



# Caregiver Training Needs Survey: Results

September 2016

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Disclaimer: this survey is reflective of only the Delegated Aboriginal Agencies and is not reflective of all of the needs of the 23 Delegated Aboriginal Agencies.

## Introduction

### Purpose

The *Caregiver Training Needs Survey* was designed to gain an understanding of caregiver training needs across each of the Delegated Aboriginal Agencies (DAAs) in the province. The survey included questions that covered a number of domains including the characteristics of their DAA, training completed, training needed, and the training delivery preferences. In addition, the survey also sought to identify barriers to training completion and supports available for caregivers to attend training (see Appendix A for survey questions). Surveys were conducted from the end of July, through to mid-September, 2016.

### Survey Strategy

An initial email was circulated to notify at least one worker from each of the DAAs that they would soon be contacted to complete the survey. For five of the 23 agencies, more than one worker was contacted. Workers were first contacted by telephone to complete the survey, or to schedule an alternate time to do so. If the worker could not be reached by telephone on the first attempt, an email was sent. In cases where no email response was received, a follow up was done which involved a subsequent telephone call and, if necessary, another email.

### Response Rates

Overall, the survey yielded an agency response rate of 87%, which represents 20 out of the 23 DAAs. The worker response rate was 84%, where 26 of the 31 of those contacted responded to the survey. The response rates varied across each question asked. Survey questions related to the additional training needs and barriers to training completion had the highest number of responses (agency rate: 83%, worker rate: 81%). In contrast, survey questions related to the number of caregivers who had completed training or still required training had the lowest response rates (ranging from 35 to 48%, representing 8 to 11 agencies). Although information on caregiver training is tracked by each agency, the low rate of response is attributed to the fact that this information was not readily available at the time that the survey was completed.

### Highlights of Survey Results

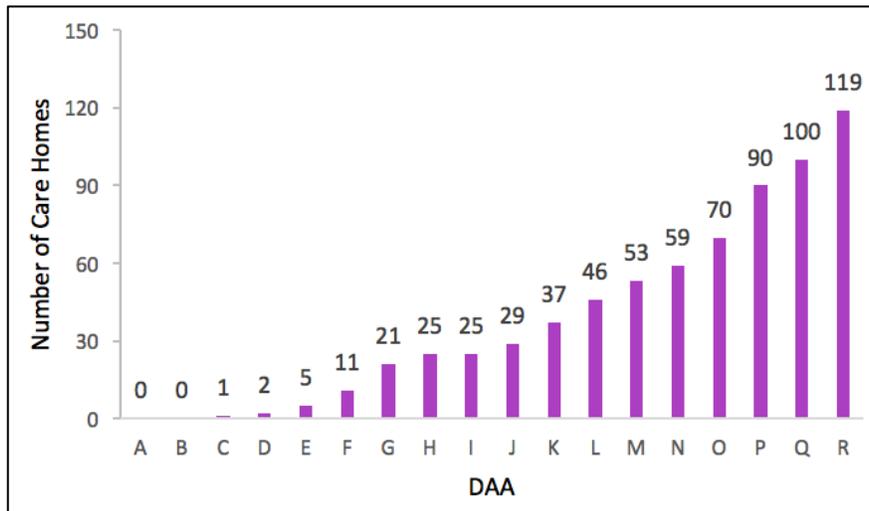
- The total number of caregivers for each DAA ranged from zero to a high of 179.
- Across all DAAs who responded, 44% of caregivers are Indigenous.
- There remains a need to gather more accurate estimates of the number of caregivers who have completed, or are in need of 18 hour pre-service, 53 hour, or cultural training.
- Most caregivers have received some form of cultural training, but to varying degrees.
- The majority of workers felt that caregivers would benefit from additional training in the areas of attachment, trauma and culture.
- Fetal Alcohol Spectrum Disorders (FASDs), grief and loss for foster parents when children return to their community, helping youth transition out of care and trauma informed care were the most frequent worker-identified topics for additional training needs.
- In order to address the barriers to training completion, most DAAs would prefer a combination of in-person and online training.

## Characteristics of DAAs

### Care Homes

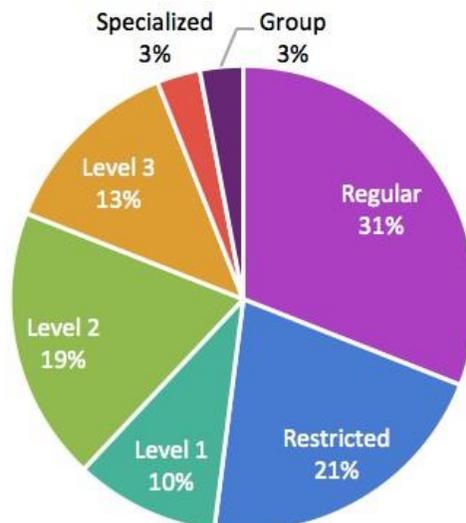
There is a significant amount of variation in the number of care homes for each DAA. Across the 18 DAAs who responded to this question, there was a combined total of 693 foster homes, with a median of 27 homes. As shown in Figure 1, the number of care homes ranges from zero for two agencies to a high of 119 homes. Although some agencies also utilize secondary homes (MCFD foster homes), these were not counted.

Figure 1: Number of Care Homes Across DAAs



For all DAAs combined, regular care homes are the most common type of care home. As shown in Figure 2, 31% of all care homes are classified as regular care, followed by restricted care (21%). Specialized homes and group homes comprise the smallest proportion of care homes across all DAAs (6% combined). For some DAAs, restricted care homes are more common than regular care homes. There also appear to be differences regarding the way in which levelled homes are counted. For example, two agencies identified that they level each child rather than the home and consequently, classify most homes as regular care.

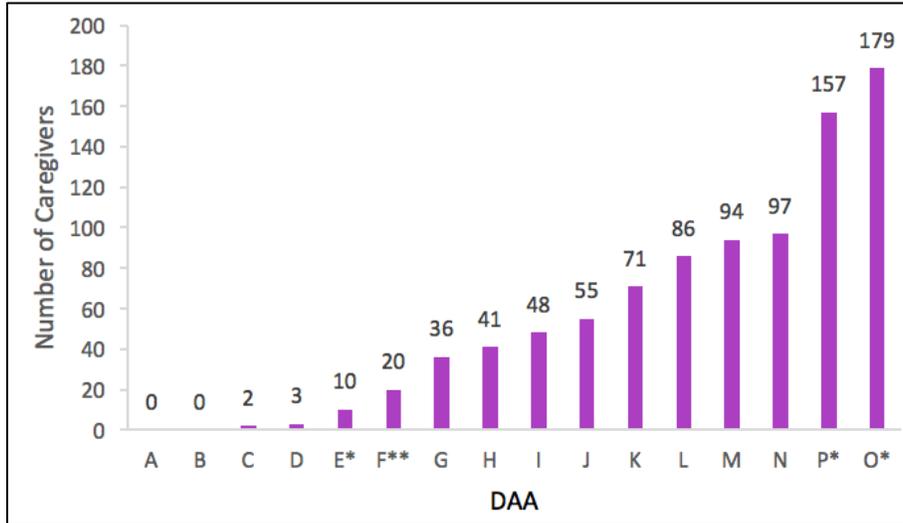
Figure 2: Types of Care Homes



## Caregivers

There was a combined total of 899 caregivers across 16 DAAs, with a median of 45 caregivers. Similar to the number of foster homes, the total number of caregivers varied by agency, ranging from zero caregivers for two agencies to a high of 179 caregivers (Figure 3). Information on the total number of Extended Family Program (EFP) caregivers was also provided by 10 DAAs. For two of the 10 agencies, the number of EFP caregivers exceeded the number of in-care caregivers.

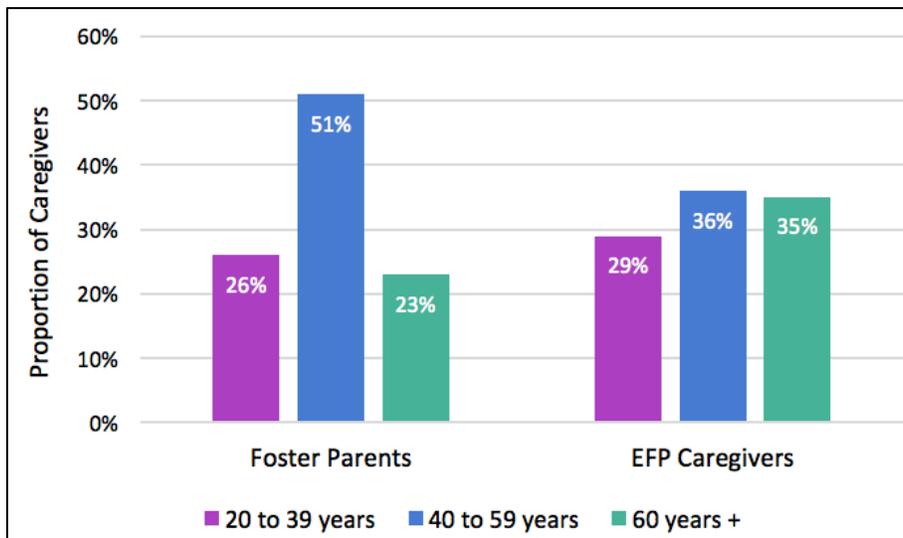
Figure 3: Number of Caregivers Across DAAs



\*Estimate, \*\*Includes EFP caregivers

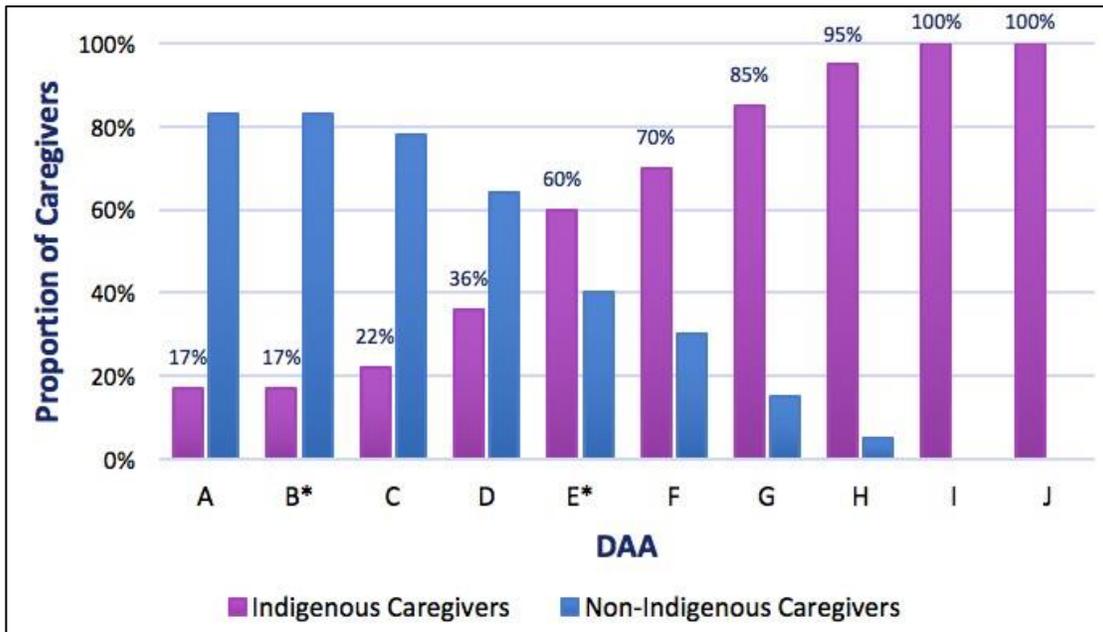
On average, the majority of caregivers are between the ages of 40 to 59 years (Figure 4). Although this age category has the highest proportion of caregivers, there is a substantially higher proportion of foster parents (51%) compared to EFP caregivers (36%). This trend reverses for the age category of 60 years and above, where the proportion of EFP caregivers over 60 years (35%) is substantially higher than that of foster parents (23%). This difference may be attributed to the fact that grandparents are often EFP caregivers. Given that grandparents are also likely to be restricted caregivers, the age distribution of caregivers may be more consistent with that of EFP caregivers for DAAs who have more restricted homes than regular care homes.

Figure 4: Caregiver Age



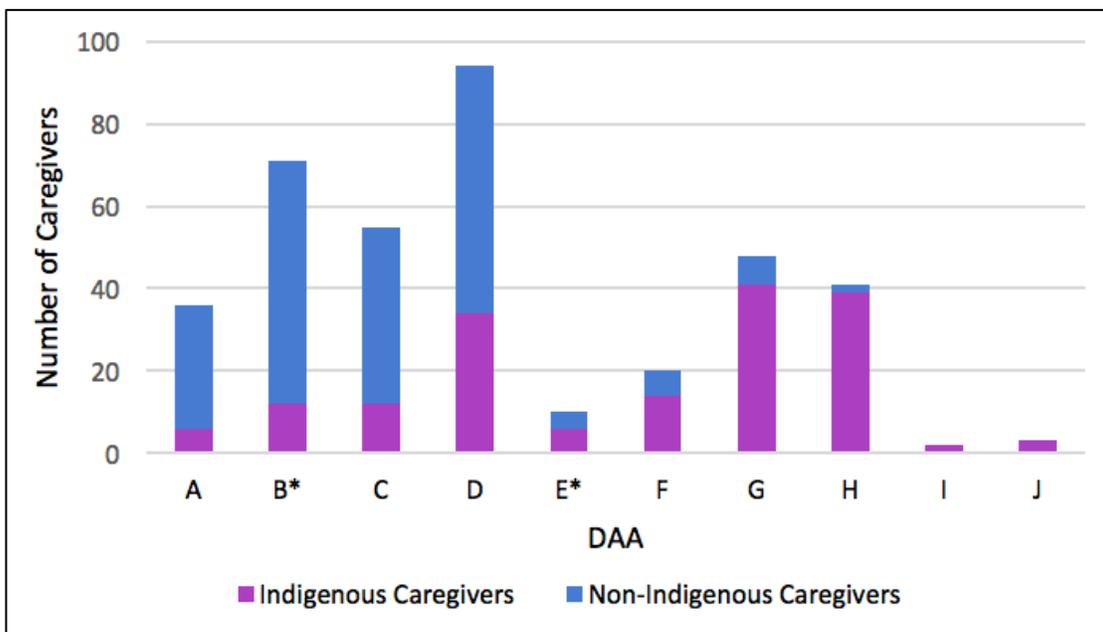
Across 10 DAAs, a total of 44% of caregivers are Indigenous. The proportion of Indigenous caregivers for each agency ranges from 17% for two agencies to 100% for two agencies (Figure 5). It is important to note, however, that agencies with fewer caregivers are more likely to have a higher proportion of Indigenous caregivers. As shown in Figure 6, agency I and J have a small number of caregivers, 100% of which are Indigenous. In contrast, the agencies that have a large number of caregivers have a lower proportion of Indigenous caregivers.

Figure 5: Proportion of Indigenous Caregivers by DAA



\*Estimate

Figure 6: Number of Indigenous Caregivers by DAA



\*Estimate

## Training Completed

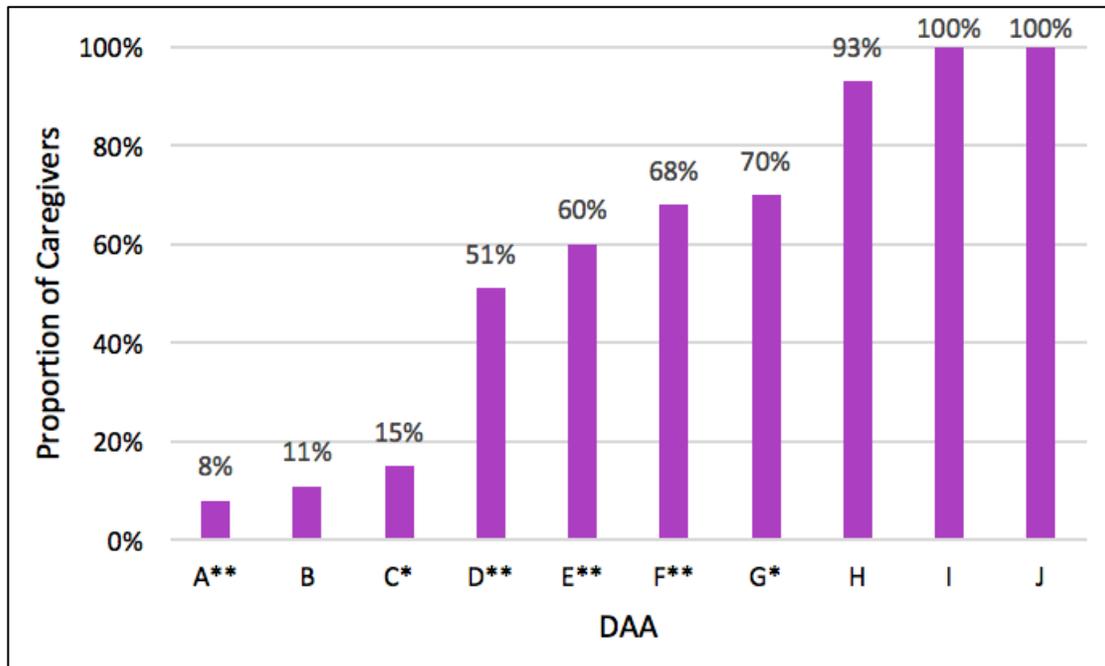
### 18 Hour Pre-Service & 53 Hour Training

Across DAAs, workers identified a number of factors that contribute to the likelihood of training completion for caregivers. Some stated that engaging caregivers in training involves convincing them that they need it. For others, coordinating schedules and finding appropriate times for everyone to attend training can be a difficult task. Access to training also appears to be much more of a challenge for some DAAs compared to others. A few agencies have attempted to do combined training with MCFD – while one DAA has been successful in doing so, the others have not.

There are also inconsistencies across agencies regarding the completion of the 18 hour pre-service and 53-hour training. Although both are considered mandatory, some DAAs enforce this whereas others do not. Workers suggested that these two trainings need to be deemed mandatory from the beginning, otherwise achieving high completion rates will remain a challenge.

The estimated proportions of caregivers who completed the 18-hour pre-service training are presented in Figure 7. Across a total of 10 DAAs, the training completion rate ranges from 8% in one agency to a high of 100% for two agencies. Two DAAs indicated that they have condensed their 18 hour pre-service training into one day in order to make it more accessible for caregivers (4 hours total for one, 6 hours total for the other). Interestingly, both agencies have training completion rate above fifty percent.

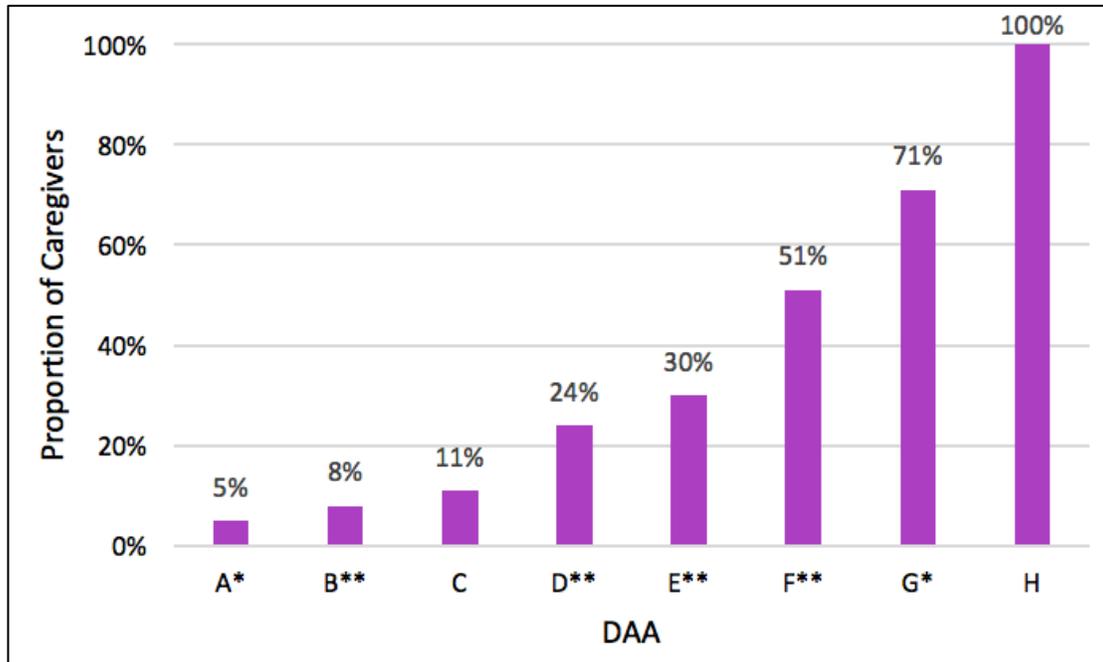
Figure 7: Completed 18 Hour Pre-Service Training - Estimated Proportion of Caregivers by DAA



\*Estimate, \*\*Care home count

Eight of the 23 DAAs were able to provide Information regarding 53-hour training completion. The range of completion rates was similar for to the 18-hour pre-service training (Figure 8). Despite this similarity, the average proportion of caregivers who completed 53-hour training is substantially lower than the completion rate for 18-hour training (38% vs. 58%, respectively)

Figure 8: Completed 53 Hour Training – Estimated Proportion of Caregivers by DAA



\*Estimate, \*\*Care home count

### Cultural Training

The extent of cultural training completed varies by each caregiver and DAA. Workers indicated that most of their caregivers have received some form of cultural training, but to varying degrees. A number of caregivers have completed curriculum based cultural training, such as:

- Pre-service Training
- Aboriginal Foster Parents' Association Cultural Training
- It Takes a Village Training
- IPS Cultural Training for Adoptive Parents (online)

A number of workers also indicated that caregivers have the opportunity to learn through a range of additional activities, including:

- DAA hosted events: cultural programs and camps, lunch and learns, sessions teaching how to make bannock and drums;
- Cultural events in the community; and
- Training specific to children living in their home.

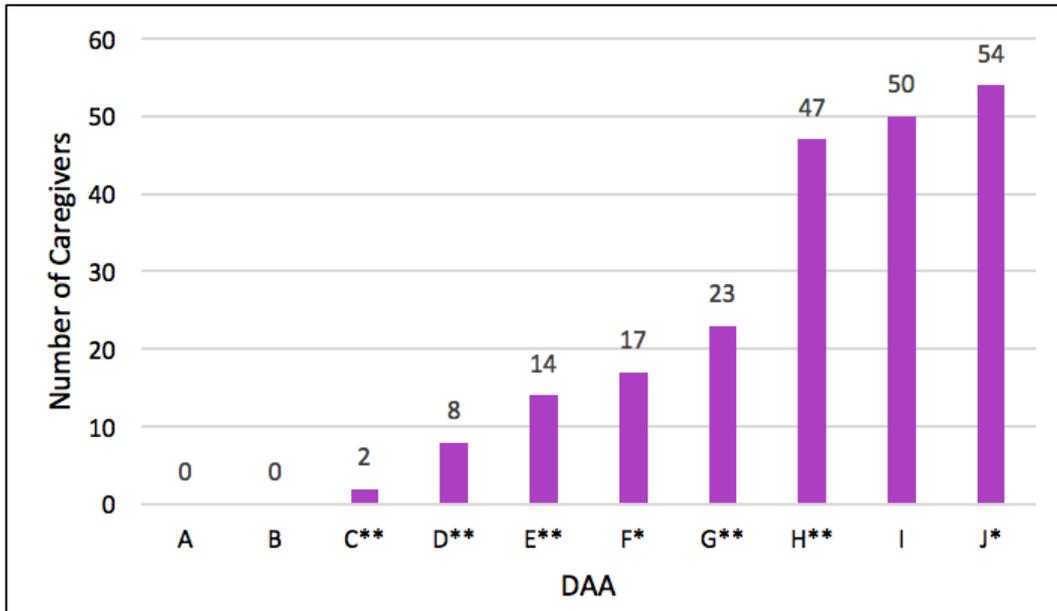
### Training Needs

The information regarding the number of caregivers who require training presented in the following sections is likely an underestimate of the training required across each of the DAAs. The estimates provided are limited to (1) the low number of agencies who responded to each survey question (ranging from five to 10 out of a possible 23), (2) care home counts, rather than caregiver counts for some agencies; and (3) agencies that provided other information from which an approximate number of caregivers that require training could be derived.

### 18 Hour Pre-Service & 53 Hour Training

An estimated total of 215 caregivers require 18-hour pre-service training across 9 DAAs. As shown in Figure 9, the number of caregivers that require training ranges from a 2 to a high of 54 caregivers. The remaining two agencies that responded to this question indicated that each of their caregivers have completed the training.

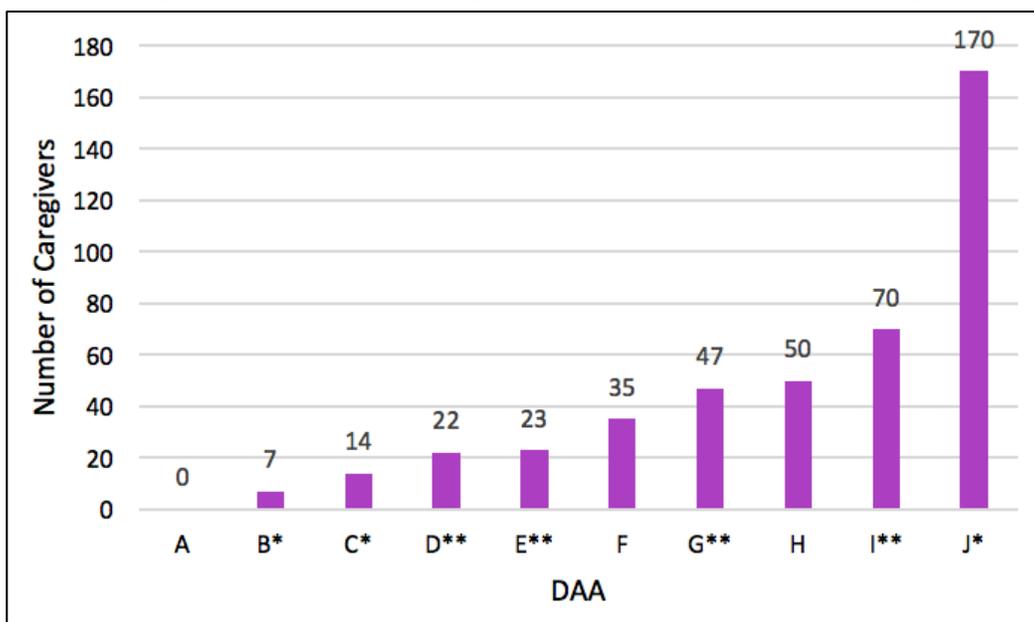
Figure 9: Estimate of Caregivers that Require 18 Hour Pre-Service Training



\*Estimate, \*\*Care home count

Compared to the 18-hour pre-service training, a substantially higher estimated number of caregivers (438 total) require 53-hour training across a total of 10 DAAs. As shown in Figure 10, the number of caregivers who require training ranges from seven at one agency to a high of 170 caregivers.

Figure 10: Estimate of Caregivers that Require 53 Hour Training

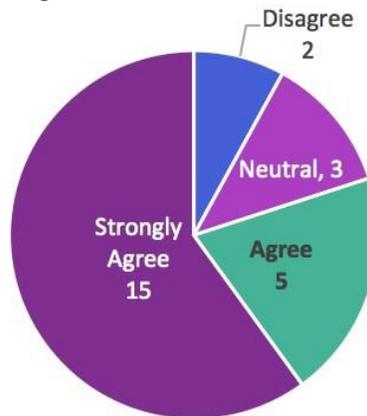


\*Estimate, \*\*Care home count

## Cultural Training

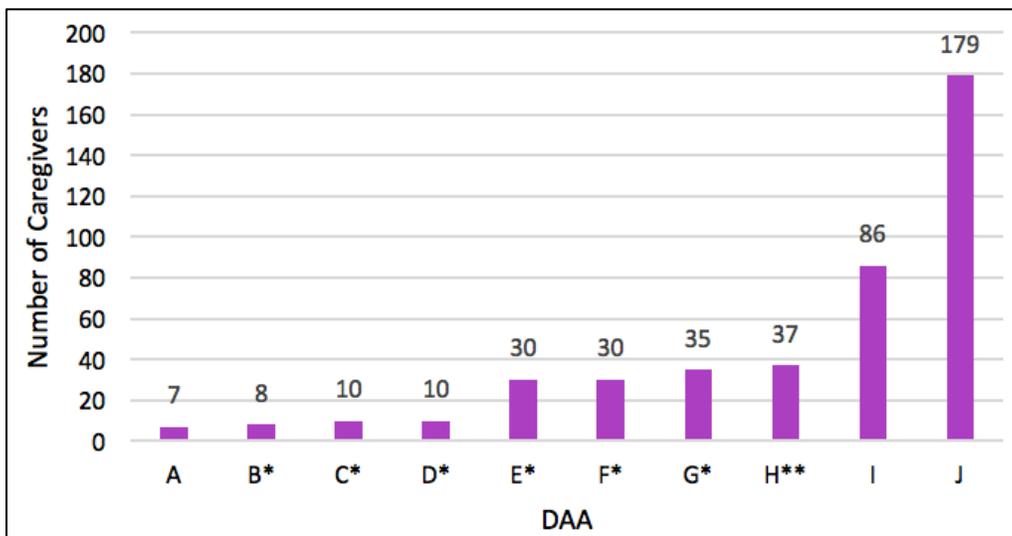
Despite the fact that many caregivers have already received some form of cultural training, most workers agreed that additional training would be helpful for caregivers in their DAA (Figure 11). Those who stated they were neutral or disagreed either work at DAAs that have a high proportion of Indigenous caregivers, or indicated a strong connection to culture within the area. For some DAAs that have a high proportion of Indigenous caregivers, workers suggested that the term “cultural training” was problematic, and that some caregivers would likely be insulted if they were asked to participate in the training.

Figure 11: Would Caregivers Benefit from Additional Cultural Training?



A number of respondents (11) offered feedback regarding the specific cultural training needs of caregivers for their DAA. Each worker emphasized the need for information specific to the region and Nations that the agency serves to be incorporated into caregiver training. More specifically, it was suggested that it is important for caregivers to gain an understanding of the history of local Nations and that caregivers often ask for information regarding protocol for attending cultural events and ceremonies in the area, methods for incorporating culture in the home and how to gain more information regarding the specific cultures of children living in their home. Figure 12 provides an estimate of the number of caregivers who require either initial or additional cultural training by DAA. Further information regarding the type of training available and the number of caregivers who require training from the remaining agencies will allow for a more accurate estimate.

Figure 12: Cultural Training Needs: Estimated Number of Caregivers by DAA

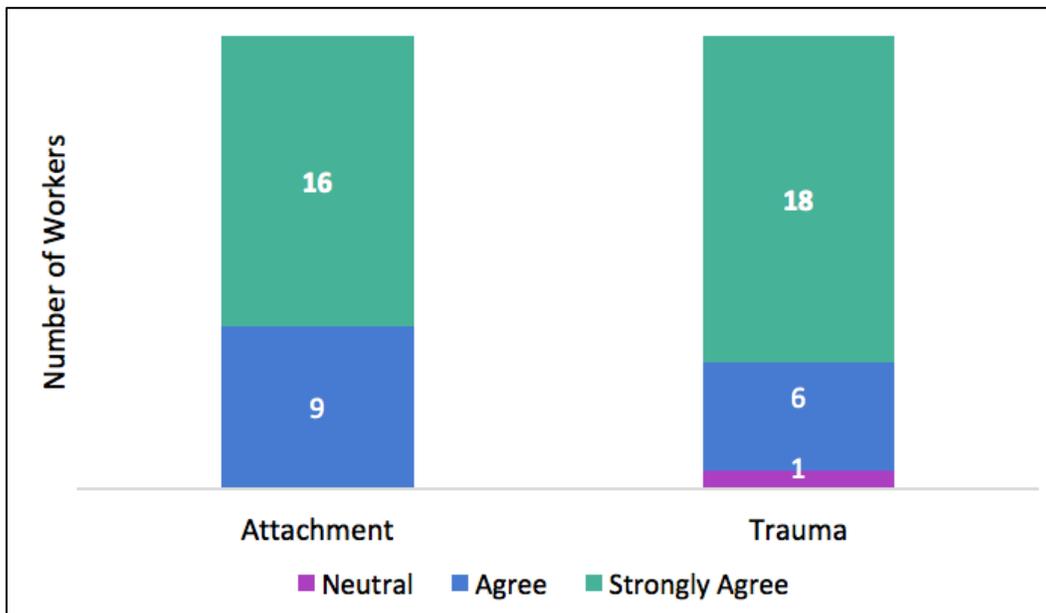


\*Estimate, \*\*Care home count

## Additional Training Needs

Workers were also asked whether they thought that caregivers in their agency would benefit from additional training in the areas of attachment and trauma. As shown in Figure 13, all workers thought that caregivers would benefit from additional training in attachment (strongly agree: 16, agree: 9). Most workers agreed that caregivers could use more training regarding trauma (strongly agree: 18, agree: 6). The worker who indicated a neutral response for additional trauma training highlighted that their DAA provided trauma training to their caregivers in recent years.

Figure 13: Would Caregivers Benefit from Additional Training in Attachment or Trauma?



A total of 25 workers (18 DAAs) suggested a number of other areas in which caregivers could benefit from additional training. A detailed list of the feedback provided by respondents is included in Appendix B. Broadly, the suggestions cover the areas of additional training which include the realities of children in care, engaging with family and community, safety, being a foster parent and child welfare procedures. Within these categories, the most frequent worker-identified topics for additional training needs were:

- Fetal Alcohol Spectrum Disorders (FASDs) (36%);
- Grief/loss for foster parents when children return to their community (16%);
- Helping youth transition out of care (12%); and
- Trauma-informed care (12%).

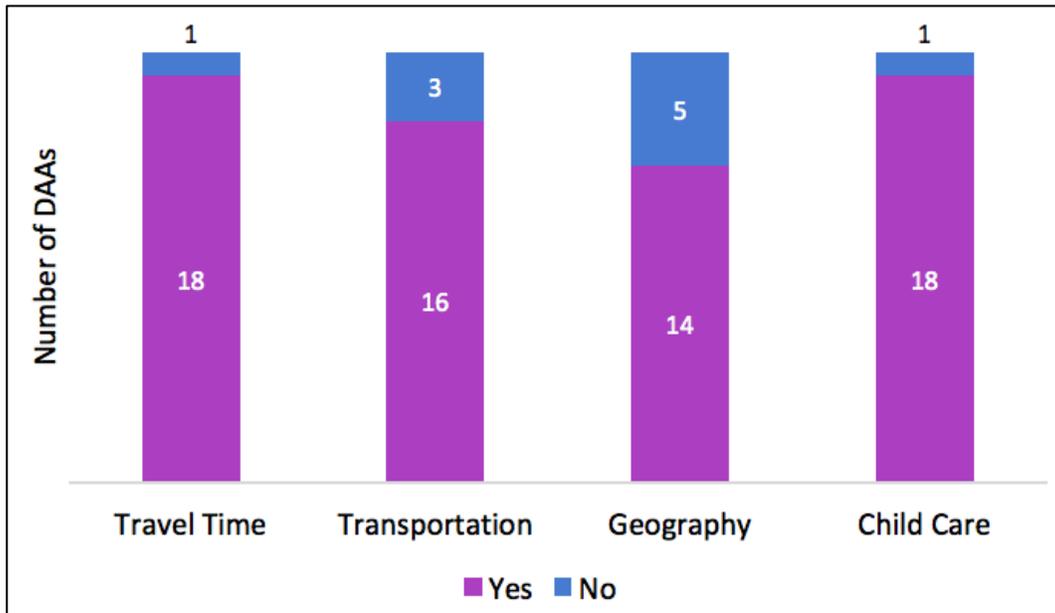
## Barriers to Training Completion

### Barriers to Attending In-Person Training

Workers were asked about the extent to which travel time, transportation, geography and obtaining child care served as barriers to attending in-person training for caregivers. These factors were considered to be a barrier if they impacted at least a few caregivers for each DAA. As shown in Figure 14, both travel time and child care were the most commonly identified barriers across each of the 19

agencies that responded to the question. Transportation, and geography also served as barriers to attending in-person training for a substantial number of agencies.

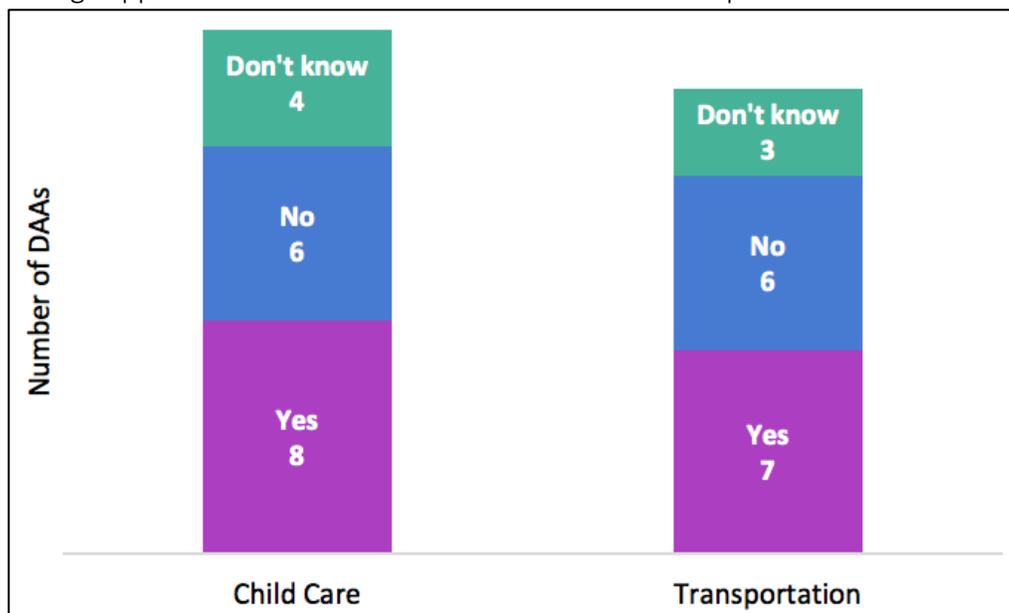
Figure 14: Barriers to In-Person Training



In recognizing that these factors may be likely barriers to attending in-person training, workers were also asked about whether their DAA could provide funding to support caregivers with either child care or transportation. Among the DAAs where these factors were identified as a barrier to attend training, less than half of the agencies indicated that they would be able to provide support to caregivers (Figure 15). Some DAAs also highlighted additional barriers to attending in-person training, including:

- Work schedules;
- Season – Winter months make travelling difficult; and
- Training location - Some offices are located in former residential schools.

Figure 15: Funding Support Available from DAA for Child Care or Transportation



## Barriers to Online Training

For online training, workers were asked whether internet access or the ability to work with computers might serve as barriers to caregivers in their DAA. Across the 19 agencies who responded, almost all (18 in total) had at least a few caregivers for which these factors would be a barrier. In addition, concerns regarding literacy levels were also suggested as a potential barrier to online training.

## Training Format Preferences

The majority of workers stated that they would prefer to see training offered to caregivers both in person and online (56%), followed by in-person only training (44%). For those who indicated both in person and online training, there was still a preference toward in-person training.

*Workers suggested that in-person training offered a number of advantages, including opportunities for:*

- Proper openings, and involvement of Elders;
- Connecting with other foster parents and developing a peer support group;
- More dialogue, interaction and chance to learn from others;
- Monitoring how much foster parents are absorbing, or understanding and the ability to make adjustments accordingly.

In addition to the reasons noted above, workers also indicated that in-person training is more appropriate for certain topics (i.e., grief, loss, trauma and cultural training). Online training is viewed as an alternate option that addresses the barriers to in-person training and is thought of as a more flexible option for caregivers who also work, and those who live in more remote communities.

## Recommendations

### Recommendation 1: Transparency

Some of the workers who responded to the survey requested a copy of the Results Report for the Caregiver Training Needs Survey. As such, it is recommended that each survey respondent receives a copy of the report.

### Recommendation 2: Location-Specific Information in Cultural Training

A total of 13 DAAs indicated that they have a cultural worker or Elder available to participate in caregiver training. Given the identified need for location specific cultural training, it is recommended that each DAA should be offered the opportunity to have their cultural worker or Elder provide or participate in the cultural training component of the 18 hour pre-service and 53-hour mandatory training in order to ensure the integration of local knowledge.

### Recommendation 3: Accessible Training Opportunities

Some DAAs are spread across large regions, which is especially problematic given that travel time is one of the largest barriers to attending in-person. In an attempt to make training accessible to as many caregivers as possible, it is recommended that training sessions should be held at various locations within DAA regions.

### Recommendation 4: Supports to Attend Training

Transportation and child care were identified as barriers to attending in-person training for at least a few caregivers across the majority of DAAs. Within DAAs that identified these barriers as a concern, the majority indicated that they were unable to or unsure as to whether they could offer support to caregivers in the form of transportation or child care funding. In an effort to improve training

attendance, it is recommended that supports are put in place for caregivers who are unable to attend training without additional support.

### **Recommendation 5: In-Person and Online Training Delivery Options**

While a number of barriers exist for in-person training, an equal number of DAAs indicated that online training may also be inaccessible some. It is recommended that both in-person and online training options are made available to caregivers.

## Appendix A: Caregiver Training Needs Survey Questions

### 1) Delegated Aboriginal Agency (DAA)

1.1) Name of DAA:

1.2) We have the following number of caregivers in our DAA:

Total number of caregivers:

Number of Indigenous caregivers:

Number of caregivers of 60 years of age:

Number of caregivers who are 40 to 60 years of age:

Number of caregivers who are 20 to 40 years of age:

1.3) We have the following number of caregiver homes in our DAA:

Regular Care Homes:

Restricted Care Homes:

Level 1 Care Homes:

Level 2 Care Homes:

Level 3 Care Homes:

Specialized Homes:

Group Homes:

2) The following questions are about caregiver's current training:

2.1 Number of caregivers in our DAA who have had the following:

18-hour preservice training:

53-hour caregiver training:

Cultural training:

3) The following questions are about the additional training needs of caregivers:

3.1) Our estimate for how many caregivers would require additional training is:

Caregivers in our DAA would benefit from additional training in the following areas:

3.2) Attachment

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3.3) Trauma

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

### 3.4) Culture

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

### 3.5) Other training needs for caregivers in our DAA are:

### 3.6) An elder or cultural worker from our DAA would be available to participate in caregiving training

- Yes
- No
- I don't know

### 4) The following set of questions are about the format for training (in-person or online)

The following would be barriers to attending in-person training for our caregivers:

#### 4.1) Travel time

- All
- Most
- Some
- A few
- None

#### 4.2) Transportation

- All
- Most
- Some
- A few
- None

#### 4.3) Geography

- All
- Most
- Some
- A few
- None

#### 4.4) Child Care

- All
- Most
- Some
- A few
- None

We would be able to provide the following support to our caregivers to attend in-person training:

4.5) Child Care Funding

- Yes
- No
- I don't know

4.6) Transportation

- Yes
- No
- I don't know

The following would be barriers to online training for our caregivers:

4.7) Internet access

- All
- Most
- Some
- A few
- None

4.8) Ability to work with computers

- All
- Most
- Some
- A few
- None

4.9) We would like to see training offered to our caregivers

- In-person
- Online
- Both (in person and online)

4.10) Any further thoughts on in-person and online training?

## Appendix B: Additional Training Needs Identified

### Realities of children in care

- Fetal Alcohol Spectrum Disorders (FASDs) – 9
- Realities post-care/Helping youth prepare to transition out of care – 3
- Mental health – 2
- Attachment disruptions (reactive attachment/realities of multiple placements)– 2
- Caring for children with special needs – 1
- Children with addictions – 1

### Foster parenting

- Grief/loss for foster parents when children are returned home – 4
- Trauma informed training – 3
- Realistic parenting with teens (harm reduction/compromise) – 2
- What it means to be a caregiver for Aboriginal children - 1
- Child development – 1
- Discipline/setting boundaries – 1
- Awareness of resources in the community (child mental health, non-profit assessment centres, foster parent association) – 1

### Engaging with family and community

- Family inclusion – 2
- Inclusive Care – 1
- Cultural responsiveness - 1

### Safety

- First Aid – 2
- Safety training – 1
- Car seat training – 1
- Emergency planning (i.e., fire evacuation, earthquakes) – 1

### Child Welfare System Procedures

- Safe babies training – 3
- Social Worker Roles (family services, resource, adoption, guardianship) – 2
- For restricted homes: 54.01 vs. adoption – 2
- Court processes – 1
- What it means to be a caregiver for restricted home - 1

### Skills

- Budgeting – what they receive as caregivers/expected to provide for children – 1
- Communication skills – 1
- Report writing – 1
- Technology/computers – to help with school work/check in on child – 1