MODELS OF TRAINING AND EDUCATION FOR KINSHIP CAREGIVERS

Webinar
Sponsored by the Child Welfare Peer Kinship Network

February 25, 2016
HOUSEKEEPING

Audio
- To hear the presentation, select either MIC & SPEAKERS to listen through your computer speakers or TELEPHONE
- The dial-in information is under the “audio” tab on the right hand side of your computer screen and in the email with the log-in information
- If you use your MIC & SPEAKERS, your audio is automatically muted throughout the presentations
- If you use your TELEPHONE, we ask that you mute yourself so as to prevent feedback

Q&A
- There will be plenty of time for your questions at the end of the presentations
- At any time, you can type your questions in the “chat” box on the bottom right hand side of your screen and Jennifer Miller will ask them of the presenters at the end of their presentations

Webinar Recording
- The webinar recording and PowerPoint slides will be available early next week on www.grandfamilies.org/RESOURCES/ChildWelfarePeerKinshipNetwork.aspx
OVERVIEW OF THE CHILD WELFARE PEER KINSHIP NETWORK

- Child welfare agencies seeking to improve their approach to kinship care

- Peer to peer exchange through a listserv and webinars managed by ChildFocus

- If you’re interested in joining the network, please send a note to Jennifer@childfocuspartners.com

- Welcome to members of the Foster Family Based Treatment Association and partners in Advocates for Families First

The Child Welfare Peer Kinship Network is made possible through generous support from the Annie E. Casey Foundation
Vision Statement

Child serving agencies have the network, resources and support needed to strengthen children, families and communities.

- **Children's Alliance of Kansas, Inc.** (50C-4)
- **Children's Alliance Resource Network, Inc.** (50C-3)
- **MAPP - Model Approach to Partnerships in Parenting**
Caring for Our Own

Kinship

MODEL APPROACH TO PARTNERSHIPS IN PARENTING
History

Principle Developer – Zelma Smith, LMSW

- Integrates the work of Dr. Joseph Crumbley

1998 – focus groups in LA County
2000 – Caring for Our Own – National version
2004 – Updated
2009 – Children’s Alliance acquired MAPP programs from CWI
2011 – Updated to include trauma
Reasons for Kinship Placement

- Enables children to live with people they know and trust.
- Reduces the trauma of living with people who initially are unknown.
- Supports the transmission of a child’s family identity, culture and ethnicity.
- Facilitates children’s connections to their siblings.
- Strengthens the ability of families to give children the support they need.
Common Themes Among Kinship Caregivers

- The relationship between the kinship caregiver with the helping network.
- The relationship between the kinship caregiver and the children in their care.
- The relationship between the kinship caregiver and the birth parents of the children in their care.
## Outcomes for Caring for Our Own

<table>
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<tr>
<th>Outcome</th>
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<tr>
<td>Children living with kinship caregivers will have their immediate and ongoing needs safety, permanency and well-being met.</td>
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<tr>
<td>Kinship caregivers will help children achieve legal permanency in the shortest time frame possible.</td>
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<tr>
<td>Kinship caregivers will build and maintain collaborative relationships that support meeting the child’s emotional, educational and physical development.</td>
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<td>Older adolescents will receive the educational and vocational services they need in order to achieve self-sufficiency.</td>
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<td>Kinship caregivers will have an ongoing, informal social support network made up of other kinship caregivers.</td>
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Program Components

Nine Group Meetings for Kinship Caregivers (27 hours)

30-hour Training of Facilitators
The Nine Meetings

Meetings 1-3: The Kinship Caregiver

Meetings 4-6: The Children

Meetings 7-8: The Birth Parents

Meeting 9: Closing
Caring for Our Own Program Agenda

Meeting 1: Introduction to Caring for Our Own

Meeting 2: Assessing the Impact of the Children Living in My Home

Meeting 3: Looking at My Role in Achieving Permanency

Meeting 4: Assessing the Strengths and Needs of the Children

Meeting 5: Building on the Strengths and Meeting the Needs of the Children in my Care

Meeting 6: Preparing Children and Youth for the Future

Meeting 7: Understanding the Issues of Birth Parents

Meeting 8: Working with Birth Parents to Achieve Permanency for Their Children

Meeting 9: Networking and Moving Ahead
Features of the Program

- Family Sharing
- Family Assessment Process
- Transitional Reactions
Tools of the Program

- Family Plan
- Personal Keepsakes Journal
- Caregiver Workbook
Contact Information

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dgibson@Childally.org
www.mappbooks.com
www.Childally.org
Traditions of Caring and Collaborating: A Model of Practice for Kinship Care

Child Welfare Kinship Network
February 25, 2016

Facilitators:
Eileen Mayers Pasztor, DSW
Donna D. Petras, PhD, MSW

Curricula Objectives

* Provide a rationale for a kinship caring and collaborating model of practice

* Define “model of practice” and “strengths-based child and family-friendly language”

* Clarify how kinship care became a policy and practice choice and challenge

* Highlight research that informs this model of practice
Curricula Objectives (continued)

* Teach the *Traditions of Caring and Collaborating Model of Practice* (see diagram on slide #9)
  - 9 issues of concern in kinship care
  - 5 competencies
  - 4 phases of collaboration
  - 5 desired outcomes

* Teach practice tools for assessing kinship caregivers’ ability, resources, and willingness to provide safety, well-being, and permanency for children who have experienced loss and trauma
Model of Practice

* Has a shared vision, mission, goals, objectives.

* Uses child and family-friendly strengths-based language (e.g., case to child and family, not case; caretaker, not caretaker; family, not home; and much more, etc.)

* Has clearly defined, complementary roles for kinship caregivers and staff.

* Uses evidence based/informed practice skills.

* Achieves SMART outcomes (specific, measurable, achievable, realistic, timely).
Kinship Care Definitions

* Full-time nurturing and protection of children by relatives, members of tribes, clans, godparents, step-parents, or anyone who “goes for kin” (who does the child claim?)

* Informal arrangements by family members

* Voluntary arrangements by child protective services and family members

* Formal arrangements with public agency jurisdiction and oversight
Factors influencing the growth of kinship care.

* Kinship care is more like family preservation; it is no family foster care.

* There is considerable difference between having the acquired role of foster or adoptive parent, and inherited role of grandmother, sister, daughter, etc.
Research Questions and Method

* What do child welfare workers and kinship caregivers perceive as barriers to their effective collaboration?

* What best practice examples can child welfare workers and kinship caregivers provide to illustrate their effective collaboration?

* Focus groups of child welfare staff and relatives; and field tests in three cities across the US
ISSUES
1. Legal status
2. Financial support
3. Health/mental health
4. Child behavior
5. School

6. Family relationships
7. Support services
8. Fair and equal treatment
9. Satisfaction and recommendations

OUTCOMES
Child Safety
Well-being
Permanency

COMPETENCIES
1. Respect knowledge, skills, and experiences
2. Build trust by meeting needs
3. Facilitate open communication
4. Respect the dynamics of “Double D” and “Double A”
5. Use negotiation skills, clarifying “non-negotiables”

The three most important collaboration words:

FOR THE CHILDREN
Kinship Family Assessment

* Family Demographics/Map/Family Clock

* Strengths/Needs for the Nine Issues (see slide #9) (and same or different if adoption is the option)

* Phases of Service Delivery (see slide #9)

* Competencies (see slide #9)

* Summary and Recommendations
How trauma affects child development and parenting

Assessment questions regarding trauma:

How can we collaborate with kinship caregivers to understand how trauma and loss impacts children’s development and behavior?

How do kinship caregivers demonstrate ability, resources, and willingness to address children’s trauma and loss issues, feelings, and behavior?
Can kinship caregivers understand how their own trauma and losses affect their feelings and behavior?

Have kinship caregivers traveled the “pathway through the grieving process” to help children manage loss and trauma? Consider “Developmental Grieving.”
Does the kinship caregiver have the ability, resources, and willingness to provide:

* both high nurture and high structure?

* four essential parenting skills?
  (Communicate with child, engage child in pro-social activities, establish clear guidelines and expectations with known consequences, follow through on what you say)
Implementation Strengths/Needs Assessment, Advocacy, Action

* Evaluation: Actions for Individuals; Agency/Organization

* Child/Family and Cause Advocacy
  (consider the six major principles of the NASW Code of Ethics: being competent; having dignity, showing integrity, demonstrating the importance of relationships, providing service, advocating for social justice)
Thank you for caring and collaborating with us

Contact:
www.cwla.org/kinship

Donna D. Petras, PhD, MSW
Director, Models of Practice and Training
dpetras@cwla.org
Kinship Care is our purpose!
Overview of presentation…

1. Meet A Second Chance, Inc.
2. The Agency’s Impact on Kinship Care
3. Kinship Care as a Core Model
4. Engaging with Providers and Jurisdictions

A Second Chance, Inc. = ASCI
We began our kinship care **purpose** in 1994.

A **calling** for kinship care...

*A Second Chance, Inc.* made Kinship Care the **strategy** not a strategy in Allegheny County - Pittsburgh PA
Our Kinship Care Impact since 1994…

From 9 to 195 Employees

From 1 to 3 Facilities

We currently service 60% of Allegheny County’s CPS Cases

From 1 to 5 Funding Jurisdictions

We have met the needs of over 15,000 children, caregivers and birth families in the exclusive service of kinship care.

We have raised the practice of Kinship Care in Allegheny County from 10% to 62%
Our **founder** established our **purpose**…

**A Kinship Lens:**

Our CEO and President is our **founder**.

She **grew up in** the system in **kinship care**.

She has **frontline experience**.

She has work in the **public and private sectors**.

**Kinship care is not a practice model; rather it is a value for family.**

Dr. Sharon McDaniel, President and CEO, A Second Chance, Inc.
Out of struggle comes **innovation**…
Standards for Assessing and Recognizing Kinship Strengths –

A training, consultation and resource for servicing kinship caregivers

Curriculum and Training

Consulting and Program Evaluation

Practice Models and Programming

FACILITATOR’S GUIDE

Training, Consultation and Resource Materials for Servicing Kinship Caregivers

A COMPONENT OF

KINSHIP CARE CURRICULUM

Research-Driven, Evidence-Based, and Competency-Oriented

A SECOND CHANCE, Inc.

Kin2You™

KINSHIP CARE
Readiness

Rubric

POINTER CONTACT™

STEP INTO FAMILIES™

STEPS TO PERMANENCY™
How is our **brand of kinship care** differentiated from others?

We are a **Theory-to-Practice Model**, as we are a provider of service.

1. There is a basic human ability to make meaning out of new or different situations.

2. We take action based on these new or different situations.

3. To move forward, we reflect on our actions and refine our model so that practice is more reflective of real life.
A Theory-to-Practice Model, for a Provider of Service
What are the **points of differentiation** in this Theory-to-Practice Model?

A Kinship Care **Core**…
How does this **Theory-to-Practice** model influence the curriculum?
The curriculum influences other areas…

Permanency

We average 80% in our children exiting to permanency – with a 5% re-entry rate.

FGDM

We have an 84% success rate for conferences.

Certification

We average 82% in timely kinship certifications.
### Other impacts of the model...

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<tr>
<th>Impact</th>
<th>National Average</th>
<th>ASCI Average</th>
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<tbody>
<tr>
<td>Length of stay for children discharged to <strong>reunification</strong></td>
<td>7.6 Months</td>
<td>6.23 Months</td>
</tr>
<tr>
<td>Length of stay for children discharged to <strong>adoption</strong></td>
<td>29.4 Months</td>
<td>21.35</td>
</tr>
<tr>
<td>Percentage of children in foster care who were subjected to substantiated/indicated maltreatment/abuse while in care</td>
<td>.34 %</td>
<td>0%</td>
</tr>
<tr>
<td>Percentage of foster youth who complete high school</td>
<td>50%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of foster youth who change schools when first entering care</td>
<td>56%</td>
<td>5%</td>
</tr>
<tr>
<td>Percentage of female pregnancy rates for foster youth</td>
<td>33%</td>
<td>1% following entry to ASCI</td>
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How do we engage with providers and jurisdictions?

Thus, SARKS™ is purchased through an engagement process – it is not an off-the-shelf model purchase.
Why do we require this engagement process to purchase SARKS™?

Because we are a value-based model, we must ensure that the kinship triad is served in the most effective manner. Thus, fidelity to the model is essential.
How do you look at kinship care?

If you change the way you look at things, the things you look at change.

Wayne Dyer

jayk@asecondchance-kinship.com | 267.702.2840
PATH Kinship Training
2009 PATH Revisions

• Convened Kinship focus group to gather information on what kin families need during the pre-approval process

• Kinship committee assisted with revisions

• Separate Orientation Session for Kinship Applicants
  ✓ Delivered by Kinship Coordinator and Kinship Resource Parent
  ✓ Legal Options
  ✓ Relative Caregiver Brochure
  ✓ Partnership Stories
2009 PATH Revisions

All videos updated to include kinship family examples
Kinship example of how families can bridge the gap
Developed by: Dr. Denise Goodman

Kinship specific examples included in all components of the curriculum

Kinship Expert Panel
- Kinship Parent
- Relative Caregiver Program
- Kinship Coordinator
2014 Kinship Training Pilot

- Developed to address the unique training needs of kinship applicants
- Assist with the timeliness of a kinship family’s home study approval process
- Maintains the core components of the current PATH curriculum
Kinship PATH Curriculum Components

- Understanding the Child Welfare System (2 Hours)
- Impact of Trauma on Children (3 Hours)
- Effective Discipline (3 Hours)

- Current traditional curriculum is 23-Hour curriculum
- Kinship PATH curriculum is 16 Hours
- Also includes the following courses:
  - CPR/FA (4 Hours)
  - Medication Administration (4 Hours)
Questions and Comments

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QUESTIONS FOR THE PRESENTERS

• Please use the chat box to post your questions
• If we do not get to your questions we will make every effort to send a response after the webinar
• Questions, comments, examples to share after the webinar? Please send to:
  • Jennifer@childfocuspartners.com

Thank you for attending the webinar!