

Connecting Caregivers to Each Other



We are pleased to share profiles detailing two Exemplary kinship practices, both of which are effectively connecting caregivers to each other:

- ▶ [Online Community for Kin – West Virginia Fostering Together](#)
- ▶ [Peer Liaisons – Kin Carolina \(South Carolina\)](#)

These practices help kin caregivers by showing them that they are not alone and providing them with information about available supports. We encourage readers to consider how they can replicate these practices in their communities, and to [reach out to us for assistance](#).

Online Community for Kin – West Virginia Fostering Together

Practice Description

Online Community for Kin is an online discussion group that West Virginia Fostering Together started in 2018. Foster, kinship, and adoptive parents across the state can join the group to ask questions and get support from other caregivers. The group operates on the social media platform Facebook and is moderated by staff from West Virginia Fostering Together.

Research shows that kin caregivers need and benefit from peer support, and online communities have provided an important forum for caregivers. While online caregiver communities are not rare, this practice stands out as exemplary because it is managed by a well-trained staff person who vets participants to ensure they are kin caregivers and monitors the discussion to create a safe place for peers to connect. Online peer support is particularly important in rural states, like West Virginia, so kin caregivers can connect with other caregivers and learn about important resources.

To join the group, potential members must be foster, adoptive, or kin caregivers; answer three prompts; and accept the rules of the group. Professionals such as social workers and attorneys are not permitted to join. The three prompts are listed on the following page.

1. What county do you live in?
2. Tell us a little bit about your foster, adoptive, or kinship journey.
3. What agency do you work with?

A staff member reviews each applicant's responses to the prompts – checking for complete and detailed answers. To ensure the integrity of the group, prospective members are not approved if they provide one-word or vague answers.

Once admitted to the group, members can ask questions or share resources. Common topic areas include resources for obtaining tangible items, referrals for legal assistance, information about community events, and questions about processes such as obtaining documentation or receiving subsidy information. There are over 2,000 members in the group, and approximately half of them are kin caregivers.

Additionally, there are four separate Facebook Messenger groups for more topic-specific conversations: "Not My Day" (a location for caregivers to vent or process a challenging day), "Money," "Announcements," and "Legislative Ideas." These topical forums give participants a clear place to go within the group for a specific need. There are also four regional groups to connect caregivers with others in their area of the state.

"There are so many things this group can help you with. I can get an answer in minutes [from the group] instead of waiting for weeks. Having this at your fingertips is a plethora of information you wouldn't have otherwise."

– Kin Caregiver

Partnership and Collaboration

Community resources available to kin caregivers are routinely shared within the group. One kin caregiver informed Network staff that there was a local church with a foster parent and kin caregiver holiday dinner advertised within the group. She and her husband attended without knowing anyone, and soon after they connected with a local faith community, which began bringing them meals and visiting weekly as a means of support. She expressed gratitude that this support system came as a result of participating in the online community.

Evidence and Continuous Quality Improvement

The online community is closely monitored by Jaycie Bias, the executive director of West Virginia Fostering Together. Jaycie encourages group participants to both ask and

answer questions as needed, and she monitors the discussions to ensure there is no misinformation shared. Jaycie is also responsible for reviewing new member requests and monitoring if anyone needs to be removed from the group.

Group members' answers to the three entry questions are entered into an Excel spreadsheet to track how many families are being served by the organization. The organization uses that data when advocating for services from other organizations and when seeking funding. Additionally, a membership survey was sent out in March 2025 to participants of the Facebook group. This information was used to inform the organization's recent strategic planning.

Effectiveness is also measured through the basic analytics provided through Facebook. Staff members are able to pull reports from Facebook to determine the total number of active users, demographics, etc.

Tips for Replication

- ▶ **Make the online community as low-barrier as possible.** Facebook is user-friendly and familiar; people are already on Facebook and giving it their attention, so it made sense as the platform for this community.
- ▶ **From the beginning, get demographic information from each family**, such as name, county, agency (if applicable), contact information, and where they are on the kinship journey. Staff note that they currently only have information they've received through Facebook Messenger and wish they had asked for this information from members to better track who is in the group.
- ▶ **Even though it is an online group, do your best to make participants feel like a member of something meaningful.** Staff and caregivers remark on the benefit of learning about free events in the community that they can join as kin caregivers.
- ▶ **If possible, have multiple moderators in the group.**

Peer Liaisons – Kin Carolina (South Carolina)

Practice Description

KinCarolina is a comprehensive support program for kin caregivers raising children with disabilities and special health care needs in the Midlands and Lowcountry regions of South Carolina. At the heart of their program is their practice of engaging kin caregivers with lived experience raising children with disabilities as peer mentors ("peer liaisons"), who offer one-on-one, individualized guidance and emotional support to other kin caregivers.

This exemplary peer mentor practice was inspired by a KinCarolina staff member, who was a kin caregiver herself. She and her brother raised a grandnephew and grandniece. She found herself at a loss for what to do: “I thought, ‘If I’m struggling [despite her experience as a social worker] and can’t figure this out, how on earth can some of these caregivers manage this?’” By listening to this staff person with lived experience, and other kin caregivers raising children with disabilities in the community, KinCarolina filled a need for individualized peer support.

To help support kin caregivers, KinCarolina has hired eight peer liaisons whose diverse demographic backgrounds provide a rich representation of kinship families. To train the liaisons, KinCarolina developed a curriculum, which includes a half-day onboarding orientation, monthly coaching sessions, and a yearly “refresher training” to ensure the peer liaisons have the skills they need to effectively provide support to the kin caregivers. Their training modules cover a basic overview of kinship care and the strengths and needs of caregivers raising children with disabilities, information about KinCarolina, confidentiality, ethics, cultural responsiveness, health and well-being, family safety, and self-care (for both peer liaisons and caregivers).

Peer liaisons and kin caregivers are matched based on caregivers’ needs and strengths, commonalities, and geographic proximity. Peer liaisons connect with caregivers on a weekly basis by phone or text, or in person, depending on the caregiver’s preferences. During their interactions, the caregiver and liaison work together on goals determined by the caregiver. Peer liaisons also often attend semi-annual KinCarolina events, where they can connect with the kin caregivers in person. Peer liaisons support caregivers in multiple ways through an individualized approach, including providing emotional support, assisting with finding resources, promoting self-care, and sharing strategies from their caregiving experience. Peer liaisons have attended school and other meetings with caregivers, arranged recreational gatherings, and connected caregivers to concrete resources to support their families.

“Not only did she [peer liaison] let me know things we could do that were helpful, but... I didn’t know anybody in the same situation that I was in. And to me, the other things like the support groups were amazing and very helpful, but this was one-on-one. I share things with her that I don’t even burden my family with. That’s just invaluable.”

– Kin Caregiver

KinCarolina is intentional about broadly defining disability and special health care needs to serve a wide array of families, and children do not need to have a diagnosis for their

caregiver to be eligible. Kin caregivers of all ages and relationships to the child are welcome, as long as they are in KinCarolina's service area. Although the peer liaisons serve both formal and informal caregivers, most of the participating families are not currently involved in the child welfare system. KinCarolina advertises their peer liaison practice on their website and social media, and through partnerships with community organizations. Most caregivers find out about the program and this specific practice by word of mouth through other caregivers and service providers.

Partnership and Collaboration

KinCarolina deeply values lived experience. Multiple staff members with lived experience were involved in the development of the peer liaison practice. The team also conducted a needs assessment to understand the state's kinship care landscape and to hear directly from caregivers and service providers about what the practice should address. As a result, the team knew it was important to hire peer liaisons with experience raising kin children with special health care needs.

They also developed an Advisory Council, which is rich with lived experience from both professional members and peer liaisons.

Additionally, the larger KinCarolina team is comprised of kinship care researchers and practitioners from Arizona State University, Catholic University of America, The Ohio State University, the University of North Carolina at Chapel Hill, and the University of South Carolina.

Evidence and Continuous Quality Improvement

KinCarolina is being studied through a randomized controlled trial, which means that once a caregiver enrolls, they are randomly assigned to either participate in the KinCarolina program (treatment group), which includes the peer liaison practice, or to receive a comprehensive resource packet in lieu of program participation (control group). This allows the team to rigorously compare the results of the two groups and determine the impact of KinCarolina on caregiver and family well-being. Caregivers are notified about the study design prior to enrollment.

Kin caregivers, peer liaisons, and Advisory Council members are involved in the evaluation of the practice in multiple ways. All stakeholders complete surveys. After a caregiver has graduated, both the peer liaison and the caregiver complete a parallel survey instrument to assess their relationship and its impact. At multiple points throughout the year, staff members present the preliminary and ongoing findings to the Advisory Council so that they are kept aware of progress and can provide their thoughts and suggestions for implementation. Preliminary quantitative results show improvement among treatment group participants on measures related to caregiver well-being; stress; coping mechanisms; perceptions of social support; financial well-being; knowledge of

disabilities, behaviors, and services; and service navigation, as well as on their relationship with the children in their care.

KinCarolina also conducts focus groups with graduates after they have completed the KinCarolina intervention and with peer liaisons once a year. In these groups, they ask questions about the graduates' and peer liaisons' experiences and the ways in which KinCarolina has impacted their families. Themes from these conversations include graduates' appreciation for the community and fellowship, as well as gratitude for new knowledge and access to resources.

Tips for Replication

- ▶ **Provide intentional training and supervision/coaching for peer liaisons** to equip them with knowledge and tools to carry out their role, and have opportunities for them to participate in ongoing learning and receive feedback.
- ▶ **Invite current peer liaisons to help conduct orientation trainings for new liaisons** so that they can share their knowledge and experiences and bring the training content to life with examples, lessons, and strategies they've implemented as a liaison.
- ▶ **Compensate peer liaisons and other lived experts.** KinCarolina compensates peer liaisons \$125 per family served per month, and each liaison serves between two and five families. The program also provides a financial incentive for kin caregiver participants (\$100 for the control group and up to \$450 for the treatment group, based on participation). The full program, including the peer liaison practice, is funded through a five-year Duke Endowment grant, with matching from the University of North Carolina.
- ▶ **Respond to the community and the families' cultures, and match peer liaisons with clients based on common characteristics.** Many of the kin caregivers that KinCarolina serves are older, African American, have low incomes, and rely heavily on their religious beliefs and practices when it comes to how to raise children.

To assist with replication, the KinCarolina team is developing a curriculum to guide other organizations. The curriculum is called "THE (Together Harnessing Lived Experience) Liaison Model," and their goal is to pilot this work in North Carolina. The curriculum will support organizations in starting and implementing kinship peer liaisons through peer liaison trainings, a train-the-trainer curriculum, a coaching and supervision model, and standards of practice for implementation.

Additional Practice Resources

To learn more about this practice, review the links on the following page.

- ▶ Visit KinCarolina's [Peer Liaison webpage](#)
- ▶ [Watch this simulation of a peer liaison interaction](#) from KinCarolina's 2025 Kinship Townhall

Learn More about the Network's Exemplary Practice Designation

If you have questions about either of the practices profiled here or are interested in learning more or replicating one of these practices, please complete this short [form](#) and we will get back to you.

For information about the steps and criteria of the Exemplary designation process, please click [here](#).

The Grandfamilies & Kinship Support Network: A National Technical Assistance Center (Network) helps government agencies and nonprofits in states, Tribes, and territories work across jurisdictional and systemic boundaries to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children whose parents are unable to do so. For more information, please visit www.GKSNetwork.org.

The Network is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$9,950,000 with 95 percentage funded by ACL/HHS and \$523,684 and 5 percentage funded by non-government sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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