camp format and suggested retaining the format because they did not have time or resources to take vacations. Attending camp in this program was considered their vacation. For example, participant 3 said:

   Our kids don’t get to experience nat- or just the calming abilities of nature, just to feel worth getting away from it all. They deal with the fiasco with us the same way we do every day and then it’s like ‘Yo, we’re taking a break. We’re timing out from life we’re going to the woods, we’re going to hang out in a cabin, we’re going to play with a bunch of kids.

Participant 1 also expressed the similar thoughts: “I’ve enjoyed it. I’ve actually been calm and peaceful and if anything, longer time to stay. Can we stay until Monday? Can we do it earlier on Friday and do more?” In addition, attending camp with other families provides participants opportunities to build connection with other kin caregivers, which was appreciated by all participants.

Discussion

This study was developed to examine the initial acceptability and cultural adaptivity of the FCU/EDP intervention to Black kin caregivers in an innovative format, family camp. The primary findings of this study show that participants felt that this intervention was highly relevant to their Black community overall. They especially appreciated that their intervention trainers were Black, and could relate to and understand Black culture as well as parenting. This similarity of cultural background helped participants build trusting relationships, and it helped facilitators to express empathy for the participants. The facilitators shared their own life examples with participants, which promoted overall relations according to participants. Therefore, choosing appropriate facilitators who understand Black culture and have experience parenting is a good strategy when planning for the intervention. However, the primary findings of this study also suggested that several cultural characteristics should be considered when developing and planning interventions for Black kinship families.

First, participants suggested having more hands-on activities in the parenting skill training so that they can have a
better understanding of the skills they learned. This finding is consistent with previous literature that learning style preferences are associated with adult’s memory strategy use (Dirette & Anderson, 2016). The EDP curriculum includes activities such as role-play and scenario discussion, to provide participants opportunities to practice their skills. For kin caregivers, providing detailed guidance and practice opportunities is necessary and helpful. In the future, we may need to design and add more hands-on activities and leave more time for practicing parenting skills to meet the needs of participants. In addition, foster parents usually face many challenges, which may affect their ability to engage in self-care practices (Miller et al., 2019). Especially for many kin caregivers, raising multiple children brings stress to them. Participants suggested to add a self-care component to the curriculum to help them cope with such stress. Balancing multiple children’s needs and schedules can have positive impacts on caregivers’ parenting stress (Sidebotham, 2001). Resources on mental health services and self-care were viewed as essential.

Second, raising multiple children in kinship care is a common practice, which should be considered when developing and planning interventions for kinship families. All participants in this study took care of multiple children. In child welfare practice, sibling placement is often preferred because it helps to protect against child-initiated disruptions (Sattler et al., 2018). As previous literature suggested, older children may provide support and comfort for younger children, and such sibling relationship can buffer against past trauma (Williams et al., 2016). Therefore, in many cases, kin caregivers raise multiple children. The Black community has a longstanding history of providing support to its own (Smith et al., 2015). Kin caregivers often feel sense of family commitment or obligation to raise their relative’s children (Peterson, 2018; Woods, 2020). Saying “no” to a family member may be challenging for Black kin caregivers when they are asked to take care of multiple children. Although kinship care is considered to best represent the child’s interest, previous research has shown that taking care of multiple children is significantly associated with caregiver’s depression and parenting stress (Linsk et al., 2009). Providing a parenting intervention to caregivers with multiple children is needed. At the same time, number of children should be considered when developing the intervention plan. For example, multi-cohort study may be designed in the future so that the number of children and caregivers are more manageable. The amount of food, transportation and other barriers to access such supports and services should be considered and well-planned to meet the needs of participants and their children.

Third, different from other parenting interventions, this study combined parenting intervention with family camp. The addition of the family camp component enriches the content of this intervention given that it may provide a unique opportunity for kin caregivers to think about their relationships with their children in a new environment. When attending camp, caregivers and children are outside of their regular life-style and they do not need to follow their usual routine. The camp environment offers them more space to interact with each other, and to practice the parenting skills gained through the training (Agate & Covey, 2007). Because camp activities were embedded in the training, participants could share their applications of parenting skills with each other and with facilitators. The participants could discuss and receive feedback and have time to adjust their parenting skills. Given that participants would like to have more camp activities together with their children, more of such activities can be designed in the future.

Moreover, the recruitment process needs to consider the unique characteristics and challenges of this population. For example, the intervention recruitment information was distributed to different resources including child welfare agencies and organizations, however, all three participants were recruited from a community church. As previous literature suggests, religion or spirituality serves as a protective factor in Black kin caregivers’ lives (Crowther et al., 2015; Mouzon, 2017; Stephens, 2020; Woods, 2020). For Black individuals, religious networks plays an important role in providing positive role models and peer groups, which can provide social and emotional support, as well as other resources (Smith, 2003). In addition, most children in kinship care are in informal care (U.S. Children’s Bureau, 2019), which are usually left out from the formal child welfare system that can provide financial support and services to them (Lin, 2018; Wu, 2017). Therefore, church could be a critical information resource for kin caregivers. Given that attending church is a common activity for Black kin caregivers, more recruiting work can be developed in church, in addition to child welfare agencies in the future.

Limitations

Although this pilot study made important progress, its main limitation was a small sample size. COVID-19 brought more challenges in terms of the recruitment and the continuity of the program during the pandemic. This limitation meant that only qualitative data could be analyzed. Because each participant was taking care of multiple children, when taking them to the family camp, there was also a number limit given the number of staff and available transportation. In the cultural adaptation process, the main purpose of this stage was to collect information and feedback to determine whether FCU/EDP was culturally appropriate for the Black kinship population. Therefore, the feedback from participants was more meaningful. In the future, we need to recruit more participants, so that we can collect a richer data set.
and information regarding cultural adaptation through more feedback and the analysis of quantitative data.

**Implications**

The current study is an important start to the development of a culturally sensitive parenting intervention for Black kin caregivers. It addressed the pressing need to improve parenting skills of caregivers. For children placed in out-of-home care, many services are provided to children and biological parents instead of kin caregivers. However, kin caregivers face different challenges and limitations in terms of their family situation, culture, education and economic status. Children also tend to stay in kinship care for longer periods than those in non-kinship care (Jedwab et al., 2019). Training kin caregivers will play a mediating role in the process of improving child outcomes. Through developing such a new adaptation of an empirically supported FCU/EDP intervention for a different racial population—Black kinship families, this study calls for more attention to the population of Black kinship families and provides empirical support in terms of the cultural adaptation of an intervention in a disproportionally racially represented population. Future interventions should be developed based on cultural characteristics of certain racial population. Cultural adaptation is an important step in this developing process.

This study also has implications for child welfare policies. For example, it provides timely response to the new emphasis on child protection policy. The passage of the Family First Prevention Services Act (P.L. 115-123) in 2018 emphasized the fundamental role of family in child safety and wellbeing, and strengthened funding for evidence-based services, such as mental health counseling, substance abuse treatment, and in-home parenting training for kinship families. Providing kin caregivers training on parenting practices responds to the new Act’s efforts on keeping families together and improve child outcomes in the context of family. Empowering kin caregivers will prevent children from more severe behavioral health concerns and more disruptions of kinship care.

In terms of research, developing a culturally adapted parenting intervention in the pilot stage will lead to improved efficiency of the larger trial. This study was useful because it will minimize the risk of compromising the results due to unplanned difficulties with the research design, recruitment strategies, and the acceptability of the FCU/EDP intervention for the population of Black kinship families. This study helps us to advance scientific knowledge about the unique strengths and challenges kin caregivers face when they are taking care of Black children, and significantly strengthens the evidence-based practice to improve child outcomes through caregivers’ better parenting practices. For the future, this study will continue by recruiting more participants to share their feedback on the cultural adaptation of the intervention. Then a feasibility test will be conducted by using an RCT research design to examine whether the study has significant impacts on caregiver and child behavioral health outcomes. In addition, researchers should develop more culturally adapted interventions to support Black kin caregivers. Examining and comparing intervention effects will be helpful to better meet the needs of Black kinship families.

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**Declarations**

**Ethical Approval** The second author of this manuscript is the guest editor for the special issue. Because of the blind review, she will not be reading and commenting.

**Informed Consent** All the participants signed on the informed consent forms.

**Research Involved in Human or Animal Participants** This research involves human participants.

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