



DCYF

Caregiver
Survey Report

2020

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CHILDREN, YOUTH & FAMILIES

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Title: 2020 Caregiver Survey Report

Abstract: Between November 2019 and September 2020, DSHS surveyed 1,346 caregivers (591 foster and 755 kinship) who had a child in care within six months of the sampling date (August and November, 2019; February and May, 2020). These caregivers were asked about their satisfaction with support, licensing, training, and information provided by the Department of Children, Youth, and Families (DCYF) and private agencies contracted by the Department. They were also asked to offer recommendations for change.

The COVID-19 pandemic began five months into the 10-month survey fielding period, but overall perceptions of support remained stable compared to the prior survey. Among foster caregivers, there was a statistically significant decrease in positive responses since 2019 for social worker listening. Foster caregivers were more likely than kinship caregivers to say they had adequate support, could get help when they asked for it, and to find Licensing Division staff knowledgeable. Kinship caregivers, who typically know the children before placement, were more likely to say they had adequate information on the needs of the children. Responses to questions about licensing staff show high levels of satisfaction among caregivers who have interacted with the Division of Licensed Resources. Written comments show that there are still some areas where many desire improvement, including information sharing, inclusiveness, reimbursements, and efficient processes. Many caregivers requested the continuation of online training, with updated content and more opportunity for interaction. Caregivers continue to emphasize that participation of experienced caregivers adds value to training.

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2020

DCYF Caregivers Speak



Photo by Daria Obymaha/Pexels

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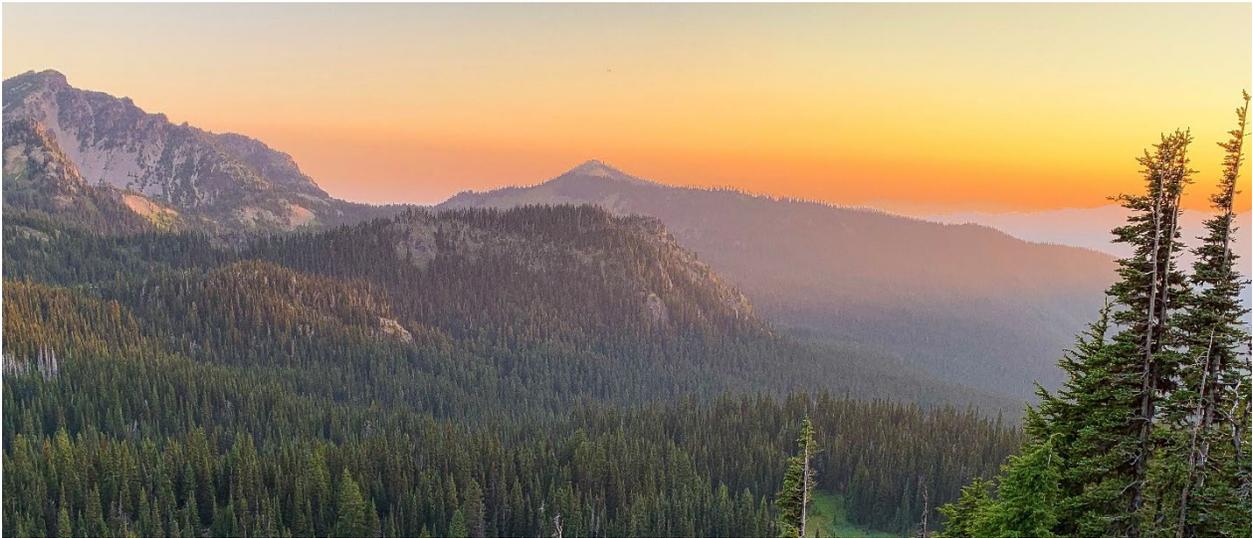


“Beauty in Nature”/Miriam Urquiaga/2019
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Executive Summary



“Sunrise” /Angie Lea Regensburg/2019 Employee Survey Photo Contest

The 2020 Caregiver Survey is a voice for Washington’s foster and kinship caregivers.

During the 2020 Federal Fiscal Year, the Research and Data Analysis Division (RDA) of the Department of Social and Health Services conducted 1,346 interviews with two groups of randomly selected foster and kinship caregivers in the state of Washington: 591 with foster caregivers (F) and 755 with kinship caregivers (K). Kinship caregivers are relatives or individuals with a pre-existing relationship to a child’s family. The main survey consisted of nine standardized questions and four open-ended questions, which were comprehensively coded and analyzed for this report.

The survey responses described in this report paint a portrait of the complexities, successes, and struggles of Washington’s foster care system and the thousands of individuals who interact with it on a daily basis, from the perspective of the children’s caregivers. People interacting with the system include:

- Children requiring care, who may have experienced trauma or behavioral challenges due to abuse, neglect, or separation from their birth families
- Foster and kinship caregivers who try to meet the complex needs of those children
- Parents experiencing challenges impacting their ability to provide safe, consistent care for their children
- Caseworkers and other professionals who balance heavy caseloads, find safe placements for youth, and meet the needs of parents, while satisfying all legal requirements
- Children’s advocates who advise the courts and judges who decide the children’s status

The caregivers who contributed to this survey are a vital and valued part of the foster care system. Their voices tell us about strengths, opportunities for improvement, and impacts of the system on the lives of children, parents, and caregivers.

“They listen to me and provide support for referrals. They have always had the child’s best interest in mind.” - Kinship Caregiver

“I was so impressed by the training. It taught me how to understand the difference between a child raised in a healthy environment versus a child raised with trauma. I learned how to relate to a child in a healthy and loving way.” - Foster Caregiver

Key Findings on Support for Caregivers

Most caregivers said they are well supported by the Department of Children, Youth, and Families, specific programs and offices within DCYF, and private agencies contracted to serve caregivers. The COVID-19 pandemic began five months into the 10-month survey fielding period, but overall perceptions of support remained stable compared to the prior survey.

“If I need anything, they help me with it.” (F)

“All of my complaints are because of COVID-19. I don't think there is anything anyone can do about it.” (K)

- Over seven of 10 caregivers (72%) responded positively (“More than adequate” or “Somewhat adequate”) to the question “In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?”
- 240 caregivers (22% of those who made comments about support) praised the overall quality and helpfulness of the support they received.
- Relatively few caregivers mentioned COVID-19 in their comments about support. Most of the 21 caregiver comments with mentions of COVID-19 described negative implications of the pandemic, including delays to case progress and disruption to contact with caseworkers. A few included praise for caseworkers’ response to the pandemic.

Experiences with case workers and social workers are mixed. More than half the caregiver comments indicated that caregivers found their social workers supportive, respectful, consistent, accessible and responsive. But than half of the caregiver comments about inclusion said improvement was needed. And social worker listening, while positive, was less positive than in 2019 among foster caregivers (76% in 2020 compared to 81% in 2019, $p < .05$).

“They show genuine care for the case and are invested in a positive outcome.” (F)

“I don't feel like I have much of a voice as a foster parent.” (F)

- More than seven of 10 caregivers said that their social workers “Always/almost always” or “Usually”: listened to them (77%), treated them as part of the team (70%), and included them in meetings (78%).
- More than half of the caregivers who made comments about social worker support, accessibility, consistent contact, listening, and responsiveness were positive.
- More than half of the caregivers who commented on inclusion were negative.

Most caregivers report receiving adequate information, but they want more. Comments indicate caregivers want complete information on the child up-front, clear communication, answers to questions, and updates on case plans, court dates, and case progress.

“My social worker keeps me well-informed and responds quickly when I have a question or concern.” (F)

“They haven't been good at telling us about all the resources available to help.” (K)

- Over seven of 10 caregivers (74%) responded positively (“Always/almost always” or “Usually”) to the question “Do you get adequate information about the needs of children placed with you, such as medical, behavioral, developmental and educational needs?” Scores were much higher for kinship caregivers, who already knew the children they care for, than for foster caregivers, who must depend on their caseworkers for knowledge of the children’s needs (F: 68%, K: 79% positive).
- Comments about information were more negative than positive. 265 caregivers (24% of those who made comments about support) said they want more, better, or timelier information.
- Comments about communication were also more negative than positive. 143 caregivers (13% of those who made comments about support) said they wanted more honest, timely, and responsive communication with their caseworkers.

Most caregivers said they got the help when they asked for it, but many described challenges with processes and resources. As in past years, caregivers want state processes to move the child’s case along and facilitate permanency. This year, a few caregivers noted that COVID-19 made case progress even harder and stretched their limited resources even more.

“Anytime that I needed help they were always there for me and provide what I needed to the child.” (K)

“We often see such high turnover. It’s caused such a delay in making progress.” (F)

- More than seven of 10 caregivers (75%) responded positively (“Always/almost always” or “Usually”) to the question “Can you get help when you ask for it?”
- 307 caregivers (28% of those who made comments about support) provided comments that were critical of state processes. Just 10 caregivers (1% of those who commented) offered praise for state processes.
- Caregivers appreciate the resources they receive, but they had more negative than positive things to say about medical, dental and mental health care for children (55 caregivers), respite care (22 caregivers), and general financial issues (43 caregivers).

Caregivers were very happy with the licensing program. Foster caregivers were more likely than kinship caregivers to have contact with the Licensing Division, but both groups said staff treated them with respect and were knowledgeable about the process. A few unlicensed kinship caregivers said they weren’t licensed because the process was too complex, but far more said they weren’t licensed simply because it wasn’t required of them.

“They helped us all the way through the process and helped us get our license.” (K)

“The first licenser was fantastic.” (F)

- More than nine of 10 caregivers (95%) responded positively (“Always/almost always” or “Usually”) to the question “Did licensing staff treat you with respect?”
- More than nine of 10 caregivers (95%) responded positively (“Always/almost always” or “Usually”) to the question “Were licensing or home study staff knowledgeable about the process?”
- Among kinship caregivers, the most frequently mentioned reason for getting a license was ensuring the placement, guardianship, or adoption of a particular child. The most frequent explanation for not being licensed was only wanting to care for their family member, which didn’t require a license.

This year, foster caregivers were more positive than kinship caregivers in three areas of support.

Foster caregivers were more likely to say they had adequate support, could get help when they asked for it, and to find Licensing Division staff knowledgeable. Kinship caregivers were more likely to say they had adequate information on the needs of the children.

- Kinship caregivers, of course, knew the needs of the children before the placement, while foster parents did not and were more likely to depend on state information on the children’s needs.
- Kinship caregivers in the survey reported lower average household income and more advanced ages than did foster caregiver respondents. These characteristics may make them less likely to know how to advocate with the state, and less likely to get help and support when they need it. See the appendix for more detail about caregiver demographics.
- Kinship caregivers in the survey were also unlikely to be licensed (just 137 of 755). Licensure provides additional support and monthly reimbursement of costs associated with caring for the child.
- Foster parents may have more years of experience with the state system, which could also explain their sense that they can get help and support when they need it.

Key Findings on Training for Caregivers

The majority of caregivers are pleased with the training they receive from DCYF, private agencies, or specific programs. Caregivers have been rating their training positively since the foster parent survey began in 2012. Foster caregivers were more likely to say they received training in the past three years, but kinship caregivers who had completed trainings were just as positive about their experiences.

“Everything is helpful: listening to professionals, talking with families, learning about new studies.” (F)

“Training was amazing! El Freda and Lisa K. were exceptional!” (K)

- 90% responded positively (“More than adequate” or “Somewhat adequate”) to the question “Overall, thinking about all the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of foster children placed in your home?”
- 180 caregivers (29% of those who made comments about training) praised the overall quality and helpfulness of the training they received.

Caregivers appreciated training on trauma and brain development, and training on behavior management strategies like Trust-Based Relational Intervention (TBRI) and Positive Discipline. Classes on mental illness, substance abuse, and topics specific to particular ages were also appreciated.

“The Trust-Based Relational Intervention (TBRI) training was really good.” (F)

“It’s helpful learning about the emotions they feel.” (K)

- 128 caregivers (21% of those who made comments about training) made positive comments about training related to disorders and issues.
- 97 caregivers (16% of those who made comments about training) praised training on child behavior and development.

This survey included more comments about online training, perhaps because in-person trainings were not available due to the COVID-19 pandemic. Caregivers appreciate the convenience of taking online training without the need to travel or secure child care, but they want updated content and a simpler platform. Some said they prefer in-person training for the community-building.

“The online option is great for working parents.” (F)

“I wish you could search by a subject and find a webinar or online training.” (K)

- 129 caregivers (21% of those who made comments about training) mentioned online training, up from 15% of caregivers in the 2019 survey.
- As in past years, comments about online training were more negative than positive, but the content shifted from being mainly requests for more online training to including more suggestions on how to make online training better.

About the Survey

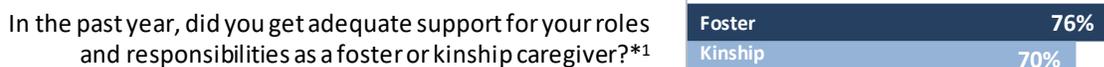
- 1,346 caregivers completed the survey (an 83% response rate).
- 591 of these were classified as foster-only caregivers, and 755 were classified as kinship caregivers based on DCYF records and caregiver-provided survey fields. The kinship caregiver group included 137 respondents who said they currently had a license to provide care.
- Surveys were completed between November 15, 2019 and September 15, 2020.
- 999 interviews were completed by telephone, 344 online, and 3 returned by mail.
- The survey sample included 1,637 total caregivers who had at least one child in care within six months of the sampling date (August and November, 2019; February and May, 2020). Caregivers were selected at random on a quarterly basis.
- Interpreters were available for all languages requested, and alternative methods were available for respondents who were deaf or hard of hearing.

Survey Results at a Glance

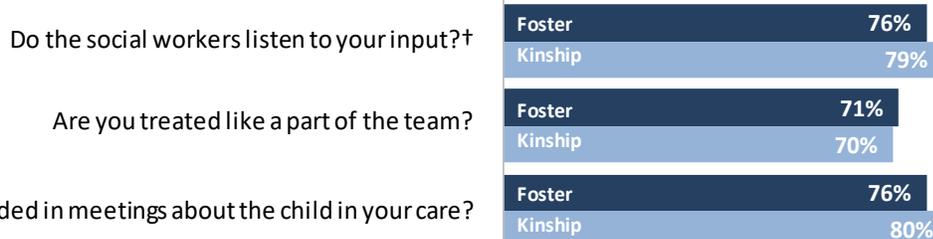
The survey included nine structured questions. Two were originally designed to inform the Braam Settlement and Exit Agreement (“Quality and Helpfulness” and “Adequacy of Training”). The remaining seven questions were designed to support strategic planning for caregiver support. The survey also included open-ended questions on caregiver support and caregiver training. Responses to these questions are summarized in the following pages.

Responses to Structured Questions

QUALITY AND HELPFULNESS



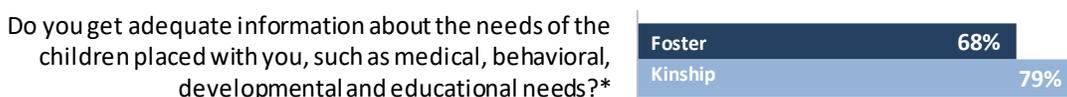
SOCIAL WORKERS



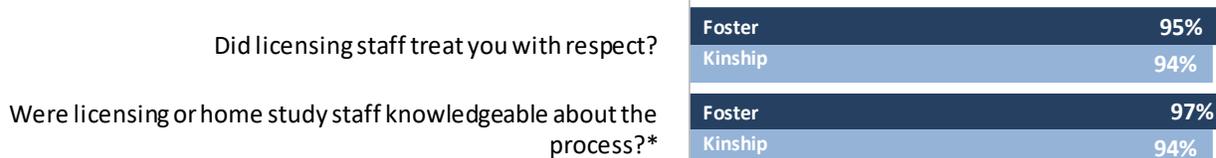
ACCESS, PROCESSES AND COORDINATION



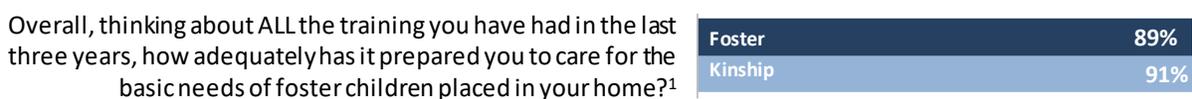
INFORMATION



LICENSING



ADEQUACY OF TRAINING



¹ Percentage shown is the proportion who answered “More than adequate” or “Somewhat adequate.” For all other questions, percentage shown is the proportion who answered “Always/almost Always” or “Usually.”

† Foster caregivers gave statistically significant lower ratings in 2020 than in 2019, $p < .05$.

* Difference between foster and kinship caregivers is statistically significant, $p < .05$.

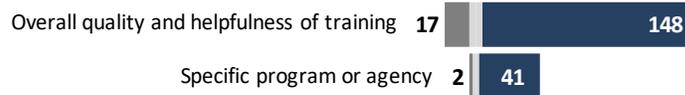
Responses to Open-ended Questions about Training

Questions

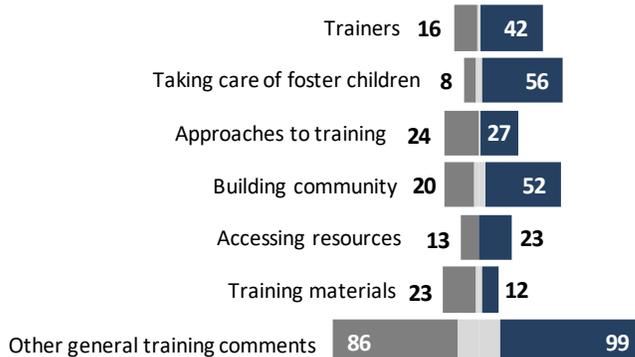
- What about caregiver training has been helpful?
- How could caregiver training be improved?



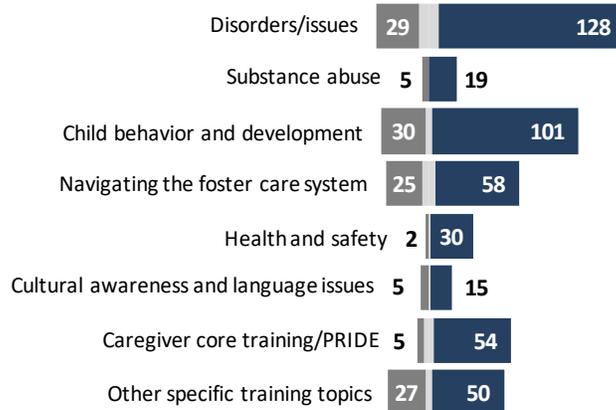
TRAINING QUALITY/HELPFULNESS



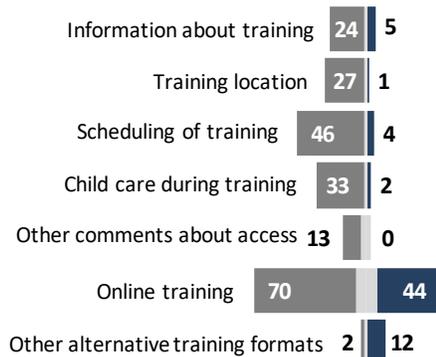
TRAINERS, METHODS, AND RESOURCES



SPECIFIC TRAINING TOPICS



ACCESS AND FORMAT



Caregiver Support



Photo by Alexandr Podvalny/Pexels

Part 1 is about the support caregivers receive in their roles as caregivers.

Caregivers interact with social workers from the state and contracted local agencies, child-support staff such as guardians ad litem (GALs) and court appointed special advocates (CASAs), caregiver licensors, and the courts. They work with their foster children’s schools, medical providers, and mental health counselors. They keep records, submit reports to state and courts, and submit reimbursement requests. Two groups of caregivers — Foster (F) and Kinship (K) — rated the following eight aspects of support:

- *Did you get adequate support for your roles and responsibilities?* (F: 76%, K: 70% positive)*
- *Do the social workers listen to your input?* (F: 76%†, K: 79% positive)
- *Are you treated like part of the team?* (F: 71%, K: 70% positive)
- *Are you included in meetings about the child in your care?* (F: 76%, K: 80% positive)
- *Can you get help when you ask for it?* (F: 79%, K: 73% positive)*
- *Do you get adequate information about the needs of children?* (F: 68%, K: 79% positive)*
- *Did licensing staff treat you with respect?* (F: 95%, K: 94% positive)
- *Were licensing or home study staff knowledgeable about the process?* (F: 97%, K: 94% positive)*

Caregiver comments show what good support means: more upfront information on the children, inclusion, listening, respect for caregiver’s input, courtesy, licensing help, child advocacy, regular updates on cases, quick responses, accessibility, consistency, and on-time filing of paperwork.

This part of the report contains the following sections on support:

- Section 1.1: Quality and Helpfulness
- Section 1.2: Social Workers
- Section 1.3: Access, Processes, and Coordination
- Section 1.4: Information
- Section 1.5: Resources
- Section 1.6: Caregiver Licensing

*Differences between foster and kinship caregiver ratings are statistically significant ($p < .05$).

†Foster caregiver ratings are significantly lower in 2020 than in 2019 ($p < .05$).

Quality and Helpfulness



Photo by Andrea Piacquadio/Pexels

Support from the DCYF and contracted agencies is very important to caregivers.

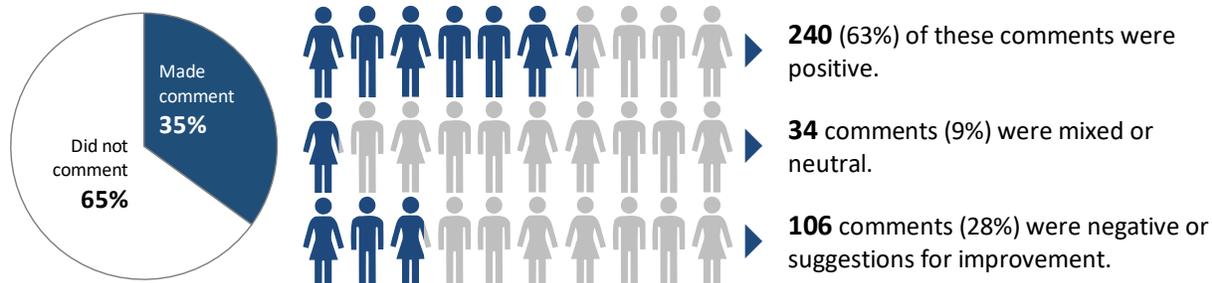
“Our private agency has gone above and beyond. They’ve dropped meals off for us. Our state worker makes sure I have forms that I need and keeps us aware of different resources.” – Foster Caregiver

More than seven of 10 caregivers (72%) said they get “somewhat” or “more than” adequate support for their roles as caregivers. Foster caregivers were more likely than kinship caregivers to answer positively ($p < .05$).

- *In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?* (All Caregivers: 72% positive. F: 76% K: 70%)

About one third of the caregiver comments discussed support, including support from the private agencies and state offices. Most comments on support were positive, though kinship caregivers were a little more likely to say something critical. Most caregivers said their needs were met and that they appreciated the help. Many foster caregivers praised private agencies for getting answers from the state and for being generally accessible and supportive. A number said support was available from some parts of the system, or at some times, and not from others. Negative comments on support often involved lack of responsiveness, insufficient resources, and overwork among staff in the state offices. A few caregivers mentioned impacts from COVID-19, with some expressing appreciation for their worker’s response, and others noting additional challenges with offices being closed.

380 respondents (35%) commented on quality and helpfulness of support.

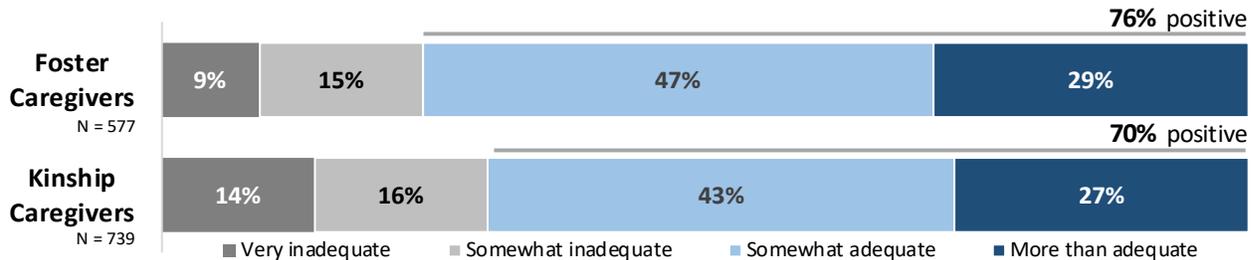


QUESTION |

In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?

More than seven of 10 (72%) of the 1,316 caregivers who answered this question reported that the support they received in the past year was somewhat or more than adequate.

RESPONSE

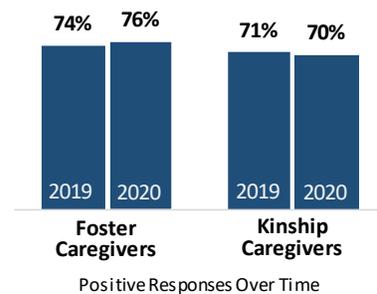


DETAIL

Foster and kinship caregivers answered this question differently, with foster caregivers significantly more likely to say they receive “somewhat” or “more than” adequate support (76% to 70%, $p < .05$). Differences across years are not statistically significant.

In their comments, caregivers speak to the importance of feeling supported, with some foster caregivers choosing to end their license due to lack of help from DCYF, and some kinship caregivers taking on additional children because they had a positive experience.

TREND



Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers said support was good.

- “We were well supported. There were many resources and I very much liked the CASA and the other community resources that were available to our baby girl.” (F)
- “This is a difficult job and I am grateful to have all of the support I do have.” (F)
- “My experience with the system was great! They always answer my questions and they always keep me informed about my child’s case.” (K)
- “They have supported me in what is necessary for help with the children.” (K)
- “Our experience has been nothing but wonderful. They were great! We did move forward to foster other children.” (K)
- “They have been great to work with. Five stars for everything they do.” (K)
- “Both the private agency and DCYF provide support whenever I need it.” (F)
- “If you look at them all I think it was well-rounded. If I used my resources I could find answers that I needed.” (K)
- “I have always been supported.” (F)
- “I want the DCYF social workers to know I appreciate all that they do. I know their job is very difficult.” (F)

Some said support varied.

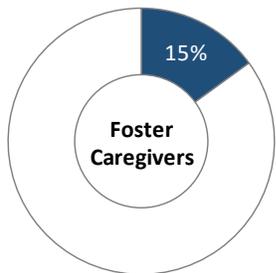
- “I would say they don’t support us, but they support the foster child in our care.” (K)
- “The private agency has supported me very well but DCYF has not.” (F)
- “In the beginning, they kept me informed.” (K)

Some said support was lacking.

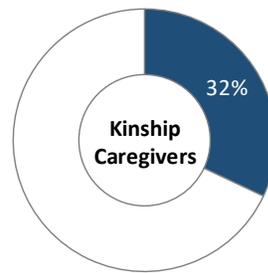
- “Right now, the offices are closed (coronavirus) so there is little help available.” (K)
- “After we adopt our current child who we love more than anything, we will no longer be foster parents. The experience was not a positive one.” (F)
- “I think we foster parents could use more support during these hard times.” (F)
- “I don’t feel supported by them as a caregiver.” (K)
- “Really the entire experience has been pretty bad. I don’t feel supported as a caregiver which is why I’m closing my license.” (F)
- “I am completely outraged at the lack of care, support and services.” (K)

275 of the 1,098 caregivers who commented on support (25%) mentioned the overall quality and helpfulness of support.

COMMENTED ON THIS TOPIC



72 of 465 commented
44 – Satisfied
9 – Mixed or Neutral
19 – Needs Work



203 of 633 commented
107 – Satisfied
15 – Mixed or Neutral
81 – Needs Work

KEY FINDINGS

Kinship caregivers were more likely than foster caregivers to make comments about general support, and when they did, they were a little more likely than foster caregivers to be critical.

- Still, over half of the general comments in both groups were positive. Many caregivers simply said they felt well-supported or that their needs were being met. Others expressed gratitude for support even in challenging circumstances, like COVID-19, during investigations, or with unique family dynamics.
- Mixed comments often focused on the role of the private agencies, with caregivers generally saying the private agencies provide better support.
- Negative comments from foster caregivers often pointed to particular areas where more support was needed, while kinship caregivers described generally negative experiences dealing with DCYF.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers appreciate good support, especially during challenging situations.

- “They are really going the extra mile during this COVID situation.” (K)
- “The support I have received is great. Social workers are doing their best with the huge caseloads they have.” (K)
- “My experience so far has been very positive even when I had an intake done on me by a parent of one of the children in my home. I understood the process and what needed to be changed.” (K)
- “We have a special case where our daughter is going through drug rehab. We have her baby girl and our daughter also lives with us. Everyone has been extremely supportive of this arrangement which has allowed our daughter to have the time to bond with her baby and also have the support of her family.” (K)
- “When they came out to do the visit, they were very open and they weren't in a rush. We always get the resources we need and we've had a wonderful experience, with DCYF as well as our private agency.” (F)
- “I've gotten really great support in trying to find a child that's a fit for our home. I'm really pleased with Washington State. I couldn't say it enough.” (F)

Some said private agency support was better.

- “Private agency support is superior. The state thinks our agency is taking care of us.” (F)
- “I've heard from other foster parents licensed with different agencies about all the meetings, support and just randomly kind things their agency does for them.” (F)

Some foster caregivers want more support for specific circumstances.

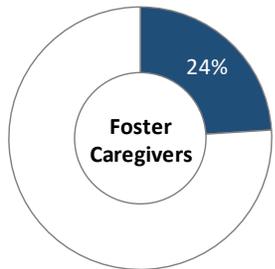
- “More support in a rural area. We have less support and less resources out here.” (F)
- “More support for new foster parents who are trying to navigate the system.” (F)

Some kinship caregivers had very bad experiences.

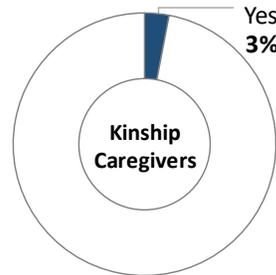
- “Don't use intimidation to get us to comply. It was a dark day when we got involved with you. As grandparents we just wanted to help our grandchildren in their time of need and it has been a horrible experience with the state.” (K)
- “DCYF has a reputation of being unsupportive, intimidating, unpredictable, unreliable and misunderstanding the child's wellbeing from a case by case basis.” (K)
- “I would email people demanding they give me the help that they were legally obligated to.” (K)

130 of the 1,098 caregivers who commented on support (12%) described the quality and helpfulness of support from specific agencies or offices.

COMMENTED ON THIS TOPIC



112 of 465 commented
94 – Satisfied
11 – Mixed or Neutral
7 – Needs Work



18 of 633 commented
10 – Satisfied
5 – Mixed or Neutral
3 – Needs Work

KEY FINDINGS

Foster caregivers were much more likely than kinship caregivers to make comments about specific agencies or offices, providing 112 of the 130 comments.

The quality and helpfulness of support received from private agencies was praised in a majority of the comments, mostly from foster caregivers. One foster caregiver provided details:

“Casey Family supported us with our social worker being available for questions by text or phone call any time of the day, any day of the week. Very prompt with finding out information for us and very prompt in getting back to us. They provided funding for the girls’ sports equipment, prom dresses, school clothes, summer clothes, winter coats and boots, money for Christmas presents. I am so happy that we had them for support. They helped make this a better experience.”

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers appreciate private agency support.

- “My private agency supports me in every way possible on a consistent basis.” (F)
- “Some of the best support I have received is from Catholic Community Services.” (F)
- “Homefinders has been an amazing support and always kind in how they communicate.” (F)
- “They gave us lots of in-home counseling with the WISE team through Catholic Community Services.” (K)
- “DCYF apparently contracts with The Angels, who have been great and provide needs over and above. They call us a minimum of twice a month.” (F)
- “Treehouse has been very supportive. They have a weekly check-in session and provide a list of resources, classes, free programs, and clothes.” (K)
- “We are licensed through Olive Crest and they go above and beyond to support us as much as possible.” (F)
- “Lutheran services have been great to work with.” (F)
- “We were licensed through Casey Family and they provided amazing support to us and our youth.” (F)
- “Olive Crest is incredible. We are grateful they help bridge the gap the state leaves. They do an awesome job advocating, informing and including.” (F)

Some caregivers said some state offices provide great support.

- “I work with King West now and have had a great experience. They are responsive and give me as much information as they have.” (F)
- “The Yakima team did a good job.” (K)
- “Our worker in Whatcom County is amazing.” (F)
- “The best support came from Snohomish County. They'd come and visit once a month and ask for updates. No problems with them.” (F)
- “Walla Walla and the Tri-Cities offices have done an awesome job to support foster parents and the kids in our care.” (F)
- “Courtesy workers out of Pierce County, communicate effectively and offer services.” (K)
- “Overall, I have had pretty good return communications from DCYF Thurston County.” (F)
- “My Chelan county team has been great at communication.” (K)
- “Clark County Vancouver office has been supportive.” (F)

Social Workers



Photo by Alex Green/Pexels

Caseworkers are very important to caregivers.

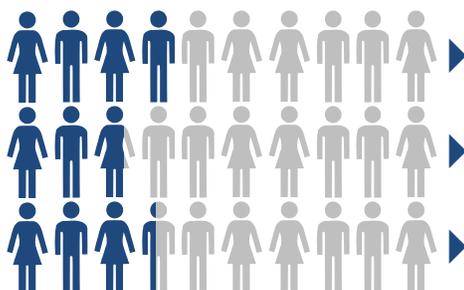
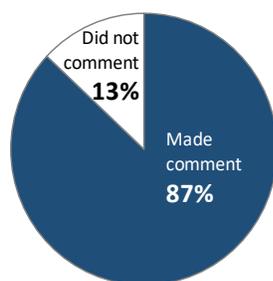
“Our last social worker was not as reliable but the new one is pretty awesome. He FaceTimed the kids and is in touch with them and returns my calls.” – Kinship Caregiver

Over seven of 10 caregivers said social workers¹ listen, treat them as part of the team, and include them in meetings. Responses of foster and kinship caregivers were similar. Among foster caregivers, positive responses for social workers listening to input declined from 2019 (81% in 2019 to 76% in 2020, $p < .05$).

- *Do social workers listen to your input?* (All Caregivers: 77% positive. F: 76% K: 79%)
- *Are you treated like a part of the team?* (All Caregivers: 70% positive. F: 71% K: 70%)
- *Are you included in meetings about the child in your care?* (All Caregivers: 78% positive, F: 76% K: 80%)

In response to open-ended questions, nearly nine of 10 caregivers discussed social workers or caseworkers, both those employed by DCYF and those employed by private or tribal agencies and contracted by DCYF. Of these 956 comments, 40% were positive. Caregivers value and depend on their relationships with caseworkers. They often commented on individual characteristics such as courtesy, responsiveness, communication skills, and competence. Some suggested that larger issues like turnover and high caseloads contribute to problems.

956 caregivers (87%) commented on social workers.



▶ **380** (40%) of these comments were positive.

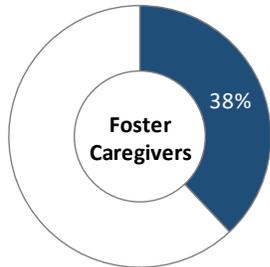
▶ **254** comments (27%) were mixed or neutral.

▶ **321** comments (34%) were negative or suggestions for improvement.

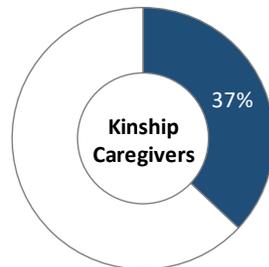
¹ The term “social worker” is often used in this report to be consistent with the wording of the 2020 survey questionnaire and comment coding categories. Future reports will use the more inclusive term “caseworkers” to describe child welfare field staff, as not all staff are credentialed as social workers.

408 of the 1,098 caregivers who commented on support (37%) addressed social worker support.

COMMENTED ON THIS TOPIC



176 of 465 commented
92 – Satisfied
35 – Mixed or Neutral
43 – Needs Work



232 of 633 commented
144 – Satisfied
29 – Mixed or Neutral
55 – Needs Work

KEY FINDINGS

Most foster and kinship caregiver comments about social worker support were positive (236 of 408).

- Caregivers deeply appreciated caseworkers who were accessible, provided help quickly, and offered reassurance during challenging times.
- Some said the level of support they received depended on the particular worker or office, or was lacking altogether. Those leaving negative comments felt like they had to do everything alone.

Several caseworkers were praised by name, including: Mary from the Smokey Point office, Phyllis Walker, Traci Rice, Simone Wells, Kimberly Hawkins, Emily Cook, Carl Snyder, Jeff King, Michelle Murphy, Lisa Webb, Danielle Abbott, Linda Cortani, Caroline Wamsley, Jose G., Janie in Wenatchee, Jamie Hanson, Jane, Marie, Jolee Martin, Rosa, Emily, Christina Curry, Hannah Haupt, Christina Nagel, Caitlin and Joni in Spokane, and Alex.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers appreciate the support they receive from caseworkers.

- “They stay supportive through communications and help to get me what I need for the child.” (K)
- “They really let us know that they’re there. They let us know what to expect and when, when we’ll hear from them. They make sure we have everything we need.” (F)
- “They helped us when we needed, and gave us space when we didn’t need help.” (K)
- “They have supported me in every way with my child’s care and the planning of her education and her drug treatment.” (K)
- “They give me confidence and reassurance that I am doing well. I am a single lady and [I appreciate] all of the positive feedback.” (F)
- “They’re a great help and give a tremendous amount of support, especially during this COVID thing.” (K)
- “Our social worker did a really great job of supporting me through the transition of child moving back to his grandmother’s home. He made me feel what I was doing was really important.” (K)
- “Our last social worker was awesome. She did everything she could to help me and the child.” (F)

“Every time our social worker leaves our house, they ask, ‘is there anything you need from us?’ I really appreciate this. Having a good relationship with the social worker who is responsive and helpful makes all the difference to foster parents.” (F)

Some say support varied with the worker or office.

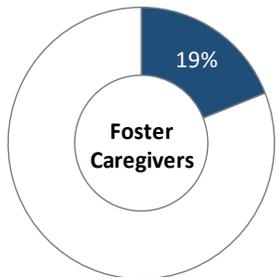
- “We’ve had so many social workers and the support we receive varied. Some good, some bad.” (F)
- “Our first social worker was outstanding and totally supported us, but the second social worker was challenging for us, and still is.” (K)
- “I dealt with two different offices, one in Kent and one in Lynnwood. The Lynnwood office has been amazing.” (K)

Some say caseworker support is lacking.

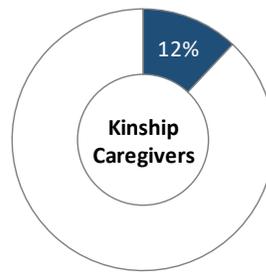
- “They do their job, but don’t do a lot to support us.” (F)
- “I have had to do everything about my child’s needs, with no help from the social worker.” (F)
- “We are new to foster parenting and could use more support at this time.” (F)
- “There is no help or support, but I am expected to drop anything that I’m doing when they need to come out.” (K)
- “Social workers change too much and are too new with no experience to be much of a support.” (F)

164 of the 1,098 caregivers who commented on support (15%) mentioned social worker courtesy and respect.

COMMENTED ON THIS TOPIC



87 of 465 commented
38 – Satisfied
2 – Mixed or Neutral
47 – Needs Work



77 of 633 commented
41 – Satisfied
4 – Mixed or Neutral
32 – Needs Work

KEY FINDINGS

Foster caregivers were slightly more likely than kinship caregivers to provide comments about social worker courtesy and respect, and when they did, their comments were slightly more negative.

- Several foster parents described feeling disrespected by being treated like a “babysitter.” Other caregivers felt undervalued when their effort was not recognized or their time constraints were not acknowledged.
- Caregivers want their social workers to treat them – and the children in their care – as people rather than numbers.
- Still, many caregivers praised the kindness, compassion, and gratitude their social workers showed them.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers often said they did not receive courtesy or respect.

- “Treat people like human beings. Don't treat me like a criminal. I did not do anything to create this situation. I'm just trying to take care of my grandchildren and give them the best chance at a normal life.” (K)
- “We would like to be treated as people who are caring, loving, and keeping a child safe, rather than just a babysitter.” (F)
- “Our youth perceives his social worker as mean, vindictive and rude. This is challenging.” (F)
- “They could care a little about the child and not just the system.” (K)
- “When we went to court and the mother was given back her girls, no one said thank you for all you've done. The social worker never even acknowledged me.” (K)
- “They could be available, more responsive, answer emails and treat us as people not cases.” (K)
- “Be mindful of my family schedule and our time needs. That's never played a part in any of our cases.” (F)
- “The social worker could have been a little more compassionate.” (F)
- “The adoption social workers have been pushy and disrespectful.” (F)

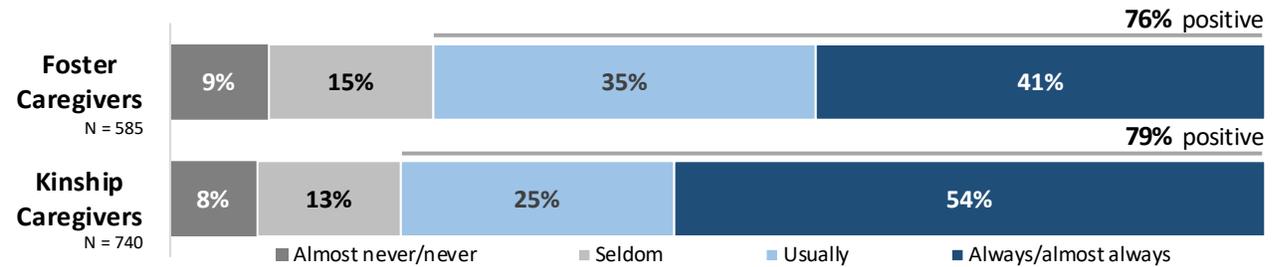
Caregivers appreciate kind, compassionate, and respectful treatment by social workers.

- “They were always asking how we were doing. How our child was doing. Always very kind.” (K)
- “The social workers and CASA [Court Appointed Special Advocate] workers truly do care about the welfare of the child.” (F)
- “They respect our boundaries. They are polite and respond quickly. I don't feel like I am being walked over as I was by DSHS previously.” (F)
- “They always attend every home visit and treat us with respect. We felt like a family member was visiting.” (K)
- “The social worker was experienced and treated us with respect and gratitude for what we were doing. I wish that there were more social workers like her.” (F)
- “The home study worker was very helpful and passionate in helping us get all the work done. She went over everything with us really good.” (K)
- “They listen to me and they respect that we have a child in the home. The foster parent has valuable information to share with the social worker.” (F)
- “Someone at the placement desk was very hands on, very personable, very understanding and empathetic. She tried to make a good fit with the kids.” (F)

QUESTION | **Do social workers listen to your input?**

Almost eight of 10 (77%) of the 1,325 foster and kinship caregivers who answered this question said that social workers always or usually listen to their input.

RESPONSE



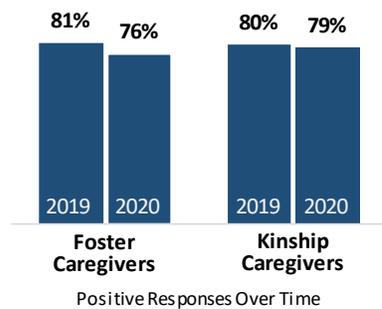
DETAIL

Foster and kinship caregivers gave similar responses to this question.

Among foster caregivers, positive responses fell from 81% in 2019 to 76% in 2020, representing the only statistically significant decline in the survey ($p < .05$)

In their comments, caregivers noted that they want caseworkers to value their opinions since they often spend the most time with the children. They also want caseworkers to take action based on their input when possible – and to extend a listening ear even when they can't.

TREND



Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most said their input is heard.

- “They listen and try and meet your needs.” (F)
- “We were fortunate to wind up working with a very impressive group of social workers. They listened, were caring, empathetic and very professional in all aspects of our situation.” (K)
- “I have one social worker that listens and values my opinion.” (F)
- “I love that they listen to concerns with visits. They've asked me about the visits with my one girl and her dad. I like that a lot. It seems like they really care about it as much as we do.” (K)
- “I'd say that they are good listeners and good quick responders to inquiries. They are good about making you feel you've been heard.” (F)
- “I've always felt heard when I've brought up concerns.” (F)
- “They listen. If I have need for any special needs for the kids, I can ask. Doesn't mean I will get the help, but I can ask.” (K)
- “They listen to our opinions about the needs of our foster kiddos.” (F)
- “They listen to me and get me answers.” (K)
- “They listened and provided support.” (K)

Some said private agency workers listen better.

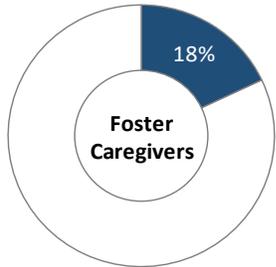
- “Private agency social workers have great communication and listen to our needs.” (F)
- “My private agency provides extra support when I don't receive phone calls or follow up from the social worker. Just being able to talk to someone from my private agency when things are difficult with one of the kids helps tremendously.” (F)

Some caregivers said their input isn't heard or acted upon.

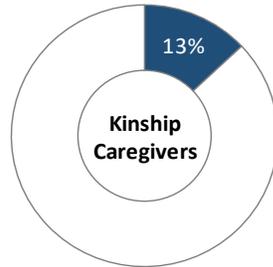
- “They need to get input from caregivers without putting their own spin on it.” (K)
- “Make me feel like my concerns are being heard and listen more to how I feel as the caregiver.” (F)
- “They need to listen to our input regarding the kids since we are with them 24/7. Give us a voice and listen to our recommendations in making important decisions about the kids.” (F)
- “Listen to us and follow up.” (F)
- “One parent was in another country and DCYF didn't know how to deal with this. Even though I knew the procedure, they would not listen.” (F)
- “I think they should listen to my opinions more.” (K)

170 of the 1,098 caregivers who commented on support (15%) described how well social workers understand and listen to them.

COMMENTED ON THIS TOPIC



85 of 465 commented
44 – Satisfied
5 – Mixed or Neutral
36 – Needs Work



85 of 633 commented
48 – Satisfied
5 – Mixed or Neutral
32 – Needs Work

KEY FINDINGS

Over half (92 of 170) of the caregiver comments about social workers’ listening skills and understanding were positive, with many caregivers expressing appreciation for social workers who:

- Actively listen to their concerns.
- Include them in a dialogue about how to best support the children.
- Take action based on their input.
- Try to understand their perspectives, without judgement.

Mixed or negative comments often mentioned a need for more intentional listening – sometimes in an effort to understand complicated needs before acting, other times as a demonstration of empathy for children who need connection with a caring adult.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Good listening often included action.

- “The caseworker listens to what we have going on. They provide possible services to resolve the issues, and they indicate tools that might help.” (K)
- “They listen to my concerns and act on it.” (F)
- “They did really well. Our niece feels heard and is a part of the process. They have been a great support team.” (K)
- “They were willing to listen and have an active dialogue and come up with ideas to solve the situation.” (K)
- “I think that they offer really great advice and are good listeners. They are good at hearing each individual concern and talking through the options.” (F)
- “They really help me by listening and coming up with ways to deal with my BRS [Behavioral Rehabilitation Services] boy.” (F)

Caregivers appreciate caseworkers who understand their perspective.

- “[They] understand our point of view. No judgement.” (F)
- “Our new social worker was more understanding about my concerns about getting the child counseling and drug treatment.” (K)

Some caregivers did not feel like their or the children’s needs were heard.

- “They listen to a point, but they need a full understanding of our concerns. Please hear us and discuss with us.” (F)
- “Some social workers (especially ones that aren’t parents yet) need to listen a little closer to these kids. Most of the time kids in these situations don’t feel like they are seen or heard and mostly – loved. Sometimes you have to step out of the professional part of your job and just listen to the person that needs it most.” (K)
- “They could listen to our needs, give us more information on the children in our care, and follow through with promises that are made.” (F)
- “My DCYF caseworker does not tend to understand what I tell her and she puts [it] into a different light from what I intended to the youth.” (K)
- “Take time to listen to what is needed on visits as sometimes it seems as if asking questions is taking up too much of their time.” (K)
- “People working for DCYF work for dozens of kids; however, families have a smaller number of children they serve. It’s important for us that when they are talking with us, that we are the main focus in that moment.” (K)

QUESTION | **Are you treated like part of the team?**

Seven of ten (70%) of the 1,325 caregivers who answered this question said they were always or usually treated like part of the team.

RESPONSE



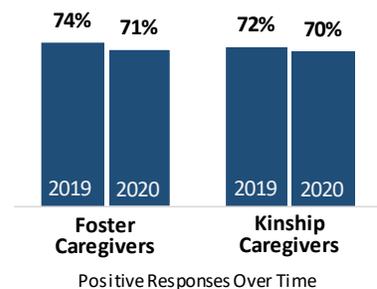
DETAIL

Foster and kinship caregiver responses were similar. Differences across years were not statistically significant.

Caregivers see themselves as an integral part of the team, and want to be treated as such. They appreciate being kept in the loop and working together with caseworkers, parents and the children’s advocates.

Those who were unhappy with teamwork reported being treated like “babysitters” (foster caregivers) or as if they were the parents under investigation (kinship caregivers).

TREND



Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers said they were always or usually treated as part of the child’s team.

- “They have been there for us. If we need something, they jump right on it. They really treat us as a member of the team. We are always notified about court dates.” (K)
- “They have always included me. They always respond to emails and phone calls.” (F)
- “They have been very collaborative with us, we have a really good team. We love the Clark County office.” (K)
- “We all work together – that is, both the private agency and DCYF.” (F)
- “Everyone has the same goal. That’s to do the best thing for the child. In my experience, we’ve been blessed on being on the same page and communicating well.” (K)
- “My social worker and CASA [Court Appointed Special Advocate] are very involved with our foster son. I didn’t know what to expect, but they both have blown me away. Didn’t think I would be so involved and asked my opinion regarding his care and visits with family.” (F)
- “Our social worker works toward incorporating everyone who is involved with the case. She coordinates the visits so everyone can come at the same time.” (K)
- “They ask for input when scheduling visits instead of simply telling us when.” (K)

Some said the team approach varied.

- “When they went to court, they told me about it. If I couldn’t make it, they’d do a phone conference so I could say what I wanted. They have been so great. They’ve kept me in the loop for everything. The Seattle team was great. I worked with another office and they were horrible.” (K)
- “I had one social worker [who] included us all as a team and kept us posted on ‘happenings.’ That was one of ten different social workers.” (F)

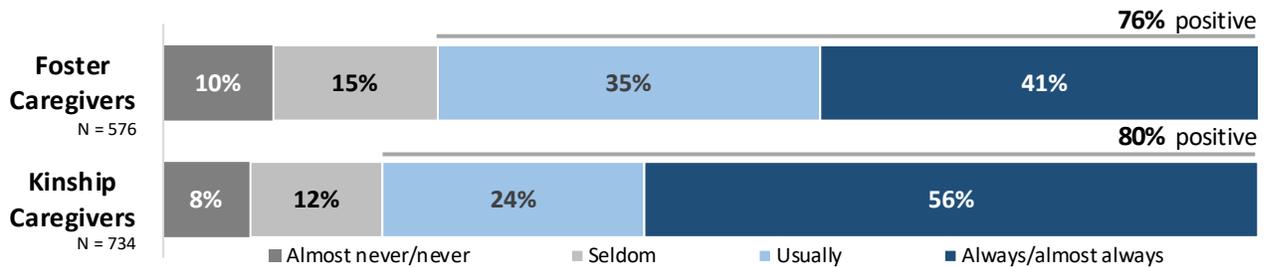
Others said teamwork was usually lacking.

- “Treat us as true team members. Listen to our input. Give us credence. We are more than glorified babysitters.” (F)
- “Take the time out to listen to the needs of the caregiver and treat them like part of the team instead of like they are a client of CPS [Child Protective Services].” (K)
- “The foster parents need to be brought to the table and be a real part of the team. We have these children 24/7.” (F)
- “The social worker did not make me feel like a part of the team and they did not seem to want to help me be successful in taking care of the child.” (K)

QUESTION | **Are you included in meetings about the child in your care?**

Almost eight of 10 (78%) of the 1,310 caregivers who answered this question reported that they were always or usually included in meetings about the child in their care.

RESPONSE

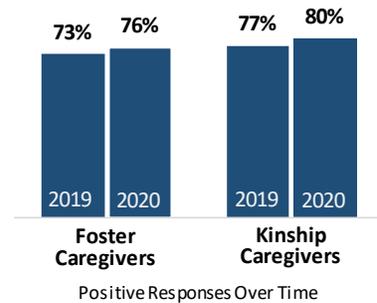


DETAIL

Differences between kinship and foster caregivers and across years were not statistically significant.

In their comments, caregivers expressed appreciation for being invited to meetings and encouraged to fully participate. They were especially happy when their time commitments were considered during meeting scheduling. Several caregivers made positive comments about being included in the Family Team Decision-Making (FTDM) meetings.

TREND



Caregivers speak . . .

Most caregivers said they were usually included in meetings about the child's case.

- "They are good about scheduling meetings together so we can be on the same page. All involved staff are in those meetings. I appreciate how they care about me, and they give me all the tools that I need to be the best foster parent." (F)
- "They offer meetings and our private agency is just super supportive in all aspects." (F)
- "We always were invited to meetings about children placed in our care." (K)
- "I am included in meetings and invited to significant court dates." (F)
- "When there were meetings they would do conference calls because I couldn't be there." (K)
- "I was included in meetings and was able to provide my input." (K)
- "I appreciate being included in the family team meetings and the way that all the information discussed was given as a paper afterwards." (K)
- "I haven't really needed a lot of support, but they have followed through with support on the FTDMs [Family Team Decision-Making], meetings and court hearings." (F)

(K) = Kinship caregiver (F) = Foster caregiver

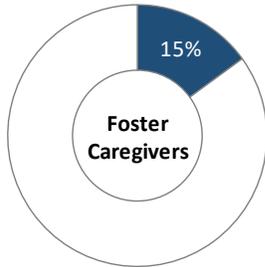
"Very good communication and helpful suggestions. I thought the family meetings were especially useful." (K)

Some said meeting involvement was lacking.

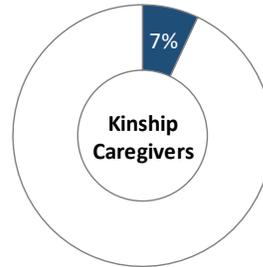
- "Invite caregivers to all FTDM meetings and court proceedings, or be transparent and willing to share information about the case with the kinship providers." (K)
- "My biggest complaint is that some of them don't respect foster parents as equal partners in various ways. For instance, I've gone to meetings with foster parents where you can meet other parents, but the meetings are dominated by some of the social workers that decide to come." (F)
- "Make sure we know when the meetings are and when court is. We hear about the court hearings after they happen. We would like to attend." (K)
- "Include me in the meetings. Sometimes we don't get invited." (F)
- "I haven't spoken to anyone from the agency for about 6 months. They had a meeting recently and didn't include me. Include us and treat us respectfully." (K)
- "Work with my schedule, so I can go to the meetings." (F)

116 of the 1,098 caregivers who commented on support (11%) specifically mentioned social worker inclusiveness.

COMMENTED ON THIS TOPIC



71 of 465 commented
16 – Satisfied
8 – Mixed or Neutral
47 – Needs Work



45 of 633 commented
17 – Satisfied
1 – Mixed or Neutral
27 – Needs Work

KEY FINDINGS

Over six of 10 comments (74 of 116) on inclusiveness were negative. Caregivers said they felt excluded when:

- They didn't have "a voice" in decision-making for the children.
- They weren't given notifications of all meetings about the children in their care.
- They weren't being considered in long-term planning for the children.

Many of the positive comments included praise for private agencies that included caregivers in activities and respected their important role in the child's life.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Not being included hurt the caregiving process.

"Include the foster parent in more conversations and decisions making. I believe we could've had the child longer if we had gotten the support we needed from the department." (K)

"We have the child 24/7 but never were included in conversations about the child if mom didn't want us there. Bios shouldn't have so much power to decide." (K)

"The bio parents and everyone else get a say and a chance to be heard except me – and I'm the one who's loving them and caring for them and nurturing them in sickness and in health. It breaks my heart that there is no one who is truly advocating for these precious babies!" (F)

"We are seldom, if ever, told when the child's next hearing is, what the hearing is about, or are asked if we have any input to share with the court regarding the child." (F)

"Listen to our concerns. Include us in planning. Let us know about changes in visit schedule instead of telling the kids at school." (K)

"Include me as part of the team. Value and listen to my input. Share pertinent information with me." (F)

"Listen to the foster parents as to what is happening and better communication between the private agency and DCYF. The foster parent's voice needs to be heard in court." (F)

"They wouldn't let me have very much input and I felt like they were putting everybody before the child." (K)

"I didn't feel like they respected our opinions concerning children no matter how much research we did before forming opinions or how well we knew the children." (F)

"It is very difficult to understand what everybody is supposed to be doing. Include us in meetings about the child. Tell us more about the child's needs and the case plan." (F)

"The social workers could have listened to our concerns. Treat us as partners and include us in meetings about the child. Respect us as the caretakers of the child." (K)

Being included is important to caregivers.

"They did take into account what I thought would be a better environment for my cousin." (K)

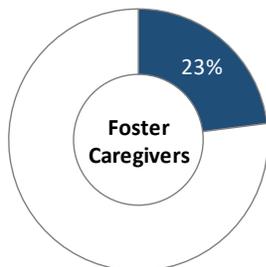
"My private agency makes sure I am included in all the activities they participate in." (F)

"They respond to my input in a good way. They trust my judgement and respond to my requests appropriately. They communicate well and respond quickly." (K)

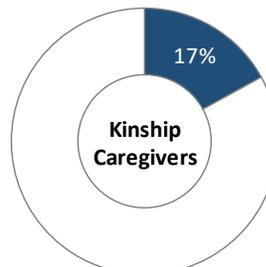
"The private agency returns our emails and phone calls in a timely manner and noted our role as a family and not just a babysitter." (F)

213 of the 1,098 caregivers who commented on support (19%) mentioned social worker communication.

COMMENTED ON THIS TOPIC



108 of 465 commented
31 – Satisfied
9 – Mixed or Neutral
68 – Needs Work



105 of 633 commented
27 – Satisfied
3 – Mixed or Neutral
75 – Needs Work

KEY FINDINGS

Two of three caregiver comments about social worker communication were negative. Caregivers expressed the need for:

- Open lines of communication and transparency between caseworkers and caregivers
- Extra communication at certain times, like initial placement and transitions to other placements
- Addressing barriers to communication, like language differences or poor communication skills of certain caseworkers
- A team approach to communication that involves the caregivers, courts, private agencies, and parents

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many caregivers said communication was a problem.

“Everyone needs to communicate better. I need transparency and communication.” (F)

“Communication skills need to be better. Some were great; some were really bad. Someone would tell us about a meeting, but they don't tell us what it's about or what you're walking into.” (K)

“Pace communication better. The social workers tend to communicate not at all then call with several things that they need done immediately.” (F)

“There was a social worker who would come with an interpreter, but this new one doesn't bring anyone with her. We don't understand each other and there isn't a lot of communication.” (K)

“Communication! It is very demeaning and damaging to our relationship with the DCYF group when the assigned social worker believes claims from others without first checking with us about these claims.” (K)

“There needs to be consistent communication. Response to questions. When issues arise, make sure communication is at the team level and not with individuals.” (K)

“Better communication, explaining to foster parent as to who they can contact if they need assistance.” (F)

“Quicker communication would be nice.” (F)

“We felt we were kept completely in the dark and then it would take days to get someone to get back to us. Better communication is needed.” (F)

“There were too many things that were not talked about in the beginning. Need open lines of communication between the caregivers and the social workers.” (K)

“Better communication when transitioning from one placement to another so that it is less disruptive for the kids and the care they need.” (F)

Some said communication was good.

“Our agency communicates very well with me. I talked to [the] DCYF social worker [who] was very concerned as well and gave me as many answers as she could. I appreciated her.” (F)

“When they come out to visit they communicate well and allow me to ask questions.” (K)

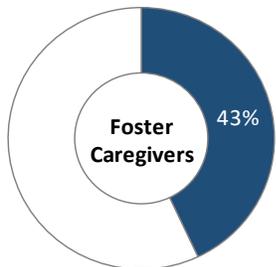
“My social worker was always communicative. She would respond promptly when I reached out. I never needed anyone else because she was always transparent.” (F)

“Our child's social worker is very good at communicating and responding in a timely manner. He is working very hard and timely in the best interest of the child.” (K)

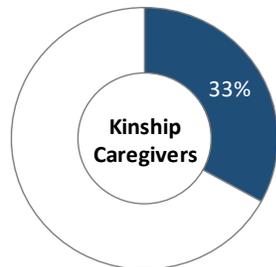
“This past year everyone has gotten better at listening and communication.” (F)

407 of the 1,098 caregivers who commented on support (37%) noted social worker responsiveness.

COMMENTED ON THIS TOPIC



199 of 465 commented
107 – Satisfied
21 – Mixed or Neutral
71 – Needs Work



208 of 633 commented
119 – Satisfied
18 – Mixed or Neutral
71 – Needs Work

KEY FINDINGS

Over half (226) of the 407 caregivers who commented on social worker responsiveness were positive. Caregiver comments show the importance of responsiveness in helping them meet the children’s needs, by finding resources and answering questions.

- Many caregivers praised caseworkers who gave timely responses, had good problem-solving skills, and provided practical help, like delivering diapers and wipes.
- Mixed comments indicated that responsiveness was sometimes better in the private agencies, or with certain caseworkers.
- Caregivers expressed frustration with social workers who lacked follow through or weren’t available to help during times of need.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most said caseworkers were attentive to their questions and the child’s needs.

“They really were there for me whenever I had questions. My nephew has special needs and we love him, but really didn’t know the best way to help him. They helped us get resources for him that I didn’t know about.” (K)

“When emergencies come up, our social worker works quickly to supply what is needed.” (F)

“The social worker has done very well with taking care of my needs and getting back to me as soon as possible.” (K)

“Our social worker is great. When we need something I just call her and she gets right on it.” (K)

“I was very impressed with my social worker. She was very responsive and professional. She did her best to get all we needed for our two kiddos. She was a teammate.” (F)

“The social worker does a good job in asking me what I need for the child. They’re creative in making sure I get what I need.” (K)

“They respond to my questions and tell me how to solve problems. If they don’t know the answer they get back to me.” (F)

“One social worker was fantastic, prompt and did her work with alacrity and went the extra mile for kiddos.” (F)

“[They] notify us when there are supplies or other items available at the office (diapers, wipes, clothes etc.) and are willing to deliver them during monthly home visits.” (F)

Some said responsiveness varied.

“Private agency was always very helpful in finding resources and just general assistance in all matters, paperwork, camp registrations, etc. We did not have a ton of contact with the state worker, but the little contact we had was difficult.” (F)

“The case worker was very responsive, but with the ‘higher-ups,’ things got more complicated. They were non-responsive.” (K)

Some said responsiveness was poor.

“I have a bad taste in my mouth about our worker. She doesn’t follow through with anything.” (F)

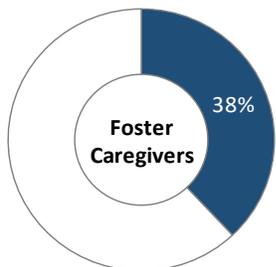
“They occasionally throw a food voucher our way, other than that he’s completely unhelpful and slow.” (K)

“They should be more responsive when we have a real ‘please help us’ moment.” (F)

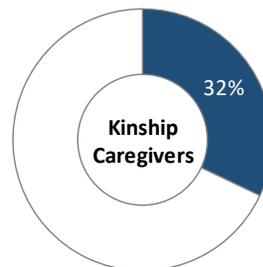
“We learned early on to not trust them when they ask what we need help with. They make excuses why they can’t do things and find ways to get out of it.” (F)

377 of the 1,098 caregivers who commented on support (34%) mentioned something about social workers that is different than what was discussed earlier.

COMMENTED ON THIS TOPIC



176 of 465 commented
77 – Satisfied
15 – Mixed or Neutral
84 – Needs Work



201 of 633 commented
93 – Satisfied
17 – Mixed or Neutral
91 – Needs Work

KEY FINDINGS

Among both foster and kinship caregivers, numbers of positive and negative comments were close to equal.

- Caregivers discussed the need for proactive, creative help with the complex needs of the children. Those who received special referrals were grateful. Those who didn't receive help in tough situations were very frustrated.
- They also mentioned the need for practical assistance, like help making phone calls or doing paperwork.
- Others noted the importance of honesty and transparency with their social workers throughout the whole process, but especially during the time of initial placement.
- Several caregivers said that, above all, they just want caseworkers to make decisions in the best interest of the child.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers want support for complex needs and appreciate practical help.

"When we reported behaviors that were detrimental to our family's well-being and requested support, it took over two weeks for an in home therapist to visit, and even longer to get authorization to begin seeking medication to help regulate the child's mood. When we continued to report extreme behaviors we were placed under CPS [Child Protective Services] investigation." (F)

"They could do better job in handling sexual abuse cases and provide much more support in such cases. We need their help, assistance, and guidance in these cases!" (F)

"They help me by taking their time to make important phone calls and gather information for my foster youth who is challenging." (F)

"When the child was having speech problems the social worker recommended speech therapy." (K)

"I tend to do the special needs kids. Social workers are typically really good at getting me special shirts or diapers I need. Also good about helping do a lice treatment before bringing the child to my home." (F)

"They offer meetings and go over the dynamics of what each child needs. They do the paperwork." (F)

Caregivers need honesty from their caseworkers.

"The placement desk workers make sure we are comfortable with taking a child and are honest about their needs." (F)

"They should have been honest with us, rather than being so desperate to just to place the child. They did not set us up for success." (F)

"Our first social worker was constantly ignoring us and lying to us." (K)

Caregivers want caseworkers to prioritize the best interest of the child.

"The worker that does the monthly visits is an amazing person. She grew up in foster care and knows what these kids are going through." (K)

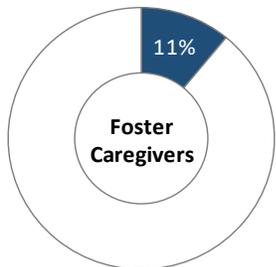
"They are passionate about their cases. They are methodical. It is strategic to support the kids." (F)

"I was deeply disappointed in the state social worker they assigned us. She was not knowledgeable, compassionate, engaging, or there to help the children." (F)

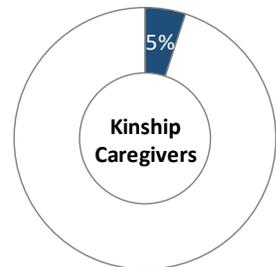
"Advocate for the child's best interest and not just blindly pursue policy." (F)

84 of the 1,098 caregivers who commented on support (8%) said state caseloads were too high.

COMMENTED ON THIS TOPIC



50 of 465 commented
0 – Satisfied
0 – Mixed or Neutral
50 – Needs Work



34 of 633 commented
0 – Satisfied
0 – Mixed or Neutral
34 – Needs Work

KEY FINDINGS

About one of 10 caregivers (84 in 1,098) said more social workers are needed to address large caseloads. Foster caregivers were more likely than kinship caregivers to say that more social workers are needed, but kinship caregivers had similar concerns. They noted that:

- Overworked caseworkers could not pay enough attention to the children and families, resulting in poor communication and unmet needs.
- Caseworkers could not keep up with the cases, leading to longer times in care for children.
- Caseworkers were stressed by their workload and left frequently. This high turnover caused difficulties for families and the overall case management.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers said workers need smaller caseloads so they can pay more attention to children and families.

- “We felt social workers had too many foster children assigned to them and could not support each case adequately.” (K)
- “The social workers have a big caseload. If it was smaller they could have helped more.” (K)
- “Social workers need help. They are overwhelmed and don't know their rules and policies. It seems like they make it up as they go.” (F)
- “The team I've had has been phenomenal, but it doesn't take a brain surgeon to know they're overworked and understaffed. I would gladly get paid less to know that money went back into the social workers.” (K)
- “I know their caseloads are big; I just wish we got more information, more updates.” (K)
- “Don't take short cut on your job. Many times I felt that she was overworked and didn't do her job.” (F)
- “The caseloads are way too high. The workers should only have 18-20 cases. There was a law passed, but they're carrying 30-45 cases per worker! That is not realistic.” (F)

Heavy caseloads lead to long wait times for families.

- “Have more staff at DCYF. Things don't always get done timely.” (F)
- “I know they have huge caseloads, but it feel like things aren't done in a timely manner. I'd call and send emails, but they'd take forever to get back to me.” (K)
- “They are overloaded and have too many kids on their caseload and things fall through the cracks, like information, respite, payments, paperwork and information.” (F)
- “Our case worker was sometimes so overloaded that she was not responsive for long periods of time.” (F)

Caregivers said high turnover is a problem.

- “The turnover is crazy. We had a new social worker every month. A year and a half later when everything was all done, we didn't have one person with us that was there from the beginning.” (F)
- “Not have so much turnover of social workers which results in the ball being dropped over and over.” (K)
- “Some workers are really good, unfortunately they are also touch and go because they turn over so frequently.” (F)
- “We had three social workers within four months. The turnover of social workers was too much.” (K)

Access, Process, and Coordination



Photo by Edward Jenner/Pexels

Caregivers need access to staff, good processes – and help when they ask for it.

“Just staying in touch and responding would make a huge difference in how foster parents feel about working with the agency (DCYF).” – Foster Caregiver

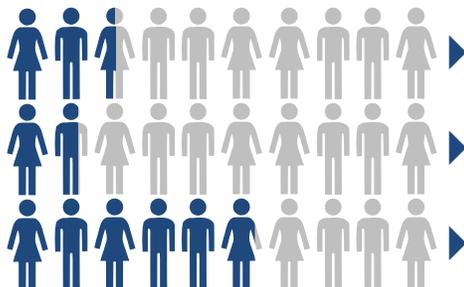
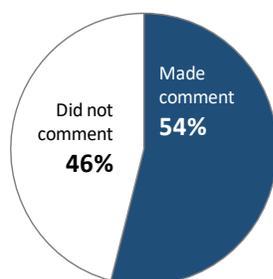
Three of four caregivers (75%) said they usually, always or almost always can get help when they ask for it. Foster caregivers answered more positively than kinship caregivers (79% to 73%, $p < .05$).

- *Can you get help when you ask for it?* (All Caregivers: 75% positive. F: 79% K: 73%)

Over half (54%) of caregivers who made comments discussed access, process, or coordination issues. Comments show that caregivers appreciate regular phone, text, and email contact with their children’s caseworkers, and getting help from them when needed. They like the monthly health and safety meetings, though some noted contact has been disrupted by the COVID-19 pandemic.

Caregivers were more negative about process issues, both general and specific, and coordination among caseworkers and departments. Many criticized a “system” they felt favored parents over the best interests of children. Some criticized the impact of staff turnover, inconsistent expectations, and drawn out timelines, many of which have been further delayed due to COVID-19. Kinship caregivers said they need more help in knowing what resources are available to them and their children, and more help in managing the financial and logistical aspects of caring for the children.

598 caregivers (54%) discussed access, process or coordination.



▶ **150** (25%) of these comments were positive.

▶ **103** comments (17%) were mixed or neutral.

▶ **345** comments (58%) were negative or suggestions for improvement.

QUESTION | Can you get help when you ask for it?

Three of four (75%) of the 1,312 caregivers who answered this question reported that they always or usually can get help when they ask for it.

RESPONSE



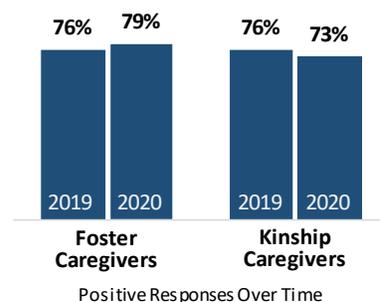
DETAIL

Foster and kinship caregivers answered this question somewhat differently, with 79% of foster caregivers giving positive responses, compared to 73% of kinship caregivers ($p < .05$).

Changes across years were not statistically significant.

Caregivers appreciate caseworkers who are easily accessible during emergencies, answer questions quickly, and provide additional support or resources when requested.

TREND



Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many comments described good help.

“Our second courtesy social worker has been fantastic. She returns calls, texts, informs me of resources, and tells me what I need to get help for child.” (F)

“They were on top of returning phone calls, and referring to other agencies for support needed, such as daycare and holiday gifts for the children.” (K)

“Our licensor was very good and she was one of our social workers before she became a licensor. Anything I needed, she would help. We were dealing with a very hard teenage girl, she was so supportive and right there when I called. She knew if I called, I needed her.” (F)

“They go out of their way to find us resources. It’s a comfort to know they are only a call or a text away.” (F)

“They were always available to talk to me when I needed it.” (K)

“My private agency Olive Crest does an excellent job of supporting me! They answer all my calls, texts, and emails in a timely manner, they assist me with getting answers when I am getting no response from my social workers, and they come to my house on a monthly basis to check in and see that we are all doing well.” (F)

“Whenever we needed anything, they provided vouchers or other resources for us. If we had any problem with the bio mom, they intervened for us.” (K)

“Everyone is very responsive to letters, texts, and phone calls. When we ask our social worker for referrals like Tree House, for example, they get them to us promptly.” (F)

“The support I received was great. Any time I needed anything, they were available. I had a medically fragile child and any time there was an emergency I was able to reach them.” (K)

“The original placement worker was amazing and got me supplies to help with the out-of-the blue placement. She answered calls, emails and any questions.” (K)

Some said help was generally lacking.

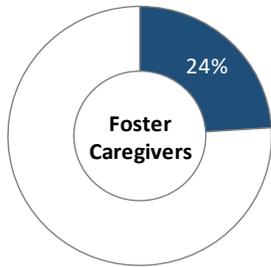
“At first I had all three and I had to get them in school. I didn’t get any help or anything. I called and said I can’t do all three and it took over a month for them to do anything about it.” (K)

“Be there when foster parents need you. Answer your phones once in a while.” (K)

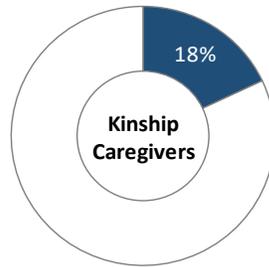
“We had a child that needed a lot of help because of anger and aggressive behaviors. We asked for a case aid and additional support so we could also balance our time with the other foster kids in the home and our own two children. The agency couldn’t find a way to make this possible.” (F)

227 of the 1,098 caregivers who commented on support (21%) mentioned access to staff.

COMMENTED ON THIS TOPIC



111 of 465 commented
57 – Satisfied
10 – Mixed or Neutral
44 – Needs Work



116 of 633 commented
66 – Satisfied
12 – Mixed or Neutral
38 – Needs Work

KEY FINDINGS

Over half of the caregiver comments on access to caseworkers (123 of 227) were positive. Foster and kinship caregivers had similar patterns of responses.

- Caregivers like being able to reach their caseworkers when they need them, either through phone calls, texts, or emails. They especially appreciate weekend and evening access, and when social workers let them know in advance when they will be unavailable.
- Most mixed or neutral responses said that access varied by worker: Some were easy to reach, while others were nearly impossible to reach.
- Some caregivers said that accessibility was poor, describing scenarios in which they waited weeks for a response, never got a response, or were unable to leave messages due to full inboxes.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers said phone, text, and email access to caseworkers was good.

- “Most of the time they answer my phone calls and texts. If I leave a message, they are very good at getting back to me.” (K)
- “They answer their phones and address the needs of the child immediately.” (F)
- “They answer my emails and phone calls in a timely manner.” (K)
- “We’ve had fantastic social workers who gave me their numbers for texting and when I’ve had issues they’ve been very supportive and helped us resolve issues to keep our kids safe.” (F)
- “I like being able to call and actually talk to someone.” (F)
- “They are always just a call or a text away.” (F)
- “The lady that I worked with was really easy to get ahold of. I could call or email and she was really quick to respond within a day. She let me know if she was going to be out of town.” (K)
- “They are always available when there is an issue with the child. If I can’t reach the child’s social worker, I can reach her supervisor.” (F)
- “They returned my calls sometime within hours. Email contact was great as well.” (K)

Some said access varied.

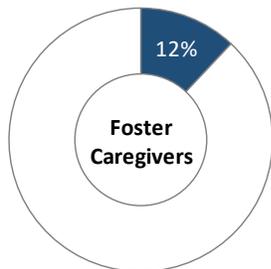
- “I’ve had five different [social workers] and some of them are very attentive. Some were difficult to get ahold of and it took forever to get them to do anything.” (K)
- “In the final few weeks, the supervisor responded to my correspondence.” (F)
- “My private agency was amazing, they are the ones I could call. They answered their phones. They never once would get a call back from the social worker from DCYF.” (F)

Others said they couldn’t reach their caseworkers when they needed them.

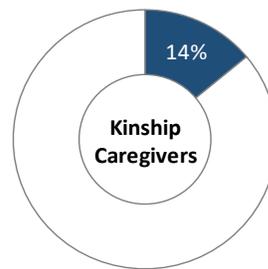
- “I would send several emails to our caseworker that were not returned.” (F)
- “Respond to my emails and phone calls timely. It should not take weeks to get an answer.” (K)
- “Emails often went unanswered for several days and voicemail boxes would be full and therefore not accepting new messages.” (F)
- “They changed workers and then I could not get ahold of them.” (K)
- “I have a horrible time getting ahold of social workers and it causes a lot of frustration. Get social workers to return calls, texts, and emails more quickly!” (F)

143 of the 1,098 caregivers who commented on support (13%) described the consistency of their contact with caseworkers.

COMMENTED ON THIS TOPIC



54 of 465 commented
 39 – Satisfied
 4 – Mixed or Neutral
 11 – Needs Work



89 of 633 commented
 61 – Satisfied
 8 – Mixed or Neutral
 20 – Needs Work

KEY FINDINGS

Seven of 10 comments (100 of 143) on consistency of contact were positive. Foster and kinship caregivers had similar patterns of positive and negative responses.

- Most caregivers praised the monthly home visits as a good opportunity to provide consultation and make sure all the children’s needs were being met.
- Some caregivers said that monthly visits were not enough. A few foster caregivers noted that their private agencies visit more frequently than once a month and they appreciate the extra support.
- Other caregivers said they rarely, if ever, see their child’s state caseworker. A number of kinship caregivers said they were only contacted when absolutely necessary. A few foster parents with out-of-county children said their only contact was with courtesy workers, who did not know the children.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers appreciate consistent contact, especially through the monthly home visits.

- “They make home visits and are very personable to the children in our home.” (F)
- “They do their job by checking with me each month.” (K)
- “They check in often to make sure our needs are met.” (F)
- “The social worker I work with checked in often and I was grateful for that. It didn’t feel like I was alone.” (K)
- “At the private agency we have a case manager who checks in regularly, at least 3-4 times a month.” (F)
- “They make appointments and come out at least once a month.” (F)
- “They’re constantly reaching out to see if we’re okay and if we need anything.” (K)
- “I have a social worker that visits once a month and she is awesome. I get a lot of new ideas on how to deal with issues from her.” (K)
- “They’re good about the month-to-month visits.” (K)
- “The social worker is great at visiting us monthly for the health and safety checks.” (F)
- “The private agency touched base with me at least every other week.” (F)

“The State is really good at checking in with me and providing me with what I need while the kids are in my home.” (F)

Some said more frequent contact would be helpful.

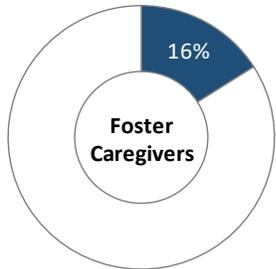
- “DCYF communicates monthly, but more often would be helpful.” (F)
- “Visit more and more support.” (K)

Others said consistent contact is missing.

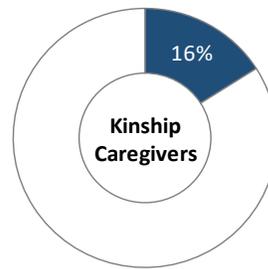
- “They called me if they needed me. I was left to my own devices mostly.” (K)
- “When we had a child from out of county, the social worker only sent a courtesy worker each month who did not know the child’s case very well. The social worker didn’t check in for three months, and the GAL even longer. We felt like we were on our own with minimal support.” (F)
- “There are no meetings about the child. They just placed the child with me and then nothing.” (K)
- “They do what I call a drive up interview. It seems like they avoid coming in at all costs. They never come in for their monthly visits. One time the worker came just into the front door, but that was it. I could be running a meth lab or anything bad and he would never know.” (K)

172 of the 1,098 caregivers who commented on support (16%) mentioned general processes.

COMMENTED ON THIS TOPIC



73 of 465 commented
 1 – Satisfied
 2 – Mixed or Neutral
 70 – Needs Work



99 of 633 commented
 4 – Satisfied
 7 – Mixed or Neutral
 88 – Needs Work

KEY FINDINGS

The vast majority of caregivers who commented on general processes felt that work was needed. Foster and kinship caregivers had similar patterns of responses.

- The most frequent theme was that processes favor the needs of parents over the needs of foster children.
- Some caregivers said they felt like they had to jump through hoops for the help they received.
- Another strong theme was that the state caseworkers had their hands tied, sometimes resulting in outcomes that met requirements, but were not truly in the best interest of the child.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many said the system favors parents over the needs of their children.

- “Put the needs of the child before those of the biological parents. Each time the child visited with her bio parent it totally disturbed the routine and she had problems.” (K)
- “They try really hard to look for the needs of the children but it’s very hard to balance that with the rights of the parents.” (F)
- “The parents have so many rights. The mother’s behavior caused so much trauma to our household and to the child, especially with the visits.” (F)
- “The state in general could do a better job in prioritizing the child over their parents.” (F)
- “The rules and guidelines give too many rights to the bio parents instead of the foster child’s rights.” (K)
- “I had two of my grandkids. What I didn’t like was the agency insisting that the kids connect with their fathers who had nothing to do with them prior to placement.” (K)
- “Why do the bio parents get so much more support and legal support than the kids and the kinship caregivers?” (K)
- “The parent’s rights are being protected so much that we are not given adequate information. The kids’ needs are secondary.” (F)

A few caregivers said there should be more support for parents.

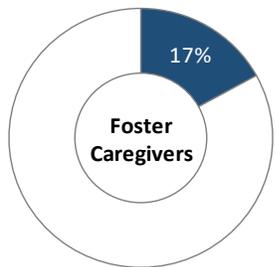
- “DCYF needs to support the bio parents better.” (K)
- “I feel like DCYF should help the bio-families more. They need more training and more support. A lot of people don’t realize that these parents also came from abuse and neglect. I feel like we’d have much healthier parents and a healthier system.” (F)

Some said policies are burdensome, inefficient, or contrary to the best interest of the child.

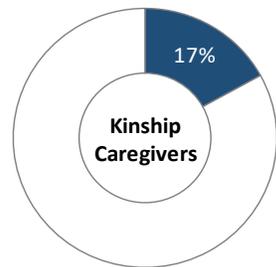
- “The procedures to get help are cumbersome. There are too many steps above the social worker to get approval for services. Our hands get tied and the system interrupts our lives so much.” (K)
- “The hoops I was made to jump through made this process so much harder. Please streamline the system so that kids can get added and enrolled in things easier. I would love to see it streamlined so that the TANF money and enrollments in all of the programs can just happen.” (K)
- “I realize that it gets messy but I could tell a number of times everyone (CASA, foster parents and social workers) disagreed with a change for the child but that was the policy so they all went with it.” (F)

190 of the 1,098 caregivers who commented on support (17%) mentioned specific processes.

COMMENTED ON THIS TOPIC



81 of 465 commented
4 – Satisfied
3 – Mixed or Neutral
74 – Needs Work



109 of 633 commented
2 – Satisfied
5 – Mixed or Neutral
102 – Needs Work

KEY FINDINGS

Comments on this topic were almost completely about processes the caregivers felt needed work – both among foster and kinship caregivers. Some kinship caregivers said they had not been well assisted in caring for the children. Both foster and kinship caregivers felt that adoption took far too long, and that COVID-19 is making things worse.

One experienced foster caregiver provided a number of suggestions for process improvements:

“Update CHIP [Children’s Health Insurance Program] info before placement. Guarantee driver drop-off and pick-up times so that I can get to work on time. Nighttime placement desk should provide weekend contact names and numbers for better communication in case of emergency. Make sure that children come with appropriate clothing for weather conditions.”

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Some kinship caregivers said they wanted more support for their unique situations.

“I think they need to have services available for relative placements. The same ones they give to foster parents they should give to the relative placements. There are no services, no respite care, no nothing. I have twin boys that have extremely challenging behaviors.” (K)

“I think that relatives should be treated differently than normal foster parents that just signed up to help out. I would like more understanding and support since I am a bit older. More consideration for relatives for financial support if it is necessary and not as stringent rules as far as the home study.” (K)

“Have a centralized place that relative caregivers can go to find information that meets their unique needs.” (K)

Both kinship and foster caregivers said after hours support would be helpful.

“After hours support is needed.” (F)

“If they had a point of contact for social workers on the weekends that would good.” (K)

“We then felt stuck after hours when the resource did not come through.” (F)

Many caregivers said finding permanency takes too long, and COVID is making things worse for some.

“Move the cases along faster. I think keeping the kids in the system too long is not beneficial to them.” (F)

“It took me two years to get my nephew and during that time he was in eight foster homes. I believe that there should be a better way to speed things up when a family member steps up to take a child.” (K)

“The virus has pretty much stopped all the progress that was being made to terminate the parent’s rights.” (F)

“Timelines for cases are long and drawn out, where children are spending 3-5 years in care before finding some kind of permanency. These children are anxious, torn in half by loyalty, familial love, trauma, and the struggle to meet their basic needs.” (F)

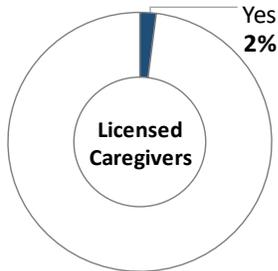
“We are waiting for the adoption and termination hearing. Everything takes so long and it’s behind. It’s hard to wait but COVID-19 is making everything harder.” (K)

“The kids need permanency. I know they’re working on it, but they need the permanency and it’s been so long.” (K)

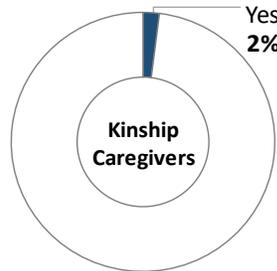
“The approval process to have our grandchild placed in the home took a really long time (nearly three months). He was left with a family they didn’t know and we were ready, willing, and able to have him placed with us.” (K)

23 of the 1,098 caregivers who commented on support (2%) mentioned paperwork processes.

COMMENTED ON THIS TOPIC



10 of 465 commented
 0 – Satisfied
 1 – Mixed or Neutral
 9 – Needs Work



13 of 633 commented
 1 – Satisfied
 0 – Mixed or Neutral
 12 – Needs Work

KEY FINDINGS

Very few caregivers commented about paperwork, likely a reflection of the transition from physical documents to electronic document management. Those who did comment were generally critical.

- Some foster caregivers said their caseworkers did not file paperwork on time, which caused delays to court proceeding, and receipt of services like daycare or educational support.
- Some kinship caregivers said that paperwork was too repetitive, uncoordinated, or just too much.
- Others said the general system of handling paperwork is slow, inefficient, and in serious need of reform.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Some foster caregivers said delayed paperwork slowed court cases and services.

“We had to get a lawyer involved to move the adoption forward. Briefs were written incorrectly and papers were not filed timely.” (F)

“We submitted daycare paperwork to the facility and it took way too long and we had to hassle DCYF to get it done. The Angels got it done immediately. It shouldn’t have been this difficult.” (F)

“It has taken two and a half months to get the IEP [Individualized Education Program] even started, so it helps if they would get the paperwork done to get the kids needs met.” (F)

Several kinship caregivers said paperwork was burdensome or inefficient.

“I feel there are too many requirements, too much wasting time, too much paperwork. If applying was simpler, there would be more people wanting to be foster parents.” (K)

“Less paperwork!” (K)

“Have all the paperwork lined up.” (K)

“DCYF should coordinate with all the departments who are involved in completing the background check. Some of the paperwork was identical.” (K)

Some caregivers said paperwork was lost or not submitted on time.

“The past two times my license came due, it took a long while, even though I returned all paperwork ahead of time. Time before last, my whole file was misplaced. Thank goodness I had copies.” (F)

“Don’t lose our letters!” (K)

“After a move and turning in paperwork within two weeks, they did not submit the paperwork timely and we had to relicense which took 10 and a half months.” (F)

“The state held our paperwork up and were taking too long.” (F)

“It takes a long time to get paperwork done.” (K)

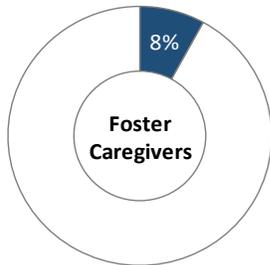
“I can’t stress enough the need for some reform when it comes to the expediency with which paperwork is handled.” (F)

“I wish the system would get the paperwork through and get the process running smoothly.” (K)

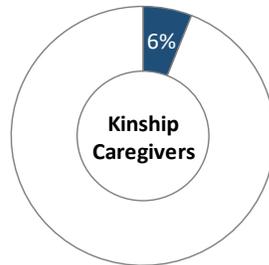
“Due to a delay in the paperwork of placing the child with me, the child was put in foster care where she experienced an unfortunate circumstance.” (K)

70 of the 1,098 caregivers who commented on support (6%) mentioned coordination.

COMMENTED ON THIS TOPIC



35 of 465 commented
8 – Satisfied
1 – Mixed or Neutral
26 – Needs Work



35 of 633 commented
5 – Satisfied
1 – Mixed or Neutral
29 – Needs Work

KEY FINDINGS

Almost eight of 10 comments on coordination (55 of 70) were about the needed improvements.

- Some said the state needs to coordinate better internally, as different staff or agencies gave conflicting information and tasks, and that made the caregiver’s lives and work harder.
- Several caregivers commented on the difficulty coordinating when caseworkers changed. They were frustrated when new caseworkers didn’t have current information about the children.
- A few said that private agencies helped them coordinate with DCYF and the courts.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers appreciate when state partners coordinate, and are frustrated when they don’t.

- “I feel like the communication between the social worker and CASA have been wonderful, very supportive.” (K)
- “There was not much communication between CASA, DCYF staff and me. A lot of times I felt I was in the dark regarding where things were with the children’s case, and things went from one extreme to the other – from DCYF scheduling the required adoption meeting to the children returning back with parent. This case felt very mismanaged.” (F)
- “Work together better. The departments don’t seem to talk to one another. One time at the doctor’s office they wanted the social worker to make the appointments and I fought to make the appointments myself.” (K)
- “When transitioning a child to a different plan, planning and communication must involve DCYF, the bio parents, and the foster parents so the child doesn’t manipulate the players against one another.” (F)
- “Be mindful of the heavy toll that LOTS of phone calls and visits have and work together to simplify, combine, and coordinate.” (F)
- “Better communication. One department says one thing the other one say something else so I wish they would talk to each other and let us know what is needed.” (K)

Coordination suffered after caseworker turnover.

- “When changes of staff happen make sure new staff is well informed about the children.” (F)
- “Keep the same social worker and not keep changing them, and if you do then bring the new social worker up to date on what’s going on.” (K)
- “We have too many social workers. They’re all in different counties, and the turnover is too much. We repeat ourselves at least five times a month when we have to meet with everyone.” (F)
- “Communication among the social workers at turnover would help.” (K)

Or when social workers weren’t consistent.

- “The rules depend on who you are talking to. They vary by social worker and area. It’s extremely disconcerting.” (F)
- “Some social workers don’t have as much knowledge and I get differing information. Social workers need to be on the same page as it gets confusing.” (K)

Private agencies often helped.

- “Our private agency helps close communication gaps between us and the social workers and the court.” (F)
- “Our private agency communicates well with me and with DCYF. We all work together as a team.” (F)

Information

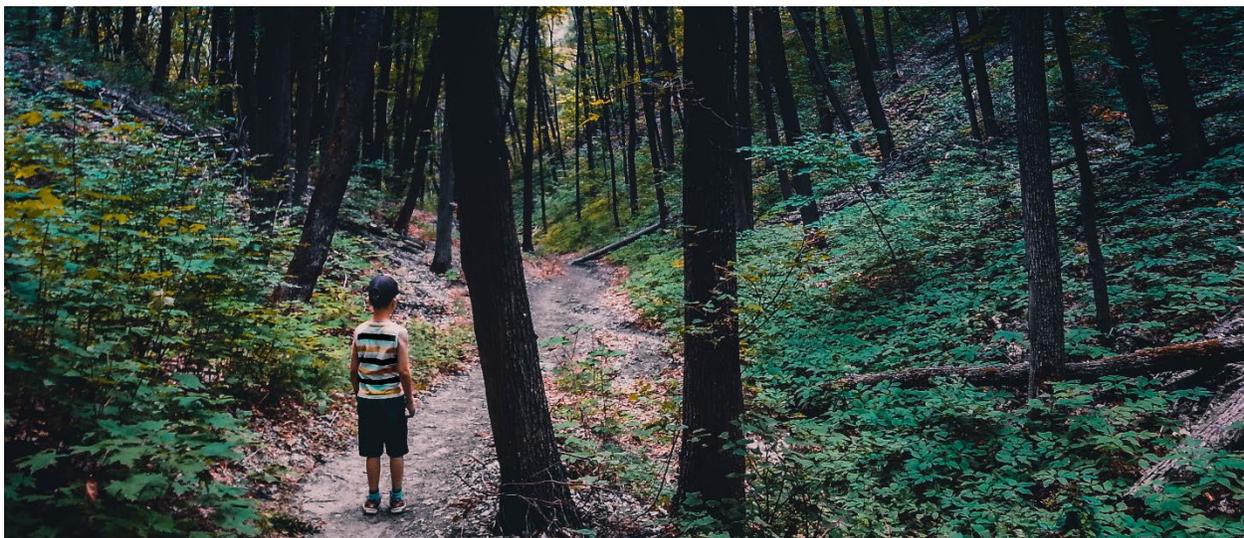


Photo by Alex Smith/Pexels

Caregivers need complete and timely information about children.

“I think that they could do better in providing more information about the case. We are left in the dark. Unless we show up in court, we have no idea what is going on.” – Foster Caregiver

Foster and kinship caregivers answered the question about information differently. Almost eight of 10 kinship caregivers, who know the child placed in their home, said they usually, always or almost always got adequate information. Almost seven of 10 foster caregivers said the same ($p < .05$).

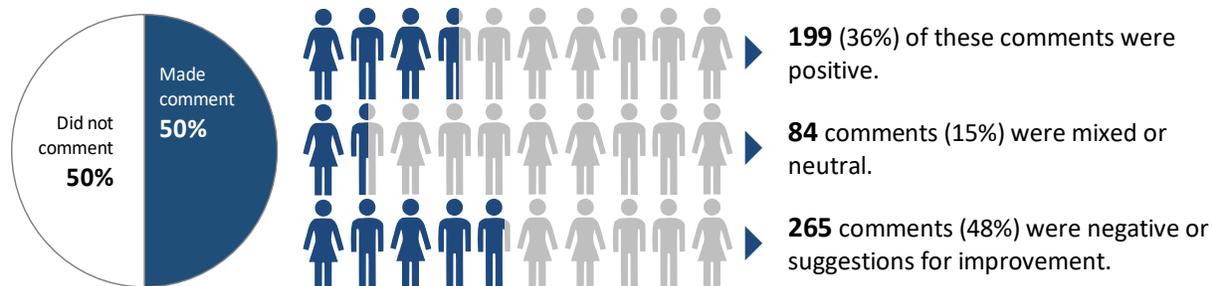
- *Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental and educational needs?* (All Caregivers: 74% positive. F: 68% K: 79%)

Caregivers had a lot to say about the information they did – or did not – receive. Half of all comments were about information. Of these 548 comments, almost half (48%) were negative or suggestions for improvement. Caregivers were frustrated when they didn’t receive:

- Background information about the needs and behavioral problems of the children.
- Information about community resources or financial help.
- Information on the progress of the children’s cases, or notice of court dates and meetings.

Some caregivers, on the other hand, had their information needs well met in all of these areas. Many mixed comments suggested that the quality of information sharing depended on the caseworkers.

548 caregivers (50%) commented on information sharing.

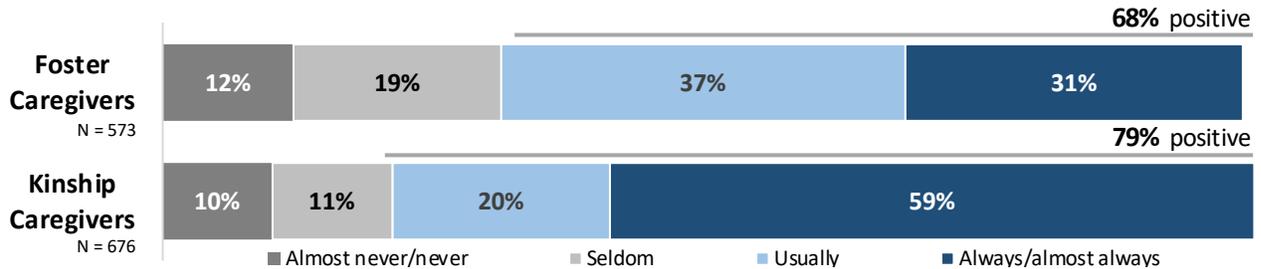


QUESTION |

Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental and educational needs?

Nearly three of four (74%) of the 1,249 caregivers who answered this question reported that they always or usually got adequate information about the needs of the children placed with them.

RESPONSE

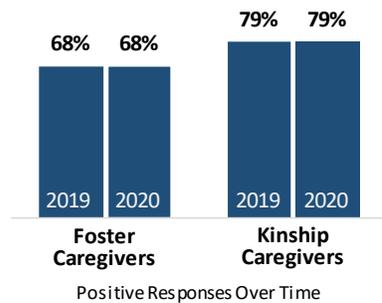


DETAIL

Foster and kinship caregivers answered this question differently. Kinship caregivers, who usually know the children placed in their home, were more likely than foster caregivers to say they got adequate information (79% compared to 68%, $p < .05$).

Caregivers need up-front information about the child’s history, behavioral issues, and medical needs to help them care for the child. Not receiving this information can lead to distrust if the caregivers believe details were withheld because the agency just wanted to get the child placed.

TREND



Caregivers speak . . .

Information on children’s needs was not always given.

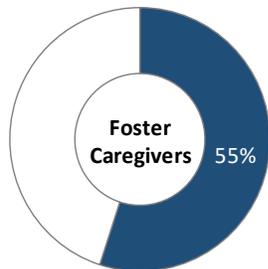
- “Communication has been off about the needs of the child. We weren’t told one child had a feeding tube. These little things can end up being big things.” (F)
- “I wish they gave me more information or support on caring for a child with autism. It would have been helpful to get some of this information before they brought him here to live. We would not have made as many mistakes.” (K)
- “Why did I first hear about the child’s incredibly intense and frequent tantrums and mental health issues from the rates assessor and literally no one else? That was kind of a big detail to leave out.” (F)
- “Tell us information that we need to know and tell us clearly what we can’t know as foster parents, due to confidentiality. Sometimes I don’t know if I can ask questions.” (F)
- “When there is a special needs child, the social worker needs to know about these needs. I had to call and dig out the information myself without help from the social worker. None of the social workers knew anything about how to treat and monitor her medical condition.” (K)
- “They should do a wellness check on the child before dropping the child off so I know what the child needs.” (K)

(K) = Kinship caregiver (F) = Foster caregiver

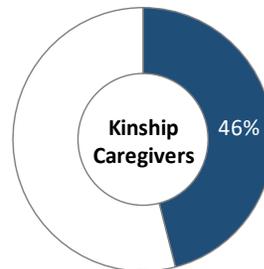
- “Provide more information at the beginning of the placement, if possible.” (F)
 - “Most of the information I have been ‘given’ about the child is information I gave to them.” (K)
 - “A child placed in my home physically abused my son, yet nothing on his paperwork warned me of such!” (F)
- Some caregivers got good information.**
- “They gave us everything we needed: dentist and doctor information and everything.” (K)
 - “The private agency does well in supporting me as a foster parent in answering questions.” (F)
 - “They really do their best to answer our questions and get us what we need.” (K)
 - “They provided accurate information even if it is information they don’t want to share.” (F)
 - “They helped me find information relating to the child’s care.” (K)
 - “My social worker is amazing. She is always asking me if I need anything and she shares what she can about our case. It’s comforting to know that she is there to support us in any way we might need.” (F)

548 of the 1,098 caregivers who commented on support (50%) mentioned information.

COMMENTED ON THIS TOPIC



254 of 465 commented
81 – Satisfied
48 – Mixed or Neutral
125 – Needs Work



294 of 633 commented
118 – Satisfied
36 – Mixed or Neutral
140 – Needs Work

KEY FINDINGS

Foster caregivers were more likely than kinship caregivers to offer comments about information, but for both groups the comments were more negative than positive.

- Caregivers expressed frustration when they weren’t given information about case progress, especially when this affected their ability to plan how long placements would last. Many kinship caregivers said they wanted more information about local resources to help care for the children.
- Some caregivers said the amount of information they received depended on the specific caseworker or was limited by confidentiality laws.
- Positive comments indicate that caregivers appreciate clear information that helps them navigate the system, find resources, and plan for changes in the child’s status and plans.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Some said needed information was not shared.

“When she was placed with us it would have helped if the worker would have told us she was eligible for the child only TANF. We went a long time without financial assistance until another foster parent told us about it.” (K)

“It’s my understanding that the ‘confidentiality laws’ limit the ability of the social workers to answer most of my questions. If the biological mother is testing positive for drugs I should know that because then she wouldn’t be allowed into my house.” (K)

“The timelines aren’t always explained to the kids about what actually needs to happen for them to go back home. They can end up making bad decisions. Help us manage children’s expectations by letting them know about what will be happening.” (F)

“With today’s communication, sometimes I just need a confirmation that they are still working on my request, or what kind of hurdles they may be running into.” (F)

“Give us a better idea of how long were going to have the children. We thought this was going to be temporary, but we’ve been doing this for two years. We don’t mind doing this long term, but we’d like to plan.” (K)

“It would be nice to get a courtesy call or email to let you know when there is a new social worker and who that person is going to be.” (F)

“I think there should be some kind of handbook for relative placements. Just because we are related doesn’t mean we shouldn’t have information about resources and other kinds of help that we could get.” (K)

“We had such a change in workers and the information changed depended on who you had and sometimes we were actively involved, sometimes we were excluded.” (F)

Caregivers appreciate clear, useful information.

“My worker has been helpful and knowledgeable in helping me understand the system and what’s out there.” (F)

“They answer all my questions and help me find resources for medical problems.” (K)

“They take the time to explain the things each step of this process. Licensor was wonderful and the GAL supervisor has been helpful with the process.” (K)

“They have all been responsive to our questions. They’ve been helpful on what services are available on what we might need. They help us track what needs to get done, initial screenings, shots, hearings.” (F)

“They kept me in the loop about updated court events.” (K)

“They’re very communicative. We have a great relationship. They let us know what’s going on.” (F)

“They keep in good touch as well as informing me about how the case is going. My social worker is a gem!” (K)

Resources



Photo by Lukas /Pexels

Caregivers need timely access to the best care and resources for the children in their care.

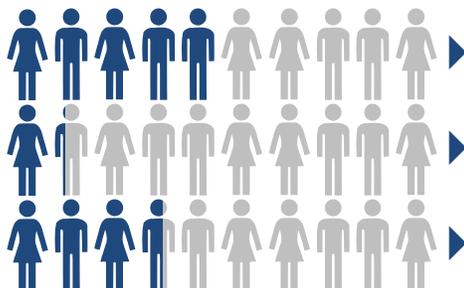
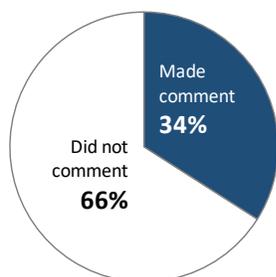
“They give us access to a lot of resources to make sure our needs and our kiddo’s needs are met.” – Foster Caregiver

Over one of three caregiver comments addressed the resources that are provided to foster children and their caregivers. This includes a range of resources, such as medical care, clothing vouchers, respite care, transportation, child care, financial assistance and process support from other people. Caregivers liked the support from Court Appointed Special Advocates (CASAs) and Guardians ad Litem (GALs), and suggested they provided stability and continuity.

Caregivers appreciated the medical/dental/mental health resources their children received, but found challenges in timeliness and accessibility of those services. Respite, transportation and child care received both positive and negative comments — gratitude for the resource if it was provided; dissatisfaction if it was not. Some caregivers mentioned the impact COVID-19 had on these resources.

Kinship caregivers were vocal about their dissatisfaction in the realm of financial matters, noting challenges in locating information and getting assistance. There were overarching difficulties in the process of obtaining needed resources, and caregivers were interested in finding more effective ways to get help.

373 caregivers (34%) commented on resources and reimbursements.



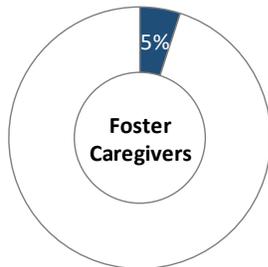
▶ **188** (50%) of these comments were positive.

▶ **49** comments (13%) were mixed or neutral.

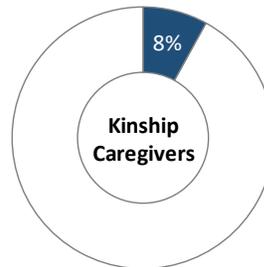
▶ **136** comments (36%) were negative or suggestions for improvement.

70 of the 1,098 caregivers who commented on support (6%) referenced medical, dental or mental health resources.

COMMENTED ON THIS TOPIC



23 of 465 commented
4 – Satisfied
3 – Mixed or Neutral
16 – Needs Work



48 of 633 commented
24 – Satisfied
7 – Mixed or Neutral
17 – Needs Work

KEY FINDINGS

Caregivers want access to medical, dental, and mental health resources for the children in their care. Foster caregiver comments concentrated on work needed; kinship caregiver comments were more often positive needed care.

- Caregivers were challenged by the span of time between expressing the need for medical/mental health services and being able to access a provider.
- Some see the process as cumbersome but are grateful for the services.
- A few directed attention to a need for additional providers.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many expressed gratitude for access to needed services.

- “The medical help was amazing as he needed a lot of care. My medical team was my support and I could always contact them for support.” (K)
- “Medically they were behind me all the way, in getting medical care for the child.” (K)
- “I feel they gave us the correct services for him, they gave us counseling and different ways for him to cope.” (K)
- “The most helpful person was the therapist we saw weekly through SeaMar.” (F)
- “They just helped me a lot, in counseling the younger child for his speech.” (K)
- “We finally got some assistance and medical for the kids in our care.” (K)

Some had mixed experiences with the process.

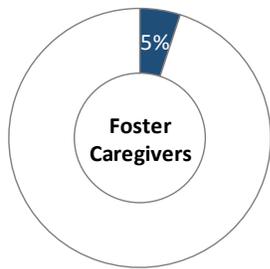
- “After getting the medical insurance situated, which was such a pain – finding a doctor was relatively easy.” (K)
- “They try but often times I am told that they are getting counseling for kids but sometimes that never happens.” (F)
- “Counseling service, medical, they always had the medical. Except some braces were denied for one child.” (K)

Caregivers were challenged by long wait times and an insufficient number of service providers.

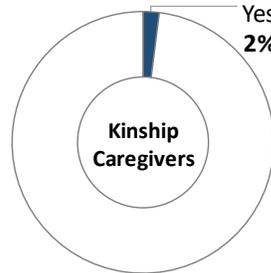
- “We need more mental health services for the kids and more push from the social workers to get these services for the kids.” (F)
- “My major concern was how long it took to get the kids into therapy; that was frustrating.” (K)
- “My child needs special behavior counseling among many other emotional issues and I can’t get any past records to get the proper help.” (K)
- “The mental health services offered by DCYF for the children are not effective.” (F)
- “It isn’t really their fault. It would be a matter where more service providers are needed in our area.” (K)
- “Offer resources for medical providers, help find therapists that will fit the need of the child.” (F)
- “Increased therapeutic services for all involved in the child welfare services.” (F)
- “I think, especially with our situation, getting us behavioral resources. They could’ve gotten us into the doctor’s faster.” (F)
- “It took almost a year to get a referral for psychiatric care.” (K)

34 of the 1,098 caregivers who commented on support (3%) mentioned respite care.

COMMENTED ON THIS TOPIC



21 of 465 commented
 8 – Satisfied
 1 – Mixed or Neutral
 12 – Needs Work



13 of 633 commented
 2 – Satisfied
 1 – Mixed or Neutral
 10 – Needs Work

KEY FINDINGS

Respite care provides both foster and kinship caregivers the ability to take personal time for a myriad of circumstances. Over half the comments in this area were negative or said work was needed (22 of 34). Foster caregivers had some positive comments on respite; kinship caregivers had almost none (2 of 13).

Several caregivers want more efficient access to respite care. Some gave specific examples of inefficient, extended communication timeframes and trouble coordinating with the caseworker. Kinship care providers raised concerns about their limited ability to receive respite, asking for better avenues to find it.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Respite care availability is a challenge.

“Respite care isn’t available a lot and this would be a really big help. I’ve requested respite twice and haven’t been able to get it. To a point you should be able to support this service for foster parents.” (F)

“We live in a small town, there is no respite available to us at all.” (K)

“Respite care needs to be more available.” (F)

“When we need emergency respite, we should get it.” (F)

“I requested respite care (we are qualified for two days a month) but it always gets refused.” (F)

Some were satisfied with the process of obtaining respite care.

“With Olive Crest, they were very helpful with finding respite care when needed.” (F)

“We have needed respite a couple of times and she’s always taken my request into account and been very accommodating.” (F)

“They are very supportive when I need respite care.” (F)

“Every case is different – if they try to find help for me, maybe I need a couple of days to go out of town – they help with placement or respite care.” (F)

Kinship caregivers want access to respite.

“RESPITE! Grandparents and other older adult relatives are raising special needs kids and it is EXHAUSTING! Many kinship caregivers are on smaller, fixed incomes due to retirement. Many also have their own health concerns. These people need regular breaks!” (K)

“A better system for kinship caregivers to get respite.” (K)

Several caregivers shared struggles with timeliness.

“It’s not overly terrible but I think everything is last minute. I told them we have a family trip/vacation in a month and to date have not had respite verified and we leave next Wednesday.” (F)

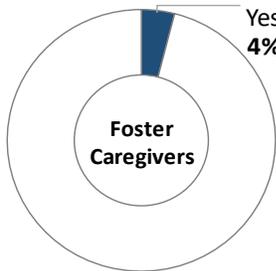
“Finding respite would be very difficult. I’d request it two months in advance, but then it wouldn’t happen.” (K)

“Currently we are trying to get one of our friends approved as a respite caregiver while we’re out of the country and we have to keep asking the questions and receiving a slow response; needs to speed these requests up.” (K)

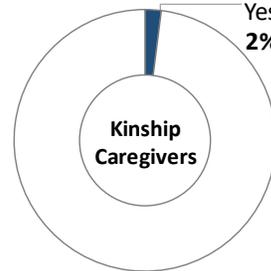
“It wasn’t until after I threatened to quit that they finally got me respite. I had to cancel a planned trip because they were so slow in providing respite.” (K)

33 of the 1,098 caregivers who commented on support (3%) mentioned transportation.

COMMENTED ON THIS TOPIC



19 of 465 commented
9 – Satisfied
1 – Mixed or Neutral
9 – Needs Work



14 of 633 commented
7 – Satisfied
1 – Mixed or Neutral
6 – Needs Work

KEY FINDINGS

Caregivers were split almost evenly about satisfaction and dissatisfaction with transportation. There are diverse themes represented in the comments, including mileage reimbursements, transporters, access to transportation and related resources, and timeliness issues.

- Most comments described appreciation for or challenges in finding transportation for foster children to attend visits with parents, sporting events, court appointments, etc.
- Caregivers voiced concerns about the timeliness of mileage reimbursement.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Obtaining mileage reimbursement is frustrating for some caregivers.

“I’m always having to wait for my mileage so DCYF needs to speed up the process.” (F)

“Reimbursement for things such as mileage could be faster.” (F)

“I talk and talk and ask and ask when I will be paid for mileage and they never get back to me. She keeps putting it off and it has become hard to pay for my utilities. I don’t want to ask again because I think I am making trouble and I don’t know what to do.” (K)

“I typically have to follow-up four to five times to get my mileage reimbursed. It’s a total waste of my time and feels very disrespectful.” (F)

“Get mileage checks to us on time.” (K)

“I put a lot of my time and money into driving my foster child around and then had to wait months to get paid.” (K)

Some got timely reimbursements.

“[They] are fast to turn around mileage and reimbursement.” (F)

“They provided reimbursement for mileage.” (K)

“Reimbursement requests were handled in a timely manner.” (K)

Caregivers asked for more transportation availability.

“Listen and help resolve issues regarding transportation agencies’ inadequacies.” (F)

“More transporters available.” (F)

“Collaborate transportation requests sooner rather than at the last minute.” (F)

“I guess since I was new, I didn’t know what I was eligible for. I could have had more in other areas like transportation.” (K)

“There is very limited transportation for the child to all appointments.” (K)

Some caregivers had their needs met.

“They certainly take care of the transportation and visitation on a regular basis.” (K)

“They do well in helping us with the transportation of children.” (F)

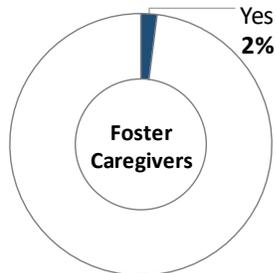
“The transportation was very good about meeting us and let us know what happened in our case.” (F)

“The transporter was always prompt.” (K)

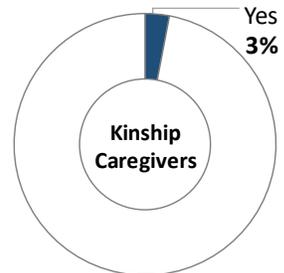
“They helped us with transportation and other things we were not able to do because of our jobs.” (K)

33 of the 1,098 caregivers who commented on support (3%) mentioned child care.

COMMENTED ON THIS TOPIC



11 of 465 commented
3 – Satisfied
3 – Mixed or Neutral
5 – Needs Work



22 of 633 commented
13 – Satisfied
2 – Mixed or Neutral
7 – Needs Work

KEY FINDINGS

Child care is valuable to caregivers. Several said they need support while working full-time, others need access to before or after school care, and some have specific needs as a result of being the primary or only caregiver. Kinship caregivers who commented expressed more satisfaction with child care than foster caregivers.

- Many comments contained gratitude for receiving child care assistance.
- Some caregivers struggled with the child care payment process.
- Caregivers experienced a decrease in child care access as a result of the COVID-19 pandemic, and a few caregivers made comments about their experiences.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many caregivers appreciated receiving child care.

- “They provide me with the child care needed for the child in my home.” (K)
- “I guess right now they did get me child care for my kiddos. They acted on that fairly quickly.” (F)
- “Pay for the programs that the child is involved in for school, after school care.” (K)
- “The social workers were really good about getting me some resources on child care.” (K)
- “They helped pay for child care.” (K)
- “[They] helped me get daycare as I work.” (K)

Some asked for assistance with locating or accessing child care.

- “I could certainly use a lot more help in finding child care since I am a single parent - both DCYF and private agency are guilty of this. I need more references for child care so I could care for more children.” (F)
- “At initial placement provide more assistance with daycare.” (F)
- “Assisting in getting adequate child care for working foster parents.” (K)

Caregivers had mixed thoughts on payment processes.

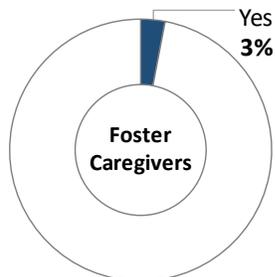
- “They can have adequate resources for child care, including adequate payment with incentives to keep foster kids in daycare instead of always getting kicked out for behaviors.” (F)
- “Payment of child daycare services. Normally it lasts about three months but it runs out and we are reminded by daycare that the payments have stopped and we have to call and ask for the payment to begin again. Normally this is not a problem but it is an issue that we think should be automatic somehow. It is hard on the daycare provider because they are normally without payment for a couple of months before the payments restart. A more effective system should be in place.” (K)

A few mentioned the effects of COVID-19.

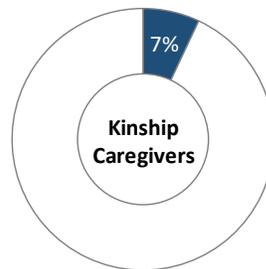
- “Things have been okay until the Coronavirus hit. I have a job I can work, but they will only pay \$1.00 per hour. I’ve asked them to try and find a solution. It has been a huge problem and I do need help. Maybe at least part time help. Babysitting for \$1.00 per hour is not adequate when the cost is \$10.00 per hour.” (F)
- “I also heard that the daycares where our two kiddos go are still getting paid, even through COVID and everything going on, so really props to you guys for still doing that. I was really happy to hear it.” (F)

59 of the 1,098 caregivers who commented on support (5%) addressed financial issues.

COMMENTED ON THIS TOPIC



15 of 465 commented
3 – Satisfied
1 – Mixed or Neutral
11 – Needs Work



44 of 633 commented
10 – Satisfied
2 – Mixed or Neutral
32 – Needs Work

KEY FINDINGS

Most of the comments (43 of 59) expressed dissatisfaction with financial support. Kinship caregivers made more comments than foster caregivers.

- Many caregivers described challenges they face with financial hardship. Some said COVID-19 created additional financial need.
- Kinship caregivers highlighted a lack of equity with foster caregivers in the area of finances. Comments indicate a lack of information about financial options could be a contributing factor.
- Some caregivers were happy with the cash and food assistance they received.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many caregivers have financial challenges and concerns about coverage of expenses.

- “I have extra expenses with the children but I don’t get any extra financial help.” (K)
- “Financial assistance could be better to help support us. All bills have gone up along with food, utilities, internet, everything. His feet continue to grow and his shoes are really expensive.” (K)
- “Maybe just during COVID, add a little extra for monthly payment. Not a lot but maybe \$200 more would be helpful. Especially while many of us are out of work or have hours severely cut back.” (F)
- “Provide more financial assistance for caring for the children. As a foster home, so much goes into just providing the basics and the monthly stipend for a level 1 is NOT sufficient. If we as caregivers have to make enough to cover our expenses, the state should also give enough to cover expenses.” (F)
- “The biggest challenge has been financially to meet his needs.” (K)
- “More support money wise, raising an extra child as a single mom is expensive.” (K)
- “The TANF grant is too low to provide for a child’s needs, especially a teenager.” (K)

Kinship caregivers want more financial information and support.

- “I was told those services are not available to relatives. I found out about the TANF child only cash assistance from a man at the court who gave me a booklet about resources. I took on the financial burden of the children’s care.” (K)
- “Foster parents that are preparing to get children, who have money to care for the children, are given full support, full money. Relatives get nothing and they treat you like you’re scum!” (K)

A few mentioned process issues.

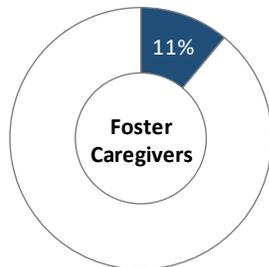
- “I have not been reimbursed for a foster child who I had in my home for over a month due to a mix up in payment. We don’t get paid very much to begin with and it’s not really even worth my time tracking down the payment.” (F)

Some caregivers expressed gratitude.

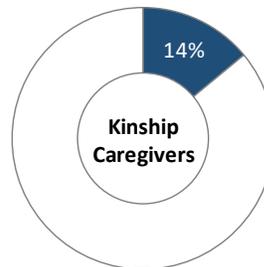
- “They gave me \$350 to take care of my nephew to help me. I wasn’t in a good position and they gave me the funds to help me out.” (K)
- “I got paid. The payments were more timely than last time, but it took a lot of time to get that done.” (F)
- “They gave me money and food stamps for the kids.” (K)

140 of the 1,098 caregivers who commented on support (13%) referenced other resource issues.

COMMENTED ON THIS TOPIC



49 of 465 commented
34 – Satisfied
5 – Mixed or Neutral
10 – Needs Work



91 of 633 commented
49 – Satisfied
7 – Mixed or Neutral
35 – Needs Work

KEY FINDINGS

Many of the foster and kinship caregiver comments on other resources were positive. Both foster and kinship caregivers gave specific examples of additional resources that either DCYF or their private agency had provided. Other caregivers had not received many resources for the children in their care.

- Caregivers appreciate assistance with clothing, car seats, gifts for major holidays, and other resources for the children in their care. Some shared stories relating to special moments in their foster child’s life and the impact of these resources.
- Some caregivers mentioned issues with clothing, like receiving clothes that weren’t weather-appropriate, insufficient vouchers for growing children, or help for some placements and not others.
- A few requested additional resources related to the children’s education, like computers and tutoring.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers are thankful for a variety of additional resources.

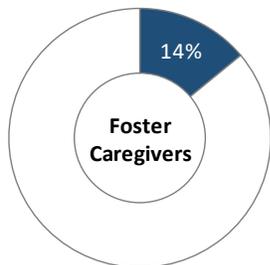
- “They helped me obtain some new clothes for the child and a car seat.” (K)
- “I wanted my niece to have the best experiences she could have and these resources really helped me provide things for her, for instance, a really nice prom dress.” (K)
- “They are helpful with specific resources like getting diapers from Baby Corner.” (F)
- “The best support from DCYF is access to resources to help with troubled kiddos.” (F)
- “With needs like clothing and gas vouchers was really good.” (K)
- “They think of the children at the holidays and have toys and clothes and parties to supplement the small allowance given yearly for clothing. They offer opportunities for experiences such as baseball games, family nights, etc.” (K)
- “I would say that they are good about providing food and necessary hygiene items when the children first came into my care. I never felt like they were going to go hungry. If they needed something, I never felt obligated to provide it myself.” (K)
- “They have gone out of their way to provide us with the necessary equipment needed.” (K)

Some asked for more child-specific options and consistency in the process of obtaining them.

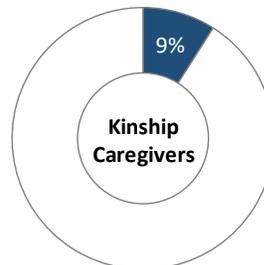
- “If child is placed for any length of time caregivers should get more vouchers for clothes. Young ones especially grow fast.” (K)
- “They dropped her off [and] brought a box of warm-weather clothes and it was cold outside. When I called for a voucher, it took forever so I had to buy them myself.” (K)
- “The only thing is it feels like some of the support, especially with a new placement, it feels like the resources are ‘hit or miss.’ For example, we had an 18-month placement and we just figured we had to figure things out, and then the next placement we were offered a clothing voucher and we had no idea we could get one.” (F)
- “I do think that right now I have a teenager and the resources seem to be limited.” (F)
- “Most foster children need educational tutoring above and beyond what the school can provide and this was absolutely unavailable. This needs to be a service that’s added if you truly want foster children to go to college.” (F)
- “I think they could do a better job delivering what they promised. For example, we called for help to get a computer for the children for their homework. They said they would help but they did not.” (K)

124 of the 1,098 caregivers who commented on support (11%) described other sources of support.

COMMENTED ON THIS TOPIC



66 of 465 commented
48 – Satisfied
5 – Mixed or Neutral
13 – Needs Work



58 of 633 commented
45 – Satisfied
5 – Mixed or Neutral
8 – Needs Work

KEY FINDINGS

Most caregivers who commented about the team that helps provide care and support for children were satisfied (93 of 124). Many caregivers named specific child advocates who provided support.

- Many caregivers mentioned CASAs and GALs as additional sources of support for them and their foster children.
- Other caregivers expressed dissatisfaction with the amount of time CASAs and GALs spent with the foster children, given the important advisory role they play in court and family decision-making.
- A few caregivers mentioned that they want personal support in the form of access to mental health resources that could assist their process with grief or trauma.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many caregivers mentioned good support from people other than their caseworker.

“When I have needed support from his social worker or GAL (before he turned 18) they are/were there for me. He has also had a Youthnet worker to help with college applications and financial aid. She was always helpful and available.” (F)

“The CASA worker does a great job and is keeping everyone on the same page as she and foster parent are the only ones that really know the history of the case. The CASA worker makes me feel like I matter and listens to me and what I say matters.” (F)

“I found the Fostering Liaison and the CASA worker the most help this past year. They really take the child’s needs into account much more than the social workers I have had in the past couple of years.” (K)

“The Home Finders portion acted as partners. They were very approachable, encouraging and supportive.” (F)

“During the pandemic the Early Head Start Program staff call every week to see how we are doing and are there any resources they can help me with.” (K)

“The Guardian Ad Litem is a strong advocate for the kids in our home.” (F)

Some caregivers noted problems with their sources of extended support.

“The GAL who is supposed to be working with my grandchild never sees her and he makes decisions about her. This should really be done better. How can someone who does not even see a child make recommendations about them?” (K)

“Get the peer resource mentorship up and running ASAP. Due to the pandemic and changes in the contract, foster parents no longer have peer mentors to contact for help and support.” (F)

“CASA was terrible and it needs to be completely revamped. One CASA worker quit since he was not kept in the loop and was not being heard and he did not know about court dates.” (K)

Caregivers want access to personal mental health resources.

“I wish we had counseling for after losing placements. Ones that would just help us with the grieving process.” (F)

“Once the child is removed there’s no follow-up, no info, no support or grief support for the parents after they’ve had a child in their home for years and the child is removed.” (F)

“I think there should be counseling for us for the secondary trauma that we experience.” (F)

Caregiver Licensing



Photo by cottonbro/Pexels

The licensing program is important to caregivers.

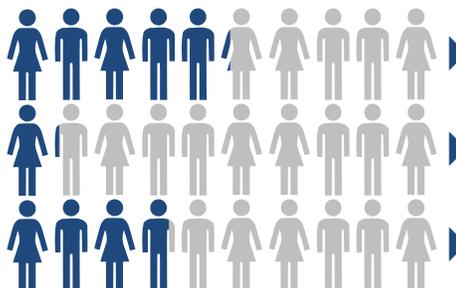
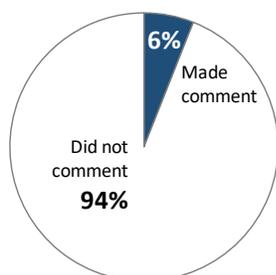
“The licensing social worker I was assigned the second time was fabulous!” – Kinship Caregiver

Starting with the 2019 survey, caregivers were asked if they had any contact with the Licensing Division in the past year. If they had, they were asked the two questions below about their experience. Answers were positive for both groups, but foster caregivers were even more likely than kinship caregivers to find licensing and home study staff knowledgeable (97% to 94%, $p < .05$).

- *Did licensing staff treat you with respect?* (All Caregivers: 95% positive. F: 95% K: 94%)
- *Were licensing or home study staff knowledgeable about the process?* (All Caregivers: 95% positive. F: 97% K: 94%)

Just 64 caregivers mentioned licensing staff and interactions in response to questions about department support. Foster caregivers, who were more likely than kinship caregivers to interact with licensors, made most of these comments. Just over half of the comments (52%) were positive, with caregivers expressing appreciation for licensors who provided support and timely answers. A second source of comments in this chapter are the answers to open-ended questions about why kinship caregivers were or were not licensed. The most frequent kinship caregiver reason for getting a license was ensuring the placement, guardianship, or adoption of a particular child. The most frequent reason for not being licensed was only wanting to care for family members, which didn’t require a license.

64 caregivers (6%) commented on foster care licensors.



▶ **33** (52%) of these comments were positive.

▶ **7** comments (11%) were mixed or neutral.

▶ **24** comments (38%) were negative or suggestions for improvement.

QUESTION | Did licensing staff treat you with respect?

More than nine of 10 (95%) of the 859 caregivers who had contact with the Licensing Division in the past year and answered this question said that licensing staff always or usually treated them with respect.

RESPONSE

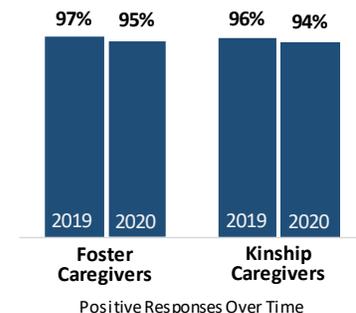


DETAIL

Foster and kinship caregiver responses were similar and very positive. Differences across years were not statistically significant. Responses about the respect shown by licensing staff continue to be among the most positive of all survey questions.

Few comments directly addressed the issue of respect, but most comments about interactions with licensors were positive. Signs of respect included support, communication, and kindness. A few caregivers said they did not receive respect or support.

TREND



Caregivers speak . . .

Most caregivers said licensing staff were supportive.

- “My licensor was very friendly and knowledgeable.” (K)
- “Licensor was nice and informational.” (F)
- “Our licensor has been amazing.” (F)
- “The licensor is very responsive and will help me out when the social worker does not respond to my calls.” (K)
- “Our licensor was great, all of our trainings were great, [but] the social worker is incompetent, careless, and rude at best.” (F)
- “The social workers and licensors I’ve worked with directly seem to really care and try to advocate for my kiddos. The licensors have been kind and straight forward (and accommodating of toddlers).” (F)
- “Our licensor has also been a huge advocate for us, especially during an investigation.” (K)
- “I would say we have had great communication with our social worker and licensor.” (K)
- “My licensor has been great and I have a great relationship with her and she’s always checking in with us.” (F)
- “They were very helpful in helping us get our foster care license.” (F)

(K) = Kinship caregiver (F) = Foster caregiver

“We were not looking forward to getting licensed because we had heard ‘stories.’ But our licensor is not scary or creepy at all.” (F)

A few caregivers said they did not get respect or support from licensing staff.

- “Treat us with respect and talk to us when we have questions or concern instead of blaming or villainizing us. The licensor made us feel like we should be grateful she bothered to return our calls and attempted to diagnose me during my interview.” (K)
- “The licensing process and the people I interact with have a tendency to make me feel defensive. I feel like it’s a lot more negative and difficult than it should be. It’s like, ‘What are you doing wrong?’ It makes you feel like you don’t want to foster after the process is finished.” (F)

Were licensing or home study staff knowledgeable about the process?

More than nine of 10 (95%) of the 857 caregivers who had contact with the Licensing Division in the past year and answered this question said that licensing and home study staff were always or usually knowledgeable about the process.

RESPONSE

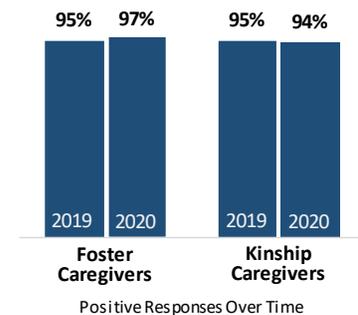


DETAIL

While both groups were positive, foster caregivers were a little more likely than kinship caregivers to find licensing and home study staff knowledgeable about the process (97% to 94% positive, $p < .05$). Differences between years were not statistically significant.

Most caregivers who commented on licensing staff specifically said they were knowledgeable and helpful – sometimes the *most* helpful of all workers. A few caregivers did not find licensing staff knowledgeable or helpful. They were frustrated with licensors who withheld information, or shared inaccurate requirements, resulting in at least one caregiver giving up their license.

TREND



Caregivers speak . . .

Most caregivers said licensing staff were knowledgeable and good at answering questions.

“Licensors have always given me straight forward answers from them promptly.” (F)

“I feel like my licensors helped me a lot.” (K)

“With our current social worker and licensor, they have been good about responding to questions in a timely manner.” (F)

“The licensor has been the one to answer our questions and give us the most help.” (K)

“We just got licensed last June, so our licensor was great about answering questions even before the home study and at the home study guided us the rest of the way. Helped us to navigate.” (F)

“I haven’t felt supported throughout the two years I’ve had my placement until I was going through the licensing process. My licensor has been the most helpful.” (K)

“The license gal gets back to me immediately.” (F)

“Licensors have been helpful expanding our license to include a new sibling.” (F)

“The licensors were prompt they and explained the regulations.” (F)

(K) = Kinship caregiver (F) = Foster caregiver

“We have always been blessed with dedicated people! My licensor is always willing to answer my big or small questions, even when I ask a million.” (F)

“So far, when I have any questions - they have gotten right back to me. If I text my social worker, I get a text right back. The licensor was really good too.” (K)

A few caregivers said licensing staff were not knowledgeable or helpful.

“Our licensor was very forgetful. More prompt and more tact on getting us answers and following up on the licensing or home study portion of it.” (K)

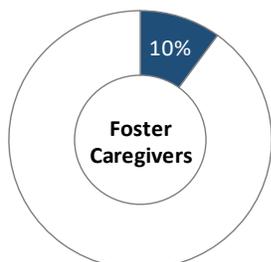
“They should know the licensing requirements and give accurate information. I gave up my license due to a huge error on the part of the licensor and the department.” (F)

“I do not like that it is the caregiver’s responsibility to manage certifications for their license. I want my licensor to tell me what is needed and when. I have enough to worry about with caregiving.” (F)

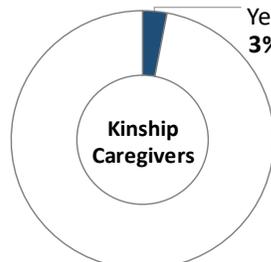
“The social worker and the licensors are very different, my social workers are great. They give me information when they can. The licensors are not. I don’t think the licensors support me at all.” (K)

64 of the 1,098 caregivers who commented on support (6%) mentioned foster care licensors. Most of the comments (46) were from foster caregivers; only 18 kinship caregivers made such comments.

COMMENTED ON THIS TOPIC



46 of 465 commented
24 – Satisfied
6 – Mixed or Neutral
16 – Needs work



18 of 633 commented
9 – Satisfied
1 – Mixed or Neutral
8 – Needs work

KEY FINDINGS

Foster caregivers were more likely to make comments about licensors than kinship caregivers, who are not required to be licensed for relative placements. For both groups, about half the comments were positive.

- Most caregivers who commented liked and appreciated the support they and their children received from licensing staff.
- Others said support depended on the specific licensor, or that they received help in the beginning, but not over time.
- Some caregivers said their licensors’ lack of professionalism caused long delays in licensure. Others questioned the quality of the system since they had never met their licensors.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers said their licensors were helpful and supportive.

- “My private agency and my licensor has been fantastic when I call them.” (K)
- “Both my licensor and social worker were/are amazing.” (K)
- “Our licensors have been fantastic, but the workers sometimes treat us like we’re just babysitters.” (K)
- “I have had wonderful support with my licensor as we work through getting licensed. Everything has been painless and much easier than I expected after reading nightmare stories.” (K)
- “The social workers and licensors have been great.” (K)
- “Danielle Abbott from licensing is wonderful. She’s kept in contact with us and was just wonderful through the whole thing.” (K)
- “Our licensor checks in once a month to see how things are going.” (F)

Some said licensors were helpful in some areas, but lacking in others.

- “Licensor was helpful in the beginning of our process, but often she would not return calls.” (F)

“I have found that licensing was helpful when I renewed our license a couple of years ago, but has been unhelpful since then in helping me find any training that is applicable to the age of child I have in my care.” (F)

“The licensor was great until we got licensed and then pretty much disappeared. This has been frustrating to deal with as we have wanted and needed to make changes to our home that the licensor needed to sign off on.” (F)

Some caregivers said licensing took too long.

- “My biggest concerns were with the licensor. She was not professional and it took almost six months to get our license.” (F)
- “The licensor took a very long time to get our license.” (F)
- “Timeliness. With our licensor we waited for a while to be approved. We got the kids immediately since it was an emergency situation, but then the rest of the process gets pushed out.” (F)

Others had never met their licensors.

- “We have been fostering for eight months and have never met our licensor. That isn’t normal is it?” (F)
- “I actually don’t know who my licensor is.” (K)

Of the 137 licensed kinship caregivers who took the survey, 119 shared why they decided to become licensed.

Caregivers speak . . .

68 caregivers wanted to ensure placement, guardianship, or adoption of a particular child.

- “We didn’t want our granddaughter to go to strangers.”
- “I knew my grandson was in foster care and I was hoping to get him.”
- “I wanted to make sure I could be a permanent placement for the child placed with me.”
- “For us to get guardianship we had to become licensed foster parents.”
- “It was to help these children, my wife’s cousins.”
- “We continue to keep it open as we suspect there may be more siblings of our boys eventually and we want to be prepared.”
- “I help a tribe through their school districts and I know a lot of students and I want to be able to take them in when they need a place to stay.”
- “To take care of my niece.”
- “Due to my personal experience with the foster care system I did not trust anyone else to care for my relative child.”
- “We also wanted to be sure that if the child ever was placed with her biological parent and the time came where she was removed for neglect, etc. that she would come straight back to us.”
- “The child was a friend of my daughter’s. She was in trouble and I wanted to help. I didn’t know I was going to end up loving the child like my own or helping her as long as I have.”
- “I’m going to adopt my granddaughter.”
- “When we knew the parents were going to terminate rights we wanted to keep the children together.”

9 wanted to adopt children in the future.

- “So that I could be more able to adopt.”
- “Because we have a foster adopt license and are looking to adopt.”
- “From our standpoint, my family has adopted children out of foster care and so has my grandmother. We wanted to continue that tradition and we hope that it continues with our children.”

8 were told licensing was mandated.

- “It was required.”
- “They made me feel like I had to. I never would have become licensed if I hadn’t been pressured so much.”
- “Because I am trying to get legal guardianship of my grandson and I had to have a foster care license for at least six months.”

27 caregivers wanted better resources or financial support, including the RGAP program.

- “To be RGAP [Relative Guardianship Assistance Program] guardian.”
- “Because I had two nephews who needed to be in my care. I needed additional financial support to ensure they got all the appropriate care they needed and I would have the resources provided to me.”
- “Because we would get more money and more resources.”
- “It was prompted when I got my nephew. I needed the support because we have other children and raising children is expensive. We didn’t want to take away from our other children.”
- “We would receive better benefits if we became licensed.”
- “Being foster parents allows us to get a monthly allowance per child which we can then use for childcare expenses, etc.”
- “For the training and the funds.”
- “So that I could care for my niece and take her sister if necessary. There are more resources available to licensed foster parents.”

11 wanted to help children who need it.

- “My social worker said I should become licensed so I could help more children.”
- “Not being able to have any kids we thought that we could have some love to provide them.”
- “Lots of reasons. Mainly to help children in need and to provide a stable environment for native children. I also noted that there were not many native American foster homes and I wanted to help out there.”
- “We decided as a family because we had the skill, ability and desire to help other children.”
- “To serve our community.”

19 provided other reasons, including general interest and encouragement from social workers.

- “We always wanted to and then my cousin had a child who was going to be removed so it fell into place.”
- “The social worker suggested we become foster parents since we had more than one child placed with us.”
- “I passed the home study and was able to get it.”
- “We wanted to prove that we were vetted by the state as far as background checks and that we were serious.”
- “To be more prepared for foster care.”

Of the 587 unlicensed kinship caregivers who took the survey, 527 shared why they were not licensed.

Caregivers speak . . .

54 had a license in process.

“I am going through the process to become licensed now.”
 “Almost a year later still working on background stuff.”
 “We needed a second home study done.”

19 felt they would not qualify.

“I didn’t have enough bedrooms to qualify.”
 “I was under the financial standards.”
 “I didn’t pass the home study.”

168 were only interested in caring for their family member and did not need a license to do that.

“I am the child’s grandmother and as far as I know I don’t have to.”
 “I don’t want to be licensed. I just want to take care of my own grandchildren.”
 “We did this because it is a family member.”
 “We are only interested in fostering our niece at this time.”
 “I volunteered to do this for a friend. I have no plans to take of any other child.”
 “We are recently retired and are just helping out family.”
 “I’m only serving as a suitable other. The child’s mother was a friend.”
 “Don’t need to for a relative placement.”
 “Our concentration is only on our grandson.”

40 were pursuing adoption or guardianship instead.

“We only took in a relative with intent to adopt.”
 “Doing guardianship plan.”
 “They didn’t tell me I could get licensed and now we are too close to getting guardianship.”
 “I have third-party custody of my grandson.”
 “I am adopting the children.”

43 said their caregiving was short-term.

“This is just a temporary situation. I am not able to take on a regular foster parent role.”
 “I gave up my license in 2009 and now I just take in emergency placements from the tribe.”
 “We were just a bridge between the bio mother and a more permanent placement.”

9 said the training or requirements were too much.

“I am a single parent working full time and would not have time for all the training plus taking care of kids.”
 “My 3-year-old had a severe reaction to the Tdap vaccine. I cannot further vaccinate her.”

44 said the process was too complex or they lacked support.

“The process is too cumbersome. There is a lack of information and state workers are inaccessible.”
 “I did not feel supported as a kinship placement and I am burned out on opening up to be a foster parent. Just getting mileage reimbursed took months of me asking and asking when I turned in my form on time. At one time, we were planning on being licensed. I am not sure I am able to do it now.”
 “I do not have faith in the system and the mound of paperwork is ridiculous!”
 “The classes told you about everything you could be investigated for and the minor things you could accidentally do that would get the child taken away from you. I just didn’t want to risk it. Too many hoops to jump through.”

31 didn’t know how to become licensed or didn’t get good information from caseworkers.

“I don’t know how to get a license and don’t know what the license would mean.”
 “No information was ever provided or offered.”
 “I started the process to get re-licensed and it became a fiasco because of bad information.”

98 cited personal reasons like their age, health, or other time commitments.

“I’m 67 years old and I’m just not capable at this time.”
 “I have too many children of my own.”
 “I am a single parent and I work. I don’t have a lot of spare time on my hands.”
 “I don’t have time to put in to get licensed.”
 “We did consider it but having this baby for three weeks and then having him removed was too heartbreaking so I don’t think I’m cut out for it.”

Many cited other reasons, including disinterest or not wanting to be involved with the foster system.

“I don’t want or need to.”
 “I don’t actually want to deal with the state at all.”
 “We were licensed for a while but we dropped it because of the state and the way we were treated.”
 “I’m not interested in seeing kids being taken away from their parents.”
 “There’s no way I would ever consider being licensed with how I was treated as a kinship provider.”

Caregiver Training



Photo by Matheus Bertelli /Pexels

Part 2 is about the training caregivers receive in their roles as caregivers.

The Alliance for Child Welfare Excellence, a partnership between the Department of Children, Youth and Families (DCYF) and the state’s leading universities, offers training and education to child welfare staff and caregivers. Both DCYF and the Alliance use caregiver feedback from this survey and other sources to update training. Caregivers also receive training through other organizations, including but not limited to local support groups, Foster Parents of Washington State (FPAWS), Olive Crest Fostering Together*, and the Overlake Refresh Conference. The survey responses reflect training received from all sources.

Most of the feedback on training is from foster caregivers and kinship caregivers who are also licensed. Training is mandated for licensed foster caregivers, but is voluntary for unlicensed kinship caregivers. Both foster (F) and kinship (K) caregivers rated their training positively.

- *Thinking about all the training you have had in the past three years, how adequately has it prepared you to care for the basic needs of the children placed in your home? (F: 89%, K: 91% positive)*

Caregivers appreciate trainers who are knowledgeable, realistic, and have direct experience with the foster care system. They want the trainings to include practical techniques, real-life scenarios, and interaction with other caregivers. Caregiver Core Training (CCT) continues to be widely appreciated in providing an overview of what to expect, and Trust Based Relational Intervention (TBRI) also received positive feedback. Many caregivers used online training formats when in-person trainings weren’t available during the COVID-19 pandemic. They appreciate completing the training on their own time — and without the need for child care — but missed the human connection of in-person training.

This part of the report contains the following sections on training:

- Section 2.1: Training Quality and Helpfulness
- Section 2.2: Trainers, Methods, and Resources
- Section 2.3: Specific Training Topics
- Section 2.4: Access and Format

*The Caregiver Recruitment and Retention Program contract for Olive Crest Fostering Together and Fostering Washington ended during the fielding of this survey on June 30, 2020.

Training Quality and Helpfulness

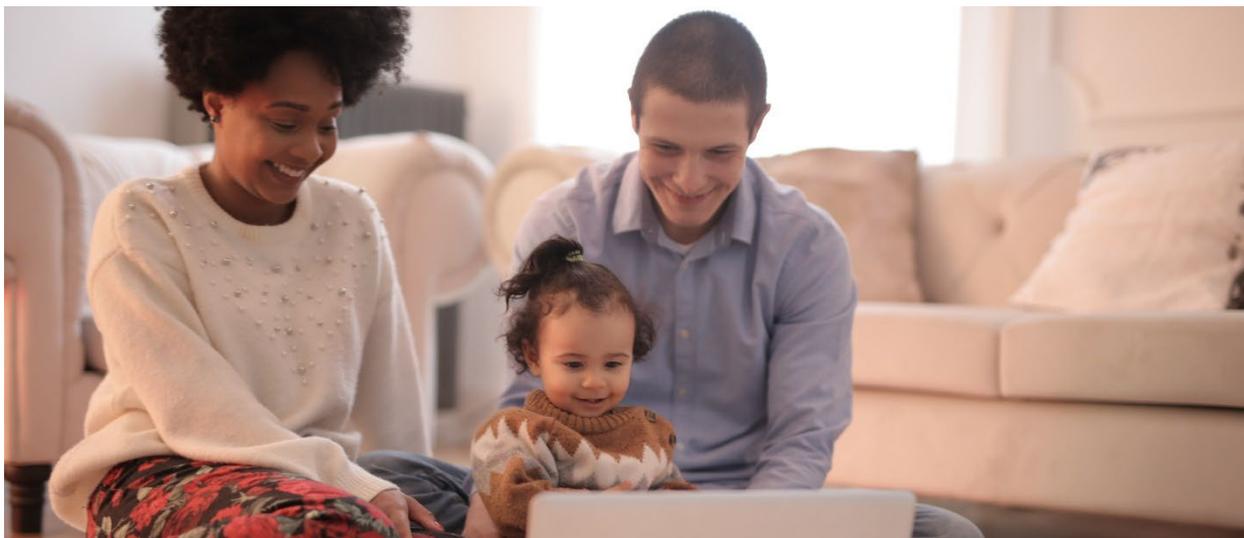


Photo by Andrea Piacquadio/Pexels

Training quality is very important to caregivers.

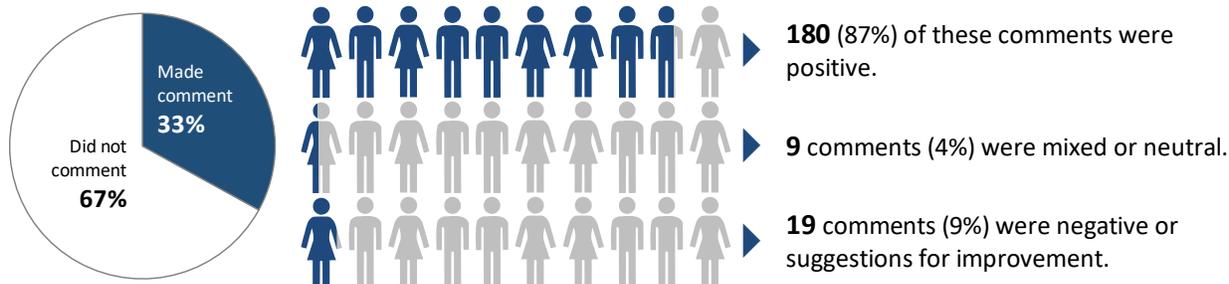
“Training has been transformative. It gives me tools that I did not have. It has allowed me to see other perspectives. It has made me a better parent.” – Foster Caregiver

Nine of 10 caregivers who had training gave positive answers to the following question:

- Overall, thinking about all the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of foster children placed in your home? (All Caregivers: 90% positive. F: 89% K: 91%).

Most of the feedback on the overall quality of training is from foster caregivers, who are more likely than kinship caregivers to have received training in the past three years. For both groups, comments on training were overwhelmingly positive. Many caregivers commented on the high quality of the training they received, and its usefulness in their work with the children they cared for. Several caregivers mentioned the Refresh Conference at Overlake, the Olive Crest Fostering Together program, and the regular monthly trainings offered by their private agencies as very useful.

208 respondents (33%) commented on quality and helpfulness of training.

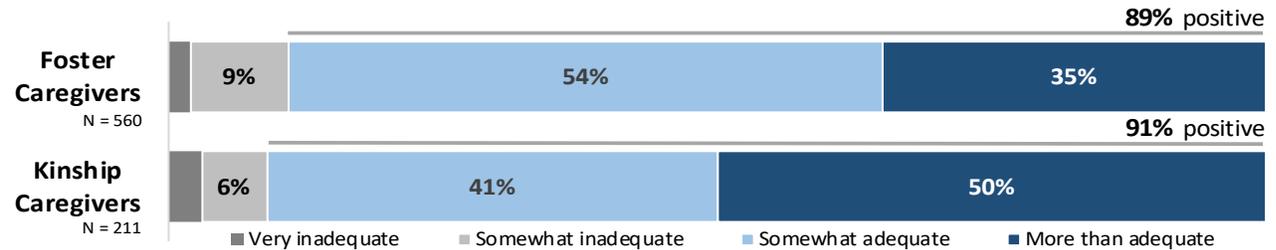


QUESTION |

Overall, thinking about all the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of foster children placed in your home?

Nine of 10 (90%) of the 785 caregivers who said they had training in the past three years and answered this question said training was somewhat or more than adequate.

RESPONSE

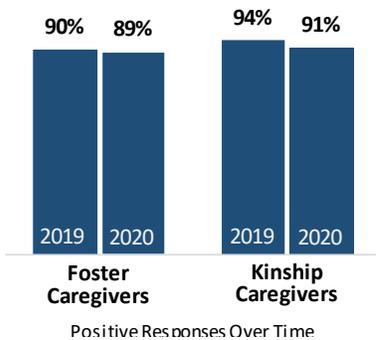


DETAIL

Most of the caregivers who answered this question were foster parents since training is mandated for licensed caregivers and voluntary for unlicensed kinship caregivers. Almost all of the foster caregivers in the survey (97%) reported receiving training in the last three years, compared to 29% of kinship caregivers.

But when they did complete trainings, kinships caregivers were just as positive as foster caregivers about their experiences. Differences across years and between groups were not statistically significant.

TREND



Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Most caregivers said training was useful.

- “It has all been helpful.” (K)
- “I feel the training is good overall.” (F)
- “The classes are good. Whenever I go to them, I learn a great deal.” (F)
- “I think it’s really good and resourceful.” (K)
- “Great training.” (K)
- “The training was all beneficial.” (F)
- “Everything was fine and I was satisfied with what I received.” (K)
- “All the trainings have been good.” (F)
- “I think the training was good and more than adequate.” (F)
- “Training is best when those taking the class engage with it. Every class gives you little pearls of information that we can take away. I have found it all to be good.” (F)
- “It’s been extremely helpful.” (F)
- “There is a good amount of training to suit all needs. Some of the training related directly to my situation and was very helpful.” (F)
- “If I need help on a subject my licensor has directed me back to the training and it has been very helpful.” (K)
- “Good training, very good. I enjoyed all of it, not just one thing.” (F)

Those who were new to caregiving found the trainings especially helpful.

- “Before getting in foster care, I didn’t have much knowledge and the classes were very helpful so I could help the foster child in need.” (F)
- “The Caregiver Core Training was very good and I looked forward to taking each and every class. Even though we had our grandchild living with us, I learned so much about this system I knew nothing about. It is such a helpful training for relatives.” (K)
- “The classes are good but some are repetitive since we are experienced foster parents.” (F)

Some said they’ve seen improvement over the years.

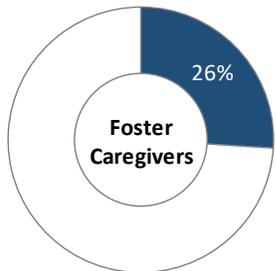
- “It’s far superior to the training I received back in the ‘80s. They’ve listened to the foster parents in improving it.” (F)
- “The classes have improved from 20 years ago.” (F)

A few said the training was not useful to them.

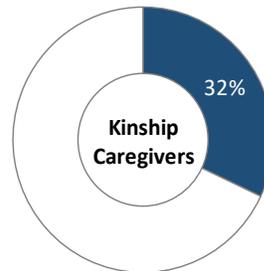
- “The training has not been really helpful as I have a degree in the field and nothing is new to me.” (F)
- “The training was very inadequate. It did not help me with the kids.” (K)
- “Not much [about training has been helpful].” (F)

172 of the 624 caregivers who commented on training (28%) described the overall quality of the training they received.

COMMENTED ON THIS TOPIC



118 of 457 commented
102 – Satisfied
5 – Mixed or Neutral
11 – Needs Work



54 of 167 commented
46 – Satisfied
2 – Mixed or Neutral
6 – Needs Work

KEY FINDINGS

Almost nine of 10 comments about the overall quality and helpfulness of training were positive. Patterns of responses were similar for foster and kinship caregivers.

- Several caregivers commented that the training they received helped them to take better care of the children in their care. Others appreciated general parenting guidance that was helpful for all children.
- The “satisfied” comments also include the responses of 63 foster caregivers and 30 kinship caregivers who indicated the training did not need any changes when asked “How could caregiver training be improved?”
- A few caregivers who provided mixed or negative comments indicated the training felt like “busywork.” Others said training was generally unhelpful, either because the information was not relevant, or the caregiver already had the knowledge from experience or prior training.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many caregivers found the training helpful in understanding the basic needs of foster children.

- “It gives you a real eye opener over their needs and is helpful.” (F)
- “The training was helpful and covered the basics. It is good information to get started with.” (F)
- “You can’t prepare for what a child is going to do. You can only prepare to have another child in your home and I felt like that’s what it did for me. It did its job.” (K)
- “The in class training was helpful with the basic needs. It is really informative.” (F)

Others said the training is helpful for all parents.

- “They did a good job but I learned most of what I know on the job. We learned some parenting tips and tricks that we have ended up using on our bio son.” (F)
- “I think the training was very helpful. I think everyone should have to go through it. I think everyone could benefit from that class. I use things I learned in those trainings with my own biological children.” (K)
- “Each child is different, so the different ways of parenting that I didn’t know about was helpful.” (F)

Many said they didn’t see a need for improvement.

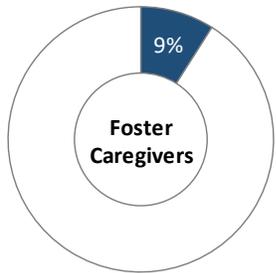
- “No suggestions. I liked what I have attended so far.” (F)
- “I think it’s good already so I have no opinion about improvement.” (F)
- “No improvement needed. I loved it.” (K)
- “They were good. I can’t think of anything that they could have done better.” (K)
- “Continue offering great trainings.” (F)
- “We’re happy with the training.” (F)

A few caregivers did not get much from the training.

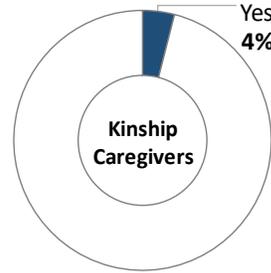
- “It’s just a bunch of busywork and mostly not applicable or necessary.” (F)
- “The training felt like a check box to simply get the compliance done.” (K)
- “The subjects and time of trainings provide obstacles. I think they could do a bit better overall job.” (K)

48 of the 624 caregivers who commented on training (8%) mentioned specific trainings or topics.

COMMENTED ON THIS TOPIC



42 of 457 commented
35 – Satisfied
5 – Mixed or Neutral
2 – Needs Work



6 of 167 commented
6 – Satisfied
0 – Mixed or Neutral
0 – Needs Work

KEY FINDINGS

Almost all (nine of 10) caregiver comments on specific programs were positive. Several caregivers liked:

- The Refresh conference, run by Overlake Christian Church
- Olive Crest Fostering Together*
- Foster Parent Alliance of Washington State (FPAWS) trainings, and their annual conference typically held at Great Wolf Lodge (remote in 2020 due to COVID-19)
- Alliance for Child Welfare Excellence
- Ongoing training through their private agencies

*The contract for Olive Crest Fostering Together (and Fostering Washington) ended during the fielding of this survey on June 30, 2020, which was noted by a disappointed caregiver in their comment.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers like Refresh, Olive Crest Fostering Together, the Alliance, and FPAWS.

- “The Refresh conference is where we get most of our training. This is an amazing conference that happens every year and they have numerous workshops and classes. It’s an amazing event for caregivers.” (F)
- “We like the training from Fostering Together the best.” (F)
- “The Alliance classes were adequate. The best resource we found in training was through Fostering Together. They were exceptionally helpful and were able to direct us on how to navigate the Alliance site.” (K)
- “The Olive Crest Training was excellent!” (F)
- “We loved the Refresh Conference.” (F)
- “Fostering Together support group meetings and trainings are very helpful plus they have child care.” (F)
- “FPAWS conferences provided good information in dealing with behaviors, LGBTQ issues, and education plans.” (F)
- “The Alliance training is convenient with online classes and videos that I can do on my schedule. The Fostering Washington trainings are great. They are mostly in person and they are really supportive.” (F)
- “The classes through Great Wolf, the ones on trauma [are helpful].” (F)

“Fostering Together were able to help us into support groups that included training at the same meeting and child care was provided. It was so sad to hear they did not get their contract renewed for this next year.” (K)

Caregivers appreciate their private agency trainings.

- “The extra trainings that Casey Family provides to help put yourself in the youth’s shoes is helpful.” (F)
- “Catholic Community Services does a great job focusing on trauma and acculturation issues and how to teach basic life skills.” (F)
- “We’ve done mostly TBRI trainings through our agency which have been very helpful.” (F)
- “Did ‘play therapy’ training with my grandson when he was in therapy which was really helpful. This was through Lutheran Services.” (K)
- “Safe Harbor that has the ‘Incredible Years.’ I have applied it to my training needs.” (F)
- “All training has been through the private agency, and it’s helped me with learning about trauma, positive parenting, and how to support biological parents.” (K)
- “My private agency has located training that is applicable to the age of the children I take care of.” (F)

Trainers, Methods, and Resources



Photo by Kampus Production/Pexels

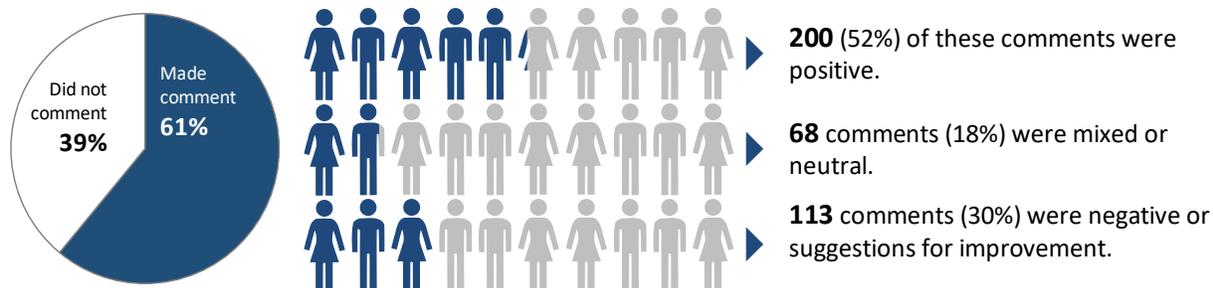
Quality training combines informed trainers, varied methods, accessible resources, and meaningful caregiver interaction.

“Every new thing I learn helps me to have perspective and helps me want to improve and be more compassionate.”
– Foster Caregiver

A little over half of the caregiver comments on trainers, methods and resources were positive. Some caregivers praised broad-based learning while others wanted child-specific options. Caregivers seek to connect the training material to daily life with the help of practical techniques and examples. They liked to explore real-life scenarios through multiple interactive approaches, such as question-and-answer panels or hands-on activities. Some asked for more opportunities to simply connect with other caregivers in a training setting. Many specifically mentioned the value they place on in-person training for this very reason. They want to create dynamic communities and support systems.

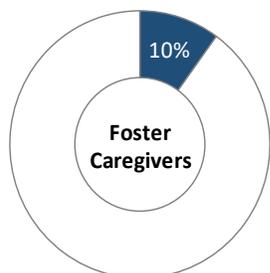
Caregivers appreciated trainers who came from a background that helps to provide insight. This includes: experienced caregivers, foster children, parents, and caseworkers, as well as subject matter specialists. All of these individuals are able to bring a unique perspective to training that allows caregivers to gain a more accurate picture of daily life with foster children. Ultimately, they want to understand more about foster children and their circumstances in order to provide the best care possible.

381 respondents (61%) commented on trainers, usefulness, methods, and resources.

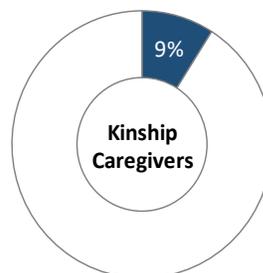


61 of the 624 caregivers who commented on training (10%) described the qualities of their trainers.

COMMENTED ON THIS TOPIC



46 of 457 commented
32 – Satisfied
2 – Mixed or Neutral
12 – Needs Work



15 of 167 commented
10 – Satisfied
1 – Mixed or Neutral
4 – Needs Work

KEY FINDINGS

Almost seven of 10 caregiver comments on their trainers were positive, among both foster and kinship caregivers. Trainers were valued for:

- Their knowledge and expertise in foster care
- Their honesty and directness
- Their subject matter expertise

Trainers that present in an open and inviting manner were appreciated. Some of these trainers were mentioned by name, including Kebbie Green, Mrs. Elfreda, and Patti Corona.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers enjoy learning from trainers who have knowledge and experience with foster care.

- “The staff that give the training are knowledgeable about the topics.” (F)
- “I like the community run classes where actual caregivers help with the training.” (F)
- “I grew up in foster care. I knew more than the trainers did.” (K)
- “The guest speakers that spoke of their real-life stories were helpful.” (F)
- “More trainers that have had foster kids themselves and know where we are coming from.” (F)
- “Our trainer had been a foster parent so she had really good experiences to share with us.” (F)
- “There were different teachers so it provided us with a very diverse understanding of different opportunities and different scenarios.” (F)
- “We really enjoyed the trainer. She was very knowledgeable and open to all our questions.” (K)

Caregivers prefer honesty to sugarcoating.

- “I loved my trainers. They were very knowledgeable and just dove right in. They didn’t sugarcoat anything and told it like it is, or, might be.” (F)

“The trainer was very open, honest, and realistic.” (F)

“The trainer was very knowledgeable and very straightforward about what we might encounter. He treated everyone in the class with respect.” (F)

Some want to hear from subject-matter experts.

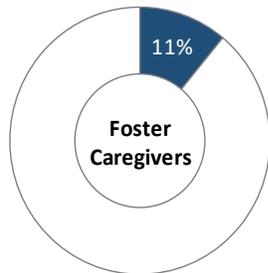
- “If they could get more skilled people who are experienced in the private sector who actually work in the field, not state employees who are trained to be trainers.” (F)
- “They bring in experts in both the topic and foster care to talk.” (F)
- “I knew most of it but the best was that I needed to hear it and get information from the person educated in that field.” (K)
- “Find a way to get actual social workers, psychologists or therapists to train.” (F)
- “Have more diverse people in the classes as presenters and panel members.” (K)

A few shared appreciation for specific trainers.

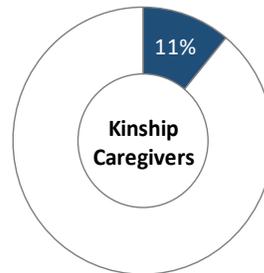
- “Kebbie Green! She is an amazing teacher and example. Her experience really adds knowledge to her classes.” (F)
- “Mrs. Elfreda needs to teach all of the classes.” (K)
- “The initial 24 hours of training with Patti Corona was very helpful.” (F)

68 of the 624 caregivers who commented on training (11%) mentioned ways training had helped them care for their children.

COMMENTED ON THIS TOPIC



49 of 457 commented
38 – Satisfied
4 – Mixed or Neutral
7 – Needs Work



19 of 167 commented
18 – Satisfied
0 – Mixed or Neutral
1 – Needs Work

KEY FINDINGS

Most of the comments about how well training helped caregivers care for foster children were positive (56 in 68).

Caregivers appreciated:

- Knowledge about the child’s perspective, what they might have experienced prior to coming into foster care, and how this shapes their actions and reactions.
- Gaining understanding that helps them deal with the children’s emotions and behaviors.
- Some caregivers asked for more specific content and real-life scenarios. They want to know how to deal with behavioral challenges in a way that is compassionate to the child’s prior trauma.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Training helped caregivers understand the impacts of the child’s past experiences on emotions and behavior.

“To think of things differently and to consider things I would not have considered with my own children. Children placed with me have had very different experiences than my own children.” (K)

“Understanding the different environments children come from.” (F)

“The emotional training aspect on where the kids are coming from has been a good tool.” (F)

“To put in perspective how the child feels entering an unfamiliar home. Most of the children have had really hard pasts.” (K)

“Learning how to think about the experience through the eyes of the child and their trauma.” (F)

“Learned about situations that I never imagined that foster kids could have possibly been subjected to before placement and suggestions on how to deal with them.” (F)

“Honestly, how to try to understand where the child is coming from, what precipitates removal of a child from their home. Understanding how the child reacts and the trauma they go through when they are removed.” (F)

“Going through the feelings children and foster families have with emotions and loss of being moved around.” (K)

“It really expanded my view of children and family dynamics.” (F)

Training helped deal with the children’s behavior.

“Having a broader outlook on the care you need to provide, learning about the common issues in foster children.” (F)

“Knowing how to approach things when kids come from really hard places. We learned not to take things personally.” (F)

Some asked for more training on the reality.

“None of them prepare you for boots-on-the-ground scenarios. The kid is tantruming, running from you across the corn maze in the dark. Theory is all well and good but hands-on parenting of a kiddo that has had a challenging life is a whole different ballgame.” (F)

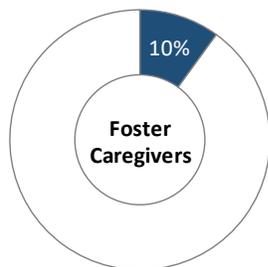
“How to respond to difficult situations, more examples.” (F)

“Some of the training is misleading about how easy it is to care for the foster children. It needs to be improved.” (F)

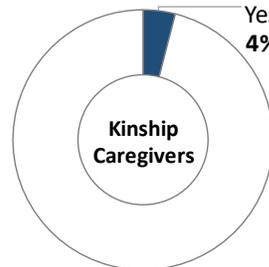
“Training in how to get children to bond with us emotionally. We have had a large struggle with this part, and nothing has yet been successful.” (K)

52 of the 624 caregivers who commented on training (8%) referenced approaches to training that included interactive and engaging ways to present the content.

COMMENTED ON THIS TOPIC



45 of 457 commented
24 – Satisfied
1 – Mixed or Neutral
20 – Needs Work



7 of 167 commented
3 – Satisfied
0 – Mixed or Neutral
4 – Needs Work

KEY FINDINGS

Foster caregivers had more to say than kinship caregivers about approaches to training. Both groups were almost evenly split between positive and negative comments.

- Caregivers appreciated approaches to training that were realistic, including hands-on activities and actual scenarios. They also appreciated time for group interaction and questions.
- Some caregivers wanted more opportunities to engage with the material, whether that be shadowing a foster family or listening to a panel discussion.
- The COVID-19 pandemic affected in-person class offerings, and a few expressed difficulties with virtual learning. Many wanted virtual training to have more interaction.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many caregivers appreciate interactive and “hands-on” training.

- “We give a lot of options of what could happen. They are interactive.” (F)
- “Classes are pretty interactive so that is good; they make sure you pay attention because there’s a test at the end and when you answer incorrectly they tell you why.” (F)
- “Interactive classroom environment, lots of examples, instructors who were either foster parents or social workers.” (F)
- “Group work helped.” (K)
- “The classes we go to are hands-on, so we understand what to do. I liked those.” (F)
- “Training needs to have more opportunity to be hands-on for new foster parents.” (F)
- “I will remember these trainings because they were realistic, hands-on, and immediately applicable.” (F)
- “I thought the last part where you have to do a field exercise of some sort was more a hassle than helpful.” (F)

Time spent answering questions was helpful.

- “I think being able to ask questions in classes and getting immediate answers.” (F)

“More time for the foster parents to ask more questions to the foster parents who are there sharing their perspective.” (K)

Some requested more quality and quantity of real-life examples.

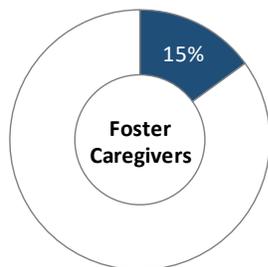
- “I like real life stories that go alongside the training.” (F)
- “We had someone come and present about their personal story of being a foster parent. It was the best part of the training.” (F)
- “Give better examples of real life scenarios.” (F)
- “More realistic and hands-on knowledge.” (F)
- “Less classroom and more case study.” (F)
- “It would be helpful to be able to spend a day with a family that has foster kids.” (F)
- “I think more panels can be helpful to hear people’s experiences.” (F)

A few mentioned challenges with virtual training.

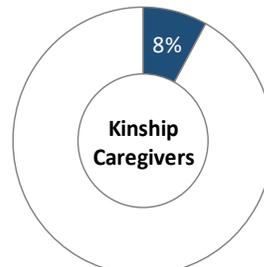
- “The E-learning is not really a class, so being able to ask questions is nice.” (F)
- “Better thought to virtual delivery - get current and get interactive delivery available.” (K)

80 of the 624 caregivers who commented on training (13%) described the interaction with other caregivers and community developed during training.

COMMENTED ON THIS TOPIC



67 of 457 commented
45 – Satisfied
7 – Mixed or Neutral
15 – Needs Work



13 of 167 commented
7 – Satisfied
1 – Mixed or Neutral
5 – Needs Work

KEY FINDINGS

Two of three caregiver comments on community and networking in training were positive.

Many mentioned how much they value in-person training because it provides the opportunity to connect with other foster parents and learn from them, as well as learn from parents and foster children themselves. The COVID-19 pandemic shifted the learning environment to an online platform.

- Caregivers appreciated real stories from a variety of sources – caregivers, parents, and foster children.
- Some mentioned the need for support and the role training plays in providing it.
- A few wanted more opportunities to engage with other foster caregivers.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers value the sense of community they gain from attending training.

- “I really liked it that people shared their stories and their experiences with us.” (F)
- “Hearing other foster parents’ experiences and drawing from their knowledge.” (F)
- “[I like] the interaction with the other foster parents more than the actual training.” (F)
- “Training gives me contact with other foster parents.” (K)

Several caregivers said they benefit from in-person interaction.

- “We love going to in-person trainings because of the interaction with other foster parents. Especially when you have a class and then you’re supposed to go home and practice what you’ve learned and come back and report. Without the interactions and stories from other parents, we would have felt bad when something didn’t work well for us.” (F)
- “The in-person training is better, because you get to connect with real people who are social workers, foster parents and birth parents who have experienced the system. This part of the training is so good and it needs to continue.” (K)

- “They still need to include in-person training, because that is where we learned the most and were able to ask questions of foster parents who had actually been providing care. They could tell us what it’s like.” (F)
- “The training that is in-person is more helpful than the on-line training. When the foster parents are able to share their experience and resources.” (F)

Support is a key concern.

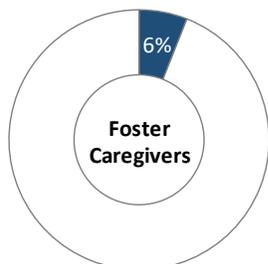
- “There is too much time spent on training and not enough spent on supporting one another. I have yet to attend a Fostering Together where I get to talk openly with other foster parents about issues affecting us. And as a new foster parent that is what I need most.” (F)
- “Knowing that we are not alone and there are other people going through the same things and there is support for us out there.” (K)

Caregivers appreciate the opportunity to learn from multiple real-world perspectives.

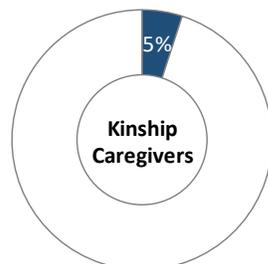
- “Hearing from bio parents in-person about their experiences was helpful.” (F)
- “Listening to the children in foster talk about what helped them.” (F)

36 of the 624 caregivers who commented on training (6%) mentioned information about resources given during training.

COMMENTED ON THIS TOPIC



28 of 457 commented
18 – Satisfied
0 – Mixed or Neutral
10 – Needs Work



8 of 167 commented
5 – Satisfied
0 – Mixed or Neutral
3 – Needs Work

KEY FINDINGS

The majority of comments were positive, from both kinship and foster caregivers.

- Caregivers appreciated training that helps them gain awareness of whom to call and how to find resources.
- Some expressed gratitude and peace of mind that came from simply knowing resources were available.
- Others asked for better materials or online content that could point them to places or people that could assist in their specific situation.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers appreciate the resource information they receive during training.

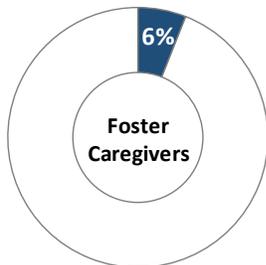
- “The training that provided where the resources were and who to call to receive them.” (F)
- “The diagram of who to call when you don’t get an answer [was helpful].” (F)
- “Learning techniques for difficult children and knowing there are lots of resources out there.” (F)
- “The information about resources available was very helpful.” (K)
- “They’ve been good at providing the resources we might need. So any time I have had questions, concerns, or needs, I knew where to turn for that.” (F)
- “They gave me some points of contact.” (K)
- “I think the most helpful for us so far has been learning about the different types of people who are available to help us.” (F)
- “The training brings up topics and resources that start conversations with other foster parents in the room.” (F)
- “Just the trainers letting us know what is out there to help us.” (K)
- “Where to find support if I needed it [was helpful].” (F)

Some shared specific challenges with using the resource material.

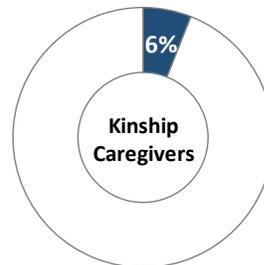
- “There needs to be a lot more emphasis on resources. What each resource does and how it can help you. Handing someone 10,000 pamphlets at the end of the course is completely ineffective. Letting people know who their liaisons are is also essential.” (F)
- “Tell us what we can do with the kids! What foster programs are available.” (K)
- “[Need] more clarification on defining the role of the foster parent and who to call for what. Give us a worksheet on how things work in our area.” (F)
- “[They could help] by giving a clear resource guide (i.e. ‘reach out to these resources’ for mental health or kids of this certain age), a guide to resources if you’re experiencing certain issues.” (F)
- “When you get your first handbook it would be nice if there were names and numbers for your particular area. We didn’t know anything about ECAP, WIC or insurance and it would have been nice if that had been listed by region, county and city.” (F)
- “They should give information about how to access community supports and where to get help from. Making it more accessible as far as resources go.” (F)

39 of the 624 caregivers who commented on training (6%) mentioned the training materials.

COMMENTED ON THIS TOPIC



29 of 457 commented
 8 – Satisfied
 2 – Mixed or Neutral
 19 – Needs Work



10 of 167 commented
 4 – Satisfied
 2 – Mixed or Neutral
 4 – Needs Work

KEY FINDINGS

Almost six of 10 comments about training material suggested that the training materials needed updating or reworking. Foster caregivers were more likely than kinship caregivers to provide negative comments. Some comments referred to videos; others to paper materials.

- Caregivers appreciated learning about the current information available for each training topic area.
- They liked handouts and paper materials that allow them to take notes during training and also reference afterward.
- Some caregivers referred to online training content and requested updates.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers liked videos and online materials but suggested that they needed updating.

- “Update the videos. The in-person trainings are really good but the 20-year-old videos need to be updated.” (F)
- “There’s a video at the Caregiver Core Training, it shows a girl who’s in foster care, what it’s like and it’s a two-part series and it’s pretty powerful. It’s called ‘ReMoved.’” (F)
- “It seemed to be what I expected it to be. The video was interesting though.” (K)
- “I really liked the video segments because I could take time to digest the information instead of a big meeting.” (K)
- “Update the videos.” (F)
- “More videos that are updated available.” (F)
- “Some of the videos are old and out of date.” (F)
- “I enjoy the videos. They need to be more up-to-date.” (F)
- “During our training they said the training was in the process of being redone and adding more data. I hope they have done that as the material was a bit outdated in Caregiver Core Training.” (F)
- “Update the movies and material available online.” (F)

Caregivers wanted up-to-date take-home materials.

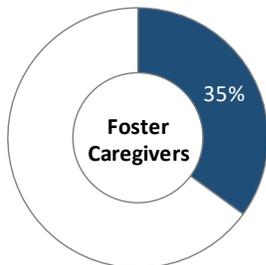
- “Please provide printouts of the materials.” (K)
- “I like paper - I’m a paper person so I like when they do the handouts in class, you can take notes and it’s easier.” (K)
- “You receive a lot of paperwork and it would be helpful if you had a binder to put all this paperwork in.” (F)
- “Maybe more materials, something we can take home with us.” (F)
- “Give more take-home material, such as copies of the slides.” (F)
- “The current training regarding high risk kids is really lacking. The training needs to catch up and reflect the fact that kids are really changing and the stuff that worked decades ago just doesn’t apply with the kids today.” (K)

Some made specific reference to online offerings.

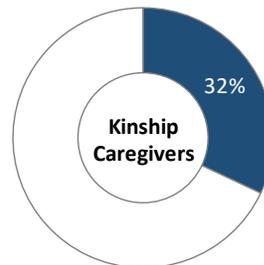
- “Most of the online offerings are grainy and outdated.” (F)
- “More current studies should be available online.” (F)

214 of the 624 caregivers who commented on training (34%) referenced some aspect of training other than the specific topics in the rest of this report.

COMMENTED ON THIS TOPIC



160 of 457 commented
76 – Satisfied
19 – Mixed or Neutral
65 – Needs Work



54 of 167 commented
23 – Satisfied
10 – Mixed or Neutral
21 – Needs Work

KEY FINDINGS

Both kinship and foster caregivers made mixed comments as well as a few more positive than negative comments on a number of other aspects of training.

- Some caregivers said they liked the variety of training topics available, the flexibility to take what was relevant to the needs of their children, and the foundational courses. Some commented that there was repetition in the training, but that it might be useful in helping the ideas “sink in.”
- On the other hand, several wanted more updated training materials and less repetition. Kinship caregivers asked for more training tailored to their roles as both family members and caregivers. Foster caregivers requested newer training rather than repeating content. Some caregivers wanted the training flexibility to include credit for relevant training they had taken in their work roles.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers appreciate variety, relevant content, and honesty.

- “I think hearing the broad spectrum of the needs overall and dealing with specific needs of the child.” (F)
- “I usually take the training that pertains to the symptoms my kids have.” (F)
- “I liked that there was a topic for everything. The variety of training was very helpful.” (F)
- “I think it provide some good foundational information.” (F)
- “Just having a realistic view of what behaviors I would be parenting.” (F)
- “Learning that parenting in general is a bit different for kids in foster care – that has been very helpful.” (K)
- “The honesty provided within the training.” (F)
- “They tell you how bad it can be, not just the happy times. They prepare you for the worst.” (F)

A few mentioned the value in refresher courses.

- “All the training was a good refresher to the training I took to become licensed.” (F)
- “[I appreciate] the somewhat repetitiveness of it. Hearing things more than once helps it sink in.” (F)

Experienced caregivers asked for updated options.

- “Content of the course we have taken seems to have been the same year-after-year and definitely is a lot of information, but doesn’t necessarily match the challenges we encounter once the child is placed.” (F)
- “We need new training for those of us who have been fostering for several years.” (F)

Kinship caregivers want more unique content.

- “Felt the focus was more for regular foster care and not for kinship caregivers. I think classes should be tailored to also understanding what families doing kinship care go through.” (K)
- “Not enough training for relative caregivers.” (K)

Some gave suggestions for training pace and requirements.

- “It was a lot of information in a single day. It was a lot to intake in one day, maybe split it up.” (K)
- “They need to have required topics instead of required hours.” (F)
- “I have had a lot of training as part of my job and I believe it should be counted as training for being a caregiver.” (F)

Specific Training Topics



Photo by cottonbro/Pexels

Caregivers welcome training that allows them to provide more effective care.

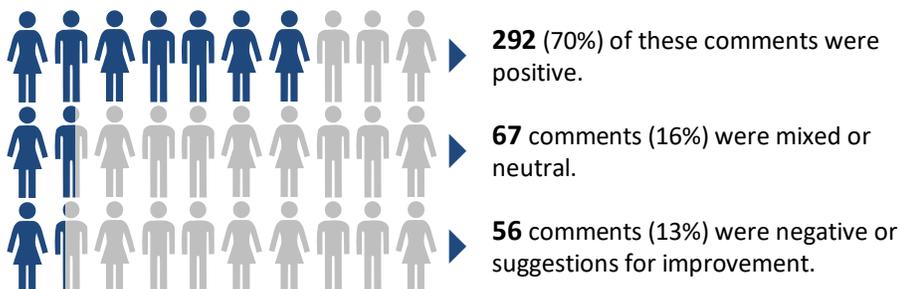
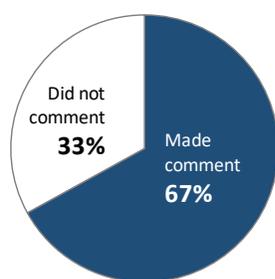
“I liked all the classes, it definitely showed me things I was doing right and things I could do differently.” – Kinship Caregiver

Seven of 10 caregiver comments on specific training topics were positive. Caregivers appreciated the trainings on trauma, psychiatric disorders, child behavior, child development, and navigating the foster care system. Caregiver Core Training (CCT) was widely appreciated for providing an overview of what to expect, and Trust-Based Relational Intervention (TBRI) also received praise. There is a common theme in both positive and negative caregiver comments of seeking realism in navigating behavioral challenges, the foster care system, and trauma responses.

Some caregivers wanted additional training in subjects such as trauma and the effects of parental drug or alcohol use on children. Many caregivers praised a training topic while also asking for more detailed and relevant information on that topic. Many wanted child-specific training about issues they experience in the home or opportunities to delve more deeply into those issues.

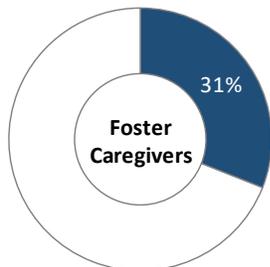
Kinship caregivers are interested in training that would address their unique position and provide information and support for handling challenging situations.

415 caregivers (67%) commented on specific training topics.

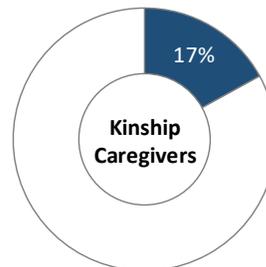


171 of the 624 caregivers who commented on training (27%) mentioned the children’s psychiatric disorders, emotional or mental health issues, and the effects on the children’s behavior.

COMMENTED ON THIS TOPIC



142 of 457 commented
109 – Satisfied
12 – Mixed or Neutral
21 – Needs work



29 of 167 commented
19 – Satisfied
2 – Mixed or Neutral
8 – Needs work

KEY FINDINGS

Three of four foster and kinship caregiver comments on trainings related to children’s disorders or mental health issues were positive. Many caregivers commented that the training content helped them develop a deeper understanding of the common issues that foster children experience. Caregivers commented more on these trainings than any other area of training content.

- Caregivers frequently praised the trauma-related content, which was deemed eye-opening and relevant.
- Some caregivers requested additional content about specific disorders, special needs and behaviors.
- Others wanted to delve more deeply into the subject matter in the form of follow-up or additional training components.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Trauma-related content helped equip caregivers with greater context and skills.

- “I think it is helpful to understand the science behind behavior in the way children’s brains are changed by trauma. I find it helpful to understand the why and reasoning behind certain behaviors.” (F)
- “It has helped me understand children affected by trauma. And how to work with the child I have in a way that is more stabilizing for him.” (K)
- “They explained the impact on children such as social and emotional development from home trauma.” (F)
- “A greater awareness of behaviors and triggers that are evident in children who have experienced trauma and how to best support the child.” (F)
- “I went into the training with kind of a bad attitude. You know, like ‘what can they teach me that I don’t already know?’ I was pleasantly surprised that I learned quite a bit, especially about trauma and abandonment issues for these foster kids.” (K)
- “We have taken several classes on parenting kids with trauma and those have been helpful; you can go to all the trainings in the world but those trainings I will carry with me the rest of life.” (F)

Caregivers want more training on specific subjects.

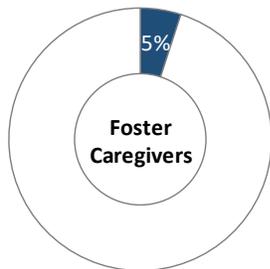
- “They could have one for foster children with disabilities. They don’t do enough training on kids with disabilities and violent behaviors.” (F)
- “Adding more courses on self-harm.” (F)
- “If they had more trainings for people who are taking in kids with special needs.” (K)
- “More training on autism and disabilities.” (K)

Some requested additional trauma training.

- “They do offer a ‘scratch the surface’ but I don’t think they go deep enough. A lot of foster children come in with trauma. Have examples of a child feeling overwhelmed by the homework you are putting in front of them – don’t take it too severely. They are wired different and that is the way they react. We need great training to help with this. DCYF needs to bring in-house counselors to help with all of this.” (F)
- “Do even more to discuss trauma and how that can manifest, especially in teens.” (F)
- “Continue to expand trauma based training so we have advanced work/training in this area.” (F)

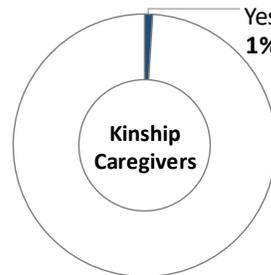
24 of the 624 caregivers who commented on training (4%) referenced training on substance use and its effects on children.

COMMENTED ON THIS TOPIC



22 of 457 commented

- 18 – Satisfied
- 0 – Mixed or Neutral
- 4 – Needs work



2 of 167 commented

- 1 – Satisfied
- 0 – Mixed or Neutral
- 1 – Needs work

KEY FINDINGS

Nearly eight of 10 comments about the training on parental use of alcohol and other drugs and their effects on infants and children were positive. Nearly all of the comments came from foster caregivers.

- Caregivers appreciated learning about specific indicators of the multi-faceted effects of parental drug and alcohol use.
- Some caregivers asked for more assistance and information about how to care for drug-affected infants.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers appreciate help identifying effects of parent drug and alcohol usage.

“The part about how the drugs and alcohol affect the children. It helped me realize why the children were responding the way they were and the different ways I would have to respond.” (F)

“The children are drug-impacted and those are the classes we take. So those are helpful. We learned a lot, things I didn’t know before and it was good information and helped us recognize what they’re going through.” (F)

“The trainers were really good telling us what to look for if the child has drugs in their system and what kind of drugs they might be.” (F)

“I did learn a lot about drugs and the effects they can have on them, different behaviors and stuff like that.” (F)

“I think one of the things that was the most beneficial was training on drug impacted/exposed children.” (F)

“There was one on drug usage; that was very good.” (F)

Specific content on drug and alcohol exposed infants was helpful and noted.

“Drug exposed babies was a helpful training.” (F)

“Information on drugs for an infant.” (F)

“I took a class on drug babies and that was very helpful.” (F)

“The needs of children exposed to drugs prenatally.” (F)

“I’ve done most of my training through the Refresh Conference (like 30 hrs for the weekend) and it was wonderful. I’ve done that every year. I did the classes on drug exposed babies, by Ira Chasnoff.” (F)

Caregivers asked for additional training to gain skills and better serve drug-affected children.

“I think everyone needs more substance abuse training. I believe it would help to give foster families more empathy and make the experience of the children in their care more positive.” (F)

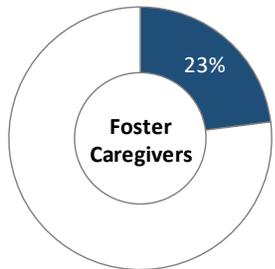
“We need more preparation for meth and opiate-addicted babies.” (F)

“Preparing for more information on drug exposed children initially would have been helpful to have in class, especially for people who take younger infants.” (F)

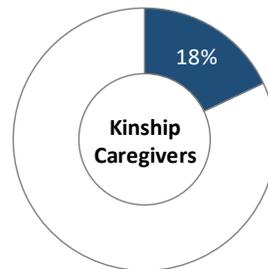
“Bring more training to the table about infants, like how to identify the medical needs of newborns when they are drug compromised, who to connect with, and how to find specialists and resources that social workers don’t know about.” (F)

136 of the 624 caregivers who commented on training (22%) identified particular behavioral trainings, or trainings dealing with children’s behavior and development at different ages.

COMMENTED ON THIS TOPIC



106 of 457 commented
77 – Satisfied
5 – Mixed or Neutral
24 – Needs work



30 of 167 commented
24 – Satisfied
0 – Mixed or Neutral
6 – Needs work

KEY FINDINGS

Three of four caregiver comments on child behavior and development were positive.

- Caregivers appreciated the insight these trainings provided into the children’s behaviors, and the help in dealing with them. Trust-Based Relational Intervention (TBRI) training was often praised.
- Some would like to see more scenarios of specific behavioral challenges, along with de-escalation techniques.
- Both kinship and foster caregivers continue to request more age-specific training. Many comments suggest that “a la carte” training options could provide caregivers with more relevant information.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Many appreciate the content and general insight.

“It has really helped us with the behaviors of the children. Learning about the reasons behind the behavior has been very helpful. I have learned to connect with the children and not take it personally when they are acting out.” (F)

“It taught us how to talk to the kids and how their mind works. It makes us better caregivers.” (K)

“It helped me to really understand behaviors. It is a language of the foster child and what they are trying to say.” (F)

“My child had behavioral challenges and the training helped us get on top of it.” (K)

Caregivers specified how the training impacts their ability to navigate behavioral shifts.

“Learning about how to handle escalating behaviors.” (K)

“We learned some good tips and ideas about positive reinforcement.” (F)

“Some of the training would be helpful to be more directed on handling specific behaviors with children. Some of the scenarios they give you on de-escalation really didn’t work. When they start destroying things, or going after your children, what do you do?” (F)

“The training is very generic and the kids are not. Offer more scenario-type classes, learning different discipline techniques.” (F)

“Learning how to deal with tantrums adequately.” (K)

“Get more specific scenarios of actual situations and give ways of handling the behavior.” (F)

TBRI training was a bright spot, mentioned by name.

“The training of TBRI focused on being sensitive to the children’s emotional needs.” (F)

“The TBRI, all of that, learning the way the kids brains are affected by everything.” (F)

“Specifically the Trust-Based Relational Intervention which helped us looking at our kiddo’s behaviors as an unmet need.” (F)

Training by age group continues to be a theme, with mixed comments about its implementation.

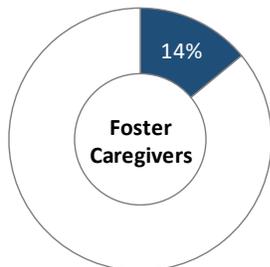
“Well, it made me understand better the needs of the children at the age group that they are.” (K)

“Knowledge of how to work with teenagers.” (K)

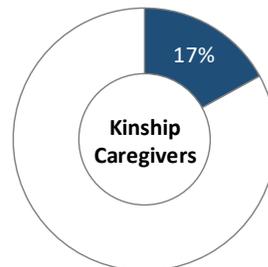
“Make it more targeted to the age group a foster parent normally has.” (F)

92 of the 624 caregivers who commented on training (15%) referenced training on navigating the foster care system.

COMMENTED ON THIS TOPIC



63 of 457 commented
 36 – Satisfied
 6 – Mixed or Neutral
 21 – Needs work



29 of 167 commented
 22 – Satisfied
 3 – Mixed or Neutral
 4 – Needs work

KEY FINDINGS

Kinship caregivers were generally satisfied with the training about navigating the foster care system, as were some foster caregivers. Comments indicated satisfaction with the general knowledge of the legal and administrative structure.

- Some foster caregivers found it useful but others felt it was lacking distinct and needed information. Caregivers want to know about the realities of the foster care system, including how to advocate for their children.
- Kinship caregivers enjoyed learning about the system. Some complimented or asked for more useful navigation skills — such as how to access resources, administer medications properly, and fill out paperwork.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers gained general knowledge about the framework of the foster care system.

“I learned a lot about what happens in foster care and how the system works. It was all good.” (K)

“We had a training on the new WACs [Washington Administrative Code]. This was very helpful to keep us in compliance.” (F)

“The knowledge of the dos and don’ts and what some of the laws are.” (K)

“It gave us a very basic idea of the system, and behaviors we might encounter.” (F)

They feel that training does not always provide a realistic portrayal of caregiver experiences.

“It was good but please let new people know how long the process and activities, and contacts with social workers actually take. I had no idea the time commitments we would need to make. If that information could be shared as part of the training, it would be very helpful to new families – whether they are relatives or new foster parents.” (K)

“Much of what they teach that ‘should’ happen does not. In other words, they train on how the system is designed to operate, not necessarily how it actually functions.” (F)

“It is really confusing when we get all the new rules at the beginning of the year and all the acronyms. We get an e-mail about the above but I don’t know much about that. It would be helpful to include this information in a training class and explain it plus allow us to ask questions.” (K)

“I feel like they are black and white, here are the rules, but they don’t teach you how to be an advocate for yourself, your family and the children in your care.” (F)

Some caregivers described specific aspects they wanted to learn more about.

“How to access resources within the system; how to properly document incidents and what should be documented; services available to children in the system such as DDA.” (F)

“Termination process and adoption process.” (F)

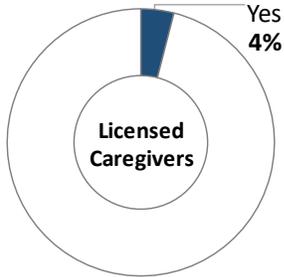
“How to fill out paperwork for the courts.” (F)

“One training walked me through how to fill out the monthly caregiver reports accurately.” (K)

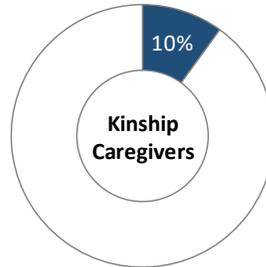
“Knowing how to legally care for kids, i.e., administering medications.” (K)

33 of the 624 caregivers who commented on training (5%) referenced the health and safety trainings.

COMMENTED ON THIS TOPIC



17 of 457 commented
14 – Satisfied
1 – Mixed or Neutral
2 – Needs work



16 of 167 commented
16 – Satisfied
0 – Mixed or Neutral
0 – Needs work

KEY FINDINGS

Over nine of 10 caregiver comments on the health and safety trainings were positive. Caregivers need a baseline level of information about physical care of the child, and some of this comes through these courses. Many comments expressed appreciation for:

- CPR and first aid content. Some caregivers provided personal examples of experiences where the coursework was utilized to save a child’s life.
- Refresher courses. CPR certification requirements make this course necessary within a certain time period, and caregivers see the need for it.

Three comments were critical or requested online health and safety trainings.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Comments about CPR and first aid training were overwhelmingly positive.

- “I got my CPR license.” (K)
- “CPR and first aid are always relevant.” (K)
- “The CPR training was the best since we didn’t know how to do it.” (F)
- “We had to do CPR and first aid which was obviously helpful.” (F)
- “CPR and first aid training [were helpful].” (K)
- “CPR, knowing licensing rules and laws.” (F)
- “I did the first aid class, all of them, and they were helpful.” (K)
- “CPR and blood borne pathogens [trainings were helpful].” (K)
- “CPR training is relevant. Most everything else is common sense.” (F)
- “The first aid training was very good.” (K)
- “CPR training has been very helpful.” (F)
- “CPR training was a helpful training.” (K)
- “[Getting] CPR up-to-date [was helpful].” (F)

Caregivers appreciated the opportunity for refresher courses.

- “I enjoyed the CPR class. This sounds weird but I did. I think refreshing your CPR is helpful.” (F)
- “CPR/first aid classes change every time I take it. It’s good to get retrained.” (F)

Some shared specific situations where the training helped them save their children.

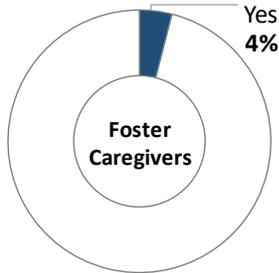
- “CPR training helped me save one of the children who was choking.” (F)
- “I really liked my CPR class which came in really handy for a child in my care. Knowing CPR saved the child’s life.” (F)

Three caregivers were dissatisfied with the content or method.

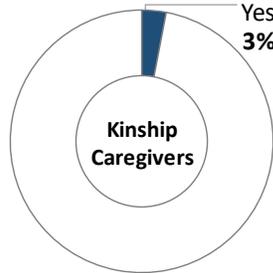
- “I think it was really good except the CPR/first aid training, which was awful.” (F)
- “Put parts of the CPR training online.” (F)
- “I am currently doing an online CPR/first aid class through Red Cross. This class is a LOT better than the one we went to in person to get licensed.” (F)

21 of the 624 caregivers who commented on training (3%) addressed cultural awareness and cultural issues.

COMMENTED ON THIS TOPIC



16 of 457 commented
 11 – Satisfied
 0 – Mixed or Neutral
 5 – Needs work



5 of 167 commented
 4 – Satisfied
 1 – Mixed or Neutral
 0 – Needs work

KEY FINDINGS

Seven of 10 caregiver comments on cultural trainings were positive. Caregivers commented that the training brought them new knowledge. Caregiver comments about cultural awareness indicate they are invested and open to learning and growing in this area.

- Caregivers expressed appreciation for training that increased their ability to approach cultural differences with respect and sensitivity.
- They appreciated historical context around issues and legislation, such as Indian Child Welfare Act.
- Relevant, practical tools and skill development classes were helpful and needed.
- Some of the “negative” comments were simply that more diversity training was needed.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers expressed gratitude for training that enhances their understanding of cultural differences.

- “Hearing experiences of others, being able to learn a little more about cultures different than my own.” (F)
- “That they talked about diversity and different kids. I just like that part. It is very emotional.” (K)
- “WA’s updated training on racism and trauma informed care was very good.” (F)
- “I liked the classes about how to care for children that are a different race than me.” (F)
- “I would say they did a good job preparing us for cultural and ethnic differences.” (K)

Courses on Native American history and culture were praised and helpful for tribal placements.

- “The helpful one was about tribal placement and tribal laws when you have a tribal foster child.” (F)
- “The Native American training that we took has been very helpful for us to understand the native culture and supporting those families. We learned to be better foster parents to native children when they can’t live in their own community.” (F)

“Learning about the Indian Child Welfare Act and the history that goes along with this.” (F)

Caregivers appreciate classes focused on building practical skills, specifically care for African-American hair and skin.

- “We did an African American hair and skin course. It was a real eye opener. It would teach anyone including a new African American parent things too. The language used was helpful too.” (K)
- “Classes on how to care for diverse children, such as my African American children and their hair care; or caring for other ethnicities.” (F)

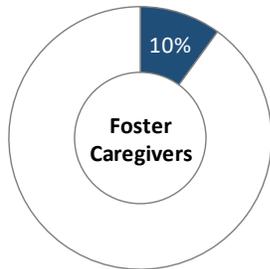
“I went to a class on how to care for hair and that was good. I think the classes that help with everyday life are good and I appreciate those.” (F)

A few asked for more training or specific topics.

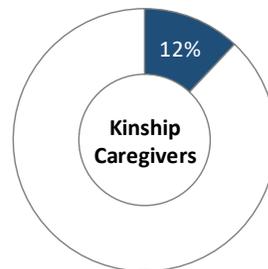
- “I wish they’d include training on how to keep kids connected to their cultures and how to make sure they feel proud about who they are.” (F)
- “They need more cultural diversity training.” (F)
- “More ethnic training classes.” (F)

65 of the 624 caregivers who commented on training (10%) mentioned the Caregiver Core Training.

COMMENTED ON THIS TOPIC



45 of 457 commented
37 – Satisfied
4 – Mixed or Neutral
4 – Needs work



20 of 167 commented
17 – Satisfied
2 – Mixed or Neutral
1 – Needs work

KEY FINDINGS

Eight of 10 caregiver comments on Caregiver Core Training were positive.

- Caregivers appreciated the comprehensive course content as well as the realistic perspective and insight into the caregiving process.
- Some said the online versions of the class were less engaging, but others liked the ability to take the training in that format.
- A few made observations about how the coursework could be improved, and offered suggestions, such as breaking it out into smaller sections over a longer duration.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers were generally satisfied with the training.

“The Caregiver Core Training is great for learning the ropes. This helps me understand the process and how things work.” (F)

“Caregiver Core Training was helpful to educate on the entire process and what to expect.” (K)

“The Caregiver Core Training was excellent and they covered the expectations.” (F)

“I liked this training so much that I have recommended the class to another relative family member who has another relative child placed in her home. It was really informative. I thought it was awesome!” (K)

“Caregiver training gave me an idea of what was coming.” (K)

“Caregiver Core was an excellent training and completely changed my views on reunification.” (F)

“The Caregiver Core Training goes over all different types of subjects.” (F)

“Caregiver Core Training definitely taught me the basics of a little of everything and now that I’ve had a placement it has helped me to have a better understanding of what to expect.” (F)

“The original Core training. It had real world examples of the bad and good.” (F)

Caregivers made suggestions about length, timing, and relevance.

“I really appreciated the Caregiver Core Training and wish I could have gone through it initially when the children were first placed with me.” (K)

“The Caregiver Core Training could be shortened and then have additional information provided within a 6 month period that is mandatory. Section the training out instead of having it completed in a 5 day period.” (F)

“If you had no clue about fostering the Caregiver Core Training would be a good start. For someone with a background in children and mental health services it was repetitive.” (K)

“If I had the Caregiver Core Training, it would be better if I had it before placement. It would be good knowing what to expect.” (F)

Online training produced mixed reviews.

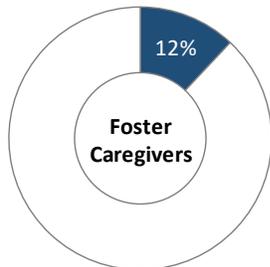
“The Caregiver Core Training was all online, there was nothing personal about it.” (F)

“Online training (Caregiver Core) helped me understand all the rules and expectations.” (F)

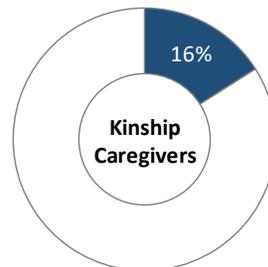
“I did the online Caregiver Core Training course, so I’m sure the in-person course would have been better and more interactive to help prepare us.” (F)

81 of the 624 caregivers who commented on training (13%) described specific training topics they liked or wanted other than the classes covered in the previous pages.

COMMENTED ON THIS TOPIC



54 of 457 commented
30 – Satisfied
2 – Mixed or Neutral
22 – Needs work



27 of 167 commented
20 – Satisfied
2 – Mixed or Neutral
5 – Needs work

KEY FINDINGS

This category includes comments about trainings mentioned by name, as well as caregiver challenges where training could be useful. Six of 10 caregiver comments on other specific training topics were positive. Foster caregivers were more likely than kinship caregivers to suggest topics where work was needed.

- Both foster and kinship caregivers were interested in training about interaction and relationship dynamics with parents.
- Some kinship caregivers asked for more focus on training for their unique position.
- Some foster caregivers suggested new training topic on a range of issues, like how to cope with the grief of children being removed from the home, or what discipline techniques to use when nothing seems to work.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Understanding the parent perspective was helpful to caregivers.

“The training helped me to understand the parent’s side of the story. It also helped me understand the plight of Child Protective Services and the Division of Child Support. Before I became a foster parent my views were pretty narrow to how they are now.” (F)

“Learning about the biological parent’s perspective, and how to support reunification.” (F)

“More training on how to promote the biological parent relationship.” (K)

“More content on biological family relationships, how to work together as a team.” (F)

“More training on how to work with biological parents.” (F)

Kinship caregivers want specific classes that apply to their experiences.

“There is a lot of material to cover that is about foster parenting and not related to relative care. Include more information about relative caregivers.” (K)

“Have more on kinship care.” (K)

“You need separate training for relative placements. Everyone else isn’t in a crisis situation like you are.” (K)

Some requested training topics relevant to their situations.

“More training on sexual and social meetings.” (F)

“More training on what to expect when a child is removed from your home and how to keep your heart opened for the next child placed with you.” (F)

“Have training on ‘None of these thing work, so what do you do next?’” (F)

Caregivers mentioned classes they enjoyed by name.

“The training called Verbal De-escalation training was wonderful. The book ‘Growing Up Again’ was introduced in the class and became a great tool for me.” (F)

“The Circle of Security classes through Children’s Home Society were very helpful.” (K)

“Coordinated Care training.” (F)

“The Darkness to Light was a great class. We’re waiting on a referral to another class we want to take too.” (K)

“Compassionate Parenting and Talking To Children About Race were hugely helpful. Any trainings that helped me become more of a trauma informed parent were also super helpful.” (F)

Access and Format



Photo by Gabby K/Pexels

Caregivers appreciate easily accessible training that fits their schedule.

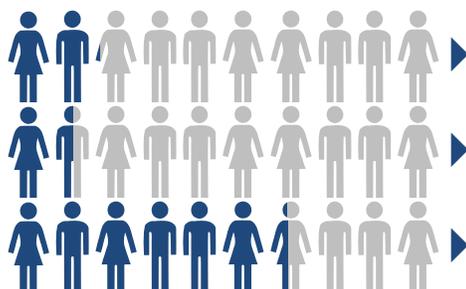
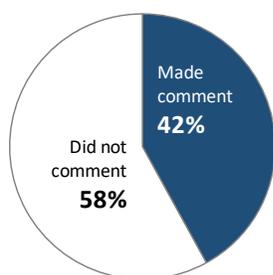
“I feel like they are really flexible as to when training is available and also the online opportunities. I feel like there are a lot of issues they address that are important and eye opening.” – Foster Caregiver

Caregivers have many requests for improvement of training accessibility. Almost two of three comments were negative, with only online training having more positive than negative comments. Once in-person training resumes, caregivers want increased availability of child care with training, more variety in course schedules, and more classes near them all across the state.

Many caregivers used online training formats when in-person trainings weren’t available during the COVID-19 pandemic. They appreciated the ability to complete the training at a time that is best for their schedule. Online training also alleviates the need to find child care. Caregivers appreciated online interactions, and a few requested more online interactions such as webinars and follow-up phone calls.

Caregivers want increased variety of trainings, and a simpler online platform to access training content and information.

261 caregivers (42%) commented on training access and format.



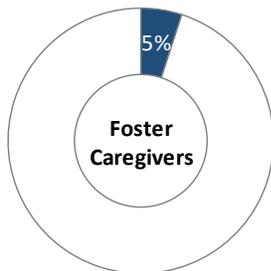
56 (21%) of these comments were positive.

39 comments (15%) were mixed or neutral.

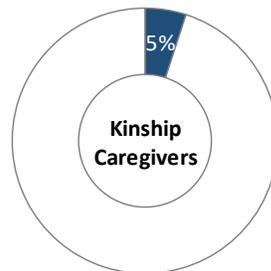
166 comments (64%) were negative or suggestions for improvement.

32 of the 624 caregivers who commented on training (5%) discussed information about training opportunities.

COMMENTED ON THIS TOPIC



24 of 457 commented
5 – Satisfied
0 – Mixed or Neutral
19 – Needs work



8 of 167 commented
0 – Satisfied
3 – Mixed or Neutral
5 – Needs work

KEY FINDINGS

Three of four caregivers who commented were dissatisfied with the current distribution of training-related information. There were mentions of wanting a central, “one stop shopping” online communication option that could assist caregivers.

- They want a single website that is more user-friendly and simple to navigate.
- Caregivers want clearer paths to information on training classes. Some indicated a complete lack of familiarity in how to obtain information about upcoming classes.
- Caregivers want information about training requirements and overarching timelines.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers asked for clearer paths to the training information.

- “Keep me aware of opportunities for more training.” (F)
- “More organized as to being publicized and social workers could keep us informed.” (F)
- “More advertising about upcoming or available classes.” (F)
- “Getting the information on trainings to us would be helpful. Used to get emails but that has stopped.” (F)
- “We need to be able to find out what training is available more easily.” (K)
- “I think that they need more communication about training and what is available.” (K)
- “Provide support for and information on conferences like Refresh.” (F)
- “[Need more] communication about canceling and changing dates, times and locations of training.” (F)
- “Would also be nice if there was a better way to find out about upcoming trainings.” (F)

They want a single location to obtain information.

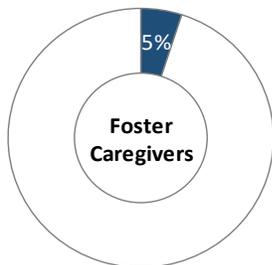
- “Coordinate all the information in one place.” (F)
- “Have some kind of list of items that are timelines that foster parents need to be aware of.” (F)

Some wanted changes in the website layout and content.

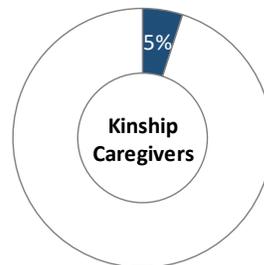
- “The website is awful. The links hardly ever work. It’s really hard to navigate. More precise, clear website, easier formatting.” (F)
- “I think that the website should be more user-friendly and I am pretty computer literate. It could be refreshed.” (F)
- “The Alliance website is kind of weird. Sometimes it’s hard to decipher what to take, so website needs to be updated to make it easier to understand or maneuver.” (F)
- “Fix the online computer system to make sure it registers that I have actually taken the class.” (F)
- “Improve the website – it’s confusing and it isn’t clear cut. There is too much there. The website doesn’t seem modern or very user-friendly.” (K)
- “Their [Alliance] site is not user-friendly for foster parents to use.” (K)
- “Easier way to track training hours like a web based system.” (F)
- “Training I’ve had from Alliance has been difficult to access. Their website is difficult to maneuver through and it’s too hard to access.” (F)

30 of the 624 caregivers who commented on training (5%) addressed training locations.

COMMENTED ON THIS TOPIC



22 of 457 commented
 1 – Satisfied
 2 – Mixed or Neutral
 19 – Needs work



8 of 167 commented
 0 – Satisfied
 0 – Mixed or Neutral
 8 – Needs work

KEY FINDINGS

Nearly all (nine of 10) caregivers who commented on training locations were negative. Training is offered more frequently in areas with larger populations, but that means it is less accessible to people living in rural areas.

- Some commented that more local classes would encourage community-building with other caregiving families.
- The common challenge is proximity to the caregiver’s home. The challenges of attending trainings far from home are compounded when caregivers also have to find child care.
- Several caregivers made general requests for increasing the number of cities where training is offered.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers want training in an area close to them.

- “It’s nice to have local training options –not having to always go to a larger city to get training – because it allows us to connect with other local families.” (F)
- “More options close to home.” (F)
- “More local classes to prevent long travel that requires being away from kids for a period of time.” (F)
- “Have the training closer to my area.” (F)
- “I have to travel a long way to attend training since I live out in the hinterlands.” (K)
- “Have the training available closer to the area that I live in.” (F)
- “Closer locations.” (F)
- “More training sessions in this area.” (K)
- “Offer more locally.” (F)
- “Closer training to where I live.” (K)
- “Have the training closer to the area that we live.” (K)
- “I do wish there were more classes in our area.” (F)
- “More in my area.” (F)

Some requested more specific locations.

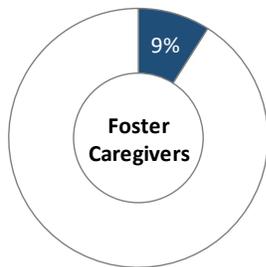
- “I think the length of the trainings is sometimes long. The ones we went to were six hours long and we had to travel 30 minutes each way.” (F)
- “More classes on the East side [of the state].” (K)
- “More local classes (Bothell).” (F)
- “Wenatchee is the closest big city to us. Offer more trainings in Wenatchee, not in Seattle.” (F)

Others generally suggested more location options.

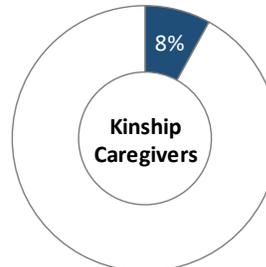
- “Convenience and location is always important for networking with other foster parents.” (F)
- “Offer more places for the trainings.” (F)
- “Probably more local sites for training.” (K)
- “Have more options for locations of the training.” (K)
- “More locations and availability. Offer more times.” (K)
- “Just location, choosing different locations sometimes.” (F)
- “More available in each community.” (K)

53 of the 624 caregivers who commented on training (8%) discussed how training is scheduled.

COMMENTED ON THIS TOPIC



40 of 457 commented
3 – Satisfied
3 – Mixed or Neutral
34 – Needs work



13 of 167 commented
1 – Satisfied
0 – Mixed or Neutral
12 – Needs work

KEY FINDINGS

Almost nine of 10 caregiver comments on schedules were negative.

Caregivers have varied lifestyles – some staying at home, others working full-time. As a result, there are varying needs and abilities to attend classes at specific times. Some prefer weekends and evenings, some weekdays.

- Caregivers want more time slots offered for each class, allowing both day and night options.
- Some caregivers appreciate the ability to attend training on the weekend.
- Some have challenges with the length of training, especially the initial classes.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Some caregivers prefer evening and weekend classes while some prefer daytime classes.

- “Have more evenings and weekends.” (K)
- “More convenient for working individuals.” (F)
- “More evening training ‘hands on’ classes.” (F)
- “More training available during the day. More classes that are offered more regularly.” (F)
- “Having it on the weekend was helpful though for us to get it done.” (K)
- “Have the training in the evening as I work during the day and it is hard to get to the training.” (F)
- “The trainings being in the evenings gives opportunities for more foster parents to be there and listen, instead of being worried about going back to work.” (F)

Some caregivers asked for more class availability.

- “Not the subject matter, it is the timeframes they offer – not all of the timeframes offered are times that people can attend.” (F)
- “Need more times and dates availability to fit with busy parent’s schedule.” (F)
- “Have them on a day and time more available to me. Give more options.” (F)

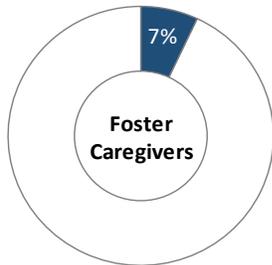
- “More availability of classes. Less time-consuming classes online.” (K)
- “More variability in schedule.” (F)
- “If they can offer better time slots. When I get the emails, there are classes I would like to take but I would have to take off work to get training done. Offer more time slots so we can take those classes!” (K)

A few caregivers noted that training classes were long.

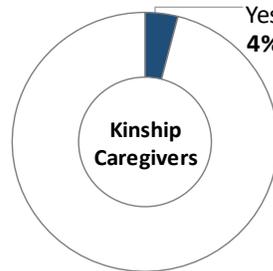
- “After going through the training I felt like it was a little rushed for me to have to get it all done, especially after working all day.” (K)
- “It seemed awfully lengthy and not super helpful when my foster children were placed.” (F)
- “Maybe improving the efficiency of it and taking less time.” (F)
- “I think that it is a very long course up front. It would be nice if it were a bit shorter since we have a lot of deadlines to meet.” (K)
- “It [initial training] was like a long 18 hour process. I think it was fine.” (F)

38 of the 624 caregivers who commented on training (6%) addressed child care during training.

COMMENTED ON THIS TOPIC



31 of 457 commented
 2 – Satisfied
 3 – Mixed or Neutral
 26 – Needs work



7 of 167 commented
 0 – Satisfied
 0 – Mixed or Neutral
 7 – Needs work

KEY FINDINGS

Nearly all (nine of 10) comments on the availability of child care during training were negative. Many of the classes are currently offered through the Alliance, which does not provide child care. Caregivers find it challenging to find child care while they attend training.

- Availability of child care, in-home or at the training, continues to be a challenge. This lack of child care can become a barrier to attending in-person training.
- Caregivers want child care to be offered with training so they don't have to find it on their own.
- Caregivers commented on how valuable the trainings that did offer child care had been for them

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Lack of child care at trainings is a hardship on caregivers.

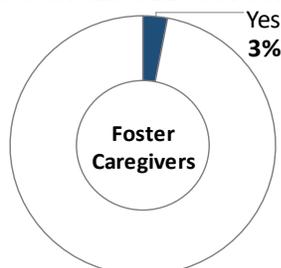
- “I love that some continuing education classes have child care (it’s almost always necessary for me to attend).” (F)
- “Fostering Washington offered child care when we went to training. Alliance does not offer any child care.” (K)
- “Caregiver training is difficult unless the class offers child care. The groups that offer child care seem to be shrinking.” (F)
- “Offer child care. It is hard to find places to provide child care so that I can be available.” (F)
- “Child care would be great. It is hard for my husband and I to both go to training if we do not have child care.” (F)
- “Provide child care with the training so parents can attend, both with small children and elementary children. Make it super accessible.” (K)
- “Child care options while at in-classroom training.” (F)
- “Allowing child care to be more accessible.” (F)
- “It is helpful to have child care provided since a lot of us need that. I can’t go if child care is not offered by the state.” (F)

Finding in-home care needed to attend training can also create challenges.

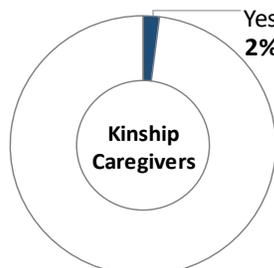
- “When they start doing live training again, it would be good if they provided child care. It is really difficult for me to attend as I have four children.” (F)
- “It is hard to get credit hours but there is not always babysitting available or respite care.” (F)
- “It is very hard to arrange child care. It would be nice if we had someone at the training site who could provide child care and we would pay for it.” (F)
- “We have five little ones and it’s nearly impossible to find someone to look after them so we could both go to training.” (K)
- “Child care at 7:00 at night for a training is tough because my kiddos go to bed at 7 pm. It would be too difficult to disrupt their schedule.” (F)
- “We are taking care of children and yet need to find child care for all children to do training. Hard to waste your child care options (some only have limited resources) on training instead of relaxing down time.” (F)

19 of the 624 caregivers who commented on training (3%) discussed other issues about access to training.

COMMENTED ON THIS TOPIC



15 of 457 commented
0 – Satisfied
5 – Mixed or Neutral
10 – Needs work



4 of 167 commented
0 – Satisfied
1 – Mixed or Neutral
3 – Needs work

KEY FINDINGS

Most (two of three) caregiver comments about other access issues were negative or addressed suggested improvements.

Some caregivers mentioned general accessibility challenges without giving any indication of the specific challenge. Others had more specific comments.

- The costs associated with training were discussed.
- Some asked for paid training to offset time away from work while others asked for training stipends or reimbursements.
- Some caregivers commented that they find their own training.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

General accessibility was mentioned.

- “Make it easier to get the training.” (F)
- “Easy access, having things accessible would be nice.” (F)
- “Have the training more available.” (F)
- “It’s difficult to get to them.” (F)

Some caregivers discussed wanting particular classes to be more broadly available.

- “We especially love the TBRI training we received at the Refresh Conference and wish this were more readily available.” (F)
- “I’ve learned a lot. I wish this training was available to all parents.” (F)

Some find training without state assistance.

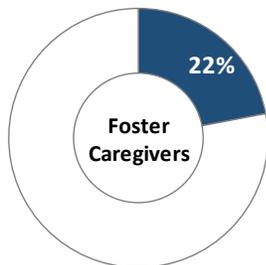
- “I seek my own training and I’m not really too worried about that aspect.” (F)
- “I think that for me I sought those things out since they are not provided by the state for that specific training.” (K)
- “I sought my own training to better understand one of my placements and her trauma.” (F)

Some asked for consideration about the financial implications associated with attending.

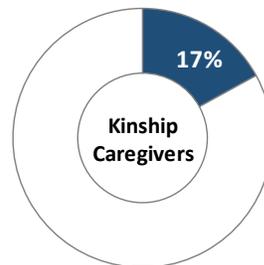
- “Have a paid training because a lot of people do not have the employer vacation time to take those days off.” (F)
- “I have had little or no training offered to me by the state; I sought out what I attended. The state does not do a good job of giving options to foster parents as to where they can go to get training. Are there any reimbursements available for this training and related costs? I think the state does a great disservice in not doing better in this area.” (F)
- “I would like to see some stipends so we could attend in-person trainings.” (F)
- “I took all the training I could find about older kids in my first licensed period and have not found anything new that is free.” (F)
- “We’ve been trying to get into CPR training and ‘Keep the Beat Training’ has changed. Classes are limited and we now have to pay \$125 for it.” (K)

129 of the 624 caregivers who commented on training (21%) addressed online training.

COMMENTED ON THIS TOPIC



101 of 457 commented
32 – Satisfied
12 – Mixed or Neutral
57 – Needs work



28 of 167 commented
12 – Satisfied
3 – Mixed or Neutral
13 – Needs work

KEY FINDINGS

Most caregiver comments about online training (six of 10) were negative or suggested needed work, including having more online trainings.

- Caregiver comments about COVID-19 highlighted the availability of remote training and were generally positive. Interactive on-line options, such as Zoom classes or live content, were praised. Some wanted more interactive options, such as webinars and group conversations among caregivers.
- Caregivers want more and updated online content; some commented on taking the same courses for nearly a decade. Others want more updated information about current issues foster children are facing.
- Caregivers are grateful for online training options that fit their schedules and do not require additional coordination or finding child care.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Caregivers noted how COVID-19 has impacted training.

“It has been very thorough and we now appreciate the online training that’s more readily available since COVID-19.” (F)

“Online and webinar has been great due to COVID. So much easier than having to get sitters.” (F)

“We love the webinars. It’s almost like being there in person. Hope they continue them after it’s safe to venture out of our houses.” (F)

Caregivers want interactive options.

“I want webinars on Zoom.” (F)

“It would be good to do the training in person rather than Zoom.” (F)

“More availability online. Maybe having some group online classes where you get to collaborate with others when having it online would be more convenient.” (F)

“Because I did all my training online, I missed that classroom interaction. It would be nice to have a live feed with a class that is going on so I could ask questions.” (K)

Some appreciated the choices in online training.

“More online training provided for foster parents caring for relatives.” (K)

“I like the online choices that I can choose from, and apply them to the children I have at that time. I’m glad I don’t have to go sit in the classroom.” (F)

Caregivers asked for updated training content.

“You really need to update the online training. Some of it is so old and there have been a lot of changes since some of these films were done.” (F)

“I think for most of the time I had to do online training, I feel like the training packages are very old and need updating with issues that children are facing now – technology, bullying, homosexuality, etc.” (F)

Some caregivers mentioned how online training eases the challenges of child care.

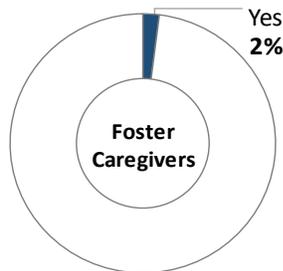
“Continue to offer more webinars for parents who can’t secure child care or can do it during work hours when children are at daycare.” (F)

“It is almost impossible for us to go to the in-person training. We have five kids ranging in age from eight months to seven years. If there were more webinars and a variety of times to join one. That would be awesome.” (F)

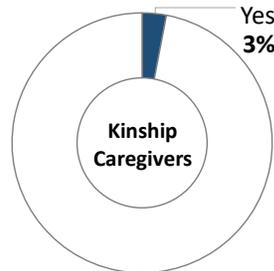
“The online training was really helpful with kids in the home.” (F)

16 of the 624 caregivers who commented on training (3%) discussed other alternative training formats.

COMMENTED ON THIS TOPIC



11 of 457 commented
 8 – Satisfied
 1 – Mixed or Neutral
 2 – Needs work



5 of 167 commented
 4 – Satisfied
 1 – Mixed or Neutral
 0 – Needs work

KEY FINDINGS

Three of four caregiver comments on alternative training formats were positive, but also offered suggestions for improvements in continuity, follow-up support and integration of the material presented in training classes.

- In-home training and follow-up support were both met with gratitude.
- Some asked for a forum or method to discuss implementation challenges.
- One kinship caregiver gave a suggestion to increase accessibility through breaking out the training content in small topic sections sent via emails or texts, utilizing more modern tools to distribute the information.

Caregivers speak . . .

(K) = Kinship caregiver (F) = Foster caregiver

Some made suggestions for increasing depth of understanding or easier accessibility.

“Follow-up support on the topics presented. A forum where we could ask more questions on the topic.” (F)

“Put all the training into a central library; pull it all together and make it accessible to all caregivers; empower your caregivers.” (F)

“In general, you don’t really know what you’re getting until you get it. The training classes try to cover all the bases. But the questions come up once the child is placed in your home. The training is good, but you don’t think of all the questions you need to/or should have asked of the instructors until you are in the trenches. Consider some kind of online follow-up to check in with everyone who has recently completed their license. Use the class that’s called something like, ‘You’ve Got Your First Placement, Now What?’ and carve it into a series of email or texts that can be sent out to new foster parents. Example: ‘You’ve just provided your first month of transportation for your foster/relative child. Here’s how you fill out your mileage report.’ and give examples. The next month send something out on a different topic. Maybe they should be weekly for the first three months.” (K)

Responses about in-home training were positive.

“The parenting classes were very helpful. They came into our home to do the training.” (K)

“The private agency is always ‘on top’ of their training. Our private agency social worker even comes to our house to do trainings.” (F)

Some caregivers found the video training helpful.

“The video training was very helpful.” (F)

“I went through the videos provided and they’re very helpful.” (F)

Caregivers appreciate following up with their trainers.

“Having access to the person who trained us is super helpful when questions come up.” (F)

“Good to get information from trainers who are very experienced and we can call them later for advice.” (F)

One caregiver appreciated the increasing class variety.

“A lot more options have been made available in the last one or two years. In addition to options on curriculum, there are [many] ways to obtain that training.” (F)

Appendix



Photo by Polina Zimmerman/Pexels

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Response Glossary – Caregiver Support

Question 1: What do all the partners in Washington’s child welfare system, including DCYF, private agencies, and your social workers and licensors do well to support you?

Question 2: What could all the partners in Washington’s child welfare system, including DCYF, private agencies, and your social workers and licensors do better to support you?

Response Category	Description
QUALITY/ HELPFULNESS	
QS – Overall Support	DCYF has supported/not supported me and my family; good/bad service overall; grateful for help, appreciative (or not); like/don’t like DCYF/everything. They help/don’t help. They do/don’t provide good services. General statements about DCYF/contractors “They are there when I need them” (SS if it appears to be talking about SW). Comments comparing private agency and DCYF, where DCYF experience is negative and private agency experience is positive (e.g., “Private agency is good but DCYF is awful”) should be coded QP_P and QS_E.
QP – Specific Agency/Office Support	Named specific DCYF program/location/office that was supportive/not supportive; mentioned support/non-support of “private agency” (named or not).
QN – Nothing	“Nothing,” “Can’t think of anything,” etc. (Negative, if about what has been supportive; Positive, if about what needs to be done better.) Check for context, some might be a better fit in DK.
SOCIAL WORKERS	
SS – Social Worker Support	Social workers have supported/not supported me and my family; good/bad service overall; grateful for their help, appreciative (or not); like/don’t like social workers and the work they do. Social workers help/don’t help. Social workers do/don’t provide good services.
SC – Social Worker Courtesy/Respect	Compliments/complaints regarding social worker courtesy, respect, helpful attitude (<i>tries</i> to help), sensitivity, kindness, friendliness, niceness, caring (about both foster children and parents), compassion.
SL – Social Workers Listen/Understand	Social worker does/doesn’t listen; is – or isn’t – attentive; does/doesn’t understand what caregivers say, and what they (and the children) need. “They listen to our input” (only code SI as well for cases where SW is actively seeking input)
SI – Social Workers Inclusiveness	Social worker gets input from caregivers; lets them help make decisions and plans; collaborates with them; invites them to participate in meetings (or fails to do these things). Use this code along with IN if a comment addresses a need for inclusion <u>and</u> information.
SOC – Social Worker General Communication	Social workers are good/bad at general communication (if they don’t specify IN or SL). Communication mentioned without other context.
SOR – Social Worker Responsiveness	Like/don’t like social workers’ follow-through (includes “keeps promises”); responsiveness; timeliness (Does NOT include timely response to phone, text, email, which is AP. Comments about timely communication are coded SOC). Responds to requests. Solves problems. Finds needed resources. “Gets back to me.”
SO – Other Social Worker Comments	Like/don’t like social workers’ commitment; professionalism; customer service; showing up for scheduled appointments; fairness; flexibility; knowledge, qualities/abilities (not covered in other codes). Specific supportive or non-supportive actions not covered in other codes, such as providing feedback/advice/direction/guidance. Social workers are/are not knowledgeable, honest, well-trained. “Always there/available” if context not clear (AP if in context of reaching SW).
SF – Foster Care Licensor Support	Compliments/complaints about caregivers’ experience with foster care licensors. (Comments specific to the licensing <i>process</i> are coded PS.)

Response Category	Description
SW – Specific Social Worker	Named specific social worker. Can be combined with other social worker (S codes) if there is additional context about what the social worker did/didn't do well
SN – Need More Social Workers	More social workers are needed to serve caregivers; workload too heavy; social workers too busy; caseloads too high/need smaller caseloads; turnover a problem. Does not apply if respondent just says they have had lots of social workers, without indicating any of the above reasons.
ACCESS	
AP – Phone/Staff Access	Able/unable to reach social workers by phone/voicemail/e-mail/website/text. Social workers do/don't return calls and messages (or if they do/don't <u>return</u> calls and messages in a timely manner); social workers are available/unavailable (for contact; otherwise SO); it's easy/hard to reach social workers.
AR – Consistency of Contact	Social workers are/aren't <u>initiating</u> regular or sufficient contact via home visits, phone calls, etc., or if contact is limited (i.e. "regular" doesn't mean consistently poor).

Response Category	Description
PROCESSES	
PR – General Processes	Compliments or complaints about the system—efficiency, bureaucracy, continuity, consistency, errors, rules, time it takes to get services (overall). System should care more about children and less about parent rights. "Better funding" only if context indicates it's for systems rather than caregivers.
PS – Specific Processes	Likes or dislikes/wants a specific process/way of doing things, time it takes to get specific services. Includes the time it takes to terminate rights and adopt. Change in social workers without indicating turnover/workload (SN). SW after-hours availability.
PP – Paperwork Processes	Likes or dislikes/wants paperwork processes (general or specific). Paperwork lost.
COORDINATION	
CO – Coordination	Coordination of services for caregivers, inside or outside of DCYF (includes coordination between caregivers and biological families); communication to accomplish effective coordination. Includes social workers should communicate better with each other and other agencies. "One hand doesn't know what the other is doing." Inconsistencies between social workers or offices.
INFORMATION	
IN – Information	Get/don't get useful information from social workers about foster child; foster system; available resources; meeting times/court dates; training. Social workers do/don't answer questions; give clear explanations; give consistent responses, provide feedback/advice; provide referrals/grateful for referrals. Timeliness of information. Get/don't get useful information online. Likes or dislikes/wants access to interpreters, bilingual staff, native English speakers on staff.
RESOURCES	
RR – Respite	Likes or dislikes/wants respite services. Doesn't get paid for respite.
RF – Financial Matters	Likes or dislikes/wants financial payments (ongoing or one time) to foster parents. "Kinship care should get more financial help." Includes references to TANF.
RM – Medical, Dental, Mental Health	Likes or dislikes/wants medical/dental/mental health services (includes speech and occupational therapy), medical supplies. Likes/grateful for medical care in general. Includes insurance/provider availability, process of authorization, getting paid for medical services, medication.
RT – Transportation	Likes or dislikes/wants transportation services (includes mileage reimbursement). Difficulty getting payment for transportation.

Response Category	Description
RC – Child Care	Likes or dislikes/wants child care services.
RO – Other Resources	Likes or dislikes/wants other resources (or just says “resources,” without context). “Kinship care should get more resources.”
OTHER	
OS – Other Sources of Caregiver Support	Comments about support for caregivers from sources other than social workers inside DCYF (foster care liaisons, foster care recruiters, support staff) and outside DCYF (CASA/GAL, extended family, support groups, other community groups). Include events to say “thank you.”
O – <i>Not</i> about Support	Other miscellaneous comments that don’t fit elsewhere. Comments about good/bad support that occurred in the past (any time before current situation); comments about future support, general life stories.
DK – Don’t Know	Don’t know. Have no answer. Unsure. Too new to caregiving to answer. No contact with DCYF; no need for support.
OT – Training	<u>General</u> comments regarding training. Specific comments about training are moved and coded as such.

Response Glossary – Caregiver Training

Question 3: What about caregiver training has been helpful?

Question 4: How could caregiver training be improved?

Response Category	Description
QUALITY/HELPFULNESS	
TH – Overall Training	Training is helpful/not helpful; training was good (great)/not good (great); did/didn't like training (without further clarification).
TP – Specific Agency/Program Training	Named specific program/location/office that provides training; names private agency; mentions "private agency" training (no name given); mentions continuing education, college classes, or classes in the community (TP_E if just a mention that they received training through one of these sources. TP_P or TP_N if they indicate whether training was good/bad).
TN – Nothing	"Nothing," "Can't think of anything," "No suggestions" etc. (Negative, if about what has been helpful; positive, if about what needs improving.) NOT "Nothing stands out" Use TH_E.
TRAINERS	
TR – Trainers	Trainers are good/bad; specific trainer qualities; want more/less of specific categories of trainers (including foster parents/foster children/biological parents as trainers—use both TR and TV); includes comments about guest speakers/presenters at training.
TT – Specific Trainer	Named specific trainer. Also always coded as TR
GENERAL TRAINING	
Comments on aspects of training caregivers like/want or don't like/don't want	
TG-C – Caring for Foster Children	Dealing with/caring for foster children. Includes communicating with children; identifying/meeting their needs; making them part of foster family; understanding situations in foster children's bio-homes; what to expect from foster children in foster homes.
TG-A – Approaches to Training	Approaches used in training. Includes small groups; roundtable discussions; brainstorming; using case scenarios, real life examples; Q&A sessions (if caregiver involvement not specified).
TG-R – Resources	Information about resources (what/where they are); contact information.
TG-M – Training Materials	Quality/usefulness of materials used in training (including need to update written materials, videos, etc.); specific topics to add/delete in training materials.
TG-O – Other Training Comments	Other comments about training. Includes more/less training; variety in training; repetitious training; updated training; training pace too fast/too slow; tell it like it is; limit socializing during training; general parenting information; information for caregivers who haven't parented; refresher courses for long-term caregivers. Complaints about training requirements. Training that addresses general issues of children in my care (only if a general observation, not a request for a specific type of training). Requests for training in languages other than English. Comments about wanting to include foster parent's biological children in training. "Every child is different." Comments about training room/refreshments.
SPECIFIC TRAINING TOPICS	
Comments on specific training/training types caregivers like/want or don't like/don't want	
TS-D – Disorders/Issues	Training focused on particular disorders/disabilities/issues. Includes training on trauma (grief and loss); abuse/neglect; attachment disorder; anorexia, bulimia, hoarding; anger issues; ADD/ADHD; autism; special needs; medications for disorders/issues. Includes behavior problems outside normal developmental issues. "Medically fragile" if infants/toddlers not specified. Include TSB for combined brain development/trauma training (i.e. TBRI).

Response Category	Description
TS-S – Substance Abuse	Training focused on substance-abuse issues. Includes fetal alcohol syndrome, drug-exposed infants, and effects of parents’ drug use on children.
TS-Y – Sexually Inappropriate Behavior	Training focused on sexual abuse, youthful sex offenders, sexually aggressive or inappropriate behavior.
TS-B – Child Behavior	Training focused on child behavior/child development; age-specific populations and issues (toddlers, school-age, teens); includes behavior management and discipline except that which falls in TS-D.
TS-I – Infants and Toddlers	Training on infants and toddlers. Includes infant care, medically fragile infant/toddler care. Not for fetal alcohol syndrome or infants exposed to drugs (TS-S). “Medically fragile” with no mention of infants or toddlers is TS-D.
TS-F – Navigating the Foster Care System	Training on how to navigate the foster care system. Includes how to interact with social workers; paperwork issues; rules and regulations; court procedures; other processes/procedures; what to expect from the system.
TS-P – Caregiver Core Training	Like/don’t like CCT/PRIDE training (PRIDE is now Caregiver Core Training). Any mention of “Core” training should use this code.
TS-H – Health and Safety	Training focused on health and safety. Includes protecting children from abuse; first aid/CPR; immunizations; car seat training.
TS-C – Cultural Awareness and Language Issues	Training focused on cultures and cultural issues. (Includes Native American culture and issues; how tribes interact with DSHS; tribal courts.) Cultural sensitivity of training.
TS-O – Other Specific Training Topics	Other training. Includes dealing with parents; advocating for youth; children’s rights; grief/loss/stress experienced by foster care <i>providers</i> ; other specific training liked or disliked/wanted. Mentions taking specific classes/training/workshops, without identifying them. Mentions “first placement training” or “initial training” but NOT “Core Training” (TS-P).
ACCESS	Comments about what made it easier/harder for caregivers to attend training
TA-L – Location	Location of training. Includes having training in more places; having training closer to caregivers’ homes; making it easier to get to training.
TA-S – Scheduling	Scheduling of training. Includes scheduling more training sessions; having training on more–or different–days; training in the evenings, on weekends; duration of training; ongoing training.
TA-C – Child Care	Child care available during training.
TA-O – Other Access Comments	Other likes/dislikes, or wants/don’t wants, regarding access to training (e.g. “We had to seek training ourselves.” without indication of reason/other reason than above). Includes comments about transportation to training.
ALTERNATIVE TRAINING FORMATS	Comments about training formats (other than standard classroom training)
TF-N – Online Training	Like/dislike, wants more/less online training options, including online videos.
TF-S – Support Groups	Like/dislike training offered during support groups.
TF-O – Other Alternative Training Formats	Like/dislike other alternative training formats (newsletters, individual training, etc.); comments about resource libraries or training DVDs; like/want wider variety of formats. Follow-up coaching via phone call.

Response Category	Description
VOICE AND CHOICE	Comments that indicate caregivers felt/didn't feel included, involved, empowered by training
TV – Voice and Community in Training	Caregiver involvement in training (including foster parents/foster children/biological parents as trainers–use both TR and TV); interactions among caregivers during training; interactions between new and experienced caregivers; sense of community/support in training; networking.
TC – Choice in Training	Caregivers do/don't choose which training to attend, what is addressed in training. Only use if respondent specifically likes / wants more choice in which training to take.
TRAINING INFORMATION	
TI – Information about Training	Like/want information about upcoming training; mailings; training calendars. Don't like/don't want such information in the form it is currently provided. This includes comments about wanting social workers to make caregivers aware of training. Comments about training certificates.
OTHER	
TOS – Support Beyond Training	Includes support groups for caregivers; family preservation services; early childhood education support groups; ongoing advocates or mentors for caregivers/families; crisis intervention when trauma occurs (in biological or foster families); FPAWS; general comments about training in the community.
TO – Response <i>not</i> about Training	Other miscellaneous comments that don't fit elsewhere. <i>"Experience as a caregiver is the best teacher."</i> Comments about <i>support</i> should be moved and coded as such.
TDK – Don't Know	Don't know, not sure, can't answer, haven't attended training.
TUC – Training for Unlicensed Caregivers	Any comments regarding training and unlicensed caregivers. (If specific training is mentioned, code both TUC and that code). <i>"Unlicensed caregivers need/should get/should be offered training also."</i>

Response Glossary – Caregiver Licensing

Question 5: Why did you decide to become licensed?

Question 6: Is there a reason why you haven't chosen to become licensed?

Response Category	Description
QUESTION 5 ONLY	
A – Facilitate Adoption	Became licensed in order to facilitate adoption of children in general (not a specific child), “foster to adopt.”
P – Facilitate Placement	Facilitate/ensure placement/adoption/guardianship of specific child(ren). <i>“To be able to foster family members.”</i>
M – Mandated/Required	Court ordered, mandated, no option.
RF – Financial Matters	Getting financial resources/payments (ongoing or one time) for licensed caregivers. References to Relative Guardianship Assistance Program (R-GAP). <i>“Licensed caregivers get better financial remuneration.”</i>
RO – Other Resources	Getting other resources, including non-financial support (or just says “resources,” not specified).
H – Helping Children	Wants to help children and/or serve community (includes references to seeing/meeting a need and general social good).
GI – General Interest	Comments about general good experience, happy with how it is, simply wants to obtain license, enjoys fostering, encouraged by SW, personal circumstances/stories, other reasons not covered by specific codes.
O – Other	Comments that are NOT reasons for being licensed.
DK – Don’t Know	Don’t know. Have no answer. Unsure. Too new to foster parenting to answer. No contact with DCYF.
QUESTION 6 ONLY	
AP – Applied/In-progress	A license is in progress.
D – Denied	Applied but denied.
Q – Qualification Issues	Would like to be licensed, but would not qualify.
R – Relative	Caregiver is a relative or close friend. They didn’t need to get licensed because they were caring for a relative. Q6: <i>“I am a relative.” “Just taking care of family. Don’t need to be in the system.”</i>
G – Guardian	Caregiver is a guardian. <i>“Not required. I have full guardianship/custody of the child as the parents agreed...”</i>
S – Short-term	Short-term/temporary placement. <i>“I only had the children for 5 days.” “This was only going to be a temporary placement.”</i>
A – Adoption	Pursuing adoption instead of fostering (children in general, or a specific child/children). <i>“I am planning to adopt the child and am not interested in fostering other children.”</i>
PR – General Processes	Comments about the system – efficiency, bureaucracy, continuity, consistency, errors, rules, time it takes to get services (overall). Benefits of licensing aren’t worth the process. Discomfort sharing private information.
PT – Training Requirements	Comments about 24 hours of preservice training, 1st aid/CPR training, blood borne pathogen training and ongoing training requirements after caregiver is licensed.
PH – Health/Safety Requirements	Comments about showing proof that all household children are immunized, if caring for age 2 and under the caregivers and all household members need the flu shot, physical requirements for their home such as fire extinguishers/escape ladders, TB tests for caregivers, well test if on a well (none of these are required for unlicensed caregivers)

Response Category	Description
PP – Personal Reasons	Does not want to obtain license due to personal factors, including age, health, work schedule, time commitment, cost and that they have children of their own.
IN – Information	Unaware that licensing is an option. Get/don't get useful information from social workers about licensing; foster system.
GD – General Disinterest	Comments about general bad experience, simply doesn't want to obtain license. Doesn't want anything to do with the state foster system. Other reasons not covered by specific codes.
O – Other	Comments that are NOT reasons for not being licensed.
DK – Don't Know	Don't know. Have no answer. Unsure. Too new to foster parenting to answer. No contact with DCYF. Includes responses "no" and "no reason."

Notes:

- "No comment," "No response," "Don't want to answer," and N/A are not coded.
- Most of the support and training codes are grouped by sentiment: positive (P), needs work (N), or neutral/mixed (E). For example, comments that fall under Social Worker Courtesy (SC) can be coded SC-P (positive comments about social worker courtesy), SC-N (negative comments or suggestions for change about social worker courtesy) or SC-E (neutral or mixed comments about social worker courtesy, like "Social workers are friendly sometimes" or "Some social workers are respectful to foster parents, and some aren't").
- All licensing codes (Q5 and Q6) and support and training codes (Q1-4) do not include sentiment coding. For example, Nothing (QN or TN), Specific Social Worker (SW), Need More Social Workers (SN) and Don't Know (DK or TDK) are not further dividing into positive, negative or neutral.

Narrative Comments Summary – Support: All Caregivers

1,101 Respondents (1,098 made comments)

MAJOR THEMES AND SUBTHEMES ¹		Total		Satisfied		Mixed or Neutral		Needs Work	
		# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³
Quality/Support		380	34.6%	240	21.9%	34	3.1%	106	9.7%
Overall Support	QS	169	15.4%	86	7.8%	25	2.3%	58	5.3%
Nothing	QN	137	12.5%	89	8.1%			48	4.4%
Specific Agency/Area/Office Support	QP	130	11.8%	104	9.5%	16	1.5%	10	0.9%
Social Workers		956	87.1%	380	34.6%	254	23.1%	321	29.2%
Social Worker Support	SS	398	36.2%	236	21.5%	64	5.8%	98	8.9%
Specific Social Worker	SW	25	2.3%						
Social Worker Courtesy and Respect	SC	164	14.9%	79	7.2%	6	0.5%	79	7.2%
Social Workers Listen/Understand	SL	170	15.5%	92	8.4%	10	0.9%	68	6.2%
Social Workers Inclusiveness	SI	116	10.6%	33	3.0%	9	0.8%	74	6.7%
Social Worker Communication	SOC	213	19.4%	58	5.3%	12	1.1%	143	13.0%
Social Worker Responsiveness	SOR	407	37.1%	226	20.6%	39	3.6%	142	12.9%
Other Comments About Social Workers	SO	377	34.3%	170	15.5%	32	2.9%	175	15.9%
Need More Social Workers	SN	84	7.7%					84	7.7%
Foster Care Licensors	SF	64	5.8%	33	3.0%	7	0.6%	24	2.2%
Access, Process, and Coordination		598	54.5%	150	13.7%	103	9.4%	345	31.4%
Phone/Staff Access	AP	227	20.7%	123	11.2%	22	2.0%	82	7.5%
Consistency of Contact	AR	143	13.0%	100	9.1%	12	1.1%	31	2.8%
General Processes	PR	172	15.7%	5	0.5%	9	0.8%	158	14.4%
Specific Processes	PS	190	17.3%	6	0.5%	8	0.7%	176	16.0%
Paperwork Processes	PP	23	2.1%	1	0.1%	1	0.1%	21	1.9%
Coordination	CO	70	6.4%	13	1.2%	2	0.2%	55	5.0%
Information	IN	548	49.9%	199	18.1%	84	7.7%	265	24.1%
Resources		373	34.0%	188	17.1%	49	4.5%	136	12.4%
Medical, Dental, Mental Health	RM	70	6.4%	13	1.2%	2	0.2%	55	5.0%
Respite Care	RR	34	3.1%	10	0.9%	2	0.2%	22	2.0%
Transportation	RT	33	3.0%	16	1.5%	2	0.2%	15	1.4%
Child Care	RC	33	3.0%	16	1.5%	5	0.5%	12	1.1%
Financial Matters	RF	59	5.4%	13	1.2%	3	0.3%	43	3.9%
Other Resources (includes training)	RO	140	12.8%	83	7.6%	12	1.1%	45	4.1%
Other Sources of Support	OS	124	11.3%	93	8.5%	10	0.9%	21	1.9%
Other									
Not about support	O	82	7.5%	4	0.4%	49	4.5%	29	2.6%
Don't know	DK	72	6.6%			72	6.6%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e., a person who made "Good Work" comments in both "Child Care" and "Respite" is counted only once in the "Resources" row. A person who has a "Good Work" comment in the "Childcare" row and "Needs Work" in the "Respite" row would be counted as a "Mixed" comment in the "Resources" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to support questions.

Narrative Comments Summary – Support: Foster Caregivers

466 Respondents (465 made comments)

MAJOR THEMES AND SUBTHEMES ¹		Total		Good Work		Mixed or Neutral		Needs Work	
		# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³
Quality/Support		163	35.1%	125	26.9%	15	3.2%	23	4.9%
Overall Support	QS	46	9.9%	23	4.9%	9	1.9%	14	3.0%
Nothing	QN	32	6.9%	26	5.6%			6	1.3%
Specific Agency/Area/Office Support	QP	112	24.1%	94	20.2%	11	2.4%	7	1.5%
Social Workers		425	91.4%	141	30.3%	141	30.3%	142	30.5%
Social Worker Support	SS	170	36.6%	92	19.8%	35	7.5%	43	9.2%
Specific Social Worker	SW	11	2.4%						
Social Worker Courtesy and Respect	SC	87	18.7%	38	8.2%	2	0.4%	47	10.1%
Social Workers Listen/Understand	SL	85	18.3%	44	9.5%	5	1.1%	36	7.7%
Social Workers Inclusiveness	SI	71	15.3%	16	3.4%	8	1.7%	47	10.1%
Social Worker Communication	SOC	108	23.2%	31	6.7%	9	1.9%	68	14.6%
Social Worker Responsiveness	SOR	199	42.8%	107	23.0%	21	4.5%	71	15.3%
Other Comments About Social Workers	SO	176	37.8%	77	16.6%	15	3.2%	84	18.1%
Need More Social Workers	SN	50	10.8%					50	10.8%
Foster Care Licensors	SF	46	9.9%	24	5.2%	6	1.3%	16	3.4%
Access, Process, and Coordination		261	56.1%	59	12.7%	49	10.5%	153	32.9%
Phone/Staff Access	AP	111	23.9%	57	12.3%	10	2.2%	44	9.5%
Consistency of Contact	AR	54	11.6%	39	8.4%	4	0.9%	11	2.4%
General Processes	PR	73	15.7%	1	0.2%	2	0.4%	70	15.1%
Specific Processes	PS	81	17.4%	4	0.9%	3	0.6%	74	15.9%
Paperwork Processes	PP	10	2.2%	0	0.0%	1	0.2%	9	1.9%
Coordination	CO	35	7.5%	8	1.7%	1	0.2%	26	5.6%
Information	IN	254	54.6%	81	17.4%	48	10.3%	125	26.9%
Resources		154	33.1%	79	17.0%	24	5.2%	51	11.0%
Medical, Dental, Mental Health	RM	23	4.9%	4	0.9%	3	0.6%	16	3.4%
Respite Care	RR	21	4.5%	8	1.7%	1	0.2%	12	2.6%
Transportation	RT	19	4.1%	9	1.9%	1	0.2%	9	1.9%
Child Care	RC	11	2.4%	3	0.6%	3	0.6%	5	1.1%
Financial Matters	RF	15	3.2%	3	0.6%	1	0.2%	11	2.4%
Other Resources (includes training)	RO	49	10.5%	34	7.3%	5	1.1%	10	2.2%
Other Sources of Support	OS	66	14.2%	48	10.3%	5	1.1%	13	2.8%
Other									
Not about support	O	37	8.0%	0	0.0%	24	5.2%	13	2.8%
Don't know	DK	21	4.5%			21	4.5%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e., a person who made "Good Work" comments in both "Child Care" and "Respite" is counted only once in the "Resources" row. A person who has a "Good Work" comment in the "Childcare" row and "Needs Work" in the "Respite" row would be counted as a "Mixed" comment in the "Resources" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to support questions.

Narrative Comments Summary – Support: Kinship Caregivers

635 Respondents (633 made comments)

MAJOR THEMES AND SUBTHEMES ¹		Total		Good Work		Mixed or Neutral		Needs Work	
		# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³
Quality/Support		217	34.3%	115	18.2%	19	3.0%	83	13.1%
Overall Support	QS	123	19.4%	63	10.0%	16	2.5%	44	7.0%
Nothing	QN	105	16.6%	63	10.0%			42	6.6%
Specific Agency/Area/Office Support	QP	18	2.8%	10	1.6%	5	0.8%	3	0.5%
Social Workers		531	83.9%	239	37.8%	113	17.9%	179	28.3%
Social Worker Support	SS	228	36.0%	144	22.7%	29	4.6%	55	8.7%
Specific Social Worker	SW	14	2.2%						
Social Worker Courtesy and Respect	SC	77	12.2%	41	6.5%	4	0.6%	32	5.1%
Social Workers Listen/Understand	SL	85	13.4%	48	7.6%	5	0.8%	32	5.1%
Social Workers Inclusiveness	SI	45	7.1%	17	2.7%	1	0.2%	27	4.3%
Social Worker Communication	SOC	105	16.6%	27	4.3%	3	0.5%	75	11.8%
Social Worker Responsiveness	SOR	208	32.9%	119	18.8%	18	2.8%	71	11.2%
Other Comments About Social Workers	SO	201	31.8%	93	14.7%	17	2.7%	91	14.4%
Need More Social Workers	SN	34	5.4%					34	5.4%
Foster Care Licensors	SF	18	2.8%	9	1.4%	1	0.2%	8	1.3%
Access, Process, and Coordination		337	53.2%	91	14.4%	54	8.5%	192	30.3%
Phone/Staff Access	AP	116	18.3%	66	10.4%	12	1.9%	38	6.0%
Consistency of Contact	AR	89	14.1%	61	9.6%	8	1.3%	20	3.2%
General Processes	PR	99	15.6%	4	0.6%	7	1.1%	88	13.9%
Specific Processes	PS	109	17.2%	2	0.3%	5	0.8%	102	16.1%
Paperwork Processes	PP	13	2.1%	1	0.2%	0	0.0%	12	1.9%
Coordination	CO	35	5.5%	5	0.8%	1	0.2%	29	4.6%
Information	IN	294	46.4%	118	18.6%	36	5.7%	140	22.1%
Resources		219	34.6%	109	17.2%	25	3.9%	85	13.4%
Medical, Dental, Mental Health	RM	48	7.6%	24	3.8%	7	1.1%	17	2.7%
Respite Care	RR	13	2.1%	2	0.3%	1	0.2%	10	1.6%
Transportation	RT	14	2.2%	7	1.1%	1	0.2%	6	0.9%
Child Care	RC	22	3.5%	13	2.1%	2	0.3%	7	1.1%
Financial Matters	RF	44	7.0%	10	1.6%	2	0.3%	32	5.1%
Other Resources (includes training)	RO	91	14.4%	49	7.7%	7	1.1%	35	5.5%
Other Sources of Support	OS	58	9.2%	45	7.1%	5	0.8%	8	1.3%
Other									
Not about support	O	45	7.1%	4	0.6%	25	3.9%	16	2.5%
Don't know	DK	51	8.1%			51	8.1%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e., a person who made "Good Work" comments in both "Child Care" and "Respite" is counted only once in the "Resources" row. A person who has a "Good Work" comment in the "Childcare" row and "Needs Work" in the "Respite" row would be counted as a "Mixed" comment in the "Resources" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to support questions.

Narrative Comments Summary – Training: All Caregivers

626 Respondents (624 made comments)

MAJOR THEMES AND SUBTHEMES ¹	Total		Good Work		Mixed or Neutral		Needs Work		
	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	
Training Quality and Helpfulness	208	33.3%	180	28.8%	9	1.4%	19	3.0%	
Helpfulness of training	TH	90	14.4%	75	12.0%	7	1.1%	8	1.3%
Nothing	TN	103	16.5%	93	14.9%			10	1.6%
Specific Program or Agency	TP	48	7.7%	41	6.6%	5	0.8%	2	0.3%
Trainers, Methods, and Resources	381	61.1%	200	32.1%	68	10.9%	113	18.1%	
Trainers	TR	61	9.8%	42	6.7%	3	0.5%	16	2.6%
Specific Trainer	TT	7	1.1%						
Taking Care of Foster Children	TG-C	68	10.9%	56	9.0%	4	0.6%	8	1.3%
Approaches to Training	TG-A	52	8.3%	27	4.3%	1	0.2%	24	3.8%
Building Community	TV	80	12.8%	52	8.3%	8	1.3%	20	3.2%
Accessing Resources	TG-R	36	5.8%	23	3.7%	0	0.0%	13	2.1%
Training Materials	TG-M	39	6.3%	12	1.9%	4	0.6%	23	3.7%
Other General Training Comments	TG-O	214	34.3%	99	15.9%	29	4.6%	86	13.8%
Specific Training Topics	415	66.5%	292	46.8%	67	10.7%	56	9.0%	
Disorders/Issues	TS-D	167	26.8%	126	20.2%	13	2.1%	28	4.5%
Sexually Inappropriate Behavior	TS-Y	9	1.4%	5	0.8%	1	0.2%	3	0.5%
Substance Abuse	TS-S	24	3.8%	19	3.0%	0	0.0%	5	0.8%
Child Behavior and Development	TS-B	129	20.7%	97	15.5%	4	0.6%	28	4.5%
Infants and Toddlers	TS-I	11	1.8%	4	0.6%	1	0.2%	6	1.0%
Navigating Foster Care System	TS-F	92	14.7%	58	9.3%	9	1.4%	25	4.0%
Health and Safety	TS-H	33	5.3%	30	4.8%	1	0.2%	2	0.3%
Cultural Awareness/Issues	TS-C	21	3.4%	15	2.4%	1	0.2%	5	0.8%
Caregiver Core Training/PRIDE	TS-P	65	10.4%	54	8.7%	6	1.0%	5	0.8%
Other Specific Trainings	TS-O	80	12.8%	49	7.9%	5	0.8%	26	4.2%
Love and Logic	TS-L	2	0.3%	1	0.2%	0	0.0%	1	0.2%
Access and Format	261	41.8%	56	9.0%	39	6.3%	166	26.6%	
Information About Training	TI	32	5.1%	5	0.8%	3	0.5%	24	3.8%
Training Location	TA-L	30	4.8%	1	0.2%	2	0.3%	27	4.3%
Scheduling of Training	TA-S	53	8.5%	4	0.6%	3	0.5%	46	7.4%
Choice in Training	TC	5	0.8%	5	0.8%	0	0.0%	0	0.0%
Child Care During Training	TA-C	38	6.1%	2	0.3%	3	0.5%	33	5.3%
Other Comments About Access	TA-O	19	3.0%	0	0.0%	6	1.0%	13	2.1%
Online Training	TF-N	129	20.7%	44	7.1%	15	2.4%	70	11.2%
Support Groups	TF-S	11	1.8%	8	1.3%	0	0.0%	3	0.5%
Other Training Formats	TF-O	16	2.6%	12	1.9%	2	0.3%	2	0.3%
Other Learning Opportunities	TOS	12	1.9%	3	0.5%	1	0.2%	8	1.3%
Other									
Response not about training	TO	26	4.2%	1	0.2%	16	2.6%	9	1.4%
Training for Unlicensed Caregivers	TUC	9	1.4%					9	1.4%
Don't know	TDK	49	7.9%			49	7.9%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e. a person who made "Good Work" comments in both "Child Care During Training" and "Training Location" is counted only once in the "Access and Format" row. A person who has a "Satisfied" comment in the "Child Care During Training" row and "Needs Work" in the "Training Location" row would be counted as a "Mixed" response in the "Access and Format" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to training questions.

Narrative Comments Summary – Training: Foster Caregivers

458 Respondents (457 made comments)

MAJOR THEMES AND SUBTHEMES ¹	Total		Good Work		Mixed or Neutral		Needs Work		
	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	
Training Quality and Helpfulness	149	32.6%	128	28.0%	8	1.8%	13	2.8%	
Helpfulness of training	TH	58	12.7%	49	10.7%	5	1.1%	4	0.9%
Nothing	TN	70	15.3%	63	13.8%			7	1.5%
Specific Program or Agency	TP	42	9.2%	35	7.7%	5	1.1%	2	0.4%
Trainers, Methods, and Resources	282	61.7%	146	31.9%	54	11.8%	82	17.9%	
Trainers	TR	46	10.1%	32	7.0%	2	0.4%	12	2.6%
Specific Trainer	TT	4	0.9%						
Taking Care of Foster Children	TG-C	49	10.7%	38	8.3%	4	0.9%	7	1.5%
Approaches to Training	TG-A	45	9.8%	24	5.3%	1	0.2%	20	4.4%
Building Community	TV	67	14.7%	45	9.8%	7	1.5%	15	3.3%
Accessing Resources	TG-R	28	6.1%	18	3.9%	0	0.0%	10	2.2%
Training Materials	TG-M	29	6.3%	8	1.8%	2	0.4%	19	4.2%
Other General Training Comments	TG-O	160	35.0%	76	16.6%	19	4.2%	65	14.2%
Specific Training Topics	300	65.6%	201	44.0%	57	12.5%	42	9.2%	
Disorders/Issues	TS-D	138	30.2%	107	23.4%	11	2.4%	20	4.4%
Sexually Inappropriate Behavior	TS-Y	7	1.5%	4	0.9%	1	0.2%	2	0.4%
Substance Abuse	TS-S	22	4.8%	18	3.9%	0	0.0%	4	0.9%
Child Behavior and Development	TS-B	101	22.1%	74	16.2%	4	0.9%	23	5.0%
Infants and Toddlers	TS-I	9	2.0%	3	0.7%	1	0.2%	5	1.1%
Navigating Foster Care System	TS-F	63	13.8%	36	7.9%	6	1.3%	21	4.6%
Health and Safety	TS-H	17	3.7%	14	3.1%	1	0.2%	2	0.4%
Cultural Awareness/Issues	TS-C	16	3.5%	11	2.4%	0	0.0%	5	1.1%
Caregiver Core Training/PRIDE	TS-P	45	9.8%	37	8.1%	4	0.9%	4	0.9%
Other Specific Trainings	TS-O	53	11.6%	30	6.6%	2	0.4%	21	4.6%
Love and Logic	TS-L	1	0.2%	0	0.0%	0	0.0%	1	0.2%
Access and Format	202	44.2%	40	8.8%	30	6.6%	132	28.9%	
Information About Training	TI	24	5.3%	5	1.1%	0	0.0%	19	4.2%
Training Location	TA-L	22	4.8%	1	0.2%	2	0.4%	19	4.2%
Scheduling of Training	TA-S	40	8.8%	3	0.7%	3	0.7%	34	7.4%
Choice in Training	TC	4	0.9%	4	0.9%	0	0.0%	0	0.0%
Child Care During Training	TA-C	31	6.8%	2	0.4%	3	0.7%	26	5.7%
Other Comments About Access	TA-O	15	3.3%	0	0.0%	5	1.1%	10	2.2%
Online Training	TF-N	101	22.1%	32	7.0%	12	2.6%	57	12.5%
Support Groups	TF-S	9	2.0%	6	1.3%	0	0.0%	3	0.7%
Other Training Formats	TF-O	11	2.4%	8	1.8%	1	0.2%	2	0.4%
Other Learning Opportunities	TOS	11	2.4%	2	0.4%	1	0.2%	8	1.8%
Other									
Response not about training	TO	20	4.4%	1	0.2%	11	2.4%	8	1.8%
Training for Unlicensed Caregivers	TUC	1	0.2%					1	0.2%
Don't know	TDK	30	6.6%			30	6.6%		

¹Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e. a person who made "Good Work" comments in both "Child Care During Training" and "Training Location" is counted only once in the "Access and Format" row. A person who has a "Satisfied" comment in the "Child Care During Training" row and "Needs Work" in the "Training Location" row would be counted as a "Mixed" response in the "Access and Format" row.

²All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to training questions.

Narrative Comments Summary – Training: Kinship Caregivers

168 Respondents (167 made comments)

MAJOR THEMES AND SUBTHEMES ¹	Total		Good Work		Mixed or Neutral		Needs Work		
	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	# ²	% of All ³	
Training Quality and Helpfulness	59	35.3%	52	31.1%	1	0.6%	6	3.6%	
Helpfulness of training	TH	32	19.2%	26	15.6%	2	1.2%	4	2.4%
Nothing	TN	33	19.8%	30	18.0%			3	1.8%
Specific Program or Agency	TP	6	3.6%	6	3.6%	0	0.0%	0	0.0%
Trainers, Methods, and Resources	99	59.3%	54	32.3%	14	8.4%	31	18.6%	
Trainers	TR	15	9.0%	10	6.0%	1	0.6%	4	2.4%
Specific Trainer	TT	3	1.8%						
Taking Care of Foster Children	TG-C	19	11.4%	18	10.8%	0	0.0%	1	0.6%
Approaches to Training	TG-A	7	4.2%	3	1.8%	0	0.0%	4	2.4%
Building Community	TV	13	7.8%	7	4.2%	1	0.6%	5	3.0%
Accessing Resources	TG-R	8	4.8%	5	3.0%	0	0.0%	3	1.8%
Training Materials	TG-M	10	6.0%	4	2.4%	2	1.2%	4	2.4%
Other General Training Comments	TG-O	54	32.3%	23	13.8%	10	6.0%	21	12.6%
Specific Training Topics	115	68.9%	91	54.5%	10	6.0%	14	8.4%	
Disorders/Issues	TS-D	29	17.4%	19	11.4%	2	1.2%	8	4.8%
Sexually Inappropriate Behavior	TS-Y	2	1.2%	1	0.6%	0	0.0%	1	0.6%
Substance Abuse	TS-S	2	1.2%	1	0.6%	0	0.0%	1	0.6%
Child Behavior and Development	TS-B	28	16.8%	23	13.8%	0	0.0%	5	3.0%
Infants and Toddlers	TS-I	2	1.2%	1	0.6%	0	0.0%	1	0.6%
Navigating Foster Care System	TS-F	29	17.4%	22	13.2%	3	1.8%	4	2.4%
Health and Safety	TS-H	16	9.6%	16	9.6%	0	0.0%	0	0.0%
Cultural Awareness/Issues	TS-C	5	3.0%	4	2.4%	1	0.6%	0	0.0%
Caregiver Core Training/PRIDE	TS-P	20	12.0%	17	10.2%	2	1.2%	1	0.6%
Other Specific Trainings	TS-O	27	16.2%	19	11.4%	3	1.8%	5	3.0%
Love and Logic	TS-L	1	0.6%	1	0.6%	0	0.0%	0	0.0%
Access and Format	59	35.3%	16	9.6%	9	5.4%	34	20.4%	
Information About Training	TI	8	4.8%	0	0.0%	3	1.8%	5	3.0%
Training Location	TA-L	8	4.8%	0	0.0%	0	0.0%	8	4.8%
Scheduling of Training	TA-S	13	7.8%	1	0.6%	0	0.0%	12	7.2%
Choice in Training	TC	1	0.6%	1	0.6%	0	0.0%	0	0.0%
Child Care During Training	TA-C	7	4.2%	0	0.0%	0	0.0%	7	4.2%
Other Comments About Access	TA-O	4	2.4%	0	0.0%	1	0.6%	3	1.8%
Online Training	TF-N	28	16.8%	12	7.2%	3	1.8%	13	7.8%
Support Groups	TF-S	2	1.2%	2	1.2%	0	0.0%	0	0.0%
Other Training Formats	TF-O	5	3.0%	4	2.4%	1	0.6%	0	0.0%
Other Learning Opportunities	TOS	1	0.6%	1	0.6%	0	0.0%	0	0.0%
Other									
Response not about training	TO	6	3.6%	0	0.0%	5	3.0%	1	0.6%
Training for Unlicensed Caregivers	TUC	8	4.8%					8	4.8%
Don't know	TDK	19	11.4%			0	0.0%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e. a person who made "Good Work" comments in both "Child Care During Training" and "Training Location" is counted only once in the "Access and Format" row. A person who has a "Satisfied" comment in the "Child Care During Training" row and "Needs Work" in the "Training Location" row would be counted as a "Mixed" response in the "Access and Format" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to training questions.

Narrative Comments Summary – Kinship Caregiver Licensing

137 Kinship Caregivers Currently Licensed (119 made comments)

MAJOR THEMES AND SUBTHEMES ¹		Why did you decide to become licensed?	
		#	% of All ²
Placement		82	69%
Facilitate Adoption	A	9	8%
Facilitate Placement	P	68	57%
Mandated	M	8	7%
Helping Children/General Interest		28	24%
Helping Children	H	11	9%
General Interest	GI	19	16%
Resources		27	23%
Financial Matters	RF	12	10%
Other Resources	RO	18	15%
Other			
Other	O	10	8%
Don't Know	DK	0	0%

587 Kinship Caregivers Not Currently Licensed (527 made comments)

MAJOR THEMES AND SUBTHEMES ¹		Is there a reason why you haven't chosen to become licensed?	
		#	% of All ³
Application		78	15%
Applied/In-progress	AP	54	10%
Denied	D	5	1%
Qualification Issues	Q	19	4%
Placement		242	46%
Relative	R	168	32%
Guardian	G	7	1%
Adoption	A	33	6%
Short-term	S	43	8%
Process/Requirements		49	9%
General Processes	PR	44	8%
Training Requirements	PT	5	1%
Health/Safety Requirements	PH	4	1%
Information		31	6%
Information	IN	31	6%
Personal Reasons/General Disinterest		195	37%
Personal Reasons	PP	98	19%
General Disinterest	GD	101	19%
Other			
Other	O	66	13%
Don't Know	DK	24	5%

¹ Major themes (in blue rows) are unduplicated rollups of the subthemes below. A person who identified multiple subthemes is only counted once in the theme total. Subthemes were defined in advance and not all were used.

² Respondents who commented on this theme as a percentage of total respondents who made comments about why they were licensed.

³ Respondents who commented on this theme as a percentage of total respondents who made comments about why they were not licensed.

2020 Caregiver Survey: Survey Script and Survey Questions

INTRODUCTION

I'm calling on behalf of the Washington Department of Children Youth and Families, which is a state agency focused on the well-being of children. I'm talking with caregivers of children and young adults about the support and training they receive. We sent you a letter explaining this survey – did you get it?

- The results of this survey will help DCYF measure how well they caregivers are supported and trained.
- It will help DCYF make improvements if they are needed.
- You have been randomly chosen from all licensed and unlicensed caregivers.
- Your survey answers will in no way affect your status as a caregiver.
- Your answers will be kept strictly confidential. We promise that no one from the state child welfare system will know how you individually answered the survey questions.
- Your name is never used; the researchers combine all the survey answers into one report.
- Your participation is completely voluntary, but is very important to us. We want to make sure the sample represents all caregivers.
- Please feel free to ask questions at any time. If I come to any question that you prefer not to answer, just let me know and I will skip over it. Please be honest. We want to know how you really feel.

Throughout the survey, I will refer to the Department of Children, Youth and Families, as DCYF.

Have you had a child or youth age 21 or younger placed by DCYF [or while working with a private agency] living in your home at any time in the past twelve months?

- Yes
- No

SUPPORT QUESTIONS

1. Question about Overall Support

In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?

Response Options for Question 1:

- More than adequate
- Somewhat adequate
- Somewhat inadequate
- Very inadequate
- Not applicable

2. Questions to Facilitate Strategic Planning for Support

Preface to Questions 2A-2E:

Please answer the following questions about your experience with staff from DCYF [or from Private Agency]. For each of the statements below, tell us how often the statement was true in the past year.

- A. Are you treated like a part of the team?**
- B. Can you get help when you ask for it?**
- C. Do the social workers listen to your input?**
- D. Are you included in meetings about the child in your care?**
- E. Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental and educational needs?**

Response Options for Questions 2A-2E:

- Always or Almost Always
- Usually
- Seldom
- Almost Never or Never
- Not Applicable

3. Open-ended Questions to Facilitate Strategic Planning for Support

- A. Now think about all the partners in Washington's child welfare system, including DCYF, private agencies, and your social workers and licensors ... What do they do well to support you?**
- B. Still thinking about the entire child welfare system, including DCYF, private agencies, and your social workers and licensors ... What could they do better to support you?**

LICENSING QUESTIONS

4. Question about overall licensing

Do you currently have a license to provide foster care?

- Yes
- No

5. Open-ended Questions to Facilitate Strategic Planning for Licensing

- A. [IF YES] Why did you decide to become licensed?**
- B. [IF NO] Is there a reason why you haven't chosen to become licensed?**

6. Did you become a caregiver because you hoped to adopt a child?

- Yes
- No
- Unsure

7. In the past 12 months, have you had any contact with the Division of Licensed Resources (DLR), such as a foster care application, home study, license renewal, or licensing investigation?

- Yes
- No

8. Did licensing staff treat you with respect?

- Always or Almost Always
- Usually
- Seldom

- Almost Never or Never*
- Not Applicable*

9. Were licensing or home study staff knowledgeable about the process?

- Always or Almost Always*
- Usually*
- Seldom*
- Almost Never or Never*
- Not Applicable*

10. As a caregiver, have you received support from the Olive Crest Fostering Together program, or the Fostering Washington program at Eastern Washington University?¹

- Yes, Olive Crest Fostering Together (Western WA)
- Yes, Fostering Washington (Eastern WA)
- No, Neither of these programs

11. How helpful was support from...

- A. Yes, Olive Crest Fostering Together (Western WA)**
- B. Yes, Foster Washington (Eastern WA)**
- C. No, Neither of these programs**

Response Options for Questions 11A-11C:

- Very Helpful*
- Somewhat Helpful*
- Slightly Helpful*
- Not At All Helpful*
- Not Applicable*

TRAINING QUESTIONS

12. Have you had any training related to your caregiving role in the past three years?

- Yes
- No

13. Overall Training

Overall, thinking about ALL the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of foster children placed in your home?

Response Options for Question 11:

- More than adequate
- Somewhat adequate
- Somewhat inadequate
- Very inadequate
- Otherwise not applicable
- I haven't had training

14. Open-ended Questions to Facilitate Strategic Planning for Training

- A. *What about caregiver training has been helpful?***
- B. *How could caregiver training be improved?***

¹ Survey questions about Fostering Washington and Olive Crest (10 and 11) were removed from the survey in July 2020 because the contracts expired June 30 and were not renewed.

15. What is your race or ethnicity? You can choose more than one category.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify)

16. I'm going to read you a list of income levels – please let me know the amount that comes closest to your total household income last year, including everyone in your household.

- Under \$10,000
- \$10,000 to \$25,000
- \$25,000 to \$50,000
- \$50,000 to \$75,000
- \$75,000 to \$100,000
- \$100,000 to \$150,000
- More than \$150,000
- Don't know/refused

2020 Caregiver Demographics

		All Caregivers N=1,346		Foster Caregivers N=591		Kinship Caregivers N=755	
		#	%	#	%	#	%
Household Income	Under \$10,000	30	2.3%	2	0.3%	28	3.7%
	\$10,000 to \$25,000	112	8.4%	13	2.2%	99	13.2%
	\$25,000 to \$50,000	223	16.8%	68	11.7%	155	20.7%
	\$50,000 to \$75,000	262	19.7%	110	18.9%	152	20.3%
	\$75,000 to \$100,000	251	18.9%	139	23.8%	112	15.0%
	\$100,000 to \$150,000	233	17.5%	143	24.5%	90	12.0%
	More than \$150,000	132	9.9%	76	13.0%	56	7.5%
	Don't know/refused	88	6.6%	32	5.5%	56	7.5%
Total N for %		1,331	.	583	.	748	.
		#	%	#	%	#	%
Primary Caregiver Race & Ethnicity (categories are not mutually exclusive)	White	1,063	79.0%	511	86.5%	552	73.1%
	Black or African American	91	6.8%	23	3.9%	68	9.0%
	Asian	28	2.1%	13	2.2%	15	2.0%
	American Indian or Alaska Native	54	4.0%	17	2.9%	37	4.9%
	Native Hawaiian or Other Pacific Islander	6	1.2%	4	0.7%	12	1.6%
	Middle Eastern or North African	2	0.1%	-	0.0%	2	0.3%
	Hispanic or Latino	136	10.1%	46	7.8%	90	11.9%
	Total N for %	1,346		591		755	
		#	%	#	%	#	%
Primary Caregiver Age	Age 15-19	2	0.1%	-	0.0%	2	0.3%
	Age 20-29	108	8.0%	42	7.1%	66	8.8%
	Age 30-39	378	28.1%	219	37.1%	159	21.1%
	Age 40-49	389	29.0%	192	32.5%	197	26.2%
	Age 50-59	270	20.1%	82	13.9%	188	25.0%
	Age 60-69	155	11.5%	48	8.1%	107	14.2%
	Age 70-79	36	2.7%	7	1.2%	29	3.9%
	Age 80-89	5	0.4%	1	0.2%	4	0.5%
	Age 90-99	-	0.0%	-	0.0%	-	0.0%
Total N for %	1,343	.	591	.	752	.	
		#	%	#	%	#	%
Primary Caregiver Gender	Male	169	12.6%	67	11.3%	102	13.5%
	Female	1,169	86.8%	523	88.5%	646	85.6%
	Unknown	8	0.6%	1	0.2%	7	0.9%
	Total N for %	1,346	.	591	.	755	.
		#	%	#	%	#	%
DCYF Region	Region 1	212	15.8%	98	16.6%	114	15.1%
	Region 2	144	10.7%	73	12.4%	71	9.4%
	Region 3	216	16.0%	98	16.6%	118	15.6%
	Region 4	230	17.1%	82	13.9%	148	19.6%
	Region 5	223	16.6%	112	19.0%	111	14.7%
	Region 6	271	20.1%	127	21.5%	144	19.1%
	Statewide/No Region	50	3.7%	1	0.2%	49	6.5%
	Total N for %	1,346	.	591	.	755	.

2020 Caregiver Survey: Technical Notes

Population and Sampling

The survey sample is representative of all kinship caregiver and foster homes with a child in care within the six months preceding the quarterly sampling date. In August 2019, November 2019, February 2020, and May 2020, 397-404 homes were selected at random from a list of all kinship caregiver and foster homes to meet the goal of 333 completed interviews per quarter. Caregivers who had already participated in the 2019 survey year were not eligible to participate and were removed from the sample. Starting in the 2019 survey, providers with only placements of less than four days were excluded from the sample.

We completed interviews with 1,346 caregivers. Based on the 1,637 eligible homes selected to complete the survey, the *response rate* was 83%. Based on the 1,475 homes where we were able to speak with a caregiver, the *cooperation rate* was 92%. As of 6/30/2020, there were 5,040 licensed foster homes in the State of Washington and 2,185 unlicensed family home providers with placements (includes out-of-state placements).

The 95% sampling error for the survey sample is ± 2.5 percentage points, for a 50% proportion.

Caregiver Groups

As in 2019, interviewed caregivers were grouped in 2020 according to the nature of their relationship to the child, rather than licensing status. Caregivers were classified as either foster homes (N=591) or kinship homes (N=755). To classify caregivers into either category, we cross-referenced DCYF-provided demographic data fields from FamLink database (a home flag and a license flag) with caregiver-provided survey fields. This combination of data fields provided further detail regarding prior relationships with the placement, as well as caregiver licensing status. In the case of any inconsistencies in the response classifications, we examined free text responses for additional context.

In cases where the relationship flag indicated that a caregiver was a relative/unlicensed placement resource, and the home flag indicated not licensed, caregivers were classified as kinship (N=7). When a relative placement resource was indicated by the relationship flag, and the home was either designated as a not licensed foster home by the home flag, caregivers were classified as kinship (N=556). Similarly, when the relationship flag indicated a relative placement and the home flag indicated a foster home, caregivers were classified as kinship (N=44). When an unlicensed placement resource was indicated by the relationship flag, and the home type was indicated as a not licensed foster home, we utilized survey questions to ascertain that the caregiver was known to the placement (N=54). When a caregiver was designated as an unrelated or non-kin placement resource by the relationship flag, and was labeled a licensed foster home by the home flag, they were designated as foster homes (N=526). If a caregiver was categorized as unlicensed or non-related kin by the relationship flag, but had a tribal license listed in the home flag, they were designated as kinship (N=1). For N=158 additional kinship and foster caregivers, the home flags and relationship flags were inconsistent when combined with survey data. Accordingly, we examined open comment fields to supplement the information contained in the home flag and the relationship flag in order to ascertain foster (N=65) or kinship (N=93) designation.

Due to the sampling changes in 2019, and because recently interviewed caregivers were removed from the sample (all of whom were licensed foster parents prior to adding kinship caregivers in 2019), the number of kinship caregivers in the survey was somewhat high in 2019 (39% foster caregivers and 61% kinship caregivers). As expected, these numbers began to equalize in 2020 as previously interviewed kinship caregivers were removed from the sample. The 2020 survey consisted of 44% foster caregivers (N=591) and 56% kinship caregivers (N=755).

Mode of Data Collection

In order to maximize the opportunities for each sampled home to participate, the survey was also available online or as a printed copy sent by mail. Starting with the 2019 survey, all caregivers with email addresses were sent an email with a link to the online survey through Survey Monkey. In total, we completed 999 interviews by telephone (74%), 344 online (26%), and 3 were returned by mail (.2%).

The percentage of online interviews increased from 16% in 2019 to 26% in 2020, so we conducted additional analysis to determine whether apparent changes in satisfaction may have been due to this trend. In general, online

responses tend to be less positive than those completed with an interviewer. However, an analysis of differences-within-differences showed that the effect of survey mode on overall change in positive responses was not statistically significant for any question. We will continue to evaluate this issue in future surveys.

Statistical Significance Testing: Comparisons by Caregiver Group and Survey Year

For the nine standardized questions, statistical significance tests were calculated to assess differences in the percent of positive responses (More than/Somewhat Adequate or Always/Usually) between foster and kinship caregivers, and between the 2019 and 2020 survey years. The criterion for statistical significance was set at $p < .05$. Differences were assessed using the chi-squared test of independence.

Rounding

Results described in the narrative report are rounded to the nearest whole number. Due to the effects of rounding, some percentages reported as whole numbers may not add to 100%.

2020 DCYF Caregiver Survey Report



Photo by Lifes of Pix/Pexels

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