

*Foundations of Caregiver  
Support – June 2015*

## TABLE OF CONTENTS

Acknowledgements .....	2
1.0 Purpose of the Document.....	3
2.0 Introduction.....	3
3.0 Vision .....	4
4.0 Purpose of Foundations of Caregiver Support .....	4
5.0 Aboriginal Trauma, Grief and Loss.....	5
6.0 Foundational Pillars .....	5
6.1 Child Development .....	6
6.2 Trauma.....	7
6.3 Loss and Grief .....	8
7.0 Conclusion .....	9

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There is a saying “If you want something done fast, do it yourself. If you want something done well, do it in a team”. The “Foundations of Caregiver Support” was researched and written by team of dedicated and passionate individuals who want to make Alberta a better place for vulnerable infants, children, youth and families. I want to thank the core team and authors of the “Foundations” - Lisa Halcrow, Marg Cutler, Christina Tortorelli and Bev Fournier. I would like to thank Cathy Mitchell and her team for reviewing and editing. Also, there are many other individuals and teams who contributed their expertise, knowledge and wisdom to this document, thank you. Finally, this document would not be whole without the contributions by Ralph Bodor, Carolyn Barker and Sarah Friesen from Blue Quills First Nations College. We must never forget the impact of residential school and the sixties scoop is having on Aboriginal communities across Canada. It is our collective hopes that the Foundation of Caregiver Support helps all of us provide healing to infants, children and youth.

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## 1.0 PURPOSE OF THE DOCUMENT

This document provides the vision and purpose of the Foundations of Caregiver Support and a description of its three foundational pillars: child development, trauma, and loss and grief. The document is part of a communication and engagement strategy for Child Intervention staff and stakeholders. Primary stakeholders include: Human Services staff and divisions, Delegated First Nation Agencies (DFNA), Alberta Foster Parent Association, ALIGN, and other agencies, partners and the community.

## 2.0 INTRODUCTION

The definition of caregiver used in this document is very broad. The definition includes but is not limited to parents, grandparents, aunts and uncles, foster parents, kinship carers, child intervention workers, therapist/counselors and congregate care workers. A caregiver is an individual who helps an infant, child and youth to achieve safety, permanency and wellbeing.

Infants, children and youth who come to the attention of Child and Family Services (CFS) and DFNAs are often children who have had adverse childhood experiences, and whose development has been compromised as a consequence. Every responsive and supportive interaction between a caregiver and an infant, child or youth has the potential to positively alter their developmental trajectory and improve their health and well-being.

Research in neurobiology has helped us to understand the extent to which the interaction between genetics and early experiences shape brain architecture as well as the critical importance of the “serve and return” nature of a child’s engagement with their parents and other caregivers, to healthy brain development.<sup>1</sup> Similarly, it is critical that children be immersed in their culture so that they can internalize a healthy self-concept and positive cultural identity. In particular, Aboriginal infants, children and youth who grow up with supportive role models, mentors, teachings, and ceremony are more likely to develop positive self-esteem and feel a connection to their community.

Parents and caregivers who interact with and provide care for infants, children and youth involved with CFS and DFNAs and who are dealing with issues of grief and loss are in a unique and powerful position to support in at least three critical ways:

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<sup>1</sup> The Science of Early Childhood Development, Closing the Gap Between What We Know and What We Do. (<http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Documents/MO-ECCS-ScienceEarlyChildhoodDev.pdf>)

- Support healthy child development by understanding typical developmental milestones and the impact of maltreatment on development, and, by intervening with intentional and strategic caregiving efforts;
- Create connections with infants, children and youth who have experienced complex trauma with relationships that empower and by providing physical and emotional safety. As trauma impacts behaviour, the caregiver can reframe, as needed, those behaviours that reflect trauma responses and can provide support for infants, children and youth through recovery and healing; and,
- Assist infants, children and youth living in out-of-home care through the grieving process by integrating and giving meaning to their past and current relationships and by supporting their ability to actualize future relationships and goals.

CFS is committed to strengthening the capacity of caregivers to support safety, permanency and well-being. Further, CFS needs to work with birth parents, foster parents, kinship providers, adoptive families, child care professionals, home visitors and other caregivers, to create a web of positive connections and sources for children’s healthy interactions in order to achieve the best outcomes for children and their families.

### 3.0 VISION

Our vision for infants, children and youth involved with CFS is that they are nurtured by empathic, responsive caregivers who accept them as they are, respond to them in a developmentally appropriate manner, interpret their behaviour through a trauma informed lens and have an appreciation for the impact of grief and loss. We recognize that Aboriginal infants, children and youth have unique identity and cultural connected needs that must be supported by the adults in their lives.

### 4.0 PURPOSE OF FOUNDATIONS OF CAREGIVER SUPPORT

The purpose of the Foundations of Caregiver Support is to provide a base from which to develop caregivers’ capacity to improve positive outcomes for infants, children and youth. It builds upon CFS’ Child Intervention Practice Framework, Signs of Safety, and the Prevention and Early Intervention Framework. It also recognizes and builds on the abilities and strengths, including cultural and family strengths, of infants, children and youth.

The Child Intervention Practice Framework sets the principles, outcomes and priorities for providing supports and services to infants, children, youth and families who are at risk of or in

need of intervention.<sup>2</sup> Signs of Safety is an integrated approach for doing child protection work which includes principles and tools for engaging and protecting children. The Prevention and Early Intervention Framework provides guidelines for establishing a continuum of evidence-based prevention and early intervention services. Implementation of the Prevention and Early Intervention Framework for children, youth and families focuses on the reduction of child maltreatment.

The Foundations of Caregiver Support will provide the principles, guidelines and practices to enable caregivers support the safety and well-being of infants, children and youth served by all CFS programs – from early intervention through temporary care to permanency.

## 5.0 ABORIGINAL TRAUMA, GRIEF AND LOSS

The impact of trauma resulting from many generations of colonial practices including residential schools and the 60's scoop continues to be evident in many Aboriginal communities and individuals. Historical trauma is accompanied by unresolved or prolonged grief over the losses associated with the trauma—grief that has not yet been expressed, acknowledged, or resolved. Like trauma, unresolved grief can span across generations. Among the many impacts of residential schools was the disconnection of children and parents and deprived mothers, fathers, grandmothers, grandfathers, uncles, and aunts from meaningful roles in the lives of their children. The loss of language meant the loss of ability to communicate across generations and cultural pride disappeared as children internalized the negative messages of the larger society. Children in residential schools were not exposed to healthy parenting from either a Western or an Indigenous perspective. In subsequent generations, there are increasingly poor outcomes for the children of parents who struggle with poor mental health, limited parenting skills and who are highly vulnerable to stressors due to their own abuse experiences. This is the transgenerational nature of these events - as these children began to have children of their own, they impact subsequent generations – until healing, and grieving, can take place. The Foundations of Caregiver Support provides the framework to start this healing.

## 6.0 FOUNDATIONAL PILLARS

In the past several years, an explosion of research and information has emerged with a focus on how best to support the healthy development of infants, children and youth. It is now understood that a child's early years represent a very sensitive period in brain development and

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<sup>2</sup> Child Intervention Practice Framework (<http://humanservices.alberta.ca/abuse-bullying/17242.html>), accessed April 10, 2015.

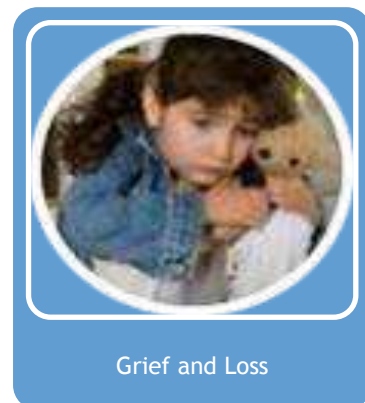
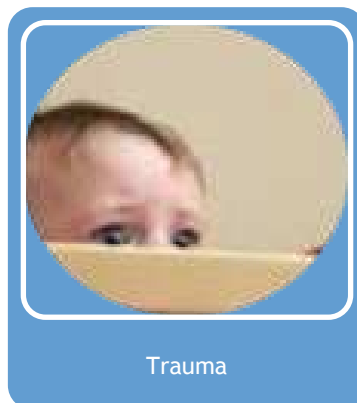
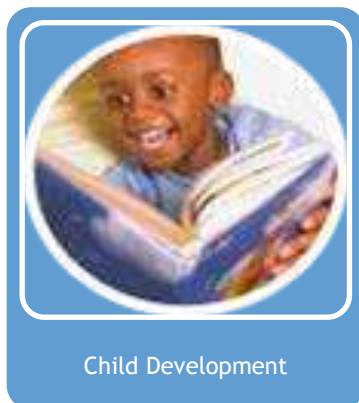
lay the foundation for a number of critical skills and abilities. Research has clearly shown the daily experiences of a child and the quality of caregiving impact brain development.

By definition, children involved in child intervention have experienced and are dealing with issues of trauma. These children, and particularly children who have come into care, are also dealing with issues of grief and loss.

We now know the positive impact of responsive caregiving on brain development especially the impact for those children who have missed opportunities for optimal development. As such, we want to ensure the primary day-to-day caregivers of children served by CFS have the knowledge and skills to support children in meeting their developmental potential and in working through issues of trauma, grief and loss.

Three foundational pillars of knowledge and practice are critical to the Foundations of Caregiver Support:

- Child development - brain development and the influences of epigenetics
- Trauma - effect on children (behaviour and healing)
- Loss and grief – experiences of children and youth



## 6.1 CHILD DEVELOPMENT

A caregiver's ability to respond to the needs of children in a developmentally appropriate manner is critical to their well-being. This is especially true for infants, children or youth whose development may already be compromised due to trauma. Having knowledge of age-stage appropriate developmental expectations will enable caregivers to interact with and provide experiences for children of all ages and therefore promote healthy attachments, physical and intellectual development, and social and emotional health.

It is recognized that responsive relationships and “serve and return” interactions between a child and a caregiver helps to build strong brain architecture and provides a solid foundation for healthy development. The development of an infant, child or youth is impacted by both nature and nurture; that is, the interactions of genes and experience shape the developing brain. The science of epigenetics demonstrates that the child’s environment, including the caregiving environment, is critical to gene expression. Ultimately, genes and experiences work together to shape the architecture of the brain.

It is important to understand how adverse childhood experiences can derail a child’s healthy development. Abuse or neglect, absence of responsive caregiving, chronically unreliable or inappropriate caregiving can alter the formation of the brain’s architecture and can lead to disparities in learning, behaviour and development in children. Prolonged exposure to this type of adversity can lead to ‘toxic stress’ for a child. “Toxic stress weakens the architecture of the developing brain which can lead to life-long problems in learning, behavior, and physical and mental health.”<sup>3</sup>

The earlier we intervene in the care of infants, children and youth who have experienced maltreatment, the greater the impact and ease in facilitating healthy brain development. The brain has the capacity to change and to respond to experience. Due to this capacity to change, there is much that caregivers can do, and there is ample opportunity for caregivers to support and promote a child’s healthy growth and development. Consistent and supportive caregiving has the potential to prevent, or at a minimum, mitigate the harmful effects of adverse childhood experiences.

## 6.2 TRAUMA

Trauma occurs as the result of an intense event that threatens the safety or security of an infant, child or youth. Trauma may also result from prenatal stress, for example, fetal alcohol exposure, or a brain injury. Prolonged exposure to traumatic events can lead to toxic stress for a child, which changes the child’s brain development; sensitizes the child to further stress; leads to heightened activity levels; and affects future learning and concentration. Most importantly, trauma impairs the child’s ability to trust and relate to others. As a result of these changes in brain development, children act differently and their social interactions, ability to learn and care for themselves are impacted.

Caregivers who are trauma informed will view infants, children or youth and their behaviours through a trauma sensitive lens. This perspective may not initially change the behaviour of the

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<sup>3</sup> Key Concepts: Brain Architecture. ([http://developingchild.harvard.edu/key\\_concepts\\_architecture/](http://developingchild.harvard.edu/key_concepts_architecture/))



infant, child or youth but it does change the caregiver's perception and response to the child's behaviour. It is often easier for a caregiver to manage a child's behaviours if the behaviours are viewed as the child's response to fear, abuse and mistrust rather than viewed as the child's attempt at manipulation or opposition to authority.

When caregivers comprehend that a child's oppositional and defiant behaviours stem from complex trauma experiences, the caregiver is better able to provide repeated positive and safe responses. These caregiver responses assist the development of the child's healthy neuropathways and positive, consistent coping responses. Caregivers who use a trauma informed approach often report positive changes in their ability to meet the child's emotional and behavioural needs.

Many Aboriginal people are significantly impacted by intergenerational trauma. Aboriginal infants, children and youth who have experienced trauma and are involved in intervention services have had unique experiences that must be addressed in a culturally sensitive manner.

Similarly, infants, children and youth from diverse ethno-cultural backgrounds who have experienced trauma, also require caregiving that incorporates their unique experiences and cultural and spiritual needs.

By supporting caregivers to recognize trauma and to react appropriately to behaviours, the infant, child or youth is assisted with increased stability and opportunity for healthy social and emotional development.

### 6.3 LOSS AND GRIEF

Loss is produced by an event which is perceived to be negative by the individuals involved and results in long-term changes to one's social situations, relationships, or thinking.<sup>4</sup>

The loss experience is unique for each child and youth. The child's loss experience may also be compounded by the event that caused the loss. Adults may not foresee the response of the child to the trauma. Of significant importance is the level of trauma associated with the loss, and the child's previous experiences and developmental capacity. Significant loss has the potential to threaten a child's sense of identity, safety, mastery and control.

Grief is a normal response to loss; it is the means for healing. Grief is a private experience unique to each individual. As well, children grieve differently from adults. Their developmental

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<sup>4</sup> Miller, E.D. & Omarzu, J. (1998). Behavior and Emotional Development: Grief & Loss. ([https://www.ccsf.edu/en/educational-programs/contract\\_education/title4e/title4e\\_training\\_topics/title4e\\_topics\\_behav\\_emot\\_devel/behavior---emotional-development--grief---loss.html](https://www.ccsf.edu/en/educational-programs/contract_education/title4e/title4e_training_topics/title4e_topics_behav_emot_devel/behavior---emotional-development--grief---loss.html))

stages, capacities and experiences create a complex profile for each child's grief journey. Grief does not happen in clearly defined stages. It may come and go in a child's life, re-emerge in new developmental stages and in new relationship experiences.

Infants, children and youth experience loss or even multiple losses when they come into care. Loss may be caused by the disruption of their natural relationships and of regular and familiar routines, and by a change of environment. Some children also experience multiple families and homes while in care, with no certain stability. Although foster care is meant to provide safety for children, the child's perception is that foster care is a change resulting in an unsafe feeling.

Sensitive and informed caregivers can support infants, children and youth as they progress through the grieving process by understanding and perceiving the child's needs based on their development and experiences.<sup>5</sup> Caregivers who understand the grieving processes in childhood and adolescence are more likely to accurately interpret the infant, child or youth's behaviours and as such, be able to respond to their needs as they grieve the loss.<sup>6</sup> To adequately mourn the loss of a relationship, they need to feel safe; comprehend what has happened to them, know where they are going, how they will get there, and, know where they belong.<sup>7</sup>

## 7.0 CONCLUSION

Child development is a complex interaction between genes, experience, and the environment. Unfortunately for some infants, children and youth, their early experiences are characterized by traumatic events, chaotic environments and unresponsive caregiving which derails their development. Scientific studies have clearly taught us that it is never too late to shape the architecture of the brain and that quality, responsive caregiving plays a pivotal role.

As such, Child and Family Services is committed to ensuring:

- A solid foundation in the three pillars of knowledge and practice for all individuals who provide day-to-day care to children;
- Infants, children and youth are supported in a manner that acknowledges their unique needs and experiences, including their cultural heritage;
- Infants, children and youth are provided with a consistent approach in meeting their needs by all significant caregivers;

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<sup>5</sup> Lewis, R.G. (2014). Adolescents and Families for Life, Presentation. (<http://rglewis.com>)

<sup>6</sup> Henry, D. (2012). The 3-5-7 Model; A Practice Approach to Permanency. Sunbury Press Inc., Camp Hill, PA

<sup>6</sup> Ibid.

- All children of all ages, regardless of their experiences, are valued for their potential to grow, change and contribute;
- Aboriginal children and families' experiences are acknowledged and incorporated in practice;
- Caregivers have the tools and support they need to be successful in their roles; and,
- Adult capacity to care for children of all ages is the primary focus of our work.

## References

Blaustein, M.E. & Kinniburgh, K.M. (2010). Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency. New York, NY: Guilford Press.

Government of Western Australia, Department of Child Protection. (2013) Child Development and Trauma Guide. Retrieved from <http://www.dcp.wa.gov.au/ChildProtection/ChildAbuseAndNeglect/Documents/ChildDevelopmentAndTraumaGuide.pdf>

Health Outcomes and the United Nations Guidelines for the Alternative Care of Children (Child Welfare League and UNICEF Canada Webinar Series 2012). Retrieved from <http://cwlc.ca/en/guidelines>

Henry, D. (2012). The 3-5-7 Model; A Practice Approach to Permanency. Sunbury Press Inc. Camp Hill, PA: pp. 23 – 24.

Lewis, R.G. (2014). Adolescents and Families for Life, Presentation. Retrieved from <http://rglewis.com>

Miller, E.D. & Omarzu, J. (1998). Behavior and Emotional Development: Grief & Loss. Retrieved February 6, 2015 from [https://www.ccsf.edu/en/educational-programs/contract-education/title4e/title4e\\_training\\_topics/title4e\\_topics\\_behav\\_emot\\_devel/behavior---emotional-development--grief---loss.html](https://www.ccsf.edu/en/educational-programs/contract-education/title4e/title4e_training_topics/title4e_topics_behav_emot_devel/behavior---emotional-development--grief---loss.html)

National Resource Center for Foster Care and Permanency Planning at the Hunter College School of Social Work. (2004) Permanence for Young People Framework. Casey Family Services, The Casey Centre for Effective Child Welfare Practice. Retrieved from [www.hunter.cuny.edu/.../permanency/Permanency\\_Framework.pdf](http://www.hunter.cuny.edu/.../permanency/Permanency_Framework.pdf)

Queensland Government, Department of Communities, Child Safety and Disability Services. Retrieved February 10, 2015 from <http://www.communities.qld.gov.au/childsafety/foster-care/carer-training/foster-carer-training/advanced-training/loss-and-grief-for-children-in-care>

[http://developingchild.harvard.edu/key\\_concepts/brain\\_architecture/](http://developingchild.harvard.edu/key_concepts/brain_architecture/)

<http://pages.uoregon.edu/snaplab/SNAP/Welcome.html>

<http://www.albertafamilywellness.org/>

<http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Document/MO-ECCS-ScienceEarlyChildhoodDev.pdf>

<http://www.imhpromotion.ca/>

<http://www.nctsn.org/>