

# **Kinship Traditions of Caring and Collaborating: A Model of Practice**

**COA Annual Conference  
*The Power of Collaboration*  
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**Facilitators:**

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# Traditions of Caring and Collaborating Model of Practice Curricula

Pasztor, E. M., Petras, D. D., & Rainey, C. (2016). *Collaborating with kinship caregivers: A research to practice competency-based training program for child welfare workers and their supervisors*. Washington, DC: CWLA (18 hours of training content)

Petras, D.D. & Pasztor, E.M. (2016). *Traditions of caring and collaborating: Kinship family information, support groups, and assessment*. Washington, DC: CWLA  
27 hours (nine 3-hour sessions)

# 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 for kinship caregivers
  - 5 competencies
  - 4 phases of collaboration
  - 3 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 (i.e. child and family, not case; caregiver, 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 without ongoing oversight
- \* Formal arrangements with public agency jurisdiction and oversight

# Policy Choice and Practice Challenge

- Factors influencing the growth of kinship care.
- Kinship care is more like family preservation; it is not 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.

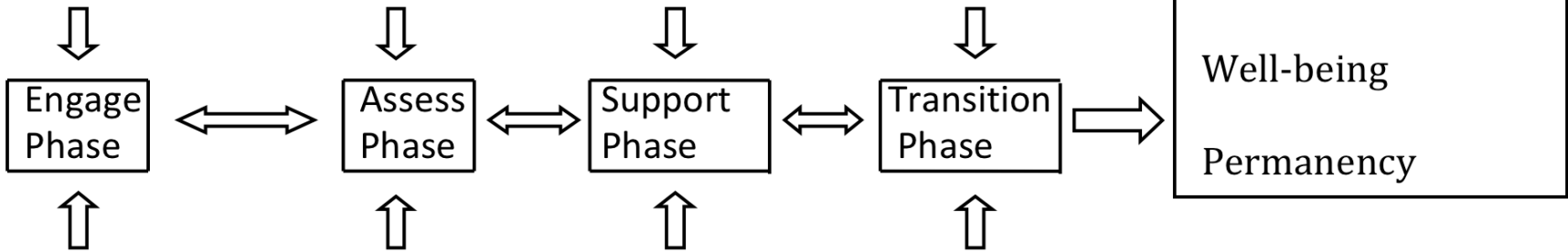
# Research Questions and Method

- \* What do kinship caregivers, child welfare caseworkers, and supervisors perceive as barriers to their effective collaboration?
- \* What best practice examples can kinship caregivers, child welfare caseworkers, and supervisors provide to illustrate their effective collaboration?
- \* Focus groups of kinship caregivers, child welfare caseworkers, and supervisors, and field tests across the USA.



## 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



## 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/Clock
- \* Strengths/Needs for the Nine Issues  
(same or different if adoption is the option)
- \* Phases of Service Delivery
- \* Competencies
- \* 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?

# Assessing Separation, Loss, Trauma

In what ways do 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?

Do kinship caregivers have the ability, resources, and willingness to use the nine essential competencies for trauma informed parenting to help children who have experienced trauma?

Consider “Trauma Reminders” and “Developmental Grieving.”

# Assessing Kinship Parenting Skills

In what ways does the kinship caregiver have the ability, resources, and willingness to provide:

- \* both high nurture and high structure?

- \* 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 ([www.socialworkers.org](http://www.socialworkers.org))

# For Information About the *Kinship Care: Traditions of Caring and Collaborating* Model of Practice

Contact:

[www.cwla.org/kinship](http://www.cwla.org/kinship)

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# Upcoming Events

- \* CWLA National Substance Use Conference, August 1-3, Orange County, CA
- \* *PRIDE Model of Practice to Develop and Support Resource Parents as Team Members in Child Protection and Trauma Informed Care of Children* Implementation Training
  - \* New York, NY August 8-12, 2016
  - \* Fort Worth, TX September 19-23, 2016



# Thank you for caring and collaborating with us!

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