

KINSHIP ORIENTATION TRAINING



FACILITATOR'S GUIDE

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INTRODUCTION

Welcome to Kinship Orientation Training! This training is for individuals who are considering or who are in the process of becoming a kinship care provider, as well as for those who already have a child placed with them.

Kinship care has always been an important resource in child intervention for children who come into care. A kinship care provider is an extended family member of a child, a person who has a significant relationship with the child, or a member of the child's cultural community. Research has provided a great deal of support on the why kinship care is vital for children, including that children in kinship care experience fewer placement changes, are more likely to live with their siblings and are less likely to re-enter care than those in foster care placements. Kinship care also respects cultural traditions.

Kinship care placements are often unplanned and kinship care providers are less prepared for the impact of caring for a child than a person who has made a planned decision to become a foster parent. It is very important that kinship care providers receive information and orientation training as soon as possible to help them and support the child's placement.

Kinship care is unique – placements are child-specific so the needs of each family differ. Orientation for kinship care families can be offered in a number of ways. All kinship families must be provided with a copy of the Kinship Care Guide as soon as possible and their caseworker or kinship care worker must review the information in the guidebook with them. Kinship care providers are welcome to attend any caregiver orientation training available through a Child and Family Services (CFS) region or a Delegated First Nation Agency (DFNA). This Kinship Orientation Training was developed to provide a provincial two-day training that is aimed at kinship care providers only, to meet the unique circumstances of kinship care.

The training was developed to provide information on Child and Family Services, including why children come into care and a child intervention overview, as well as focus attention on the team supporting the child and the adjustment to caregiving that will occur in each family. Training on parenting, the special needs of children and the importance of involving birth parents is also included. Please note that kinship care providers should be encouraged and supported to attend any training they want, including foster care training.

TRAINING DEVELOPMENT

The development of the training was guided by the Alberta Kinship Orientation Training Sub-Committee with representatives from the CFS's, DFNA's, the Alberta Foster Parent Association, and the Ministry of Human Services.

Pictures: Human Services Communications

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TOPIC OUTLINES

This section of the Facilitator's Guide focuses on the primary topics covered in the two-day orientation training. Additional information is available in the Notes section of the Power Point slides. Also note that some slides are animated to allow the trainer to bring in comments on the slide when ready – animation is identified in the Notes pages.

Day 1

- Child Intervention Overview and Practice Framework Principles
- What is Kinship Care and the Benefits for the Child
- You Are Not Alone - Who is on Your Team?
- Making the Adjustment to Caregiving
 - Phase 1: Starting Out
 - Phase 2: Living as a Kinship Family
 - Phase 3: Moving On

Day 2

- Child-Rearing Practices
- Parenting Plus
- Working with Child Intervention Services

Ideally the orientation will be delivered to groups of kinship care providers to encourage discussion and the sharing of experiences but it is understood that in many cases individual delivery will be the only reasonable option available.

This orientation also offers an opportunity to encourage kinship care providers to attend other training currently available for foster parents that provide much more detailed information on understanding and responding to some of the behaviours that may be seen in children in care. Of particular relevance would be:

- Safe Babies – Caring for Prenatally Exposed Infants; Working with ADD, ADHD, ODD and other Diagnoses; Understanding FASD, Child Sexual Abuse, etc.
- Parenting Our Special Needs Children; Parenting Tool Box; Goals of Misbehaviour etc.
- Courses on Maintaining a Child's Culture

Encourage kinship families to contact their caseworker about the caregiver training available in their area.

Materials needed:

For Trainers:

- LCD projector and computer or Smart board and computer
- speakers
- Wi-Fi connection for First Impressions (Day 2)
- flip chart and felt markers
- PowerPoint printed as **Notes** pages
- evaluation forms – it is recommended that evaluations are delivered at the end of each day, or even at lunch and the end of day, so participants can more easily remember the content being evaluated.

For Participants:

- flip chart paper and markers for each table when the orientation is delivered in a group
- PowerPoint printed as **Handouts** – printed 3 or 6 to a page
- Kinship Care Guide

DAY ONE

Welcome and Introductions - Slides 1-5

Review agenda and have participants and facilitators introduce themselves in preparation for the day. Discussion of break times, lunch arrangements, etc. can also be done now.

Child Intervention Overview and Practice Framework Principles - Slides 6-14

For some families there may be confusion about why an intervention occurred so this explanation covers the basics of the legislation and why caseworkers may choose a particular intervention. The slides covering the Practice Framework Principles can be made more clear should if the trainer briefly explains how they are applied in decision-making.

What is Kinship Care and the Benefits for the Child - Slides 15-17

A Kinship Care provider is an extended family member of a child or is a person who has a significant relationship with the child, or is a member of the child's cultural community. Kinship Care providers have always been an important resource and research tells us why Kinship care is vital for children.

EXERCISE (optional): Slides 16 and 17.

Brainstorming the benefits of kinship care and writing the ideas on the flip chart can help engage the participants and provide an opportunity to reinforce how valuable the role of kinship families is. No matter how long they have the child in their care the impact can make a significant difference for the child.

You Are Not Alone - Who is on Your Team? Slides 18-23

Taking time to properly explain the roles of kinship care workers and caseworkers can alleviate some of the confusion about the system and explain how this is a collaborative process. Explaining the roles and responsibilities of the child's parents will help the kinship care provider see the number of influences in this process and better define their own responsibilities.

Note that this team may also expand to include various professionals who are assessing or treating the child or working with the family. They may see this as a support network, which it is intended to be, but may also see this as confusing or overwhelming which then can be explored in terms of having open and timely communication and realistic expectations. The kinship family can be the stabilizing force in the child's life by providing consistency and a warm, loving atmosphere. Slide 27 points to additional supports that may help the caregiver sort through questions or challenges that may arise.

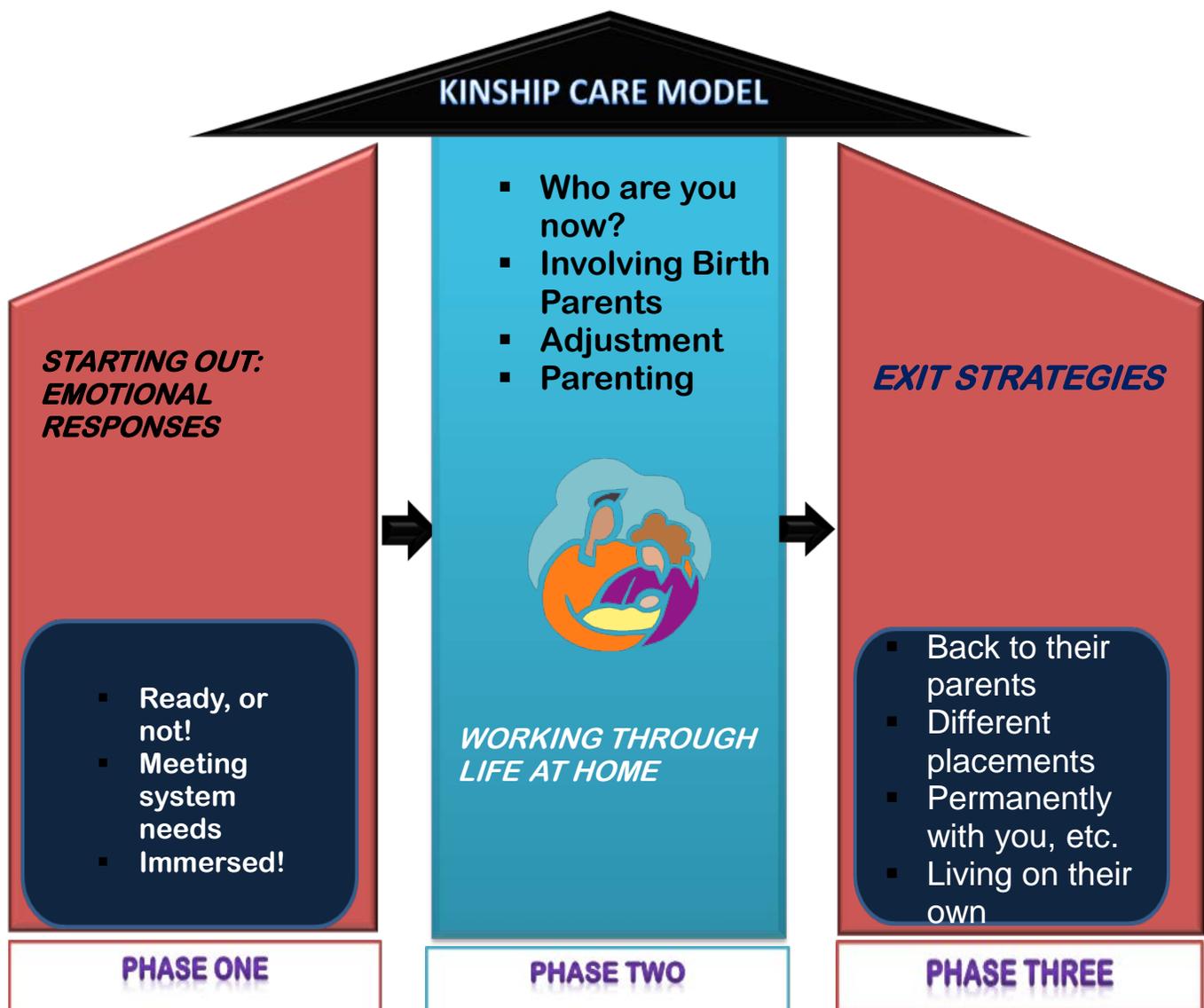
Take note that the child is in the centre of the graphic – meaning that everyone should be working in the best interests of the child.

Making the Adjustment to Caregiving - Slides 24-25

Because of the often spontaneous nature of the placement, kinship families may not have the luxury of preparation afforded foster families. Foster families choose to make this important commitment and plan for the changes to their family by attending extensive training. Acknowledging those differences and helping kinship families feel better prepared for this commitment, even if the child is already placed with them, is critical for sustainability of the placement. The **SOURCE** for these topics can be found in *Kinship Caregiver Issues Relatives Raising Children: An Overview of Kinship Care*. Joseph Crumbley & Robert L. Little. 1997

Slide 25 - Graphic

- Phase 1: Starting Out
- Phase 2: Living as a Kinship Family
- Phase 3: Moving On



- **Phase 1** - the child coming into their home – the huge adjustment in terms everything from basic accommodations to including the child in the family’s activities and adjusting to the child’s needs while still maintaining positive relationship with other child and grandchildren.
- **Phase 2** - coping with the child’s needs on an ongoing basis as the relationship
- **Phase 3** – end of placement because the child returns to parental care, moves to a different placement, is placed permanently with the kinship family, or now lives independently.

The remainder of this day will be spent exploring each of these stages and the issues that may arise for families. The purpose is to give a voice to the challenges that sometimes occur allowing the families to anticipate and prepare thus increasing the likelihood of a successful placement.

PHASE ONE - Starting Out *Slide: 26-30*

Emotional Responses *Slide 27*

BRAINSTORMING OR EXERCISE: Using large group brainstorming or creating two small groups, have the families identify their immediate reactions to being asked to take the child(ren) and also the immediate reaction of their own birth children. After writing down their ideas, go to slide 32 and 33 to briefly discuss some that may not have come up already. Discuss how that reaction may be different if their birth children are young and in the home vs adults living on their own.

NOTE: that the impact on family relationships will be discussed at length later in the training (starting slide 43).

- **Experiencing Feelings of Loyalty: *Slide 31***
- **Experiencing Guilt: *Slide 32***
- **Moving Past the Guilt: *Slide 33***
- **Experiencing Embarrassment: *Slide 34***
- **A Time of Change: *Slide 35***
- **What Changes Did You Anticipate? *Slide 36***
- **Self-Care: *Slide 37***

NOTE that these slides address concerns that most likely were raised in the earlier discussion about emotional reactions. This is an opportunity to normalize them and look at strategies for successfully working through them. Make sure discussions include the consequences of not working through the feelings, which is typically that the situation doesn't improve.

This is also an opportunity to explore what the best role may be for kinship family. If they are seriously concerned about being the caregiving family or if they realize that their ability to care for themselves is compromised then the best role for them may be to support the family that does take the child. The bottom line is that the child gets the best care possible from as many people as possible.

PHASE TWO - Working through Life At Home - *Slides 38-70*

All slides deal with the new relationship dynamics.

Who Are You Now? *Slides 39-54*

These slides look at the role changes that occurs when a grandparent becomes a parent or an aunt/uncle becomes a parent. Discuss what happens then to the relationship with the child but others in the family as well.

Based on who is the class, make sure to expand the discussion to include when the kinship caregiver is an older sibling or a teacher/coach/family friend. What are the relationship challenges and advantages in those situations?

EXERCISE: *Slides 43-49*

This exercise provides an opportunity for small groups to look at specific strategies for facilitating the adjustment of the kinship parent, the birth children, and the kinship child. You may also need to consider other grandchildren if the birth children are adults with children.

EXERCISE: Slides 50-54

This exercise provides an opportunity for small groups to look at specific strategies for having the best possible relationship with the child’s parents. Explore concerns about involving the child’s family, the advantages of involving the child’s parents, and ways to do so. Giving voice to these issues and allowing the kinship families opportunity to share successful strategies that may help in their particular circumstances.

Does the child remind you of... Slide 55

HANDOUTS: Temperament Exercise and Temperament – Gifts and Challenge

This is the first point at which we have a look at the some of the behaviours of the child that may be misunderstood by caregivers. When negative feelings exist about the child’s parents there may be a temptation to see the child’s behaviours as “being just like your....” without consideration for the complex array of reason why a child does or does not do certain things. One of the simplest reasons may be that it is a reflection of the child’s personality. A look at various personality traits of the caregivers and the child can help provide insight about where conflicts arise between caregivers and between caregivers and the child. Six aspects of temperament are discussed.

| Aspect | Low level | High level |
|------------------------|--------------------------------|--|
| Activity Level | likes to be quiet and calm | likes to be on the go |
| Response to “new” | shy and/or anxious | loves new experiences/people |
| Adaptability to change | needs warning of changed plans | goes with the flow |
| Distractibility | able to focus for a long time | needs to change activities frequently |
| Persistence | loses interest quickly | sees things through until they are completed |
| Intensity | unexpressive emotionally | extremely expressive |

EXERCISE: Temperament Slides 59 – 62

- Using the Temperament Exercise Form
 - Have participants put their initials at the point on each scale that best describes their own temperament.
 - Now have them write their parenting partner’s initials on each scale to plot their temperament.

Discussion:

- In what ways are you similar to your parenting partner? How does that impact parenting?
- In what ways are you different than your parenting partner? How does that impact parenting?
- Using Temperament Exercise Form
 - Have participants plot the child in their care.

Discussion:

- ❑ If the child is similar to one of you how does that impact your relationship with the child...with each other?
- ❑ If the child is different than both of you how does that impact your parenting of that child – especially compared to other children more like you.
- ❑ Consider the gifts and challenges of each aspect of temperament – see handout (optional).

- **Trying Too Hard: *Slide 63***
- **Good Guy vs Bad Guy: *Slide 64***
- **Your Relationship with the Child is Critical: *Slide 65***
- **“How I Would Like It to Be” Thinking: *Slide 66***
- **Working through “How I Would Like it to Be” Thinking: *Slide 67***
- **Experiencing Anger and Resentment: *Slide 68***
- **Getting Past the Anger and Resentment: *Slide 69***
- **Balancing the Needs of the System: *Slide 70***

Note that these slides address concerns that most likely were raised in the earlier discussion about emotional reactions. This is an opportunity to normalize them and look at strategies for successfully working through them. Make sure discussions include the consequences of not working through the feelings, which is typically that the situation doesn't improve.

PHASE THREE - Exit Strategies

Slide 71-80

The focus now is on anticipating the end of the kinship relationship.

Slide 72-80

These slides focus on maintaining the health of the kinship parents – critical discussion for grandparents who may be at an age when normal health changes occur but is also important for caregivers of all ages who have now taken on an extra responsibility that may compromise their ability to practice good self-care. Signs of stress, coping strategies, and the consequences of poor self-care are discussed in small groups. The idea that caregivers must be all-giving and sacrifice for the child(ren) in their care is a noble one but, in reality, if the adult does not take care of themselves they not only teach the child that self-care is not important but they also risk burning out and compromising their ability to be a healthy caregiver. Consideration is given to support systems, Kinship Care Support Plans, and coping strategies.

DAY 2

Child-Rearing Practices

Slides 1-4: Welcome

Slides 5-6: What Has Changed Since You Parented?

These slides provide an opportunity to explore the changes that for some kinship families will be confusing or overwhelming. In some cases they may be resistant to the change – Safe Sleep practices and parent as teacher vs disciplinarian are challenging, in particular, because the kinship families may be totally unfamiliar with them and feel they are contrary to what they have always been taught or believed. Acknowledge how many of these points are very different from what a lot of us were raised with and expect to take time to nurture their understanding of the changes.

Slide 7: Safe Sleep Practices

Review the Safe Sleep practices carefully if there are parents who have not raised babies for a long time. Many practices are different than we were told in the past or different from family or cultural traditions. Make them aware that these are the result of research into Sudden Infant Death Syndrome (SIDS) and since they have been developed the incidence of SIDS has dropped considerably.

Slide 8: Positive Parenting

This model developed by Dr. Joan Durrant for the international children's charity, *Save the Children*, is built on the United Nation's 2006 World Report on Violence against Children and the United Nations Convention on the Rights of the Child. The model is not prescriptive in the sense of telling parents specific things to do in reaction to specific behaviours. It encourages parents to use discipline that reflects warmth and structure, that considers what the child may be thinking or feeling when they behave in certain ways, and uses problem solving to address issues. Focusing on short term reactions to a child's behaviour often is more emotional than thoughtful and as such may not result in the child learning to behave differently. The parent's book is available at the link provided – and can be offered to families who may be interested in learning more. **Note** that this model was not developed to specifically address children who have experienced trauma but, because it is structured around respect for the child, the basic principles apply to children regardless of their developmental stage or life experience.

SOURCE: Joan Durrant Ph.D. Positive Discipline and Everyday Parenting – 3rd edition
http://resourcecentre.savethechildren.se/sites/default/files/documents/s_3rd_edition_positive_discipl1_0.pdf

- **Slide 9: Long Term Goals vs Short Term Goals**
- **Slide 10: Providing Warmth**
- **Slide 11: Providing Structure**
- **Slide 12: Physical Punishment**
- **Slide 13-14: Understanding How Children Think and Feel**
- **Slide 15, 16, 17: Imagine**
- **Slide 18: Problem Solving**

The slides noted above look more in depth at each of the components of Positive Discipline. Most include brainstorming opportunities to have the participants consider what they already do well and what they could do better.

Parenting Plus *Slides 20-51*

Slides 20-22: Behaviours

The point is to help families consider all the options when trying to understand the child's behaviour. The previous slides looked at understanding their thinking and feelings in the moment but now we look at issues ranging from temperament to harm that may have resulted from prenatal exposure to substances or family violence, or the trauma related to abuse. As discussed with Positive Discipline when we just react to behaviours instead of looking at the big picture, we seldom make the situation better.

Slides 23-32: Prenatal Exposure to Alcohol or Drugs

This section provides a brief overview of prenatal exposure and Fetal Alcohol Spectrum Disorders (FASD). A key message is the importance of a proper multidisciplinary assessment as opposed to assumption based on mothers alcohol/drug use, child's appearance, etc.

Slides 33-37: Exposure to Family Violence

This section provides a brief overview of the impact of prenatal exposure to family violence as well as the impacts of growing up in a home where there is family violence. As with the previous section on alcohol and drug exposure it is important to remain hopeful about the child's future by getting help, getting information, and setting realistic expectations and goals.

Slides 38-46: Effect of Abuse & Neglect on the Brain

This section explains in basic terms how the brain develops and reacts to abuse and neglect. As with the previous two sections, feelings of guilt or anger may be triggered in the kinship families and it is important to repeat that we believe most people love their children and do the best they can given their life circumstances – when we know better...we do better.

Slides 47-51: Children and Grief

We briefly explore the impact significant changes (losses) may have on a child's behaviour and how the caregiver can help the child through his painful time.

Slides 52-61: The Goal of the Kinship Parent

Slides 54-60: Building the Child's Tool Kit

This section provides more information about how they can work to enhance the child's capacity to deal with their life circumstances. Keep in mind that many of these children will already have developed skills that will serve them well through their lives and these skills can be the foundation for future growth.

Slide 61: Recommended Training

Reinforce for the families that these are all complex issues and there is additional training available to provide a broader understanding of the issues and how to help the child.

Slides 62-68: Working with Child Intervention Services

The focus is on clarifying the facts and myths of kinship care and reminding them there are supports available and they are entitled to ask for assistance.

Sources and Resources

Abuse & Neglect and the Brain

Understanding the Effects of Maltreatment on the Brain, Child Welfare Information Gateway. November 2009 ([www.child\(ren\)welfare.gov/pubs/issue_briefs/brain_development/](http://www.child(ren)welfare.gov/pubs/issue_briefs/brain_development/))
[Based on the work of Dr. Bruce Perry]

“The NMT Metric: How the NMT metric galvanizes our ability to teach, help and lead.”, Michelle Maikoetter, MA, NCC, LPC-S. Banff Child Protection Conference April 2014.
[Based on the work of Dr. Bruce Perry]

Positive Discipline and Everyday Parenting – 3rd edition Joan Durrant Ph.D

[http://resourcecentre.savethechild\(ren\)ren.se/sites/default/files/documents/s_3rd_edition_positiv_ediscipl1_0.pdf](http://resourcecentre.savethechild(ren)ren.se/sites/default/files/documents/s_3rd_edition_positiv_ediscipl1_0.pdf)

Parent-Initiated Attachment. A Child’s Journey through Placement. Dr. Vera Falhberg 1991, reprint 2012.

Kinship Caregiver Issues. Relatives Raising Children: An overview of kinship care. Joseph Crumbley & Robert L. Little. 1997

Handouts

Following are handouts for a temperament exercise. Facilitators may choose to add additional handouts to support their training.



Temperament Exercise

Each child and each parent will have a different temperament – some of your children will have a very different temperament than you or your partner and that can make for frustration for both of you. Think about your temperament and then your child's.

Activity level

| | | | |
|--|---|---|-------------------------|
| Low | | | High |
| 1 | 2 | 3 | 4 |
| <i>Sits still or concentrates for long periods</i> | | | <i>Always on the go</i> |

Response to “new”

| | | | |
|--|---|---|--|
| Low | | | High |
| 1 | 2 | 3 | 4 |
| <i>Shies away from new people, unhappy in new places, rejects new things</i> | | | <i>Likes to meet new people go to new places, try new things</i> |

Adaptability to change

| | | | |
|---|---|---|--|
| Low | | | High |
| 1 | 2 | 3 | 4 |
| <i>Takes a long time to adjust to changes in routines or environments</i> | | | <i>Quickly adjusts to changes routines or environments</i> |

Distractibility

| | | | |
|--|---|---|---|
| Low | | | High |
| 1 | 2 | 3 | 4 |
| <i>Focuses on one activity for a long time</i> | | | <i>Notices everything; shifts attention often</i> |

Persistence

| | | | |
|---|---|---|---|
| Low | | | High |
| 1 | 2 | 3 | 4 |
| <i>Loses interest in activities quickly</i> | | | <i>Sticks with activities until they are finished</i> |

Intensity

| | | | |
|---|---|---|---|
| Low | | | High |
| 1 | 2 | 3 | 4 |
| <i>Doesn't show much change in emotions</i> | | | <i>Shows intense anger, happiness and sadness</i> |

Temperament – Gifts and Challenges

| | Gifts | Challenges |
|-------------------------------|--|---|
| Activity Level | | |
| Low | <input type="checkbox"/> May work well in jobs requiring being physically passive | <input type="checkbox"/> May not like scheduled environments such as school <input type="checkbox"/> May not be physically active <input type="checkbox"/> May be seen as lazy |
| High | <input type="checkbox"/> May work well in jobs that are physically demanding or require changing environment frequently | <input type="checkbox"/> May find school environments frustrating or boring |
| Response to “New” | | |
| Low | <input type="checkbox"/> Unlikely to engage in risky situations <input type="checkbox"/> May be process-oriented and will follow directions consistently <input type="checkbox"/> May work well in jobs that are repetitive and/or predictable | <input type="checkbox"/> Needs preparation about the experience or person <input type="checkbox"/> May need you to be there for a while to help the adaptation <input type="checkbox"/> May become isolated <input type="checkbox"/> May have fewer life experiences |
| High | <input type="checkbox"/> May more easily handle the challenges of moves from home/school/friends. <input type="checkbox"/> Would make a great foster parent <input type="checkbox"/> May work well in jobs that are contract based or involve changing tasks, problem solving, etc. | <input type="checkbox"/> May jump into situations spontaneously – risky <input type="checkbox"/> May seek frequent changes and not stay at jobs long – misinterpreted as lacking commitment. |
| Adaptability to Change | | |
| Low | <input type="checkbox"/> May work well in jobs that are in stable, steady environments. <input type="checkbox"/> May be process oriented and will follow directions consistently. <input type="checkbox"/> May work well in jobs that are consistent and predictable. | <input type="checkbox"/> May find changes in home/school/friends are sad and scary <input type="checkbox"/> May need lots of information about what is happening and why. |
| High | <input type="checkbox"/> May find change stimulating and energizing. <input type="checkbox"/> May be a risk taker and therefore has varied and diverse experiences. <input type="checkbox"/> May work well in jobs requiring adapting to crisis/change. <input type="checkbox"/> May work well in jobs that involve travelling, or with tasks that are evolving and changing. | <input type="checkbox"/> Easily bored by “sameness” – goes looking for excitement or change. <input type="checkbox"/> Risk taking may be dangerous if not accompanied by good planning. |
| Distractibility | | |
| Low | <input type="checkbox"/> May be able to entertain himself <input type="checkbox"/> Patient <input type="checkbox"/> May work well in jobs that require alertness and focus | <input type="checkbox"/> May have less aware of surroundings/situations |
| High | <input type="checkbox"/> May be a good multitasker <input type="checkbox"/> May be acutely aware of surrounding/situations <input type="checkbox"/> May work well in jobs that require taking in large amounts of information at once | <input type="checkbox"/> May be seen as chaotic <input type="checkbox"/> May have trouble finishing tasks |
| Persistence | | |
| Low | <input type="checkbox"/> Won't waste time on tasks that are too extended. | <input type="checkbox"/> Seen as lazy <input type="checkbox"/> Seen as giving up too easily <input type="checkbox"/> May take longer to develop some skills |
| High | <input type="checkbox"/> Patient <input type="checkbox"/> Adapts to failure and tries again. <input type="checkbox"/> May work well in jobs that require problem solving skills. | <input type="checkbox"/> May be a perfectionist <input type="checkbox"/> May lose sight of the objective, getting too tied up in the process. |

| Intensity | | |
|-------------|---|---|
| Low | <input type="checkbox"/> May be seen as calm, stable. <input type="checkbox"/> May work well in jobs that require emotional control in challenging situations. | <input type="checkbox"/> May be seen as flat, uncaring. <input type="checkbox"/> May be frustrated by the drama of others. |
| High | <input type="checkbox"/> May be emotionally open and transparent. <input type="checkbox"/> May work well in jobs that require exuberance and enthusiasm. | <input type="checkbox"/> May be seen as a drama queen. <input type="checkbox"/> May be seen as unreliable, volatile. |