



DCYF

Caregiver Survey Report

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Title: 2021 Caregiver Survey Report

Abstract: Between August 2020 and August 2021, DSHS surveyed 1,345 caregivers (601 foster and 744 kinship) who had a child in care within six months of the sampling date (August and November, 2020; February and May, 2021). 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.

Satisfaction with support, training, and licensing services remained high in 2021. Among kinship caregivers, there was a statistically significant increase in positive responses for being treated like part of the team and no decreases for any question. Among foster caregivers, positive responses increased in some areas and decreased in others, though none of the changes were significant. Notably, the previously reported decline in satisfaction with social worker listening did not continue. Differences between groups were small, but kinship caregivers were generally more satisfied than foster caregivers, a different pattern of responses from 2020, when foster caregivers were more positive than kinship caregivers in several areas.

Written comments identified areas for improvement, including timelier information-sharing, more inclusion, additional resources, and more effective processes. Caregivers appreciated training that was trauma-informed and continued to highlight the need for a variety of trainings and multiple ways to access them.

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DCYF Caregivers Speak



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Executive Summary



[www.sibling-strong.org/Sibling Strong](http://www.sibling-strong.org/SiblingStrong)

The 2021 Caregiver Survey is a voice for Washington’s foster and kinship caregivers.

“We became foster parents to make a difference, to see if we couldn’t fill the gap. We had no idea what we were getting into, but even with the hardest cases we still feel more blessed and we would never give up on a child. In the end some kids will go home and some will be adopted into other families, we’re just a chapter in the book, we’re not the entire book. We want these kids to maybe look back and say, ‘Hey I remember when I did this or I was taught that by these people.’ That’s all we could hope for.”

- Foster Caregiver

During the 2021 Federal Fiscal Year, the Research and Data Analysis Division (RDA) of the Department of Social and Health Services conducted 1,345 interviews with two groups of randomly selected foster and kinship caregivers in the state of Washington: 601 with foster caregivers (F) and 744 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. Responses 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.

Key Findings on Support for Caregivers

Many caregivers said they are satisfied with the support provided by the Department of Children, Youth, and Families, specific programs and offices within DCYF, and private agencies contracted to serve caregivers. Kinship caregivers were more likely to comment on general support and foster caregivers made more comments about support from specific agencies or offices.

“I think everything they do is helpful to me.” (K)

“Anything would be better than nothing.” (F)

- Slightly more than seven of 10 caregivers (71%) 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?”
- 186 caregivers (15% of those who made comments) praised the overall quality of the support they received. Caregivers expressed gratitude for DCYF and private agency coordination.

Caregivers described mixed experiences with caseworkers. The majority of caregivers said their caseworkers listen, treat them like part of the team, and include them in meetings. Among kinship caregivers, there was a significant increase in positive responses to being treated like part of the team (75% in 2021 compared to 70% in 2020, $p < .05$). However, comments show that staff communication and inclusiveness continue to be issues for both kinship and foster caregivers. Caregivers also gave mixed feedback about courtesy and respectful treatment.

“It really depends on the social worker. Some actually listen and care about me as a foster parent.” (F)

“My caseworker is fabulous. We work very well together. She responds to my needs and concerns very quickly.” (K)

- The majority of caregivers said their caseworker “Always/almost always” or “Usually”: listened to them (80%), treated them as part of the team (73%), and included them in meetings (80%).
- In their comments, caregivers were more positive than negative when talking about caseworker support, listening, and responsiveness.
- But they were more negative than positive when talking about caseworker communication and inclusiveness, and comments about respectful treatment were evenly split between praise and criticism.

Experiences with licensing staff continue to be a highlight. Over seven of 10 foster caregivers (71%) and six of 10 kinship caregivers (62%) said they had contact with the Licensing Division. Both groups gave overwhelmingly positive responses about licensing staff’s knowledge and respectful treatment. Kinship caregivers were asked questions about why they were or weren’t licensed.

“Licensing workers at DCYF assisted with the foster/home placement application process. They answered questions and provided guidance.” (K)

“Our licenser stays up to date on things.” (F)

- More than nine of 10 caregivers (95%) responded positively (“Always/almost always” or “Usually”) to the questions “Did licensing staff treat you with respect?” and “Were licensing or home study staff knowledgeable about the process?”
- Many kinship caregivers who obtained a license said they did so in order to ensure placement of the particular child in their care. They also wanted access to resources that licensure provides.
- The majority of kinship caregivers who chose not to be licensed said they were only interested in caring for the kinship children in placement, which did not require a license. Some mentioned general distaste for the child welfare system, as well as not seeing the benefit of going through the complex licensing process.

Many caregivers said caseworkers were accessible, but voiced difficulty with processes and resources. Caregivers said they are able to get help when they ask for it and made mostly positive comments about their access to staff access and the consistency of their contact. But many caregivers expressed challenges with processes, including licensing, adoption, and general length of cases. They also spoke about issues with coordination involving DCYF and private entities or between caseworkers.

“The worker always calls or texts back to let me know she has gotten my message and I don’t have to wonder if they got the message.” (K)

“There is no consistency and children remain in care 3-4 years!” (F)

- More than seven of 10 caregivers (77%) responded positively (“Always/almost always” or “Usually”) to the question “Can you get help when you ask for it?”
- Most caregivers who commented on access to staff (151 of 247, 61%) made positive comments, but nearly all caregivers who made comments about processes (202 of 220, 92%) provided criticism or suggestions for improvement.
- Some caregivers gave examples of resources they liked, including clothing vouchers and tangible items (e.g., groceries, diapers, car seats, beds). They voiced dissatisfaction with medical, dental and mental health care for children (41 caregivers); respite care (16 caregivers); transportation (24 caregivers), and financial resources (48 caregivers).

Information is adequate for most caregivers but some describe challenges. Most caregivers responded positively to the question about information, but comments indicate difficulty with information distribution and timeliness.

“A lot of information is on a need to know basis, and the social workers try really hard to share with you. Some workers are really good at explaining why they can’t sometimes share info with you.” (F)

“They could provide a plan, let us know what to expect, prepare us for what’s to come.” (K)

- Three of four caregivers (75%) 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?”
- Almost half of all caregivers provided comments about information (610 caregivers, or 48% of those who provided comments). The content was slightly more negative than positive. Many caregivers expressed difficulty with the restrictions on information they see as relevant and necessary for their role.

This year, kinship caregivers were generally more satisfied than foster caregivers. Differences between groups were small, but this represents a different pattern of responses from 2020, when foster caregivers were more positive than kinship caregivers in several areas. Increases in satisfaction among kinship caregivers and declines in satisfaction among foster caregivers contribute to these results.

- Kinship caregivers responded significantly more positively than foster caregivers for receiving adequate information on the needs of the children and being included in meetings.¹ Though not statistically significant, kinship caregivers were more positive than foster caregivers for being treated as part of the team and for caseworkers listening to their input.
- Kinship caregivers’ satisfaction increased in six of nine topic areas, with one statistically significant increase (being treated as part of the team) and no decreases.
- Foster caregivers’ satisfaction increased in some areas (caseworker listening and inclusion in meetings) and decreased in others (general support, adequacy of training, and licensor knowledge), though none of the changes were significant.

¹ The difference between kinship and foster caregivers on inclusion in meetings becomes non-significant when controlling for survey mode (phone vs. online) and should be considered borderline. See the “Technical Notes” in the Appendix for more information.

Key Findings on Training for Caregivers

Most caregivers are happy with training from DCYF, private agencies, or specific programs. Foster caregivers were more likely to answer that they had obtained training in the past three years, but both kinship and foster caregivers were positive about their experiences.

“It was probably the best training I’ve ever taken and I’ve been licensed in two different states.” (F)
“I enjoyed it. I’d say just, ‘Keep up the good work.’” (K)

- 89% 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?”
- 137 caregivers (19% of those who made comments about training) praised the overall quality and helpfulness of the training they received.

Caregivers want variety in training content and methods. They praised interactive training options, including hands-on activities, discussion, and real-life examples. They mentioned online training with mixed responses, some appreciating the flexibility and others preferring in-person options.

“The online courses through Alliance were great. Tons of topics and flexibility.” (F)
“Sadly the panel of experienced caregivers who have been part of the training on parenting children with trauma history isn’t offered any longer; they could bring that back.” (K)

- 151 caregivers (21% of those who made comments about training) specifically mentioned online training. Different from past years, comments about online training were slightly more positive than negative, though several caregivers provided mixed responses.
- 107 caregivers (15% of those who made comments about training) talked about other approaches to training they liked or disliked, including appreciation for interactive and practical training and preferences for in-person training.

Caregivers appreciate trauma-informed training. Caregivers described positive experiences with training that integrates a trauma-informed perspective and brings practical issues to the forefront. Caregivers also praised training on navigating the foster care system and Caregiver Core training.

“[I liked] getting some insight into how trauma affects development and behaviors.” (K)
“[I liked] the training around trauma parenting and connecting with bio parent involvement and the importance of those connections.” (F)

- The most frequently mentioned specific topic was trauma and behavioral health, which was praised by 147 caregivers (21% of those who made comments about training).
- A few highlighted topics they would like to see in the future, including training on social media trends, collaborative approaches with parents, and more age-specific trainings.

About the Survey

- 1,345 caregivers completed the survey (an 85% response rate).
- 601 of these were classified as foster-only caregivers, and 744 were classified as kinship caregivers based on DCYF records and caregiver-provided survey fields. The kinship caregiver group included 103 respondents who said they currently had a license to provide care.
- Surveys were completed between August 29, 2020 and August 31, 2021.
- 908 interviews were completed by telephone, 434 online, and 3 by mail.
- The survey sample included 1,592 total caregivers who had at least one child in care within six months of the sampling date (August and November, 2020; February and May, 2021). 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

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



CASEWORKERS

Do the social workers listen to your input?



Are you treated like a part of the team?†

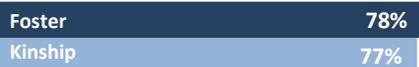


Are you included in meetings about the child in your care?*



ACCESS, PROCESSES AND COORDINATION

Can you get help when you ask for it?



INFORMATION

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



LICENSING

Did licensing staff treat you with respect?



Were licensing or home study staff knowledgeable about the process?



ADEQUACY OF 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?†



¹Percentage 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.”

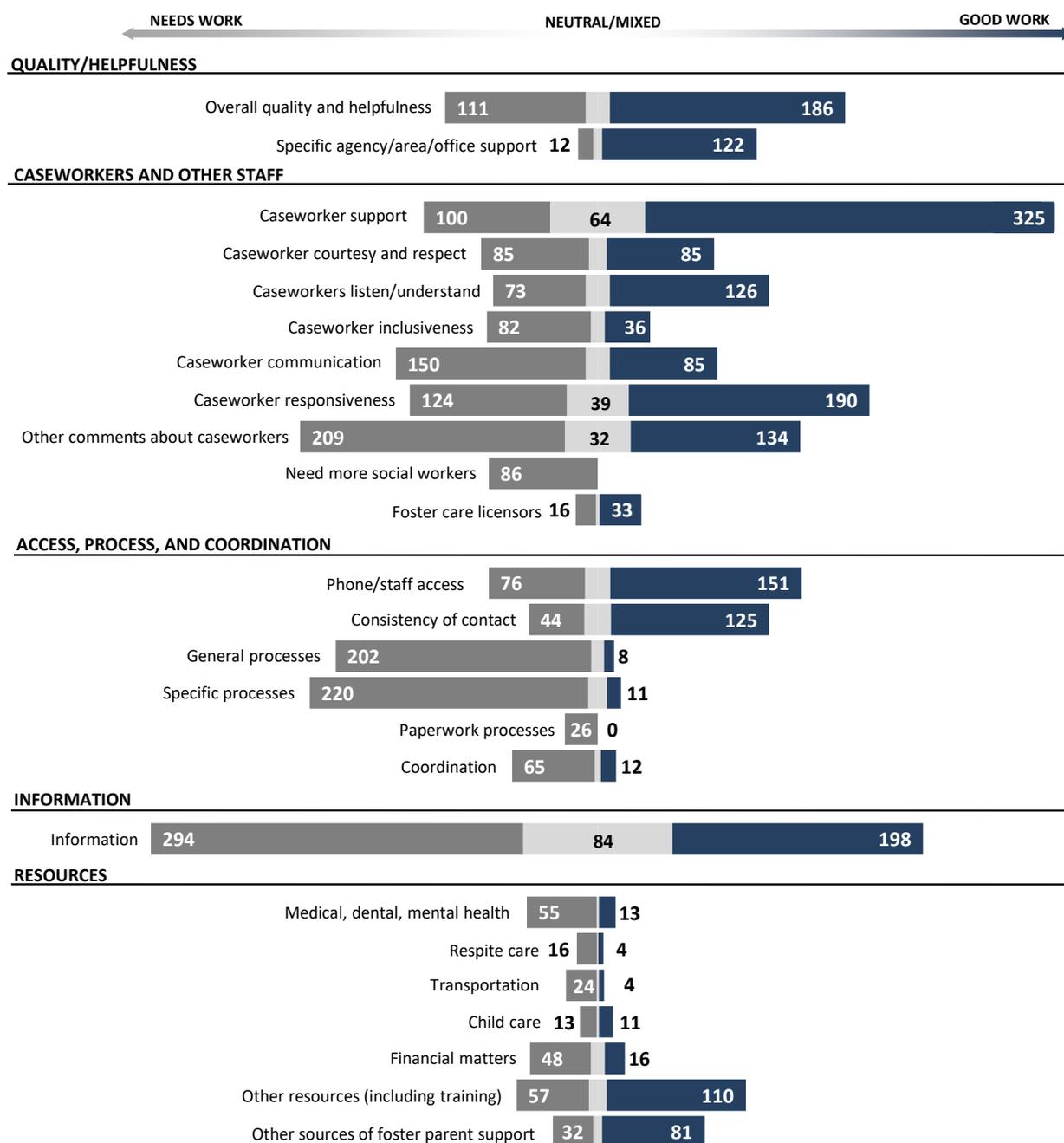
†Kinship caregivers gave statistically significantly higher ratings in 2021 than in 2020, $p < .05$.

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

Responses to Open-ended Questions about Support

Questions - Now think about DCYF, private agencies, and your social workers and licensors...

- What do they do well to support you?
- What could they do better to support you?



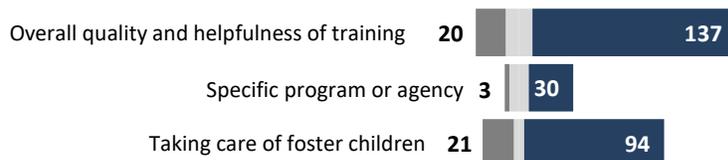
Responses to Open-ended Questions about Training

Questions

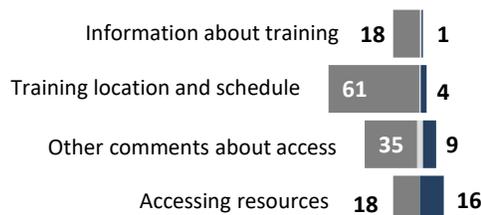
- What about caregiver training has been helpful?
- How could caregiver training be improved?



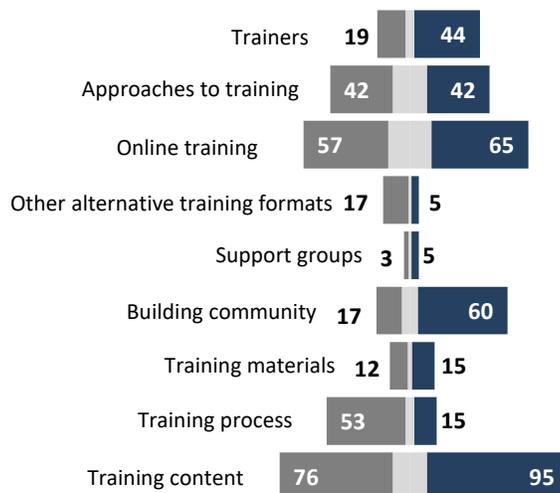
TRAINING QUALITY/HELPFULNESS



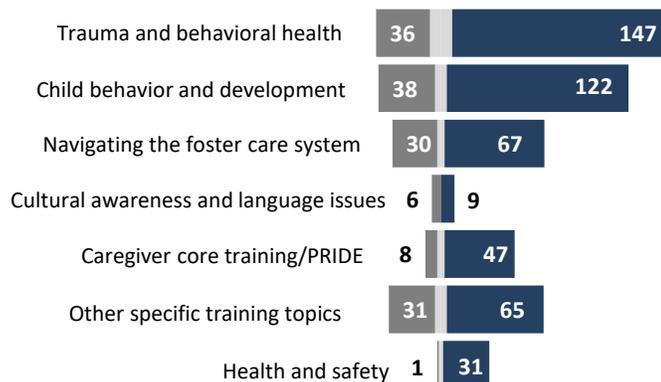
ACCESS AND RESOURCES



TRAINERS AND METHODS



SPECIFIC TRAINING TOPICS



Caregiver Support



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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:

- *In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?*
- *Do social workers listen to your input?*
- *Are you treated like part of the team?*
- *Are you included in meetings about the child in your care?*
- *Can you get help when you ask for it?*
- *Do you get adequate information about the needs of the children placed with you?*
- *Did licensing staff treat you with respect?*
- *Were licensing or home study staff knowledgeable about the process?*

Caregivers also provided comments in response to the following two questions:

Now think about DCYF, private agencies, and your social workers and licensors...

- *What do they do well to support you?*
- *What could they do better to support you?*

Quality and Helpfulness



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Support from private agencies and DCYF strengthens caregivers.

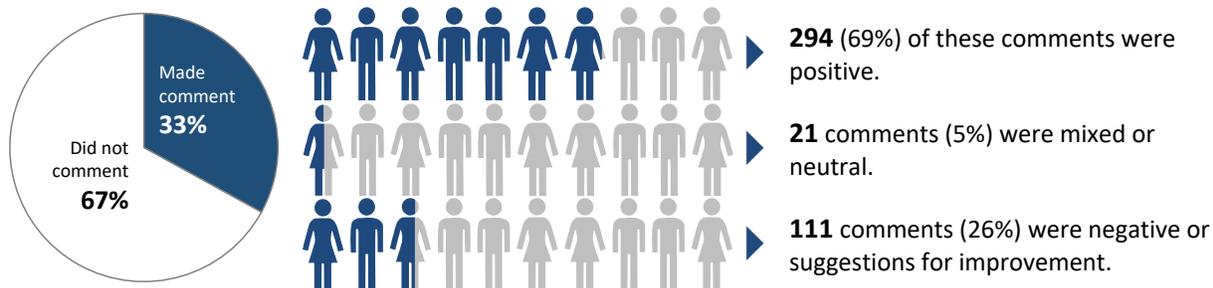
“They check in on me, they call me to ask what they can do for me, what support I need and I just have a lot of positive and wonderful things to say about the social workers, my private agency and DCYF!” – Foster Caregiver

More than seven of 10 caregivers (71%) said they get “somewhat” or “more than” adequate support from DCYF and private agencies.

- *In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?* (All Caregivers: 71% positive. F: 72% K: 70%)

Overall, most caregivers expressed satisfaction with the support they receive. Examples of positive experiences include: An agency going “above and beyond” with unexpected extras for the children on holidays; and new caregivers receiving great support with their first placement. Some caregivers surveyed offered comparisons across multiple agencies, with most preferring the support offered from a private agency. Kinship caregivers often made general comments about support, while foster caregivers were more likely to mention specific agencies or offices. Caregivers who shared details about negative experiences often named an office or specific agency location that was challenging to work with. Some said COVID-19 continued to reduce support options and slowed the pace of these support services.

426 respondents (33%) commented on quality and helpfulness of support.

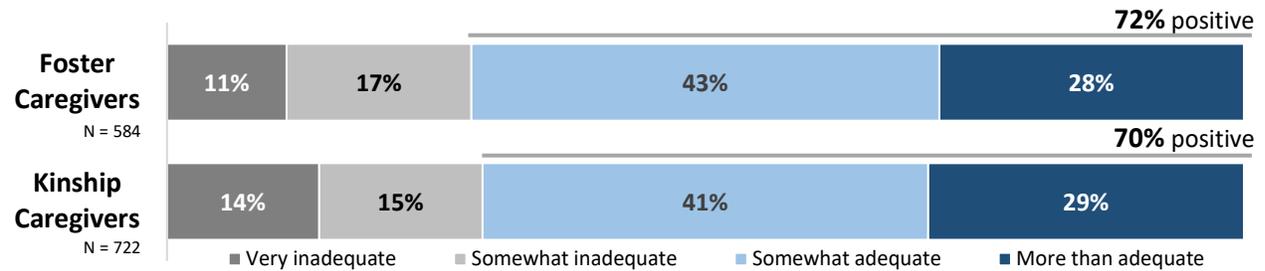


QUESTION |

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 (71%) of the 1,306 caregivers who answered this question reported that the support they received in the past year was somewhat or more than adequate.

RESPONSE



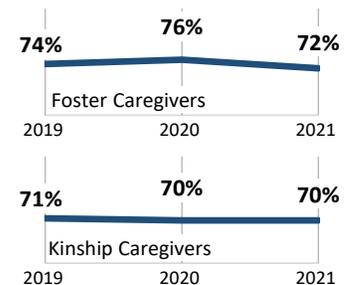
DETAIL

Foster and kinship caregivers were both likely to say they received “somewhat” or “more than” adequate support. Compared to 2020, kinship caregiver satisfaction remained at 70% while foster caregiver satisfaction declined. Differences across years are not statistically significant.

In the comments, most caregivers expressed appreciation for the support they received. Some caregivers described challenges with obtaining support. Others pointed to the limited options for support, relating it to the continuing effects of the COVID pandemic.

TREND

Positive Responses Over Time



Caregivers speak . . .

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

Caregivers appreciate getting support.

- “I think they did a great job and we were relatively new. They all helped us learn as we became more understanding of the system.” (F)
- “They have helped me a lot.” (K)
- “They have always been very supportive for me.” (F)
- “Almost to a ‘t’ everyone in WA was fantastic. They seemed to care and were truly interested in what was best for the child.” (K)
- “Knowing that we are supported is always helpful.” (K)
- “I think they are actually doing an amazing job and they are very much appreciated!!” (K)
- “I’ve had a great experience. They’ve been open to answering questions and they accommodate me and the things I ask for.” (F)
- “This is first placement I’ve ever had. I’ve had a pretty good support system.” (K)
- “My wife and I and our grandbaby are so pleased and appreciate everything the agency has done for us.” (K)
- “I like what they have done for me and the way they have helped me.” (K)
- “They’ve been absolutely great. We haven’t had any issues at all, really.” (F)

Some experience varying levels of support.

- “We have had great GALs And CASAs. Unfortunately, that’s about all the good we have had.” (F)
- “We have profoundly more support with our private agency than through the state.” (F)

A few caregivers didn’t have much need for support.

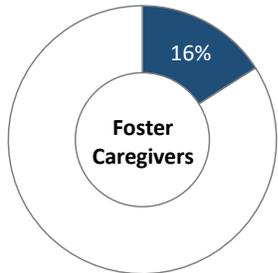
- “My relationship with the department is pretty basic, I don’t need a lot of extra help.” (K)
- “If we need anything, we reach out. But, we are pretty self-sufficient.” (F)

Others said support was scarce or non-existent.

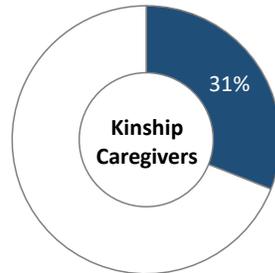
- “Neither my private agency nor DCYF are very helpful or supportive.” (F)
- “They honestly did not care for the child or me taking her in. It was horrible.” (K)
- “DCYF did not provide much help and I had to do much of it on my own.” (K)
- “I know foster parents who are giving up their foster license because of the lack of support during the pandemic. We are expected to keep up with everything with no help.” (F)
- “After COVID hit, we could get little support since everything shut down.” (K)

310 of the 1,280 caregivers who commented on support (24%) mentioned the overall quality and helpfulness of support.

WHO COMMENTED ON THIS TOPIC?



91 of 568 commented
54 – Satisfied
8 – Mixed or Neutral
29 – Needs Work



219 of 712 commented
132 – Satisfied
11 – Mixed or Neutral
76 – Needs Work

KEY FINDINGS

Kinship caregivers provided the majority of comments, with 31% mentioning overall support.

More than half of the comments from both foster (59%) and kinship (60%) caregivers were positive.

- Caregivers appreciate the support offered and many made general comments, such as:
 - “They are doing a great job.”
 - “Everything is good.”
- Some noted a difference in support between private agencies and DCYF.
- Negative comments described a lack of overall support, and a few focused on service delivery interruptions due to COVID.

Caregivers speak . . .

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

Many praised the support offered.

“They helped my grandson get out of a bad situation, they’re a life support for the little kids.” (K)

“All of the department has been exceptionally helpful, as much as they’re allowed to be. Everyone that I’ve worked with has been really helpful and has helped me to the best of their ability.” (K)

“It’s been a great experience. They have helped us gain full legal custody which will be approved by the court in the next two weeks. Anytime we needed any assistance or support they were on top of it.” (K)

Caregivers talked about effects of COVID.

“I feel with COVID, I’ve received the best help I could have during this time.” (K)

“This last one, because of the COVID virus, help is very limited – before the virus, it was okay. There’s a lot of ‘No’s’ for help that I need.” (K)

“Truly, I’m not sure what practical ways they could help because of COVID, but there were not even attempts made which was really sad because foster parents were doing 100% of the work and above and beyond what is our standard expectations.” (F)

Others voiced challenges getting support.

“They didn’t do much at all to support me and I had to ask for help all the time.” (K)

“I don’t feel like my family received proper support. We have been looked at as ‘family’ to the ‘bio’ parents (which we are not at all) yet have not received information, and/or support from DCYF and its staff.” (F)

“If you’re asking specifically about the support we received in the last 12 months there was none... I had to give notice because there was NO support and I had given those sweet boys ALL I had in me, but I was completely drained and exhausted.” (F)

Some had mixed experiences with help and support.

“One case they do pretty good and the other, I got nothing.” (K)

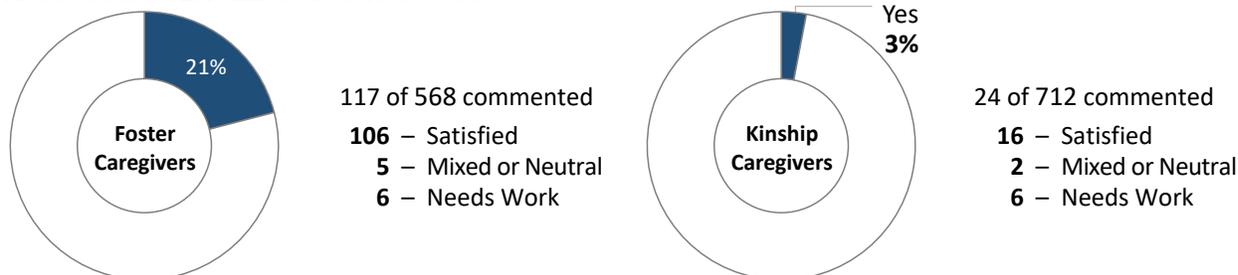
“They don’t [support]! They lie to your face to make you believe they care and turn around and do nothing.” (F)

“I feel that DCYF does a poor job of supporting foster families and the private agency I foster through does a great job.” (F)

“DCYF should see what the private agencies are doing and model it.” (F)

141 of the 1,280 caregivers who commented on support (11%) focused on the quality and helpfulness of support from specific agencies or offices.

WHO COMMENTED ON THIS TOPIC?



KEY FINDINGS

Caregiver comments about their experiences with specific agencies or offices were exceedingly positive. Foster caregivers were more likely to comment, but both foster and kinship caregivers were mostly satisfied (87%) with the help and support from specific agencies or offices.

- Many expressed appreciation for the overall support they received, often naming specific agencies or office locations.
- Some compared support received from two different offices or agencies, mentioning one providing more support than the other.
- The majority of negative comments focused on challenges with obtaining support from specific DCYF office locations.

Caregivers speak . . .

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

Expressions of gratitude are common.

“The private agency that we work with is the best of the best and we would not be able to do it without them.” (F)

“My private agency is always there, they back you up. They’re awesome.” (F)

“Our private agency is wonderful. Every season they drop stuff off for the kids, like a Summer basket, Holiday basket, they’re just so wonderful. If we need anything they always follow through and help us.” (K)

“My private agency goes above and beyond.” (F)

Some caregivers noted the benefit of connection between private agencies and DCYF.

“I think that for our family the relationship between Olive Crest and the department has been very beneficial. If we were without one or the other it would be more difficult for us.” (F)

“When I call for behavioral support, my private agency bends over backwards for me. DCYF gives me contact to be able to help.” (F)

“My private agency recognizes the support that is needed. Building better supports with the state agency workers and especially during crisis times when help is needed.” (F)

Many named specific private agencies or offices.

“Olive Crest is excellent at supporting us in every way.” (F)

“I think CPS (Child Protective Services) in Yakima is so good, I’m just so impressed and I’ve worked in foster care for many, many years.” (K)

“The only people who have helped me are the WISE (Wraparound with Intensive Services) team. These people are great.” (K)

“We were supported in our connection with Forest Ridge that helps children who are born addicted. This agency was outstanding.” (K)

“My private agency, ‘Community and Family Resources.’ They treat us like family.” (F)

“I go through Catholic Community Services and they are always there for me if I am having a crisis and even when I am not.” (F)

“We feel most supported by our private agency, Olive Crest. Our case manager through Olive Crest has been consistent, while we have changed DCYF social workers 4 to 5 times in the course of one year.” (F)

“The supervisors in Vancouver and in Bremerton were really, really good.” (K)

Caseworkers and Other Staff



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Caregivers value collaboration with their caseworker.

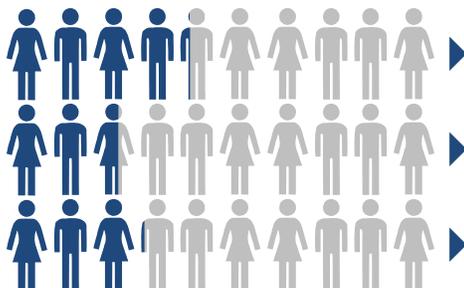
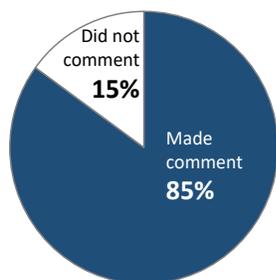
“We just all need to work together and work towards creating a better community throughout and get these social workers the support they need to do their jobs better. Better social workers means better care and better support for the people taking care of the kids.” – Kinship Caregiver

Caregivers consistently said caseworkers¹ listen, treat them as part of the team, and include them in meetings. Compared to 2020, kinship caregivers gave more positive responses about being treated like a part of the team (70% in 2020 to 75% in 2021, $p < .05$). This is the only statistically significant increase from 2020 in the survey.

- *Do social workers listen to your input?* (All Caregivers: 80% positive. F: 78% K: 82%)
- *Are you treated like a part of the team?* (All Caregivers: 73% positive. F: 71% K: 75%)
- *Are you included in meetings about the child in your care?* (All Caregivers: 80% positive, F: 77% K: 82%)

Many caregivers voiced satisfaction with caseworker support, listening, and responsiveness. Some asked for more inclusiveness, courteous/respectful treatment, or communication from their caseworker. A few expressed concerns about caseworker turnover and staffing.

1,083 caregivers (85%) commented on caseworkers and other staff.



▶ **469** (43%) of these comments were positive.

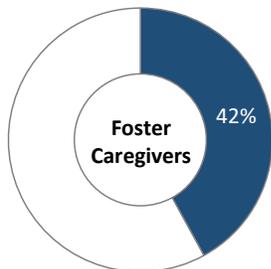
▶ **277** comments (26%) were mixed or neutral.

▶ **337** comments (31%) were negative or suggestions for improvement.

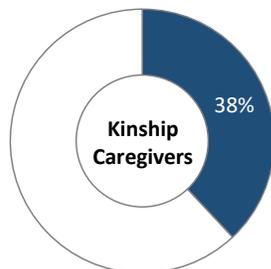
¹ This report uses the more inclusive term “caseworkers” to describe child welfare field staff, as not all staff are credentialed as social workers. The term “social worker” has been used in some parts of the report to be consistent with the wording of the survey questionnaire.

509 of the 1,280 caregivers who commented on support (40%) addressed caseworker support.

WHO COMMENTED ON THIS TOPIC?



237 of 568 commented
139 – Satisfied
41 – Mixed or Neutral
55 – Needs Work



272 of 712 commented
186 – Satisfied
34 – Mixed or Neutral
45 – Needs Work

KEY FINDINGS

Many caregivers commented about the support they receive from caseworkers. Most who commented were satisfied, with 64% describing positive experiences.

- Many caregivers expressed gratitude for caseworkers who helped meet their needs.
- Others brought up caseworker helpfulness, involvement, and willingness to go “above and beyond.”
- Some said they were denied support or were offered help that was not given.

Caregivers speak . . .

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

Caregivers are thankful for the support they receive.

- “They do everything in their power to help me with the needs of the children.” (K)
- “Our agency always makes sure that their case managers are involved and that they really care about the kids - it really helps that we have people that are really supportive.” (F)
- “They give us emotional support. They help us to figure things out.”
- “They always ask if there is anything we need and are quick to offer anything to support us.” (K)
- “They are always there to educate and support me.” (F)
- “My social worker goes above and beyond to provide services for me. I feel general support from the staff at DCYF.” (K)
- “Asking the right questions about how they can support us as a family more.” (F)
- “The social workers are very helpful and involved. They try to make sure I have what I need.” (F)
- “They helped us with some of the things the children needed - they are teenagers and always need something - they can eat a lot. They came to the house to see us.” (K)
- “The person we’re working with is constantly in contact and eager to help.” (K)
- “Our social worker is there when we need her.” (F)

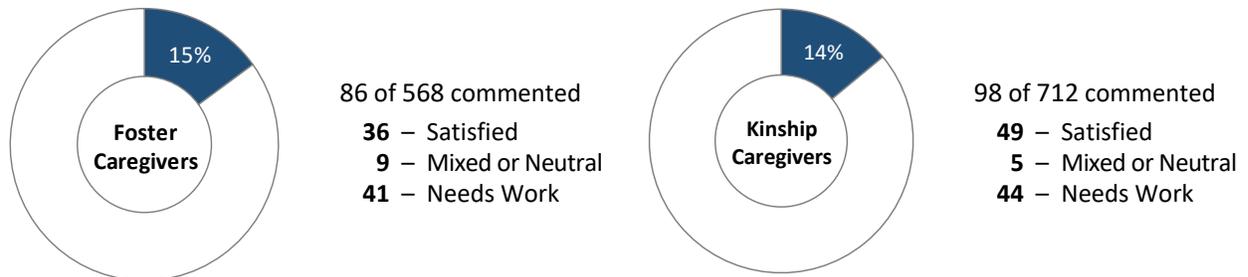
- “They seem to be very concerned about my needs and wellness in the process.” (F)
- “The monthly, in-home worker is tremendous. The girls felt safe with her and had a rapport with her and we found those visits very positive.” (K)
- “They make sure I have what I need.” (K)
- “For my private agency, I have a great case worker and she does great with my kids, she helps me a lot and I don’t know where I’d be without her.” (F)
- “They are always seeing if I need anything for the kids.” (K)

Some had challenges with obtaining support.

- “Help when we asked, not just say they will help and not be around when we needed help.” (F)
- “Be more proactive – don’t wait for us to ask for support – offer it.” (K)
- “When I asked for support I was told I was a bad parent. I’ve never seen a child act this way and I needed help, but they wouldn’t give me any support.” (F)
- “The social workers could have been more supportive and have been more of an advocate for the child.” (K)
- “They did well with preparing me to get the kids, but then when I got them all of the support faded away.” (K)
- “When we express a need or a struggle, actually help us.” (F)

184 of the 1,280 caregivers who commented on support (14%) mentioned staff courtesy and respect.

WHO COMMENTED ON THIS TOPIC?



KEY FINDINGS

Comments about caseworker respect were almost evenly split between positive and negative comments.

- One foster caregiver voiced a common theme of inconsistency between caseworkers: *“Depending on the social worker you are either treated with disrespect or thanked for your commitment to care for the children.”*
- Those that were satisfied described caseworkers who were friendly, compassionate, respectful, and had a heart for the children and caregivers.
- Others cited judgmental and condescending treatment, an inattentive or uncaring attitude, or a general lack of support and sensitivity for the caregiver role.

Caregivers speak . . .

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

Caregivers are grateful for caseworkers who are affirming, encouraging, and respectful.

- “The social worker is very caring and really thinks about the kids’ well-being.” (K)
- “Any time I have any dealings with them they always thank me for being a foster parent. They always tell me what a great job I’m doing and I appreciate that.” (F)
- “I know they’re overworked though, but they still lead with empathy and you can tell they care about the children.” (K)
- “They’re personable and they’re really understanding to the situation at hand.” (K)
- “They are encouraging.” (F)
- “They always gave us this ‘calming sense’ when we’d talk to them.” (K)
- “The case workers and guardian ad litem I worked with in the last year were very empathetic and positive toward me as a caretaker. They showed appreciation for my work and heart.” (F)
- “We’ve been lucky to have a social worker who respects us and we’ve been treated with dignity and that’s not always the case with social workers.” (K)
- “I just got a new social worker who treats me like a human being and I am grateful for that.” (F)
- “They are very positive towards me and I believe they care about the children.” (K)

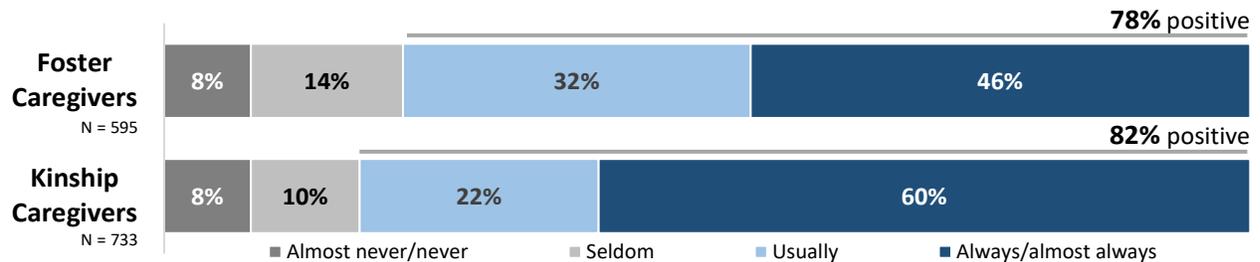
Some were unhappy with the way caseworkers treated them.

- “They could be more attentive to the feelings of adults providing care, especially kinship care.” (K)
- “Sometimes they stay in this mood where they are so used to talking to folks who have lost their children they end up being condescending to us – the foster parent.” (F)
- “They don’t have compassion for foster parents and [think] that we are glorified babysitters.” (F)
- “I feel prejudged. If you want to place a child with someone, treat them with respect.” (K)
- “Some of the social workers in DCYF treat me like I am part of the problem.” (K)
- “Initiate difficult conversations from a place of empathy and inclusivity rather than scare tactics.” (F)
- “We were treated like criminals and low functioning adults. Insulting.” (K)
- “They need to treat me with more consideration, and not be condescending and more sensitive to the relationship of the caregivers.” (K)
- “When working with them, it’s like working with someone who’s prickly and they can’t do ‘team.’ The moment I’ve had an issue, I’m stuck going to a supervisor and they will support the worker and not the family. They don’t care about our family.” (F)

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

Eight of 10 (80%) of the 1,328 foster and kinship caregivers who answered this question said that social workers always or usually listen to their input.

RESPONSE



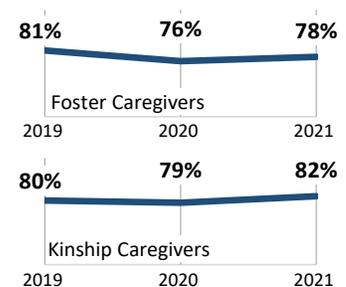
DETAIL

Foster and kinship caregivers gave increasingly positive responses in 2021. Differences across years were not statistically significant.

Many caregivers said that caseworkers listen well, noting the positive impact of being understood and validated. Some described challenges with caseworkers taking next steps on concerns that they voiced. A few caregivers did not feel their input was considered.

TREND

Positive Responses Over Time



Caregivers speak . . .

Most caregivers said that caseworkers listen.

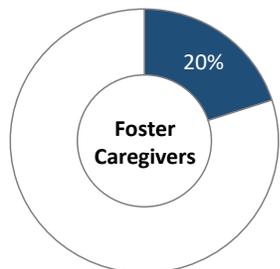
- “They listen and validate some of our frustrations, feelings and concerns.” (F)
- “They come to the house and talk with the kids. They listen to our concerns and our concerns about the family.” (K)
- “They listen to me and understand my concerns.” (F)
- “They hear my needs and understand when I am struggling with something and they help with that.” (K)
- “They always listen to the needs of the child and provide any necessary help needed.” (F)
- “A big thing is listening, especially when it comes to foster kiddos.” (K)
- “They listen to how I’m feeling and they support me in how I’m feeling.” (K)
- “They listen to our needs and frustrations. They listen when they ask questions about how kids are doing.” (F)
- “They listen to the kids.” (K)
- “The social workers listen well. They are very good listeners. They validated my concerns and feelings well. They were not over reactive to things.” (K)
- “They listen to any problems I may have with the kids. They listen very well.” (F)

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

- “The social workers listen to both the child and I.” (K)
- “They listened and acknowledged our daily experience with a complex child. This expertise made all the difference to our success in addressing vast diagnostic and treatment deficits.” (F)
- “The social workers I’ve had make me feel heard.” (K)
- Some appreciate listening but want to see action.**
- “We were lucky to have folks who listened well to us. Though that did not often mean they could/would actually do anything to help us.” (F)
- “Social workers listen, but they can’t do anything to help.” (K)
- “They listen, but they don’t really respond.” (F)
- A few described how their input is ignored.**
- “Listen! The child lives with me and I try to tell them things and in the past they just brush them off.” (K)
- “The social workers need to listen to our concerns at the onset of the placement.” (K)
- “Listen to what the caregiver and child’s needs are. Make it more about the child.” (F)
- “Listen to the foster parent’s needs and concerns more.” (K)

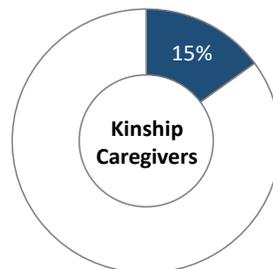
218 of the 1,280 caregivers who commented on support (17%) described how well caseworkers understand and listen to them.

WHO COMMENTED ON THIS TOPIC?



112 of 568 commented

- 62 – Satisfied
- 15 – Mixed or Neutral
- 35 – Needs Work



106 of 712 commented

- 64 – Satisfied
- 4 – Mixed or Neutral
- 38 – Needs Work

KEY FINDINGS

More than half of foster (55%) and kinship (60%) caregivers said their caseworkers listen and understand.

- Caregivers mentioned caseworkers who took an active listening role for both themselves and the child. Several caregivers said this made them feel valued and included.
- They often described reaching to a caseworker during times of stress or in difficult situations, noting the impact listening had in those experiences.
- Others focused on circumstances where they did not feel heard, especially when concerns were not taken seriously or given attention. Some named it being “brushed off” or “patronized.”

Caregivers speak . . .

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

Caregivers value being heard.

- “They listen to my questions and the answers I give to their questions.” (F)
- “They listen really well to the stress we are under after taking in this level 3 child.” (F)
- “If I call in with a concern or complaint, they listen rather than cutting me off.” (K)
- “The main social worker is always receptive to hearing our issues.” (K)
- “I have one in particular case worker who listened and has helped me in getting my voice heard. I was in a difficult situation and I wasn’t being heard.” (F)
- “The social workers value my feedback.” (K)
- “Overall, they’ve been open to listening and they usually look for active feedback on how the child is doing in our care.” (F)
- “They seem to take my input, concerns, ideas seriously – even when it is clear they may or may not be able to act on them.” (F)
- “They listen to all our frustrations and concerns and they even take time to talk to the girl in our care.” (F)
- “[The caseworkers] listen to needs and actively seek resolution.” (F)

They appreciate when the children are included.

- “They were excellent advocates for the children and took the children’s opinions seriously.” (K)
- “They would allow the kids to speak freely and provide their input.” (K)
- “They listen to me, they talk with the foster kids.” (K)

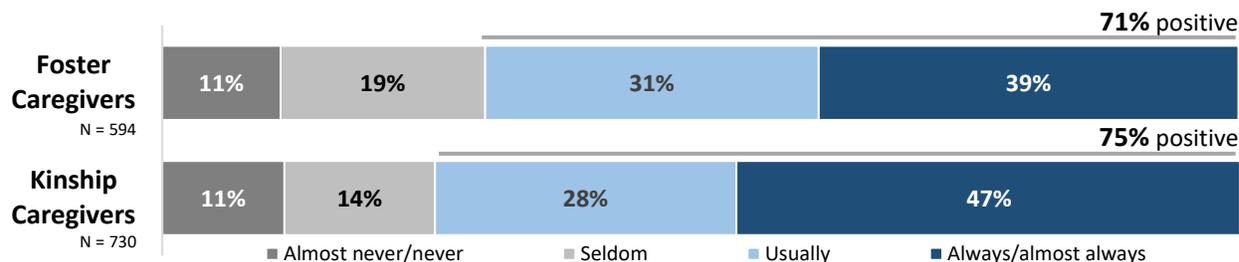
Some caregivers want their caseworker to listen.

- “[I would like] for them to listen when you voice concerns about kids. And for them to listen to the kids and what they want no matter what their age is.” (F)
- “Listen to valid concerns without brushing them off like they are nothing.” (F)
- “Don’t patronize us. Don’t tell me you want me to ‘feel heard.’ Actually listen to what I’m saying and do something productive with it.” (F)
- “They could listen to you and have some human feelings.” (K)
- “Listen and treat each situation as an individual event.” (K)
- “My number one complaint is feeling like I am not heard. Sometimes I feel like the social worker is looking at me and pretending to listen while all the time invisibly rolling their eyes at me. It’s infuriating at times.” (F)

QUESTION | Are you treated like part of the team?

More than seven of 10 (73%) of the 1,324 caregivers who answered this question said they were always or usually treated like part of the team.

RESPONSE



DETAIL

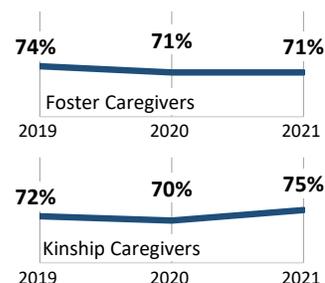
Kinship caregiver satisfaction improved in 2021, the only statistically significant increase in the survey. Foster caregiver satisfaction remained the same.

Caregivers consistently described experiences of partnership and teamwork. A few detailed specific ways they had been able to work with caseworkers and health care professionals.

Some wanted clarity on their role in the team and noted challenges with consistency.

TREND

Positive Responses Over Time



Caregivers speak . . .

Most caregivers feel they are a part of the team.

"I felt like I was on the team and I didn't fear going to them for things." (K)

"Our social workers have been amazing to treat us as part of the team. They know we play an active part of their life." (F)

"The best thing is the partnering I do with the agency. The teaming is the most important aspect of our work with the social workers." (F)

"The social workers call on us to make for sure things are going good. We are treated like part of the team and they have been very supportive." (F)

"When we are aware of a need of a child and are at the end of how to deal with it, the social worker puts us in touch with someone who can help with the problem. Birth to Three is a great help. Our pediatrician works well with us. We all work as a team." (F)

"I do believe there is the necessity of integrating everybody in order to follow up in the best possible way in both medical and educational pursuits. Right now I have them in day care and I am very happy that the state provides support online which works the best since everybody at home is trying to help, including my wife and my sons." (K)

"They make me feel like a part of the team." (F)

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

"There are some people at DCYF, especially ones who have been there a long time, who are excellent at supporting us and making us feel like part of the team." (F)

"They respect that I am part of the team." (F)

A few had mixed experiences.

"DCYF – we want to know what the plan is for a child that we have had for two years. The shared planning meetings – the bio parent's attorney won't let us stay in the meeting. So, we are part of the team until it gets to the planning part and then we are excluded. It is not a shared planning meeting for us, we give status of the child, but when it gets to planning we are excluded." (F)

"With the private agency, we are always treated as part of the team and are listened to, but not with DCYF." (F)

Some mentioned challenges with teamwork.

"[I would like] more involvement on the team, such as meetings that are appropriate." (F)

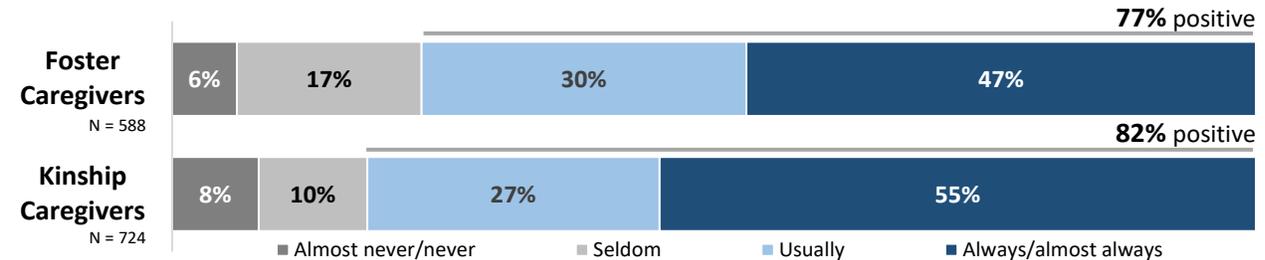
"It was so overwhelming in the beginning because there are so many different departments involved and caseworkers and other people. I would have liked to know where I fit in as part of the team." (K)

"Treat the foster parents like members of the team. I mean, we are raising these children." (F)

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

Eight of 10 (80%) of the 1,312 caregivers who answered this question reported that they were always or usually included in meetings about the child in their care.

RESPONSE



DETAIL

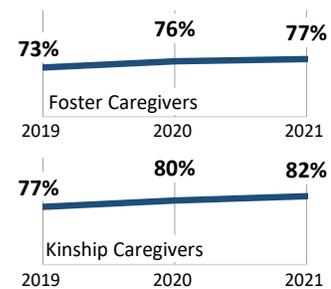
Foster and kinship satisfaction rose in 2021, continuing a positive trend. Differences from 2020 were not statistically significant.

Some caregivers commented on inclusion in monthly meetings, court proceedings, and Family Team Decision Making Meetings (FTDMs). They expressed gratitude when their input was added to caseworker notes and court reports.

A few said they were not invited, and sometimes not allowed, to attend meetings.

TREND

Positive Responses Over Time



Caregivers speak . . .

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

Many caregivers mentioned being included in meetings.

- “For one of our placements we were able to go to the court hearing. It was nice to hear some dates and more information.” (K)
- “I am given the option to attend all meetings/court dates that concern my placement.” (F)
- “The past social worker always called me and asked me if I needed support whether it was financial, emotional, or resources. She used to come once a month to meet with us and she included me in the meetings.” (K)
- “We engaged in team meeting monthly.” (F)
- “I was pretty nervous about all this to start. The worker listened to me when I shared what the child was saying and took it seriously for the court report.” (K)
- “They include us in meetings and give us information when they get it.” (F)
- “The case manager and I talk weekly about the case. I text her updates of how the child is doing in day care and in my home.” (F)
- “My private agency case manager is incredibly supportive. She gives me a lot of information about my child’s case. We are approaching deprivation and she has really included me in the process.” (F)

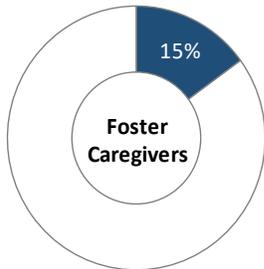
- “I am included in the court hearings, but never any other kinds of meetings regarding our child.” (F)
- “She solicited my input about the child and included it in her report.” (F)
- “We had FTDMs, and FPS services while she was with us that helped direct the case.” (K)
- “Our private agency attends the FTDM and court meetings with us.” (F)
- “They are very flexible on making the required home visits. They are easy to work with as far as scheduling things.” (K)

A few said they don’t have access to meetings.

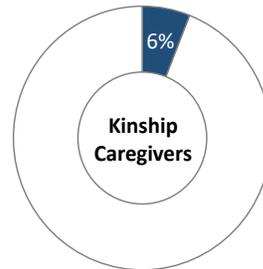
- “Just because we are related to the child do not assume we take sides. They allow me to attend no meetings. They keep me in the dark.” (K)
- “We are an afterthought. Several times we have not been included in scheduling meetings about the children.” (F)
- “Foster parents NEED to be a part of the whole team from the beginning. We don’t care about bio parent’s dirty laundry, we just want to help the kids. Keeping us out of meetings or not telling us about them makes it hard to trust that we have the correct info. We love these kids and should be involved in decisions about them, we aren’t just safety deposit boxes.” (F)

129 of the 1,280 caregivers who commented on support (10%) specifically mentioned caseworker inclusiveness.

WHO COMMENTED ON THIS TOPIC?



84 of 568 commented
 25 – Satisfied
 7 – Mixed or Neutral
 52 – Needs Work



45 of 712 commented
 11 – Satisfied
 4 – Mixed or Neutral
 30 – Needs Work

KEY FINDINGS

Foster caregivers were more likely to make comments about this topic, but the balance of comments for both kinship (67%) and foster (62%) caregivers cited challenges with caseworker inclusiveness.

- Caregivers appreciate involvement in meetings, emails, planning, and decision-making.
- Many caregivers want recognition for their daily role and experience with the children.
- Some indicated that their input doesn’t seem to be heard or valued.

Caregivers speak . . .

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

Caregivers appreciate opportunities to participate.

- “They include me in emails and details about the foster’s future and placement.” (K)
- “They do a great job at meeting with my input as to what is happening.” (F)
- “They listen to me and include me in important planning.” (F)
- “For the most part they have been inclusive and we have had a good working relationship.” (K)
- “This time, the social worker made sure we were a part of the decision-making and was always there for us and my family members.” (K)
- “They take my input and recommendations.” (F)
- “I had her tell the kids they were being adopted, I mean that’s how involved she was with us and our family.” (F)

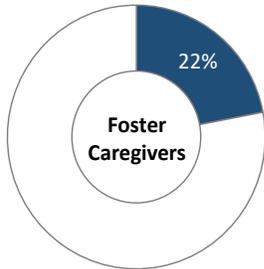
They want to be included.

- “I feel I am on the outside and things are decided for me which affects me and my home and I have nothing to say about it.” (K)
- “Work more with the families and listen to input.” (K)
- “Include all parties, CASA workers, family members, just everyone in the decision making. Keep the child’s best interest at heart. Don’t just do what the social worker has planned.” (F)

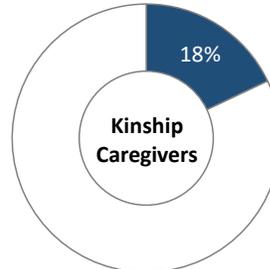
- “Include us from the beginning.” (K)
- “Less parent-centered and more child-centered. We foster parents feel like we have such little voices. We are the ones doing the day to day heavy lifting and our voices should be given more credence.” (F)
- “The social workers should include input from the kinship caregivers.” (K)
- “I am not heard by the social worker. They ignore important information about what is going on. The children were put back in a home with CPS involvement. I was never advised of the court hearings so I could give input.” (K)
- “Foster parents should have some input into what happens with the kids. I have Guardian ad Litem who have not seen the kids in nine months. And yet this is the person who gets to speak in court and not the foster parent.” (F)
- “They need to be open to our opinions. We need more attention and help from the social workers. We all need to work together.” (F)
- “I would really like if the social worker would take the foster parent’s advice. We are with the child 24/7 and observe behaviors that the social worker never sees.” (F)
- “I’d say even if it’s a meeting that we’re not involved in, they should still provide our feedback within the meeting.” (F)
- “There is no continuity. They do not value our input or our knowledge. I am speaking of DCYF.” (K)

254 of the 1,280 caregivers who commented on support (20%) described caseworker communication.

WHO COMMENTED ON THIS TOPIC?



123 of 568 commented
35 – Satisfied
11 – Mixed or Neutral
77 – Needs Work



131 of 712 commented
50 – Satisfied
8 – Mixed or Neutral
73 – Needs Work

KEY FINDINGS

More than half (59%) of the caregiver comments about caseworker communication were negative.

- Caregivers often want “better” communication, without indicating anything specific.
- Many noted the importance of open communication with their caseworker.
- They also want timely contact with caseworkers.
- Some expressed appreciation for their caseworker’s consistency or clarity.

Caregivers speak . . .

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

Caregivers like regular and clear communication.

“Even with a big workload some social workers manage to still communicate step by step what is going on in the case.” (F)

“DCYF communicates very regularly with me and keeps me abreast on what’s new. Communication is consistent and clear.” (K)

“Our social worker was communicative about the process and getting things back on track.” (K)

“Communication is key. When they keep us in the loop, it helps us feel supported.” (F)

“They communicate well together and with me.” (K)

“We have a great team of folks now. There is a lot of communication and trust.” (F)

Many want better communication from their caseworker.

“Communication is essential and the social workers fell down on this.” (K)

“Better communication. I know there are confidential laws and whatnot, but it was like we were left in the dark sometimes.” (F)

“Communicate with the parent and the person who’s taking care of the children.” (K)

“Communication is rapid fire and sometimes lacking.” (K)

“Communication is the #1 always – please stay in contact with us; don’t just assume we know – especially when we are new at all this.” (F)

“Better communication, better communication, better communication – visits were changed or canceled with no notice; I had to ask for almost all the support I received.” (K)

“Better communication between the social workers and CASA worker and the foster parent.” (K)

“Communicate everything that is happening with the case in real time.” (F)

“Better communication in general. I’d encourage them to be more open and less secretive when dealing with family who come forward on behalf of the children.” (K)

“I feel like our social workers are overwhelmed, and so therefore, are harder to communicate with.” (F)

“They lack some basic communication skills and I have had a lot of social workers that do the bare minimum.” (F)

“We have been so patient through the 7 social workers and all the lawyers and we would appreciate if it you communicated with us more.” (K)

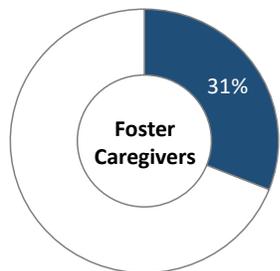
“Some social workers were not communicative so things always came as a surprise.” (F)

“More communication in the beginning would have been better when he was placed.” (K)

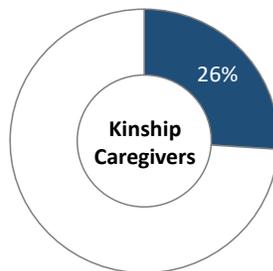
“Communicate what is going on as much as possible.” (F)

363 of the 1,280 caregivers who commented on support (28%) noted caseworker responsiveness.

WHO COMMENTED ON THIS TOPIC?



178 of 568 commented
100 – Satisfied
25 – Mixed or Neutral
53 – Needs Work



185 of 712 commented
90 – Satisfied
24 – Mixed or Neutral
71 – Needs Work

KEY FINDINGS

More than half (56%) of foster caregivers, and nearly half (48%) of kinship caregivers, made positive comments about the responsiveness of their caseworkers.

- Many caregivers praised timely caseworker responses.
- They appreciate help with specific needs, finding resources, and being creative with problem-solving.
- Caregivers brought up inconsistencies between responding and following through.
- Lack of responsiveness led some caregivers to fund items themselves, so they could meet needs without being held up by long wait times.

Caregivers speak . . .

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

Responsiveness is important to caregivers.

- “The social workers responded as quickly as they could to my needs and found resources for the child.” (K)
- “I guess one of my social workers usually jumps if I ask for something and is quick to respond.” (F)
- “They are very persistent and good at following up.” (K)
- “They respond to my requests in a timely manner and provide us with what is necessary for the kids.” (F)
- “They are very good at addressing any issues I have.” (K)
- “Most of the social workers we have worked with do well and respond to the issues we have facing us.” (F)
- “They have helped me get additional aid for a special needs child.” (K)
- “I think the social workers do a really good job in hearing any struggles that we have and trying to come up with ideas to help us. They are creative in their thinking.” (F)
- “If I needed a resource they would make every way to help me.” (F)
- “I think when there’s an issue, I feel like I’ve been heard and they try to problem solve.” (F)
- “When I have a specific need, they’re just right there. They mail vouchers and offer help.” (K)
- “Our current social workers are receptive and are really great about responding back to me quickly.” (F)

- “They usually are really good about responding to our needs.” (F)
- “What they did well was, when I asked specifically for some services I knew about they would respond, not immediately, but most times they responded in a positive way.” (K)

Some detailed challenges with follow through.

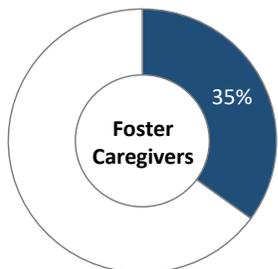
- “Even though social workers are responsive, a lot of the time the response is that they are still waiting for something to occur prior to being able to reach out to me.” (F)
- “I sometimes have to call and complain. Then I get from the supervisor, ‘We’re so sorry.’ And they don’t do anything until I call and complain again.” (K)
- “It’s good to check in and ask what we need, but frustrating when there is no follow through.” (F)
- “A prior social worker would promise things and then not follow through. Anything the child has gotten we have gotten for him.” (K)

A few mentioned issues with timeliness.

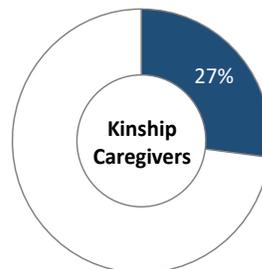
- “Just get back to us more quickly.” (F)
- “Because my current social worker is so unresponsive about our needs we have to spend a lot of our own money.” (K)
- “Timing with the agency really takes too long to address concerns.” (F)

395 of the 1,280 caregivers who commented on support (31%) mentioned something about caseworkers that fell outside the existing categories.

WHO COMMENTED ON THIS TOPIC?



201 of 568 commented
55 – Satisfied
28 – Mixed or Neutral
118 – Needs Work



194 of 712 commented
79 – Satisfied
24 – Mixed or Neutral
91 – Needs Work

KEY FINDINGS

Many caregivers who provided other comments about caseworkers (53%) responded with negative comments. Kinship caregivers were more likely to share positive feedback (41%) than foster caregivers (27%).

- Caseworker availability was mentioned in both positive and negative responses.
- Many caregivers praised dedicated, flexible, and friendly caseworkers.
- Caregivers value honesty and insight from their caseworkers.

Caregivers speak . . .

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

Caregivers praised timeliness, friendliness, and flexibility.

- “They make themselves available when I need them.” (K)
- “The social workers were respectful of timeframes and when we were able to meet and they worked around our family schedule.” (F)
- “What I think many folks in the department do is try their best to work things out. Most people are really dedicated and easy to get along with.” (F)
- “The biggest support has been just understanding our strengths and being able to negotiate for the child based on our strengths and not just based on some of the red tape they have to go through.” (F)
- “They always are on time for meetings.” (K)
- “I know my social worker had 30 other kids and she never made us feel like my child was number 30.” (K)
- “They give constructive advice without being bossy. They work to have a good relationship.” (F)

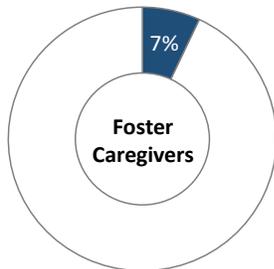
They want caseworkers who are honest, knowledgeable, and invested.

- “Need to make sure the social workers are well trained and suitable for the job, or personality not being a good fit, as our first social worker had no backbone.” (F)

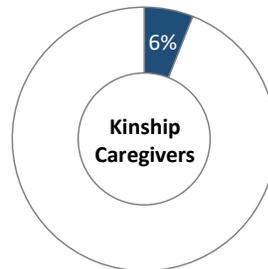
- “She didn’t plan ahead on her visits. They were always last minute which was difficult for the child.” (F)
- “The social worker tends to put off things on me instead of doing them herself. My social worker does as much as she has to do to keep herself out of trouble.” (F)
- “DCYF needs to hire staff whose heart is in it and not for the money; better training for the social workers.” (K)
- “The social worker needs to be aware of the situation and what the problems are. After the kid got kicked out of school the social worker took him to his favorite restaurant for lunch rather than dealing with what happened at school.” (F)
- “I really think that connecting with the foster parents and honesty – be honest. Follow through with commitments. Really build relationships with your foster parents!” (F)
- “The only thing I noticed is the level of transparency. Be upfront to begin with.” (F)
- “Be honest, don’t play around like they’re my friend and they care about the interest of the child and then go behind my back and not be that person they pretend to be. Honestly, I feel like what I say won’t change a thing.” (K)
- “They need to be more vigilant about the supervision of the visits.” (K)

86 of the 1,280 caregivers who commented on support (7%) said more caseworkers are needed.

WHO COMMENTED ON THIS TOPIC?



41 of 568 commented
0 – Satisfied
0 – Mixed or Neutral
41 – Needs Work



45 of 712 commented
0 – Satisfied
0 – Mixed or Neutral
45 – Needs Work

KEY FINDINGS

Less than one of 10 caregivers mentioned needing more caseworkers, but their comments describe challenging situations. They noted the difficulty, pressure, and stress of a caseworker’s daily workload. They cite these as barriers to receiving support with basic needs and making timely progress in a case. Caregivers identified two related issues:

- High caseworker turnover rates
- Large caseload for each caseworker

Caregivers speak . . .

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

Caseworker turnover has an impact on caregivers.

“Most of the issues we have had with DCYF can be traced to social workers being legitimately overloaded. Just the things that our most recent foster kids’ social worker was court-ordered or expected to do could have constituted a full-time job and that was just for the kids we were fostering.” (F)

“I know they’re working with skeleton-staffing and they just need more workers and more support.” (F)

“From DCYF, we’ve had a wide range of social workers from hostile and distant to friendly and helpful. Most have been unhelpful because of being overworked and unsupported themselves. And all of 7 but one have left the agency.” (F)

“We have had six workers since we have had the children...They turn over so quickly, none of them know what’s happening. They expect us to tell them about the case and the children’s backgrounds.” (K)

“There was a constant change in social workers. This presented a lack of continuity of care.” (K)

“Minimize revolving door of social workers, it is hard to keep informed of complexity of case; progression of case is frequently stunted due to changing of social workers.” (F)

“If the system could better support the social workers and keep them from leaving in droves that would help the most.” (F)

Large caseloads create challenges.

“Smaller caseloads for the social workers so they’re not so stressed out.” (K)

“They’re stressed and with large caseloads, stuff falls through the cracks. That’s not fair to us – the caregiver or the child!” (F)

“I know the social workers are overworked, I get they have other kids and emergencies, but sometimes they are so late. I wish we had more social workers and lower caseloads for them.” (F)

“I think that their caseloads are full and they are not as watchful as they should be. The system is overworked.” (K)

“They are so overloaded and overworked, we as caregivers are on our own in most situations, yet if we do something wrong we are completely punished and treated like everything was intentional.” (F)

“Have less kids in their load so they could actually pay attention to the kids they have.” (K)

“There was a lot of staff turnover so the social workers ended up with bigger caseloads.” (F)

“It’s difficult because I can understand the caseloads are heavy. However, I have to make it my mission to get all of the information and I just think a caseworker should be aware that every child has needs.” (K)

Access, Process, and Coordination



Pexels.com/Clem Onojeghuo

Caregivers want effective processes and consistent access to caseworkers.

“I have difficulty getting to most of the social workers and they don’t respond very well. The state doesn’t take into account foster families and what they sacrifice before turning things into law. Licensors require and allow different things.” – Foster Caregiver

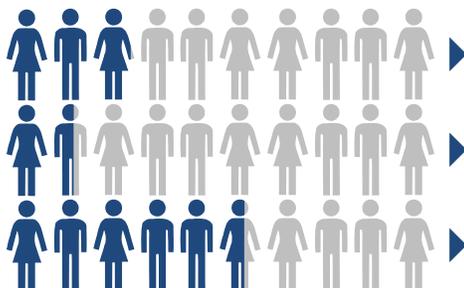
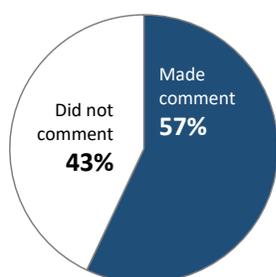
More than three of four caregivers (77%) said they usually, always or almost always can get help when they ask for it. Foster and kinship caregivers gave nearly identical responses.

- Can you get help when you ask for it? (All Caregivers: 77% positive. F: 78% K: 77%)

Over half (56%) of caregivers who made comments about access, process, or coordination mentioned challenges. Caregivers stated issues with policy and process, coordination, and paperwork. Many want shorter timeframes, consistent answers, and a clearer focus on advocating for children. Some disliked paperwork processes, citing inefficiency and caseworker disorganization. Many want to see better collaboration between caseworkers, agencies, and caregivers.

Caregivers continue to appreciate consistent contact with caseworkers, often mentioning the monthly health and safety visits. They also voiced gratitude for other non-scheduled efforts caseworkers made to check for needs. Access to staff is also important to caregivers, and they expressed appreciation for quick responses and the variety of contact options (e.g., text, email, phone call).

727 caregivers (57%) discussed access, process or coordination.



▶ 209 (29%) of these comments were positive.

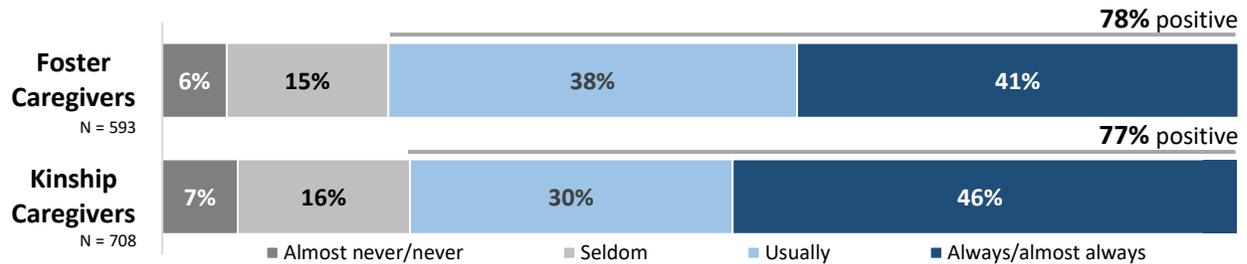
▶ 113 comments (16%) were mixed or neutral.

▶ 405 comments (56%) were negative or suggestions for improvement.

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

More than three of four (77%) of the 1,301 caregivers who answered this question reported that they always or usually can get help when they ask for it.

RESPONSE



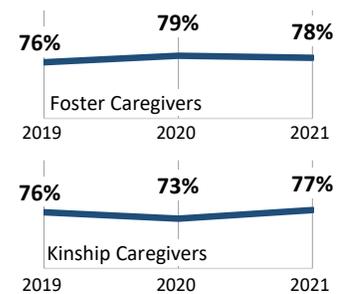
DETAIL

Foster and kinship caregiver satisfaction was similar in 2021, with 78% of foster caregivers and 77% of kinship caregivers giving positive responses. Changes across years were not statistically significant.

In the comments, caregivers praised caseworkers who answered calls and responded to requests quickly. They expressed appreciation for assistance with their needs, including finding services and resources. Others wanted more timely answers and support.

TREND

Positive Responses Over Time



Caregivers speak . . .

Many caregivers are able to get help when needed.

- “The social worker was excellent about answering my phone calls and requests in a timely manner.” (F)
- “They let us know if we needed anything we could ask at any time.” (K)
- “They have offered us services. Any time that we have any questions or don’t understand something, they have gone above and beyond to explain it to us. I love them!” (F)
- “I think they are really good at supporting me in getting whatever we need to help the foster child. They will help fix whatever is going on with any problems.” (F)
- “They are always there to help with concerns, needs, or questions.” (K)
- “Any time I need something the social worker helps me obtain it.” (F)
- “They checked in on us, brought us diapers and vouchers for things, we got WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) too. Anything we needed for the baby, we got.” (K)
- “They are always very quick to answer our questions and we have very open communication. If we need anything, they are very quick in getting what we need. We absolutely love our caseworker!” (K)

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

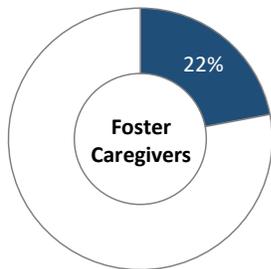
- “They respond to my phone calls, emails in a timely manner and they provide me with what I need for the children.” (F)
- “They always reach out to see if there is anything that they can help you with.” (K)
- “I have always had good response time from workers when contacting them about an issue.” (F)
- “The virtual visits are very difficult for all of us. They were forced on us without training and equipment.” (F)
- “They explain things when I ask questions; they’re right on it.” (K)

Some said they struggled to get a response.

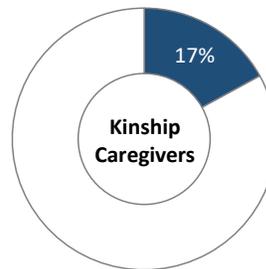
- “Because we are a fairly easy case, we feel that our needs are sort of pushed to the end of the line. It’s not always fun to constantly remind them.” (F)
- “We had a few social workers who were hard to get ahold of or get responses in a timely manner.” (K)
- “Some social workers you can’t get an answer from. You send emails and updates and they either don’t respond or they just say, ‘Thank you.’ And that’s it.” (F)
- “From my experience, they could communicate better – respond to me when I am trying to get ahold of them. When the child has a problem, I reach out to the social worker – they need to answer their phones.” (K)

247 of the 1,280 caregivers who commented on support (19%) mentioned access to staff.

WHO COMMENTED ON THIS TOPIC?



123 of 568 commented
69 – Satisfied
13 – Mixed or Neutral
41 – Needs Work



124 of 712 commented
82 – Satisfied
7 – Mixed or Neutral
35 – Needs Work

KEY FINDINGS

Many caregivers (61%) were satisfied with the accessibility of their caseworker, including consistent availability and prompt responses.

- Caregivers appreciate the variety of options for contact (e.g., phone, text, email).
- Some described both positive and negative experiences. For example, some contact methods worked, others didn't, or contact information was available, but no one was there to help.
- Nearly one of three caregivers said they were not satisfied with access to their caseworker. Some mentioned inability to reach their caseworker regardless of contact method, others rarely heard back.

Caregivers speak . . .

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

Many had reliable contact with their caseworker.

- “They are always super prompt with emails.” (F)
- “If we have question we can just call them up and they will answer us.” (K)
- “They do call me back and if text they returned my texts promptly.” (K)
- “They are flexible about communication channels, allowing me to text, call, or email.” (F)
- “She’s there anytime I call her, I really appreciate that.” (K)
- “The CASAs, GALs and the social workers were almost always available to take a call and communication was really good with us.” (F)
- “The good thing about most of the social workers we have had is that they are very responsive. They will return our calls within 24 hours and if they cannot help us, they will direct us to someone who can. That is very comforting.” (F)
- “They are really timely and available when I need them, they always get back to me when I send an email or call/text.” (F)
- “We are pretty need-free folks but we are happy that you are all so easy to contact when we do need you.” (F)
- “They have always have kept in contact and they return messages.” (K)

Some gave examples of mixed experiences.

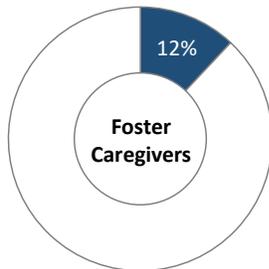
- “If you have an emergency it’s nice to have a phone number to call, but having to wait 45 minutes to get through is atrocious.” (K)
- “They respond to my emails quickly but the phone calls take a couple of days.” (F)

Others said there were challenges with access and timely responses.

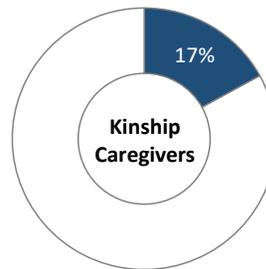
- “Answer our emails and be expeditious in getting in touch with us. We had questions and it was 3-4 days, after calling 3-4 times.” (F)
- “Often we can’t reach the DCYF worker when help is needed.” (F)
- “I have text messaged and called my caseworker but have not gotten a response for over 2 months.” (K)
- “Return messages. Also empty the answering machines as I cannot even leave a message for them to call me.” (K)
- “It’d be nice if they answered their phone. I know they’re slammed, but that is the most difficult is getting in touch with them. We don’t need much, but when I call no one returns my call. Getting the message ‘This mailbox is full’ is just dreadful.” (F)

190 of the 1,280 caregivers who commented on support (15%) described the consistency of their contact with caseworkers.

WHO COMMENTED ON THIS TOPIC?



66 of 568 commented
44 – Satisfied
8 – Mixed or Neutral
14 – Needs Work



124 of 712 commented
81 – Satisfied
13 – Mixed or Neutral
30 – Needs Work

KEY FINDINGS

Over half of the caregivers (65%) who commented on the consistency of contact with caseworkers mentioned positive experiences. Foster and kinship caregivers gave similar responses, with nearly identical rates for both positive and negative comments.

- Many caregivers expressed gratitude for consistent monthly visits.
- They appreciate the initiative from their caseworker to create steady communication and connection.
- A few caregivers were interested in having more caseworker interaction beyond the monthly check-in.
- Some said that caseworkers were not in touch with them at all, or did not visit regularly. A few cited timeframes of a year or more without any contact with caseworkers.

Caregivers speak . . .

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

The majority of caregivers praised caseworkers' consistent contact.

"Everyone we have worked with has been good about having regular contact with us without me having to reach out to them first. This includes our private agency and DCYF. The health and safety visits are always done." (F)

"My courtesy worker, she regularly checks in. If she hasn't heard from me, she'll send me a text checking in and I love that." (K)

"The biggest thing for us is that they have been transparent and they constantly check in with us to see if we need anything. We have found that support very reassuring." (F)

"Their visits, whether in-person or virtual are consistent." (K)

"We routinely get phone calls and contact from private agency." (F)

"The social worker has been amazing. He is in touch with me weekly. He makes sure I am getting what I need. My staff from the private agency checks in on the child regularly." (F)

"They're really good at checking up and the aftercare, like after you adopt they're good at sticking around and making sure things are okay." (K)

"They have been checking in with us more these days." (K)

"The DCYF social workers visit once a week, they follow up with the children." (F)

Some asked for better or more contact.

"Maybe do a weekly check in." (F)

"They only visit me once a month, so I think more visits would be best." (K)

"We had the child for a year and a half before the social worker ever came to the house to see her or us. She always saw her at school. Another child's social worker came to see us all the time. They all need to come see the children assigned to them and us each month." (K)

"It feels pretty much like you get a very challenging child dropped off at your house with no assistance other than a once a month brief check in." (F)

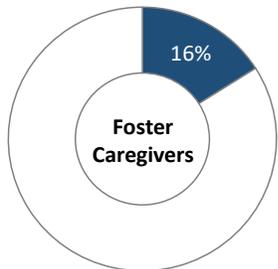
"We have one that has never met our child, she has never called, and I do not even know what her voice sounds like and we are in our 9th month." (F)

"I never hear from them, so I don't know. I haven't really had any interaction." (F)

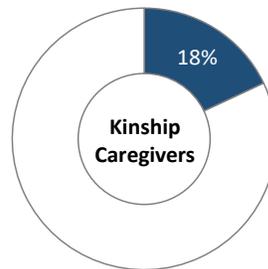
"It would be nice if measures were in place to have accountability for all workers to be in touch and keep us in the loop." (F)

220 of the 1,280 caregivers who commented on support (17%) mentioned general processes.

WHO COMMENTED ON THIS TOPIC?



93 of 568 commented
2 – Satisfied
2 – Mixed or Neutral
89 – Needs Work



127 of 712 commented
6 – Satisfied
8 – Mixed or Neutral
113 – Needs Work

KEY FINDINGS

Nearly all caregivers (92%) who commented on general processes were dissatisfied. Foster and kinship caregivers made similar comments about long timeframes and the overall focus of the child welfare system.

- Many caregivers feel the process is biased toward the parent at the expense of children’s needs. They want to see and participate in more child advocacy.
- Several described challenges with the agency’s current focus on reunification.
- Some caregivers characterized the child welfare system as “broken,” with slow processes that hinder caseworkers as well as themselves.

Caregivers speak . . .

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

Many do not agree with current practices and policies.

- “We get frustrated because the child takes a back seat to the bio parent even when it should be the other way around. Too much the bio parent is given the priority.” (K)
- “The rules should be less for the parent and more for the needs of the children.” (K)
- “I realize that there are many local and Federal laws, that everyone has to follow; but I feel that often times, it is the laws that come first and not the child.” (K)
- “Work to change laws so that foster parents are supported more.” (F)
- “Be better advocates for relatives that take children. We have been on a roller coaster for 5 years now. I believe that some laws need to change.” (K)
- “Child-centric system. Foster parents fight for the children but the majority of the time are threatened to have the child moved if we don’t stop advocating. No one else advocates for these kids. It’s all about either closing cases or enabling the parents. We want reunification too. But we spend every waking moment with these kids and don’t have an actual say on their care.” (F)
- “It doesn’t seem like they put kids first. I’m just so surprised that after working with you guys for 6 years that you don’t put the kids first, never in anything. It’s just surprising, that’s all.” (F)

Some pointed to challenges with the whole system.

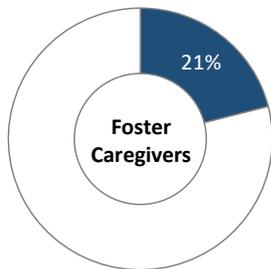
- “The system is so broken. This ties the hands of the social workers to do what is necessary. There seems to be no accountability.” (K)
- “Slow, slow process. The whole system.” (K)
- “As we have been told, ‘The system is broken, we’re doing the best we can...’, how about figuring out how to have the dog wag the tail in lieu of the tail wagging the dog?” (K)
- “If things could move faster is the only thing I can think of. There is always so much waiting for things to happen.” (K)
- “Too often fostering is like co-parenting with the DMV.” (F)

Others question the sole focus on reunification.

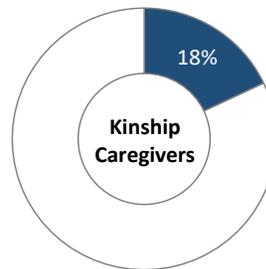
- “Change the policies that always, always, always think that reunification is the best option. It seems like the laws of Washington State are set up to give benefit to the bio parents. The children’s needs should be primary.” (F)
- “I know that reunification is the goal for children but when you know this is never going to happen, please don’t leave us in limbo.” (F)
- “One of the supervisors at DCYF said their goal was to restore families. I haven’t found that to be the truth.” (K)
- “Kids are returning back to their bio’s too soon and then get kicked back into the system; back & forth.” (F)

246 of the 1,280 caregivers who commented on support (19%) mentioned specific processes.

WHO COMMENTED ON THIS TOPIC?



118 of 568 commented
8 – Satisfied
8 – Mixed or Neutral
102 – Needs Work



128 of 712 commented
3 – Satisfied
7 – Mixed or Neutral
118 – Needs Work

KEY FINDINGS

Most caregivers (89%) who commented on specific processes expressed dissatisfaction. Although the comments covered a variety of issues, caregivers often mentioned adoption, termination, and licensing.

- Caregivers shared issues with timeliness in adoption and licensing processes.
- They want the agency to stick to reunification plans. Caregivers often feel that the termination process takes too long.
- Some want caseworkers to make better use of available resources.
- Other asked for the caseworker to consider the child’s needs during transitions and sibling visits.

Caregivers speak . . .

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

Adoption and licensing processes can be lengthy.

“The licensing took so long. At one point the supervisor took over and just gave us the license, but before that we were just waiting for things and they were not getting stuff done in a timely manner. There were issues with the fingerprinting and it was all around not done how we wanted it to be.” (F)

“It took over 10 months to get the docs and get the license renewed only to begin the process again in just over two years. This part of the system is a disaster.” (F)

“Make the adoption process shorter. Six years is way too long.” (K)

“My oldest has been with me for over two years and he still hasn’t been switched to adoption. The process is really slow.” (F)

Some struggle with the timing of termination.

“They could be realistic with their goals and realize when someone drops out of rehab 5+ times, it’s probably time to start restricting visitations with their child.” (K)

“It would be nice if they would close the case and give us full custody as it’s been way too long and the parents could care less and are not at all involved. Too slow in finalizing permanent custody.” (K)

“Follow your timelines regarding reunification.” (K)

Others want better use of resources.

“If DCYF is going to treat kids in foster care as ‘bad’ and deny them the care they need, is the agency really helping? It waits until children are broken and placements are burned through before accessing programs like Harborview’s Foster Care Assessment Program that can provide expertise on a child’s needs. Unfortunately that expertise is applied too late, after the child has been repeatedly traumatized and placement options have evaporated. It would be better for all to apply this service at the beginning of foster care placement to prevent the problems that arise from multiple failed placements.” (F)

“They need to reallocate funds and make it so the social workers have what they need to provide better care to the families and mostly, the children.” (K)

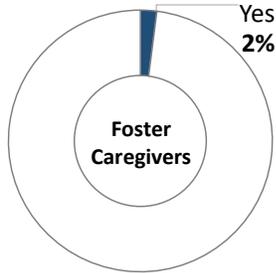
A few asked for smoother transitions and sibling visits.

“I would like to see more resources to help keep siblings together and more support in helping sibling visits occur more often.” (F)

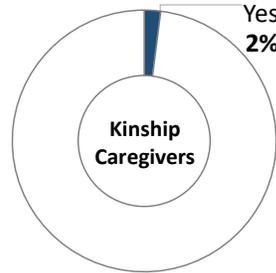
“They could have provided my children with transition before moving the kids. We were given only 24 hours’ notice. This happened several times which is traumatic to the children. I will no longer do regular foster care because this has happened one too many times. There is such a chasm between policy and reality.” (F)

26 of the 1,280 caregivers who commented on support (2%) mentioned paperwork processes.

WHO COMMENTED ON THIS TOPIC?



9 of 568 commented
 0 – Satisfied
 0 – Mixed or Neutral
 9 – Needs Work



17 of 712 commented
 0 – Satisfied
 0 – Mixed or Neutral
 17 – Needs Work

KEY FINDINGS

As in other recent years, few caregivers (2%) commented about paperwork. All caregivers who commented about paperwork processes were dissatisfied.

- Several caregivers were dissatisfied with lost paperwork.
- Some caregivers want a reduction or complete change from current paperwork processes.
- Others are unclear on the purpose and process of filling out paperwork.

Caregivers speak . . .

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

Some caregivers had challenges with caseworker paperwork handling.

- “The same social worker I had removed is now back on there, she is the one that has misplaced all of the paperwork.” (K)
- “File paperwork correctly.” (F)
- “Early on, they’d ask for the same things and same paperwork over and over, like they kept losing our information.” (K)
- “Paperwork seems to get lost.” (K)
- “File paperwork on time.” (F)
- “I got the background check done on my 16 year old in the house and we sent it in, it was stamped by the office and everything. Well they show up asking about the background check, the lady says they never got anything so I go and pull out the paper and actually show them that it was stamped with a date by their office. She just looks at me and says, ‘Well it must’ve been misplaced, but we’re going to have to redo it.’ I said, ‘There’s no way. That’s not on me, you guys are going to have to redo all of that.’” (F)

Many want less paperwork.

- “Maybe reduce the amount of paperwork.” (F)
- “A little less paperwork.” (K)

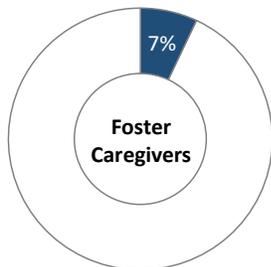
- “There is so very much paperwork to complete, they could probably minimize some of that.” (K)
- “The biggest thing they need help with is the constant finding of more and more paperwork and background checks needed constantly for kinship care.” (K)
- “The paperwork and time constraints that were required were a hardship to complete while caring full time for the children.” (K)
- “The workers have been bogged down with way too much paperwork. It takes way too much time to get through this system.” (K)
- “They could make the process a lot less stressful, like less paperwork.” (K)

Others had difficulty completing paperwork.

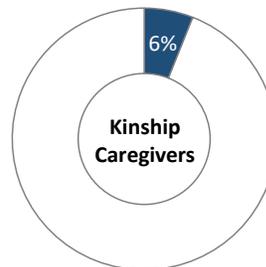
- “The guy from DSHS that came out knew what to do. He came out and got information from the kids and what not, so he was nice. The paperwork and everything we had to fill out was not easy though.” (K)
- “The paper trail that DCYF has seems antiquated.” (F)
- “I filled out incorrect paperwork and I felt like a fish out of water, I didn’t know what I was doing.” (K)
- “Upfront paperwork needs to be accurate as to what the plan is.” (F)

82 of the 1,280 caregivers who commented on support (6%) mentioned coordination.

WHO COMMENTED ON THIS TOPIC?



37 of 568 commented
 9 – Satisfied
 4 – Mixed or Neutral
 24 – Needs Work



45 of 712 commented
 3 – Satisfied
 1 – Mixed or Neutral
 41 – Needs Work

KEY FINDINGS

Nearly all kinship caregivers (91%) who mentioned coordination described negative experiences. Many foster caregivers (65%) were also dissatisfied.

- A few caregivers were appreciative of the communication between caseworkers and programs.
- Many found it challenging to understand the rules, policies, or process due to shifting answers. They want caseworkers and programs to work more closely and align their communications.
- Others asked for a streamlined process, saying they spend too much time contacting and sharing information with each entity involved in their case.

Caregivers speak . . .

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

A few mentioned good experiences.

- “Communication between the workers is good.” (F)
- “We have really appreciated the social worker, CASA and our own agency’s advocate for us. They work really well together and with us to make sure our baby’s needs, as well as our own, are understood and valued.” (F)
- “They have done a very good job of trying to bridge the gap between Family Preservation Services and DCYF – they are working very hard at that but we are not there yet.” (F)

Caregivers want positive relationships with parents.

- “Encourage and build positive relationships between the foster and the bio family.” (F)
- “Our DCYF social worker did not adequately follow up with birth families for coordination of activities.” (F)

Many asked for a more centralized approach.

- “I think sometimes there are so many people involved that communication gets messed up.” (K)
- “I was put in contact with 11 different people. That is 11 different conversations with most of the questions overlapping. It seems like no one talks to each other.” (K)
- “Coordinate so I only have to report things once (e.g. runaways – have to call DCYF, agency, police, National Center for Missing and Exploited Children).” (F)

“Be succinct and articulate about how they all work together and help minimize the number of people that I have to report to. At times I was needing to communicate with the social worker, the CASA, the YMCA case manager, the Children’s Crisis Outreach Response System case manager, the day care provider etc. about the same issue and I would spend valuable time just repeating everything to everyone in the format they required – ack! It’s important to share and document info but just cc’ing to keep people in the loop vs filling out various reports and forms is a big help.” (F)

Lack of coordination creates confusion and issues.

- “There is a significant lack of continuity between social workers and the social worker often changes.” (K)
- “It’d help if they communicated with one another in the network. One CPS worker don’t know what the others said or did.” (K)
- “The different sections of the organization did not communicate with each other very well.” (F)
- “I’d say more departments should know what other departments are doing. The left hand never knows what the right hand is doing.” (K)
- “Better communication between the licenser (DCYF) and the outside vendors that do the fingerprinting, background check folks; they are bouncing us back and forth.” (K)

Information



Pexels.com/Sora Shimazaki

Accurate information is essential.

“When we get a referral, we also get a baseline description of the child and usually that turns out to be enough. But lately it’s really gotten bad. For instance, the little guy we have now is extremely allergic to pineapple and has an epi pen. We did not know this and I almost put pineapple in the carrot cake I made to welcome him to our home. Thank God I didn’t. This should have been red flagged for us.” – Foster Caregiver

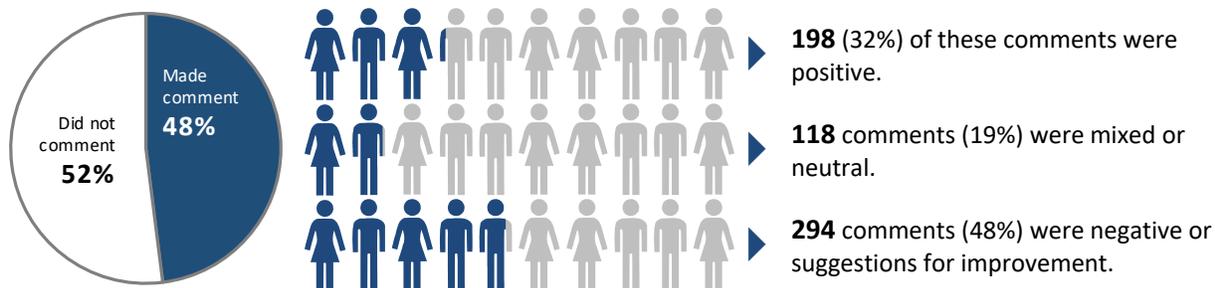
Caregivers are often satisfied with the information they receive. Kinship caregivers are more likely than foster caregivers to say they usually, always, or almost always get adequate information about the child placed in their home. This is likely due to differences in prior knowledge of the child.

- *Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental, and educational needs?* (All Caregivers: 75% positive. F: 69% K: 81%)

Nearly half of caregivers commented on information, and the plurality (48%) were negative responses. While caregivers understand legal restrictions, they prefer caseworkers to share relevant or needed information about the child. Some also felt their questions were not answered in a timely manner.

Positive comments commonly included gratitude for caseworkers who provide information that helped caregivers attend meetings and make informed decisions about the child in their care.

610 caregivers (48%) commented on information sharing.

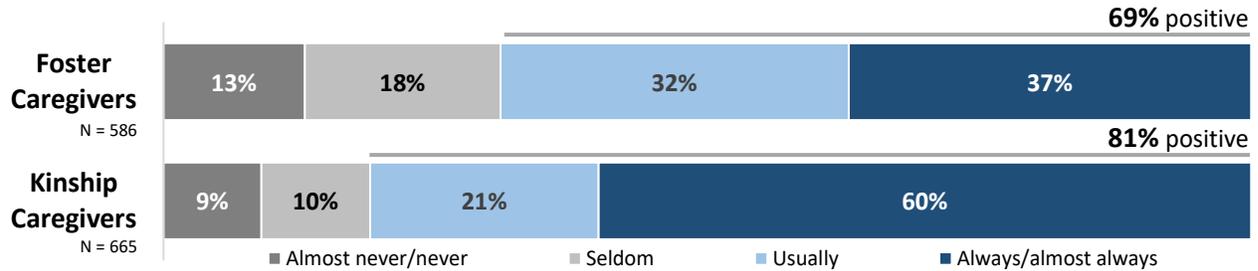


QUESTION |

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

Three of four (75%) of the 1,251 caregivers who answered this question reported that they always or usually got adequate information about the needs of the children placed with them.

RESPONSE



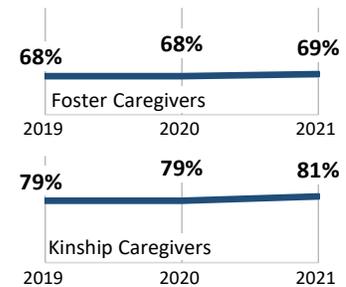
DETAIL

Kinship caregivers, who usually know the children placed in their home, continue to be more likely than foster caregivers to say they got adequate information (81% compared to 69%, $p < .0001$). A non-significant increase in positive responses occurred for both kinship and foster caregivers since 2020.

In the comments, caregivers expressed gratitude for timely answers to their questions. They also appreciate specific and clear information. Some described challenges obtaining information. Others perceived a lack of honesty.

TREND

Positive Responses Over Time



Caregivers speak . . .

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

Most caregivers feel informed.

“Even starting with the paperwork and coming to my home and explaining everything to me, they always explained what I could and could not do.” (K)

“They kept us really informed. The specific situation was constantly moving, a lot of people involved and DCYF and our private agency did a good job at keeping everyone informed.” (F)

“The social workers were informative as to health care, education and the needs of the child.” (K)

“We have had a lot of questions and they have been really good about guiding us and walking us through everything. They are patient in our questions about visits. They let us ask questions on all sorts of things. How does this work? What is this about? They are really patient while we are learning.” (F)

“[They] answer questions quickly.” (K)

“I feel like I have a good assortment of people I can contact when I need help or have a question. Being able to reach out to get my questions answered on how to best support the child in my care is very valuable.” (F)

“Whenever I had any questions about the children, if they were sick or visiting times, the case worker was always helpful in assisting with information.” (K)

“My case manager is always the person who gets me answers, from mundane things like mileage to big issues.” (F)

“Placement desk workers are more understanding and welcoming about answering questions about foster child, especially important information regarding safety of the child.” (F)

“They answer any and all the questions.” (K)

Some want more information.

“Give honest information about the kids and the situations and the behaviors. The number of outright lies or hidden information that is relevant to being a caregiver is unacceptable.” (F)

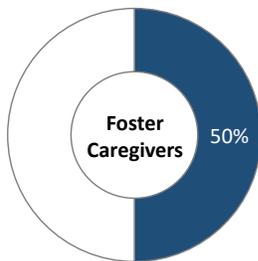
“At the beginning of placement, there was information that would have been helpful to have as far as expectations on my end.” (K)

“I reached out to the social worker’s supervisor once and they told us, ‘What happens with these children are none of your business! You listen to what the social worker says and do what they say, nothing more!’ That’s exactly what we were told when we tried to get some information about the kid’s case.” (F)

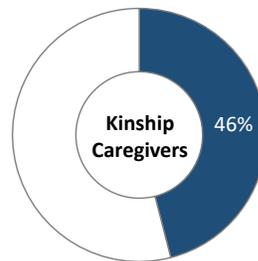
“I often do not hear about court hearings until the last minute or after it has occurred.” (F)

610 of the 1,280 caregivers who commented on support (48%) mentioned information.

WHO COMMENTED ON THIS TOPIC?



285 of 568 commented
80 – Satisfied
68 – Mixed or Neutral
137 – Needs Work



325 of 712 commented
118 – Satisfied
50 – Mixed or Neutral
157 – Needs Work

KEY FINDINGS

Half of foster caregivers and 46% of kinship caregivers made comments about information. For both groups, responses were more negative than positive.

- Caregivers value timely information, such as notices about upcoming court dates and Family Team Decision Making (FTDM) meetings.
- Sometimes, caregivers are not sure what to ask for. They are grateful for caseworkers who provide thorough information up front.
- Many want additional background information and consistent updates on the child in their care.

Caregivers speak . . .

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

Caregivers appreciate timely, relevant information.

- “They keep us informed about the case. They help us understand what the next step is. They let us know what benefits are available for us and the child.” (K)
- “The social worker was there any time we needed answers about anything.” (F)
- “They don’t vent about the case to me but they still do give accurate and adequate information. They give me what I need.” (F)
- “They explain things to us. If we ask for something and they can’t provide it, they always explain why.” (K)
- “I do appreciate the people who’ve taken the time to explain everything to me so I wasn’t too confused and scared.” (K)
- “I can ask them questions and they usually get back to me with the answers in a timely manner.” (F)
- “The social workers have been great about communication as to what is happening in the case” (K)
- “They keep us informed of court dates and FTDMs.” (F)
- “We get good information and referrals to medical and other resources.” (F)
- “The social workers were excellent in helping me with general information on how to care for the child.” (K)

They want honest answers and open communication.

- “I have to go above or go through attorneys to get them to listen. Every question I had they always say, ‘I don’t know.’” (K)
- “I feel like everything is a big secret. Information is not fully shared and there’s a lot of throwing people ‘under the bus.’” (K)
- “A lot of times the hardest part is when they send me kids they do not tell me the issues the child has – the famous line is ‘we don’t have that down,’ etc. Tell us the issues so we can be on guard and do something about them!” (F)
- “Provide a calendar as to when the next court date is. Don’t wait until the last minute to tell the foster parents.” (F)
- “More complete summary of the child’s needs and background.” (F)
- “Be more upfront about past placement problems. Let us know a little something about trauma they have experienced and the resulting behavior problems. We will most likely take them anyway but, you know the old saying, forewarned is forearmed.” (F)
- “The social worker should keep me updated, when the parents are supposed to go to court, when I have to be there. I’ll get the info the day before or sometimes a week after it happened and I never know what’s going on.” (K)

Resources



Pexels.com/RODNAE Productions

Resources provide caregivers with necessary support.

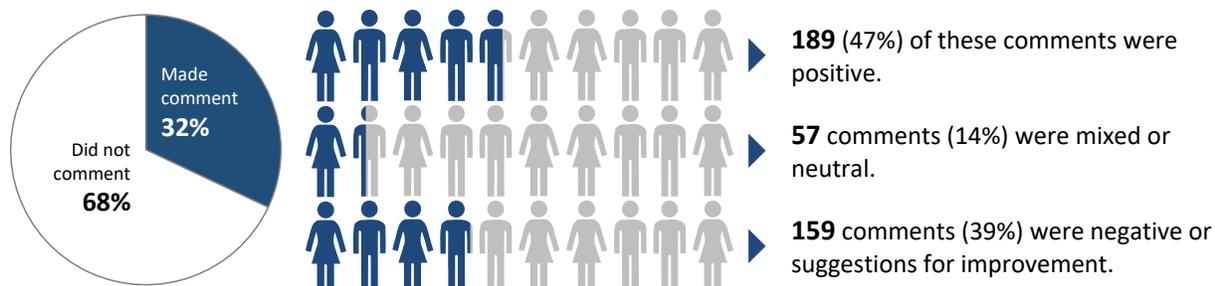
“I really love the fact that they provide me with resources and other helpful options and programs to better understand the children and take care of them adequately.” – Kinship Caregiver

Caregivers are interested in resources that are tailored to support the specific needs of each child. Nearly one of three (32%) caregiver comments mentioned resources. They addressed access to a range of resources, including transportation for visits, medical/dental/mental health care, financial assistance, respite, and child care.

Caregivers identified medical, dental, and mental health resources, respite care, and transportation as areas in need of improvement. While many appreciate service providers and acknowledge the support they give, obtaining timely services can be challenging. Comments about child care varied by the type of caregiver, with kinship caregivers mostly positive and foster caregivers mostly negative. Many caregivers want additional financial assistance. Some kinship caregivers said that they did not understand or agree with how support is determined.

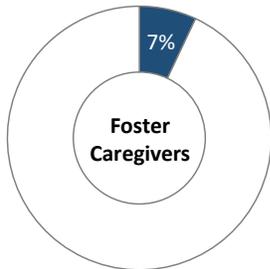
Caregivers expressed gratitude for additional sources of support, including CASAs and GALs. They also praised the Mockingbird Family™ model, and asked for more opportunities to engage in support groups. Others detailed positive experiences obtaining assistance with one-time purchases and financial support for necessities.

405 caregivers (32%) commented on resources and reimbursements.

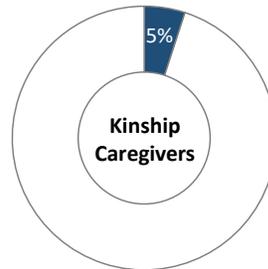


70 of the 1,280 caregivers who commented on support (6%) referenced medical, dental, or mental health resources.

WHO COMMENTED ON THIS TOPIC?



38 of 568 commented
11 – Satisfied
4 – Mixed or Neutral
23 – Needs Work



33 of 712 commented
12 – Satisfied
3 – Mixed or Neutral
18 – Needs Work

KEY FINDINGS

More than half of the caregivers who commented on this topic (58%) were dissatisfied with access to medical, dental, and mental health resources. Foster and kinship caregivers gave similar answers.

- Some caregivers mentioned positive experiences with healthcare providers and praised caseworker help in finding resources.
- Many caregivers said they were not provided with adequate mental health resources.
- Some felt unsupported in the process of obtaining resources and some want more financial assistance.

Caregivers speak . . .

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

Some were satisfied with the assistance they received.

- “We work with a therapy clinic and they were wonderful and very supportive and saw us in the home, which was really wonderful. They were informative and collaborative.” (F)
- “The placement support person was helpful to access medical and dental providers.” (K)
- “The medical services provided for the child have been excellent.” (K)
- “They offer programs whether it be medical or occupation programs through which the kiddos might be helped.” (F)
- “It was very helpful to get therapy care.” (F)
- “We have had a great experience with the counselors that you recommended. They are very supportive and are trying so hard to help this young lady we have in our charge.” (K)
- “Medical information and support for going to extra appointments.” (F)
- “Counseling was extended as she supported me with that, so she approved more.” (F)

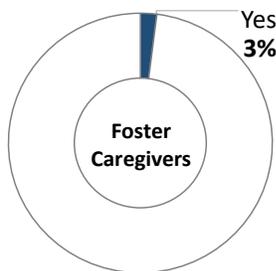
Many had challenges accessing needed resources.

- “More active psychological assessment and resources for all children in care.” (F)
- “Health care cards were a problem receiving on time.” (K)

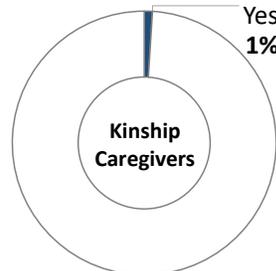
- “We had teenagers that had significant mental health problems, we couldn’t get them the help they needed.” (F)
- “The very least that a kinship caregiver should receive is medical for the whole time they are with me.” (K)
- “Be able to get immediate help in high needs cases instead of having the foster parent jump through hoops for appointments with psychiatrists, therapists, etc.” (F)
- “The kids that need mental health services, that program is not always available. Most of the time there is a 6 month wait.” (F)
- “Have more available for medically fragile children.” (F)
- “We kept asking for occupational therapy and it was really up to us to push for that and to follow through. It was so bad we ended up getting him a new placement, because we couldn’t get the help he needed.” (F)
- “They need better ways to get the foster children on medication that is needed.” (F)
- “I think that there should be follow up on medical screenings – a lot of the onus is put on us to make that work – should be more help from the state to be successful with this activity.” (F)
- “I was told there would be counseling for the kids and there was none.” (K)
- “Reimbursements for mental health needs revamping.” (F)

21 of the 1,280 caregivers who commented on support (2%) mentioned respite care.

WHO COMMENTED ON THIS TOPIC?



16 of 568 commented
 4 – Satisfied
 1 – Mixed or Neutral
 11 – Needs Work



5 of 712 commented
 0 – Satisfied
 0 – Mixed or Neutral
 5 – Needs Work

KEY FINDINGS

Few caregivers commented on respite care, but those who did generally described challenges.

- A few foster caregivers mentioned appreciation for the respite care they received.
- Several caregivers talked about COVID-related limitations that have made the past year challenging.
- Most want more access to respite care. Some offered further descriptions of inconsistency and lack of availability in their area.

Caregivers speak . . .

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

A few foster caregivers said they were able to obtain respite care.

- “It is very great to have available respite care.” (F)
- “They are good at providing emergency respite.” (F)
- “My private agency has offered respite and care aid.” (F)
- “[They] provide respite.” (F)

Some caregivers mentioned that COVID had an impact on respite care availability.

- “With COVID we haven’t gotten much physical support and we really need it. Just a few hours away from the kids once in a while would be great.” (F)
- “My private agency didn’t have any respite available during the pandemic.” (F)
- “With respite, it would be nice if they paid them more so they would have more of a pool of them. It got a little hard with respite especially with COVID and I never knew I had respite care until a day or two before I needed them.” (F)
- “Our private agency did not communicate well about COVID restrictions and there was very little support around respite or any help with really hard kids.” (F)
- “Over the last year, there was very limited availability of respite care.” (F)

Many made requests for respite.

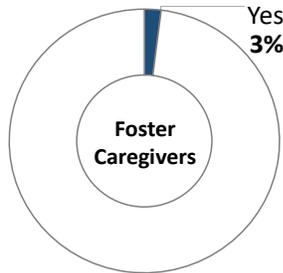
- “They need to offer regular respite care for caregivers, as I haven’t had any respite.” (K)
- “Actually providing respite would be great, it’s really important foster parents get a break.” (F)
- “Need respite care in our area. I was told there would be respite care and there was none.” (K)
- “I really need respite. I am single and would appreciate a break.” (F)
- “DCYF could provide better resources for respite.” (F)
- “Need more respite care.” (K)

Others described specific challenges with access.

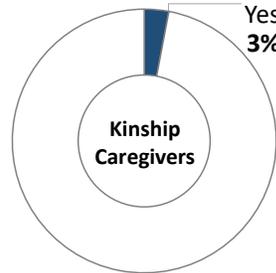
- “Provide respite care immediately when requested. The foster parents should not have to look for a person to come in and do respite care.” (K)
- “Respite care other than taking the child there for less than 2 days – it would be nice to get 2 hours at a time so I can get my new glasses or go shopping at times.” (K)
- “More respite hours for disabled children. They are leaving care and foster parents need more me time or their own family time. It will make better foster parents. Maybe have shared foster parenting. Respite worker is a big support for foster parents dealing with disabled children.” (F)

30 of the 1,280 caregivers who commented on support (2%) mentioned transportation.

WHO COMMENTED ON THIS TOPIC?



12 of 568 commented
 1 – Satisfied
 2 – Mixed or Neutral
 9 – Needs Work



18 of 712 commented
 3 – Satisfied
 0 – Mixed or Neutral
 15 – Needs Work

KEY FINDINGS

Caregivers who commented about transportation were mostly dissatisfied (24 of 30).

- A few caregivers had positive experiences with transportation and shared their satisfaction.
- Many of these caregivers mentioned issues with mileage reimbursement, such as lengthy processing times or cumbersome procedures.

Caregivers speak . . .

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

Some are pleased with the transportation offered.

- “Transportation is generally good.” (F)
- “They assisted me with transportation.” (K)
- “They offer special services like mileage.” (K)
- “They provided hours with the children for transportation.” (F)

Some caregivers want more transportation resources.

- “DCYF could provide more transportation services to the supervised visits, any court ordered services, such as family therapy, and supervised sibling visits. Sometimes I have to leave work and/or pull my kids out of school to provide this required transportation.” (F)
- “The agency has had a lot of difficulty in finding people to transport the child for her visits. It’s really hit or miss and we haven’t been able to depend on them.” (K)

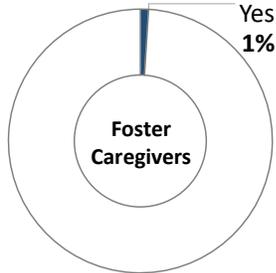
Mileage reimbursement can be difficult to get.

- “Reimbursement program should be easier to use for mileage.” (F)
- “I usually have to ask 3-4 times before my mileage reimbursement comes; it’s a struggle in working with the fiduciary in getting my mileage reimbursed. They need to process these claims faster.” (K)

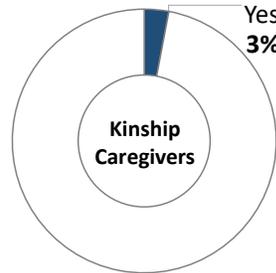
- “One child I was transporting a lot for his home visits. It was 70 miles roundtrip. I had a hard time getting timely reimbursement for the mileage. It had to be signed by way too many people. Seemed ridiculous, as it was straightforward that I was doing what I was claiming mileage for.” (F)
- “I am a year behind in my mileage reimbursement.” (F)
- “They need to get their reimbursements completed quicker.” (F)
- “Help with gas to take them to appointments.” (K)
- “Reimbursement for gas was made so difficult that I gave up on it.” (K)
- “I submit mileage via email and get no response acknowledging it was received and submitted. Then sometimes the money will come, but often it does not and I have to follow up with another email asking if it’s been submitted. Then I get a response saying it’s been submitted and I’ll get it the following month. Mileage should not be submitted to caseworkers. There needs to be another person or department to send mileage to.” (F)
- “I submitted reimbursement for mileage 3 months ago and have yet to receive any financial reimbursement.” (K)
- “Mileage reimbursement could be issued in a timely manner.” (F)

26 of the 1,280 caregivers who commented on support (2%) mentioned child care.

WHO COMMENTED ON THIS TOPIC?



8 of 568 commented
1 – Satisfied
0 – Mixed or Neutral
7 – Needs Work



18 of 712 commented
10 – Satisfied
2 – Mixed or Neutral
6 – Needs Work

KEY FINDINGS

Only a few responses mentioned child care. Foster caregivers were mostly negative (7 of 8) but kinship caregivers were mostly satisfied (10 of 16).

- The majority of these kinship caregivers were grateful for access to child care.
- Some caregivers asked for better help finding child care and providing payment.
- Others felt the process was not timely, which sometimes led to challenges at work.

Caregivers speak . . .

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

Kinship caregivers value child care assistance.

- “They pay for day care.” (K)
- “They provide me with day care services and even found a day care for me.” (K)
- “They covered child care which was important during COVID as they didn’t have school.” (K)
- “The one thing that did help was finding day care for the child after COVID hit.” (K)
- “It was nice to get child care paid for.” (K)
- “He goes to day care that they pay for.” (K)
- “They have provided us with day care.” (K)

Some caregivers had difficulty finding child care.

- “I had to find my own day care and they provided no help in doing that; the situation was sudden and I had to do all the footwork; the resources just haven’t been there.” (K)
- “Help finding and securing child care.” (F)
- “Day care services would have been helpful.” (K)
- “Finding day care for my child at his age, plus he’s a foster child, has been difficult. Need assistance from the social worker to find day care.” (F)
- “Need better child care availability and help in finding a place for child care.” (F)

Others pointed out issues with timely access.

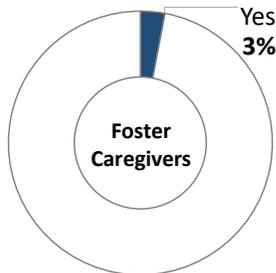
- “I was without child care for almost a month which meant I could not work for a month. I was fired due to this situation.” (K)
- “I was approved for somebody to come out to assist for the care of my foster child while I worked. That was back in May 2020 and I was told there is no one available so I have to take my foster child to work which is putting an incredible strain on my job.” (F)
- “They could have been better at helping me get her into day care faster.” (K)

A few had financial challenges.

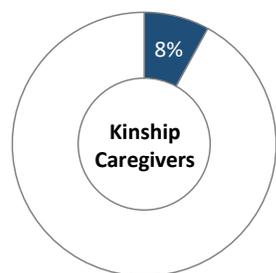
- “It is so difficult to take new placements because of the low rates provided to...day cares. It is hard to get services set up as the state isn’t even paying the market rate.” (F)
- “Help with day care cost.” (K)
- “I have frequently had to pay out of pocket for child care costs.” (K)
- “I didn’t know day care would be so expensive, then COVID happened and I lost my job and I thought we’d still get some help after adopting, but we really didn’t. They gave us some phone numbers and some resources for day care, but nothing has panned out.” (F)

75 of the 1,280 caregivers who commented on support (6%) addressed financial issues.

WHO COMMENTED ON THIS TOPIC?



18 of 568 commented
 6 – Satisfied
 2 – Mixed or Neutral
 10 – Needs Work



57 of 712 commented
 10 – Satisfied
 9 – Mixed or Neutral
 38 – Needs Work

KEY FINDINGS

The majority of foster caregivers (55%) and kinship caregivers (67%) who mentioned financial resources were dissatisfied. Kinship caregivers were more likely to comment.

- Caregivers appreciate financial assistance, whether it happens once or on a regular basis.
- Some caregivers want more financial assistance and better follow-through with reimbursements.
- Kinship caregivers had challenges with the different financial options available to them.
- Kinship caregivers also want more information and guidance about resources. Many specifically mentioned TANF (Temporary Assistance for Needy Families) benefits.

Caregivers speak . . .

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

Caregivers appreciate financial assistance.

- “I appreciate the monthly stipend the state sends.” (F)
- “They helped with rent payments once, electricity twice, and a couple of food vouchers.” (K)
- “They paid our bills for the child to be in our home. It was a one-time thing.” (K)
- “They did good with emergency financing when I first got the children.” (K)
- “[They] provided financial support, which was super helpful.” (F)

A few mentioned issues with reimbursement or requests for additional resources.

- “Pay for the damages done by these children without making me jump through hoops that I don’t have time to jump through.” (F)
- “When I had [Identifying Data Redacted] in the Boys & Girls club for the summer, was told I would be reimbursed, and they’ve never paid so I was stuck with a \$900 bill that they never paid!” (K)
- “It seems to me that you want good homes for special needs kids but whenever we ask for help we are told there is no budget for it. We want to keep taking in these special kids but we might have to stop if we do not get better support from the department.” (F)

Kinship caregivers are interested in TANF benefits.

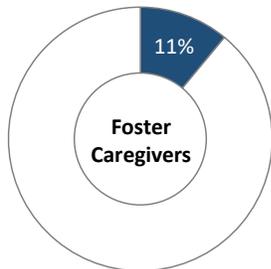
- “Our courtesy worker helped us apply for the child only TANF benefit.” (K)
- “The social workers provided me with all the paperwork I needed so I could apply for TANF for the child.” (K)
- “Told we would receive TANF but took 9 months to finally get started, and to add insult to injury I was told it was not retroactive.” (K)
- “On the financial end of supporting these children, they could have helped us more with that. We took on this responsibility as emergency caregivers and we needed some help with TANF.” (K)

Some think the difference in financial support between kinship and foster caregivers is unfair.

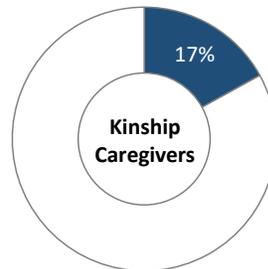
- “More financial help for relatives that take in kiddos.” (K)
- “The system could stop treating kinship placements differently than regular foster placements such as monetary support and services.” (K)
- “Being a foster parent was better financially to provide for the kiddos than as a kinship caregiver.” (K)
- “Having become a licensed foster caretaker is the most important since the monthly payment that we receive makes it possible to purchase the things that our granddaughter needs.” (F)

181 of the 1,280 caregivers who commented on support (14%) referenced other resource issues.

WHO COMMENTED ON THIS TOPIC?



60 of 568 commented
37 – Satisfied
3 – Mixed or Neutral
20 – Needs Work



121 of 712 commented
73 – Satisfied
11 – Mixed or Neutral
37 – Needs Work

KEY FINDINGS

More than half (61%) of caregivers who mentioned other resources made positive comments. Kinship caregivers were more likely to comment. Caregivers mentioned a wide range of resources that they appreciate, and others they want.

- Many are grateful for the availability of vouchers that provide for necessities and assistance with caregiver-specific needs.
- Some caregivers asked for timely and more frequent access to vouchers, especially for clothing.
- Some requested more educational resources, such as extracurricular activities and tutoring.

Caregivers speak . . .

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

Some shared about resources that met their needs.

- “Most recent placement was provided a gift card for clothing and necessities, which was very much appreciated.” (F)
- “When we get new kids, they give us ‘Welcome Packages’ like clothes, food. They’re really amazing.” (F)
- “[They] make sure I get pull-ups for my 4 year old who doesn’t potty train.” (F)
- “They brought the kids Christmas gifts. Have helped get clothing vouchers for babies with nothing.” (F)
- “They were able to offer me some grocery assistance.” (K)
- “[They] helped with equipment to meet foster care licensing requirements.” (K)
- “The social workers provided me with a car seat and immediately gave me a clothing voucher and provided the child with diapers and a bed.” (K)
- “They got us a clothing voucher and offered to purchase other items for the child.” (K)
- “They helped us with a bed and clothing.” (K)

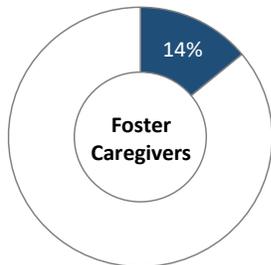
Caregivers want educational resources and assistance with clothing and necessities.

- “I think there might be more resources for homeschooling since it was very difficult for the first six months of the pandemic.” (F)

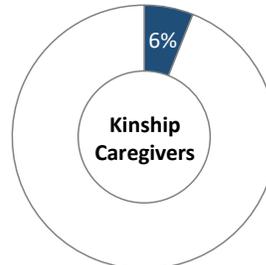
- “The kids come with nothing. It would be nice if they had vouchers ready so we can pick up items they need right when they get there. It would help put the children at ease too.” (F)
- “I would like to see more support with getting kids into extracurricular activities. Like sports, dance, music, martial arts, etc. I believe these activities teach them teamwork, confidence and other essential skills they will use in later life.” (F)
- “Help us find computer tutoring for our children. We are old and do not know anything about computers. These children need to do their school work at home and we cannot help them at all.” (K)
- “When I reached out and asked for items to care for the child, I was unable to get help. This was after I was told in a meeting that I could get vouchers for clothing, diapers, etc.” (K)
- “Provide more clothing vouchers as the child is at a growth spurt.” (K)
- “One thing that’d be nice, if they had haircut vouchers.” (K)
- “Assisting more financially with clothing, diapers, toiletries, etc. would also be appreciated. We have had numerous children arrive with just the clothes on their backs.” (F)

120 of the 1,280 caregivers who commented on support (9%) referenced other sources of support.

WHO COMMENTED ON THIS TOPIC?



77 of 568 commented
50 – Satisfied
5 – Mixed or Neutral
22 – Needs Work



43 of 712 commented
31 – Satisfied
2 – Mixed or Neutral
10 – Needs Work

KEY FINDINGS

The majority of kinship (72%) and foster (65%) caregivers who commented on other sources of support expressed appreciation. They often mentioned Court Appointed Special Advocate (CASA) and Guardian ad Litem (GAL).

- Many caregivers mentioned assistance and support from their CASA, GAL, and WISE (Wraparound with Intensive Services).
- Caregivers praised Mockingbird Society and the Mockingbird Family Model™.
- Some want more support group options with varied meetup times and locations.
- A few caregivers requested support for their personal needs, including mentoring.

Caregivers speak . . .

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

Most caregivers receive the additional support they need.

- “The private agency has a really great support group weekly online and it’s nice to talk about things that are going on and connecting with other foster parents. We are able to help each other and support each other.” (F)
- “Best support was our Mockingbird group.” (F)
- “Agency hosts foster parent community meetups to meet other foster parents.” (F)
- “We joined Mockingbird through our private agency and it keeps us connected with other foster parents.” (F)
- “The CASA meets regularly with the child. He is a great voice for the children, especially when they need to talk. He is great in encouraging them.” (F)
- “Wise services were very helpful when placement first occurred during the most traumatic behaviors. Our CASA has been our only long- term support.” (K)
- “Alliance Cares and WISE are the best support for my family.” (K)
- “The guardian ad litem was the best support system available.” (K)
- “The GAL has really been helpful for us on an emotional level with feedback and emotional support in helping us work through issues.” (F)

- “The guardian ad litem stood behind the child and told the truth.” (K)
- “We have the most amazing Guardian ad litem. She has done so much for us since we took in our granddaughter who has special needs.” (K)

Some want to join a support group.

- “Need more local support groups that are supported by DCYF.” (F)
- “It would be nice if we had more foster parent support groups. The only one I have heard of is taking place in the middle of the day, so this does not work for working foster parents.” (F)
- “There aren’t Mockingbird Model family groups in each area and it would do a lot more to support foster parents if that were available.” (F)

A few asked for additional caregiver support.

- “I think it would be amazing for someone to play a role similar to a CASA, but one that is there to see to the needs of foster parents.” (K)
- “It would be helpful to have a mentor, someone familiar with the processes, who could call me every few days to check in.” (K)
- “Maybe you should provide some counseling for the foster parent themselves?” (K)

Caregiver Licensing



GettyImages.com/Vanessa Nunes

Caregivers value interaction with and support from licensors.

“Our licensor tries to stay up-to-date so that there are no hiccups in licensing.” – Foster Caregiver

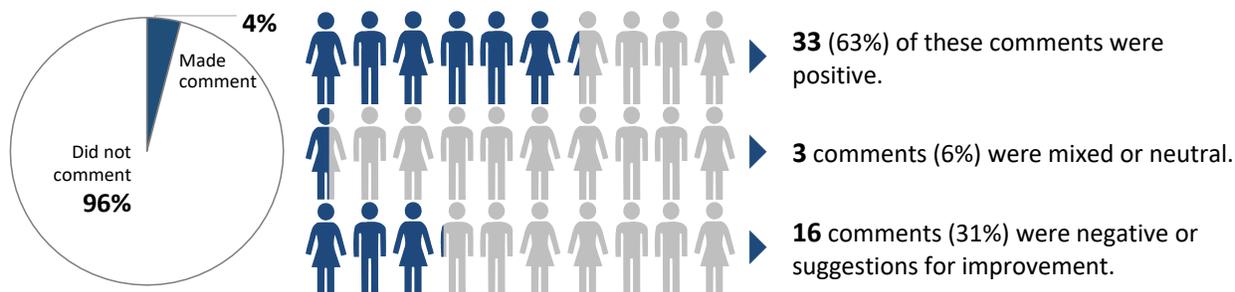
Beginning with the 2019 survey, caregivers were asked if they had any contact with the Licensing Division in the past year. If they had, that question was followed by two more (below) about their experience. Answers were similarly positive for both kinship and foster caregivers.

- *Did licensing staff treat you with respect?* (All Caregivers: 95% positive. F: 96% K: 94%)
- *Were licensing or home study staff knowledgeable about the process?* (All Caregivers: 95% positive. F: 96% K: 94%)

Few caregivers mentioned licensors in their comments, but most of those who did (63%) expressed appreciation for their licensor’s support and help. Some caregivers perceived a lack of timely communication from licensors.

Many kinship caregivers said they became licensed because they wanted to ensure access to resources and provide stability for the child. Some saw licensure as an opportunity to help their community. Of kinship caregivers who chose not to be licensed, most were only interested in providing care for their current child in placement. Others cited personal reasons (e.g., health concerns, age, time commitments) or felt the licensing process was too complex.

52 caregivers (4%) commented on foster care licensors.



QUESTION | Did licensing staff treat you with respect?

More than nine of 10 (95%) of the 868 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

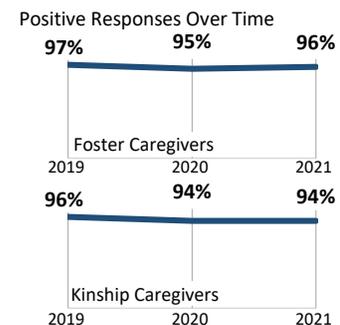


DETAIL

Both kinship and foster caregiver responses remain strongly positive, with most indicating they are “always/almost always” satisfied. Differences across years were not statistically significant.

In the comments, caregivers praised licensor kindness and flexibility. They also appreciate clear communication. These attributes, along with comments about respect and fair treatment, were mostly positive. A few caregivers reported negative experiences with licensors.

TREND



Caregivers speak . . .

Most caregivers had positive experiences with their licensor.

“Our licensor is also really good at answering our questions and keeping us motivated. She walked us through the process and we really appreciated all her help.” (K)

“Our licensor was really great and we appreciated her willingness to do a Zoom meeting.” (F)

“Our licensor is amazing! Her communication is superb and my favorite person that I have dealt with entirely.” (F)

“I have had great experiences with my licensors.” (F)

“My private agency licensor was readily available to help us.” (F)

“The licensors are great. They are there when we need them.” (F)

“My licensor will always ask me “Is this something you want to do? Or where you pressured into it?” EXAMPLE: Before placing a child with me out of my age range. Or for respite overcapacity. Than they always ask how can we support you during this time. I usually will state my concerns. They’re always more than willing to support me.” (F)

“I would say that they were very responsive when trying to get me licensed.” (K)

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

“I had a lot of support in the paperwork process in getting my foster license.” (K)

“Especially with the licensing process, we’ve usually had good communication.” (F)

“My licensor is fair.” (F)

“We have been treated with respect and gentleness by nearly all...licensors...we have come in contact with. Most also work exceptionally hard, and are clearly doing their best for the sake of the kids.” (F)

Some talked about licensors that were not respectful.

“Initially, the DCYF licensor was very unapproachable. She seemed to be annoyed with my questions. As a result we went to a private agency.” (F)

“The licensing staff were horrible, they said I looked and my hair looked ‘un-kept.’ I don’t really fit in my clothes anymore from staying at home due to COVID and gaining weight and I’m already heavyset, so I’ve spent thousands on getting my hair straightened and more clothes to look better so these social workers feel I look more presentable and don’t make these rude comments about my appearance.” (F)

QUESTION | **Were licensing or home study staff knowledgeable about the process?**

More than nine of 10 (95%) of the 867 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

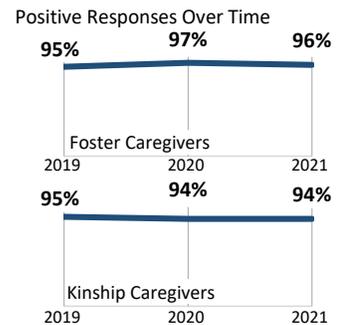


DETAIL

The majority of foster and kinship caregivers are “always/almost always” satisfied with their licensur and home study staff’s knowledge. Differences between years were not statistically significant.

Caregivers commented on their licensur’s ability to answer questions, support, and guidance through the licensing process. Most praised their licensur’s knowledge, and kindness. Some spoke of licensurs that did not communicate or help them understand the expectations.

TREND



Caregivers speak . . .

Many caregivers appreciated the support and information licensurs provided.

- “Our licensur always lets us know when some paperwork is due or the kids need shots or anything like that.” (F)
- “I would say my licensur was very supportive and explained everything and what I was getting into and what I had to look forward to. She was also supportive afterwards and donated her kid’s clothing to my foster child.” (F)
- “Our licensur has worked with us to remind us of items needed for maintaining our license.” (F)
- “Our private agency licensur is amazing. They answer all questions and provide emotional support and understanding.” (F)
- “The licensurs were really knowledgeable and kind. I liked every one I had.” (F)
- “Licensur is great and helped me with all I needed help with and it was a lot!” (F)
- “My licensur(s) have been very supportive, resourceful and friendly. The licensing process was actually enjoyable and I really enjoyed getting to know my initial licensing person. I feel like I can reach out to my licensur for any reason moving forward and he has been very supportive and understanding.” (F)

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

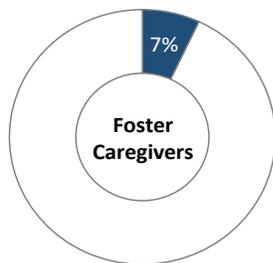
- “The licensur has provided a lot of support and follow-up information if we needed it.” (F)
- “The licensur was amazing and helped me every step of the way; very intuitive, helpful, and supportive.” (K)
- “Our licensur tries to keep us up to date on court dates and other meetings.” (F)

Some said licensing staff were not helpful.

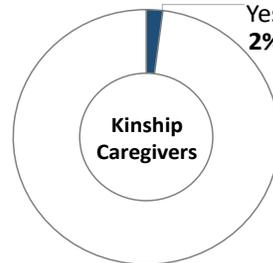
- “We have found the licensing staff to be pretty rigid about how they interpret the licensing regulations. We were actually asked to take back our application.” (F)
- “In the process of getting my foster license, it was going well and I completed everything I was supposed to do, but have not heard from foster licensur since that time 3 weeks ago. Initial lady (Joan) was very helpful though.” (K)
- “Licensurs could develop a better understanding of the dynamics between foster parents and bio parents. Knowledgeable licensurs could be a huge help to foster parents as they are first becoming licensed and they begin to work with bio parents.” (F)
- “Communicate with us! The licensur comes up with something new every week. Be up front and tell us everything we need.” (K)

52 of the 1,280 caregivers who commented on support (4%) mentioned foster care licensors.

WHO COMMENTED ON THIS TOPIC?



38 of 568 commented
 26 – Satisfied
 2 – Mixed or Neutral
 10 – Needs work



14 of 712 commented
 7 – Satisfied
 1 – Mixed or Neutral
 6 – Needs work

KEY FINDINGS

Foster caregivers were more likely to make comments about licensors than kinship caregivers. Of those who commented, many kinship (50%) and foster (68%) caregivers expressed satisfaction with their licensor.

- Many caregivers spoke positively about licensors, noting their helpfulness and responsiveness.
- Some mentioned a specific licensor or pointed to a memorable personal experience.
- A few had issues with communication and wanted more clarity about the process.

Caregivers speak . . .

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

Many caregivers voiced appreciation for their licensor.

- “Our licensor was fantastic and wonderful to work with.” (F)
- “I think they have been pretty good about helping me, by emotionally supporting me. Especially when children leave my home after having them for many years. Licensing was very good about that.” (F)
- “The licensors have been responsive.” (F)
- “My licensors have been the most helpful.” (F)
- “I’ve had great experiences with licensors.” (F)
- “My licensor is always very helpful and responsive to emails!” (F)
- “They were just very available to us – licensor available by e-mail and texting.” (K)
- “The licensor, Robert Judd, was awesome.” (F)

A few described mixed experiences.

“Our licensor is typically a great resource, unfortunately she is now covering the whole region and seems overwhelmed. Sometimes she does not respond timely anymore but I think it is because she has too many foster parents concerns to deal with. When it is urgent I do hear back from her and she takes the time to address my concerns. In this time without any peer mentors it has been challenging to seem supported.” (F)

“We live in a small town and our licensor used to be local. Now we have to contact someone in Spokane and it seems a rather impersonal thing now. I suppose we will get used to it.” (F)

“My licensor said I can’t have AC in windows other than my bedroom, while another licensor will allow it.” (F)

Some addressed challenges with licensor timeliness and communication.

“Licensor is slow to respond over the last year for a modification. It has been terrible contact and terrible follow through. He is a DCYF licensor and that makes it even more frustrating. He’s not a terrible person but the follow through has been awfully slow.” (F)

“I got licensed during COVID and my licensor changed 3 times. It took way too long for me to be able to talk with someone and I was groping about in the dark for way too long. I didn’t even get a packet of materials in the mail or anything to help me – it was really a scary first few months.” (F)

“Our licensor was very bad at communication and did not give us helpful/clear answers. We didn’t feel like we understood where we were at with licensing or were confident to know what was going to happen next or that we could get a response from her. Months passed with no responses, lots of time and money wasted.” (F)

Of the 103 licensed kinship caregivers who took the survey, 96 shared why they decided to become licensed.

Caregivers speak . . .

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

- “Became licensed because we were told that we couldn’t get our grandchildren without being licensed and receive the necessary services; they were each in different homes, and we wanted them all together.”
- “Family members needed help.”
- “I wanted to be sure my niece was kept within the family.”
- “My grandchildren are my entire world and I would take them in at any time.”
- “I did this for my daughter’s friend.”
- “Because I didn’t want my grandchildren to be fostered out and I did not want them to be separated.”
- “We heard about some family members that needed a place and we were blessed enough to be able to help and provide a place for them.”
- “A family member asked me to.”
- “The child that was in foster care is family – he was in and out of the system. I wanted to help him so that would stop.”
- “Because my nephew was placed with us and after the home study we found we could open our home to others.”
- “My granddaughter was born unexpectedly to a mother that had no other plans to raise her, but rather be a drug addict and we were not going to let anyone else raise her.”
- “To help facilitate the road to guardianship.”
- “Foster to adopt, as I have my niece whom I adopted; the only reason I became licensed.”

8 wanted to adopt children in the future.

- “I wanted to help children and I’ve ended up adopting 4 children and I fell into it and it was nice to take care of the children and give them love.”
- “To give us a better foundation for the adoption process.”
- “We wanted to expand our family and we knew there are lots of kids out there who needed a home and we were also interested in adoption.”

8 were told licensing was mandated.

- “I was a foster parent years ago and wanted to eventually get back into it. But being placed with a newborn kin, it was required.”
- “To get custody of my granddaughter, it’s a process I had to go through.”
- “I need to have a foster license to be able to apply for legal guardianship of a family member child.”

24 caregivers wanted better resources or financial support, including the Relative Guardianship Assistance Program (R-GAP).

- “To be able to get more services as a licensed foster parent rather than a kinship caregiver.”
- “I always wanted to be a foster parent, but finding myself in the position of needing to provide kinship care, I was motivated because raising two more kids is expensive!”
- “I thought it would give me more support and services.”
- “I decided because there was better opportunities for the kids and I have four of them.”
- “Hoping to get guardianship we signed up for the R-GAP which provides good assistance until the child is of age.”
- “I thought that there were more educational opportunities and when I stand before the judge he could see I’ve done everything for this child.”
- “There were more benefits for our family while we have been keeping my brother.”
- “To receive financial help while caring for my niece and nephew.”
- “We wanted to take care of our grandchildren and wanted to have all the supports we could get.”

19 wanted to help children who need it.

- “It is something we wanted to do and help children out.”
- “When I became a kinship provider and recognized the need.”
- “We wanted to help the children in need and becoming a licensed foster parent we could get more information on how to meet the children’s needs.”
- “Met a number of foster teens that had poor experiences.”
- “We want to be able to help children in need.”

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

- “They were in our care and the social workers suggested it.”
- “So we can foster children and do respite and kinship too.”
- “It was a recommendation from my caseworker.”
- “I have had multiple family members who were foster parents in the past and I always wanted to do the same.”
- “It made the system more manageable.”
- “It was a calling.”
- “We decided to do it after relative placement.”
- “I became a foster parent because I was told for the long haul it was best to be licensed.”
- “We felt like it was the right thing to do.”

Of the 583 unlicensed kinship caregivers who took the survey, 568 shared why they were not licensed.

Caregivers speak . . .

63 had a license in process.

- “We are in the process of becoming licensed right now. We are almost there.”
- “We just started the ball rolling to get one.”
- “Has been in the works more than 6 months.”

19 felt they would not qualify.

- “My spouse had issues that prevented us from being licensed.”
- “I didn’t qualify for the home study.”
- “The licenser told me I wouldn’t qualify for licensing because my home is too small and my husband doesn’t live with me currently.”

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

- “It was a family member that we were just helping out.”
- “Caring for relatives and that is all I want.”
- “I don’t want anyone else’s kids, just my granddaughter.”
- “This is for my family.”
- “I wasn’t planning to go through the process to begin with and it took us by surprise that DCYF got involved with my kin.”
- “No reason to do this, we are family for these children.”
- “It was my brother who needs a place to go.”
- “Only want to care for family.”

39 were pursuing adoption or guardianship instead.

- “When we got our granddaughter we were told we did not have to be licensed – we are going for guardianship.”
- “They said since we were doing the adoption we didn’t need to be licensed.”
- “We have taken in a child already legally free for adoption and are adopting him.”

37 said their caregiving was short-term.

- “This was a one-time thing.”
- “We are only a temporary solution, placement for emergency care for family members.”
- “I knew the child would be returned to her mother.”

8 said the training or requirements were too much.

- “The time, effort and additional stress to complete the courses while balancing my family and my cousins that I foster is not worth it.”
- “I just don’t have the time to do all that training, etc. right now.”

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

- “Too much red tape to become licensed and stay licensed.”
- “I’m just doing this for my grandson and my parents and sister used to be foster parents and they went through pure hell with the children and the workers, so no.”
- “To be a foster parent is a difficult process and DCYF is not known for being easy to work with.”
- “The process is too complicated. Also, there is too much staff change and I don’t want to deal with this.”
- “Too much disruption and lack of care from the department. We had considered it but decided against it because of the poor interaction with the department.”

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

- “They did not offer it to me and I did not know it was possible.”
- “The social worker never followed through with any of it.”
- “They did not make me feel good about getting my license.”

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

- “I own a business and am way too busy.”
- “I am elderly and have serious health problems.”
- “I am disabled and unable to do this and my house is not suitable for foster care.”
- “I raised a large family and am done.”
- “The time and energy it takes to become licensed is a barrier, and the commitment to foster children is huge for a single person.”
- “We still have our own children in our home and don’t want to take on any more at this time.”
- “Because I am a single parent who likes to travel and be on the go.”

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

- “I never planned on becoming licensed.”
- “It is not something we want to do.”
- “I don’t want to become foster parents for any other children.”
- “I don’t intend to continue on with it.”
- “It is not for us.”
- “It was never my intention. We just wanted to help the kids that knocked on our door.”

Caregiver Training



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Part 2 is about the training caregivers receive.

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 Parent Alliance of Washington State (FPAWS), Olive Crest Fostering Together, and the Overlake Refresh Conference. The survey responses and comments 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 were asked to rate their training:

- *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?*

They also provided comments in response to the following two questions:

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

Training Quality and Helpfulness



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Quality training provides perspective that caregivers need.

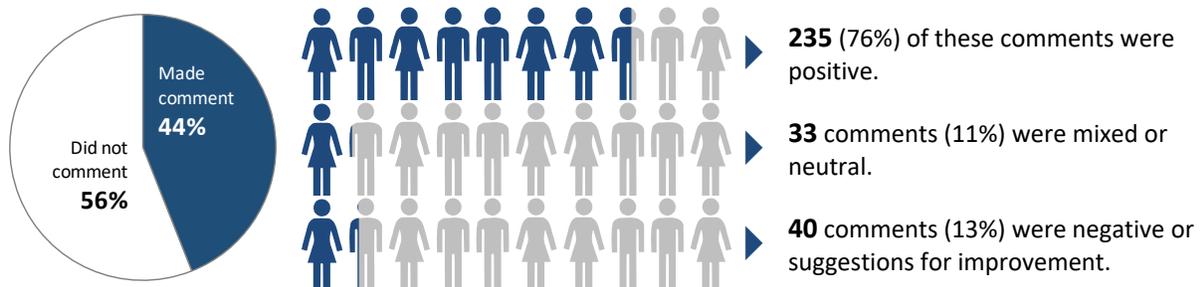
“They taught us how to work with the kids and how to deal with most of the situations we might encounter. How to find a solution. [They] helped us to understand that children come with a broken heart.” – Foster Caregiver

Nearly nine of 10 caregivers who had training gave positive answers on the overall adequacy of 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? (All Caregivers: 89% positive. F: 88% K: 92%).

Caregivers who commented on the overall quality of training made many (76%) positive remarks. Some referenced specific organizations or locations that offer continuous training. Others expressed appreciation for annual events, retreats, and conferences. Caregivers said that training provided them with tools to support and care for children more effectively. Many gained insight from training that highlighted the child’s perspective. A few caregivers found it challenging to apply the training information to practical use in the home.

308 respondents (44%) commented on quality and helpfulness of training.

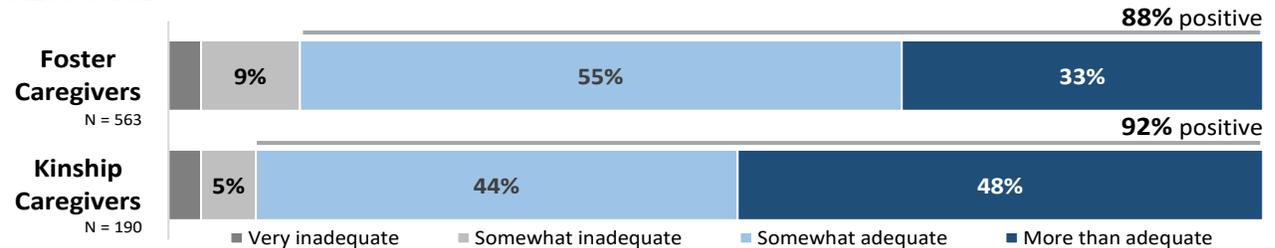


QUESTION |

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?

Nearly nine of 10 (89%) of the 753 caregivers who said they had training in the past three years and answered this question said training was somewhat or more than adequate.

RESPONSE

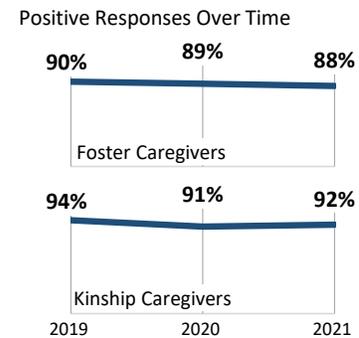


DETAIL

Training is required for foster caregivers, who were more likely (95%) to answer that they had received training than kinship caregivers (26%). Positive responses continue to trend high for all caregivers, and nearly half of kinship caregivers (48%) responded that training was “more than adequate.” Differences across years were not statistically significant.

In the comments, caregivers praised training that included preparation for what to expect, ideas and tools to parent more effectively, and opportunities to learn from the perspective of the child.

TREND



Caregivers speak . . .

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

Caregivers described what they learned at training.

- “How to care for kids that need help.” (F)
- “It goes over the expectations and what to expect.” (F)
- “Provided all the necessary tools to be a successful foster parent.” (F)
- “It gives me new perspectives and new ideas for taking care of kids.” (F)
- “The training I took through Alliance was helpful in giving a broad overview of what to expect through foster care.” (K)
- “Learning about different processes for children.” (K)
- “New ideas on handling issues is helpful and also creating a better understanding of the child.” (F)
- “We have a lot of ideas to use and try with the children in our home.” (F)
- “The training brought me up to date on raising kids especially with medical issues. I learned how to talk to the kids in today’s manner.” (F)

Some discovered approaches to connect with the child.

- “Learning how to communicate and connect with the foster children.” (F)
- “Learning how the child’s mind works. We have a better understanding of what they are feeling and needing.” (F)

- “I like how it helps us to set our minds in the minds of the children who come into care to more understand their feelings.” (F)
- “It helps with trying to emphasize how the child could be feeling being placed in a different environment and the training really helps with that. It gives us a version of how the bio parents feel giving up their child.” (K)

Others gained knowledge about parenting.

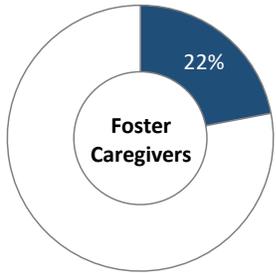
- “I found quite a few classes that have helped me have better knowledge about parenting in general.” (F)
- “It was very informational for people who haven’t worked with children before.” (K)
- “The education and how to be a successful foster parent and how to help the foster children to succeed in life.” (F)

A few didn’t feel prepared by the training.

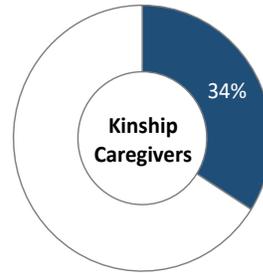
- “It is extremely overwhelming and just being in trainings, you would think a foster parent needs to be some kind of super human person who never gets upset, gives perfect trauma-informed care, and whose love and connection is expected to make up for a kid’s entire traumatic life.” (F)
- “Recognizing that 1 hour trainings/webinars don’t actually prepare and support caregivers.” (F)

175 of the 705 caregivers who commented on training (25%) mentioned the overall quality and helpfulness of the training they received.

WHO COMMENTED ON THIS TOPIC?



116 of 529 commented
88 – Satisfied
11 – Mixed or Neutral
17 – Needs Work



59 of 176 commented
49 – Satisfied
7 – Mixed or Neutral
3 – Needs Work

KEY FINDINGS

Kinship caregivers were more likely to make comments about the quality of training (34% vs. 22% for Foster caregivers). The majority of both foster (76%) and kinship (83%) caregivers who made comments about the quality and helpfulness of training were satisfied.

- Caregivers are grateful for training, often calling it “*excellent*,” “*fantastic*,” and “*fabulous*.”
- Many referred to the quality education they received during training, describing the amount of information, ability to interact with other caregivers, and interest in the variety of topics available.
- Some were not satisfied with training and did not feel prepared to be a caregiver.
- A few said that their professional training was their primary source of information.

Caregivers speak . . .

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

Most caregivers said training was helpful and praised educational content.

- “It was 8 hours of awesomeness. When my husband was getting cold feet about fostering, this training got him energized again.” (F)
- “The training has been very helpful and all parents should take these classes.” (K)
- “I knew nothing about fostering, so everything was helpful.” (K)
- “We really enjoyed it all and found it to be really helpful. They aren’t kidding around and the training is intense, but meaningful.” (F)
- “I have been really impressed with all of the trainings. I’m almost done with my 30 hours of updated training now. They are very informative and we have learned a lot.” (F)
- “I really liked it all, I enjoy the education.” (F)
- “All of it was helpful, really. You can never get enough information.” (K)
- “I enjoyed all of the classes. For me, every class was great knowledge and informative. It helps you prepare.” (F)
- “I love taking classes & learning.” (F)
- “The whole thing was very educational and the whole content was very helpful.” (F)

Many offered general positive comments.

- “They are very good and everyone should take these classes.” (K)
- “It is 100% fabulous training.” (K)
- “Training is excellent.” (F)
- “The training is really, really fantastic.” (K)
- “I’ve enjoyed most of the ones we’ve participated in.” (F)

Some were satisfied but made more neutral statements.

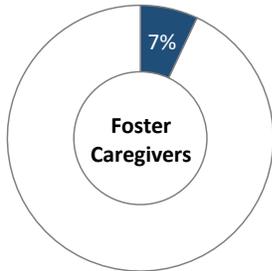
- “Nothing stands out but everything was adequate.” (F)
- “Every case is very different so it can never really fully prepare you.” (F)
- “It has been awhile since I’ve been to a bad training.” (K)

A few were not satisfied with training.

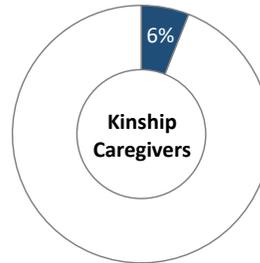
- “We had training in another state and found the training here inadequate.” (F)
- “Minimal at best.” (F)
- “Training doesn’t give you absolutely everything.” (F)
- “The few we’ve done have not prepared us all that well. All the preparation has been from my medical training.” (K)

46 of the 705 caregivers who commented on training (7%) mentioned quality and helpfulness of training in specific agencies or programs.

WHO COMMENTED ON THIS TOPIC?



35 of 529 commented
27 – Satisfied
5 – Mixed or Neutral
3 – Needs Work



11 of 176 commented
3 – Satisfied
8 – Mixed or Neutral
0 – Needs Work

KEY FINDINGS

Most foster caregivers (27 of 35) had positive experiences. Kinship caregivers (8 of 11) typically made mixed or neutral comments.

- Caregivers enjoyed conferences or retreats that offered multiple sessions in a single location, including facilities like Great Wolf Lodge and Hands On Children’s Museum.
- Some expressed appreciation for training offered through their private agency.
- Others work in fields related to child welfare and referenced training received from their employer.
- A few caregivers made comments about the former Olive Crest Fostering Together training.

Caregivers speak . . .

Caregivers noted specific training locations and organizations they enjoy.

- “I liked when they had like everyone come together for the training. Like one time they had it at the Great Wolf Lodge and it was so nice to see everyone and take the time to do trainings while the kids were busy having fun.” (F)
- “Training was held at the FPAWS conference at Great Wolf Lodge.” (F)
- “I did a training at the Hand’s On Children’s Museum. It was a dinner/training thing and I really, really liked that one.” (F)
- “The training that has been helpful for me is the empowered to connect (now Journey for Hope) conference.” (F)
- “It was offered through Olive Crest and was really great!” (F)
- “The Refresh conferences have been our source for information.” (F)
- “The caregiver training that has been the most helpful has been training we have paid for outside of DCYF. These trainings are often in the form of retreats or multiple day conferences where we get a chance to learn from others who understand what it is like to be a foster parent.” (F)
- “We did Treehouse training. That was great.” (F)

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

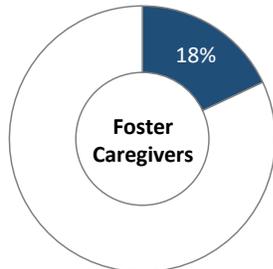
“We have had so many great trainings through the old Fostering Together program.” (F)

Some appreciate private agency and work-related training.

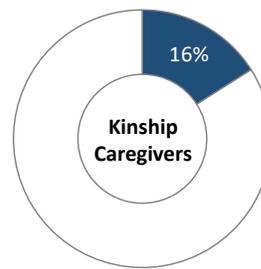
- “I am a nurse and husband is a police officer so we get a lot of hours of training through work.” (F)
- “Most of my training comes through my job and is accepted by DCYF.” (K)
- “I’m an administrator for two schools in the district and so get all the hours needed.” (F)
- “I already work in the field so it was all common sense to me.” (F)
- “Most of my training has been through my work, as my employer is contracted through DCYF.” (F)
- “Because of my background and my profession, the training that I have had over the last 3 years was not provided by the agency, but by my professional associations.” (K)
- “Most of my training was through my work in early childhood and child welfare.” (F)
- “We get quarterly training through our agency.” (F)
- “The TBRI (Trust-Based Relational Intervention) training from our private agency has been extremely helpful.” (F)
- “Our private agency provided TBRI and it was good.” (F)

122 of the 705 caregivers who commented on training (17%) mentioned how training helps in caring for foster children.

WHO COMMENTED ON THIS TOPIC?



94 of 529 commented
70 – Satisfied
4 – Mixed or Neutral
20 – Needs Work



28 of 176 commented
24 – Satisfied
3 – Mixed or Neutral
1 – Needs Work

KEY FINDINGS

Many caregivers who commented on this topic (77%) voiced satisfaction with training content that helps in caring for children. This includes information about parenting, understanding a child’s needs, and gaining perspective on what to expect when a child enters care.

- Caregivers appreciate training that brings awareness to the child’s experience and offers insight on how to support with empathy and compassion.
- Some expressed gratitude for training that helped them understand how to parent effectively.
- A few caregivers had challenges with translating the course material to practical application in their homes, saying they want more assistance with preparation.

Caregivers speak . . .

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

Many caregivers gained perspective and insight on the needs of a child.

- “The training helped me have more empathy for the children.” (F)
- “The training gave a pretty clear picture of what to expect from the kids background and what some of their issues are and how to prepare ourselves to deal with those.” (F)
- “Just a reminder of children’s needs and the difference of needs.” (K)
- “Understanding that when a child comes into your home they are not going to be happy-go-lucky or grateful to be there. Just take your time and be sensitive and gentle with them until they start to calm down and trust you.” (F)
- “Just learning about experiences that foster children have had. More realistic understanding of the expectations regarding the children.” (K)
- “We raised our biological children and loved being parents and sharing what we had. I think we were aware that some children entering our home might have some difficulties, but the training helped us to recognize and adapt as needed for each individual case.” (F)
- “Helps you to understand each child’s individual situation.” (F)
- “What to look out for as to the child’s needs.” (K)

“It really helped us to differentiate between being a parent and a foster parent. It also gave us a really good look into the life of a foster kid and how much different it is from a child who has never been in the foster care system, or a child who has never been removed from their parent’s home – that was really eye opening. The training prepared us not only to be good foster parents, but also better parents to our own children.” (F)

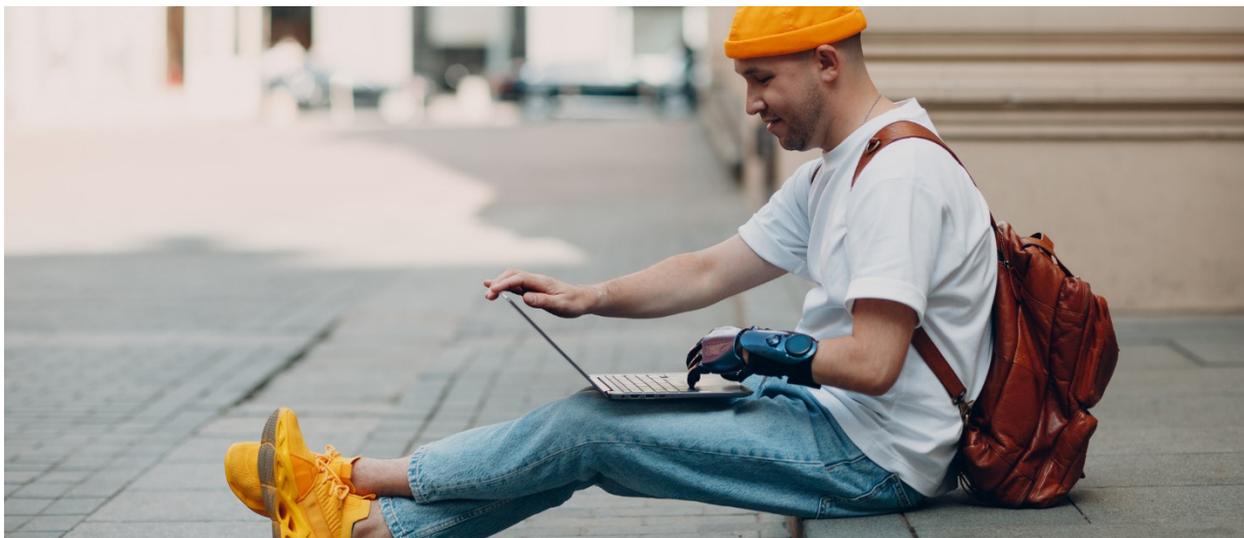
“Being a parent already, it gave us more tools and resources for us to draw from. The training opened my eyes to different situations and issues that may arise.” (F)

“The state training did a phenomenal job explaining what a child goes through before being placed in foster care.” (F)

Some caregivers want practical, current information.

- “In theory all the classes are great. However, we weren’t parents before taking any children. It was like being thrown in the deep end and expected to swim.” (F)
- “Having more training on how to recognize children’s additional needs.” (F)
- “I would say more preparation for the kids behavioral and emotional needs.” (K)
- “There are some very old outdated parenting methods that need to be changed or improved. They need to have empathy for children.” (F)

Access and Resources



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Caregivers want expanded access to training and related resources.

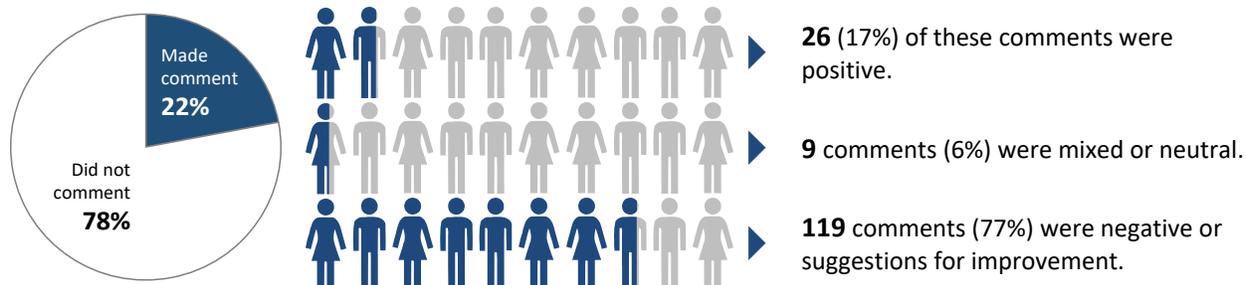
“Provide child care for in-person trainings and not set Zoom trainings to interfere with bedtime for our kids.” – Foster Caregiver

Caregivers who commented on access and resources made many (77%) suggestions for improvement. They want more information about training options and suggested comprehensive lists or better communication. Others requested guidance while navigating training requirements, including standardized methods for tracking training progress and certifications.

Caregivers had challenges with training schedules. Some cited issues with the current morning and mid-day options, stating that it was not beneficial for caregivers with fixed work hours. They asked for expanded options that include evenings or weekends. Some suggested that on-demand training would be the most helpful. Others saw training location as a barrier and requested more class offerings in closer proximity to their homes.

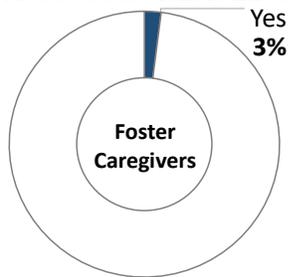
Caregivers taking both online and in-person training asked for access to child care. They reported challenges with concentrating on the content while trying to meet a child’s needs. Some want better access to training resources, including contact information for support groups and assistance with child-specific needs.

154 caregivers (22%) commented on training access and resources.

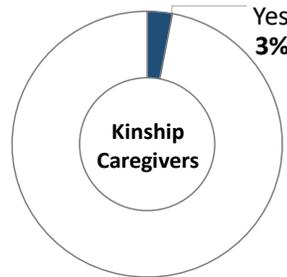


21 of the 705 caregivers who commented on training (3%) mentioned information about training opportunities.

WHO COMMENTED ON THIS TOPIC?



15 of 529 commented
 1 – Satisfied
 1 – Mixed or Neutral
 13 – Needs work



6 of 176 commented
 1 – Satisfied
 0 – Mixed or Neutral
 5 – Needs work

KEY FINDINGS

Of the 21 caregivers who commented on this topic, 18 wanted more information about training.

- Some caregivers were not aware that training exists or simply wanted to know what is available.
- Others know that training is offered but asked for more specific information, possibly a comprehensive list or a resource that is provided up front.
- These caregivers need more assistance navigating the system. They want reminders about training requirements and information about how to document their completed training.

Caregivers speak . . .

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

Some caregivers had difficulty finding training.

“I feel like there are lots of training opportunities in random places – it would be great to have a comprehensive list that is a bit easier to navigate (search by topic, day/time, etc.)” (F)

“Sometimes communication is lacking when people are trying to sign up for classes. That wouldn’t be a training problem per say, but more of just a system thing.” (K)

“We got a list of training and it was almost impossible to find some of it.” (F)

“The disappointing thing is that I really feel like the training that has been the most helpful is not talked about very much and it took me doing lots of research and reaching out to foster families.” (K)

“Making sure that foster parents are informed of the many opportunities there are for training, not only with the agency with which they are connected.” (F)

Caregivers want to know what’s available.

“Make people more aware of what classes are available online.” (F)

“Let us know when training is available in my area.” (F)

“I’m not aware of what classes I can take or if there are any support groups yet.” (F)

“I don’t even know what training exists.” (K)

“Help us find out where and what is available.” (F)

“Let us know more about what trainings are available.” (F)

Others asked for information about accessing, tracking, and documenting training.

“Maybe if they had an overall sending out of reminders and emails about trainings that we could get into if we wanted to. I am talking about additional ones and not just the mandatory ones.” (F)

“There also needs to be an interactive log to save your classes, credits and certificates with your licenser. Not having a standardized way to do this must really cause problems.” (F)

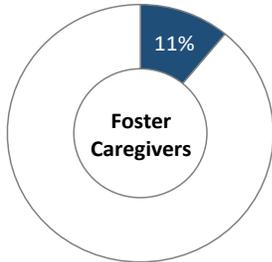
“Having some ongoing monthly prompting and accountability in being on track with consistent training participation when being state licensed and not with an agency would be wonderful.” (F)

“Letting us know how to go about getting our training hours accomplished, as we’ve received nothing regarding training since we’ve been licensed.” (F)

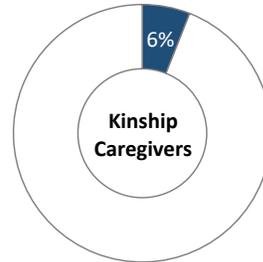
“I keep forgetting, honestly, how to access the online classes and how to document that I took them. It seems a little nebulous.” (F)

66 of the 705 caregivers who commented on training (9%) addressed training locations and schedules.

WHO COMMENTED ON THIS TOPIC?



56 of 529 commented
 2 – Satisfied
 1 – Mixed or Neutral
 53 – Needs work



10 of 176 commented
 2 – Satisfied
 0 – Mixed or Neutral
 8 – Needs work

KEY FINDINGS

Nearly all foster caregivers (53 of 56) and most kinship caregivers (8 of 10) who commented on this topic were dissatisfied with training locations and schedules. Foster caregivers were more likely to comment.

- Caregivers faced challenges balancing work and training. Many said that training offered on the weekends or evenings would be ideal.
- A few suggested offering training on demand, to ease both scheduling and location issues.
- Caregivers were interested in attending training offered more locally. Distance from home was often mentioned as a barrier.

Caregivers speak . . .

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

Caregivers want more training schedule options.

- “It would be nice if interactive training was flexible times.” (F)
- “Maybe not have all of them on the weekends.” (K)
- “More flexibility of times that the trainings are offered. The vast majority are offered during the work week.” (K)
- “Better hours of the day. Most foster parents work full time. Weekend or evening classes are better.” (F)
- “Need more ways to complete required training over a weekend.” (F)
- “More options and frequency at times a working parent could do.” (F)
- “They should have more classes during non-traditional hours. Being a foster parent, they want you to work and I totally agree with that, but then they only offer the training during the day or late at night. You work the next day you don’t want to spend your down time in a class. Maybe throw in some weekends for us that are working.” (F)
- “More trainings offered at night. Do a daytime training and an evening training.” (F)
- “I know it’s not always possible, but there are several courses that I would be very interested in taking, but they are very rarely offered.” (F)

Some want access to on-demand training.

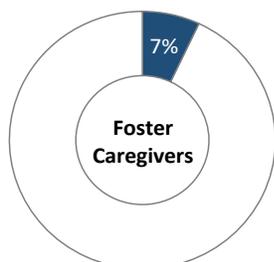
- “Offer more self-led trainings. Having to be available at specific times is hard with no child care. Would be easier to be able to start a training and work on our own time and be able to pause and resume trainings.” (F)
- “I think we need more on-demand classes. Sometimes I can’t take off of work or it is crazy at home to be able to do a scheduled class.” (F)
- “Access to preprogrammed CEU’s rather than live as difficult to find time to fit in a live presentation block of time.” (F)

Others asked for training to be offered locally.

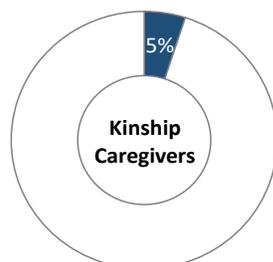
- “Have more trainings throughout Washington State.” (F)
- “Offer more training in our area and not just in the larger cities.” (F)
- “More local trainings; we have to travel too far for any training we want.” (F)
- “More training closer to my area.” (K)
- “The improvement that I would recommend is to have more classes, more local and more frequently. Make them available so we can get the training and not have to travel a lot to get to the training.” (F)
- “Sometimes it is hard to get to since it is so far away.” (K)

48 of the 705 caregivers who commented on training (7%) mentioned other issues about access to training.

WHO COMMENTED ON THIS TOPIC?



39 of 529 commented
 8 – Satisfied
 2 – Mixed or Neutral
 29 – Needs work



9 of 176 commented
 1 – Satisfied
 2 – Mixed or Neutral
 6 – Needs work

KEY FINDINGS

Many (35 of 48) of these caregiver comments about access were negative. Nearly half of the comments (20 of 48) were about child care, and 19 were requests for improvement.

- A few caregivers shared positive experiences, including several who found it easy to access training.
- Many of these caregivers had difficulty attending training without child care (both online and in-person).
- Some said that the cost of training was a barrier to accessing classes.

Caregivers speak . . .

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

Some shared appreciation for access.

- “They are offering more variety and easier access to it.” (F)
- “Easily accessible training options.” (F)
- “It was easy to access. Free and on my own time.” (K)
- “It has been helpful that it was available and we could take advantage of it. I support it wholly.” (F)

Others had challenges accessing training.

- “Most of the training I got that I found on my own.” (F)
- “Make the training easier to access.” (F)
- “There is some great training available online, but at a cost. Perhaps invest in some of that or give a stipend.” (F)
- “The online -only platform is very difficult as we are a household that doesn’t have access to high speed internet.” (F)
- “Every DCYF foster parent should get the Karyn Purvis TBRI training for free and it should be required every year. This was not available for free through the Alliance but should be paid for by the state to allow providers to take it.” (F)
- “We had to pay for our CPR class that seemed odd because the first one was free.” (F)
- “More easy access to training.” (F)

Child care was an issue for many caregivers.

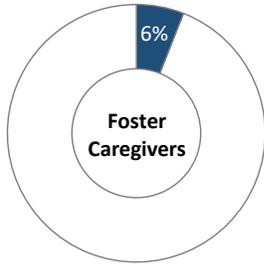
- “I’m a single parent and I can’t go if there’s not child care.” (F)
- “I care for children 1 day old to 11 years old. I would love to have a break just to attend classes online or in-person. Maybe an hour or two out of the day. If someone could watch them I could probably get it done faster and with no distractions. It’s hard to complete a class with no distractions from my kids, especially when I have a toddler or an infant.” (F)
- “I have to do the CORE training online and it’s hard when I have 3 kiddos to care for at the same time.” (K)
- “Provide day care during training.” (F)
- “To get the most out of the training to provide day care.” (F)
- “Offering child care for trainings, which are often on weekends and weeknights, would be amazing.” (F)
- “Providing child care for parents!!” (F)
- “More child care options.” (F)

A few mentioned the impact of COVID.

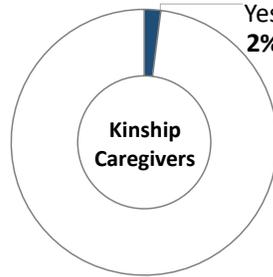
- “I feel like the trainings are pretty good, they’re harder to do with the quarantine.” (F)
- “In-person training is best. COVID prevents us from getting together.” (F)

34 of the 705 caregivers who commented on training (5%) addressed access to training resources.

WHO COMMENTED ON THIS TOPIC?



30 of 529 commented
13 – Satisfied
0 – Mixed or Neutral
17 – Needs work



4 of 176 commented
3 – Satisfied
0 – Mixed or Neutral
1 – Needs work

KEY FINDINGS

Caregivers gave mixed responses about accessing training resources. Only 4 kinship caregivers commented on the topic, but 3 of these were satisfied. Foster caregivers were more likely to make comments, and over half (17 of 30) were dissatisfied.

- Kinship caregivers focused on their ability to locate resources.
- Many foster caregivers want additional assistance, including contact information for support groups.
- Others asked for information on resources but said it was not provided.

Caregivers speak . . .

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

Some caregivers were able to get information about available resources.

- “Access to and understanding the resources at hand is always important.” (K)
- “Real-time resources.” (F)
- “The list of resources.” (F)
- “The resource and network has helped us connect with the foster care world.” (F)
- “Getting information on resources.” (K)
- “There are examples to go through and lists of resources to help with any type of dilemma.” (F)
- “It has helped to know what resources are available.” (F)
- “What to look for in case there are issues and how to get help.” (K)
- “The training was full of good information and resources.” (F)
- “Providing resources and suggesting outside contacts for help with children dealing with trauma.” (F)

Many had challenges finding resources.

- “There needs to be a lot more components of mental health care and the resources that are accessible to foster parents.” (F)

- “Too much information is jammed into the caregiver core training. Give us a sheet that tells us who to call for what.” (F)
- “Providing specifics on what resources are available for children, such as Tree House, would be helpful.” (K)
- “More training on what supportive services are available across Washington. The caseworkers are not familiar with a lot of supportive services in their own counties let alone neighboring counties, so when a foster parent needs help the caseworker is scrambling just as much as the foster parent to find them training and support.” (F)
- “We were not prepared for [not] getting referrals and help fast enough when we experienced them. That ultimately hindered our ability to keep the placement.” (F)
- “The training might bring/make available handouts on who the local foster parent group contacts are.” (F)
- “So many holes and poor communication about all resources available to foster parents.” (F)
- “Tell us more about the resources available and give us phone numbers.” (F)
- “I asked for different resources, like books or anything, and the trainer didn’t have any knowledge besides the training they were teaching.” (F)

Trainers and Methods



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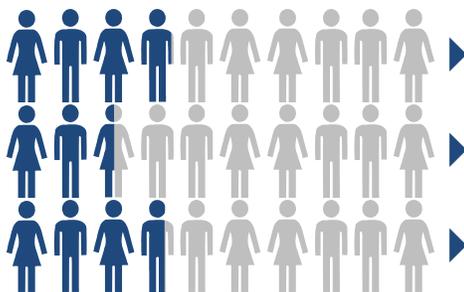
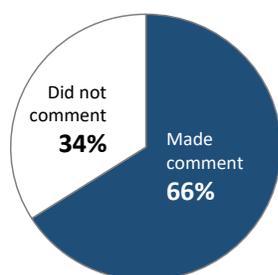
Caregivers appreciate engaging, authentic trainers and flexible methods.

“The effort of training to confront assumptions about fostering is great. I like the huge variety of courses offered, and I have built good relationships with local trainers, which has been invaluable.” – Foster Caregiver

Over half of the respondents (66%) commented on trainers and methods. Caregivers value relevant information that comes from a variety of trainers, including subject matter experts, caseworkers, foster and kinship caregivers, parents, and children. They voiced interest in content that is applicable to their unique situations. They often view training as an opportunity to make connections and described efforts to build community and relationships with other caregivers. Some enjoyed interactive approaches to training, including hands-on activities, panel discussions, and Q&A sessions.

Caregivers continue to give a wide range of feedback about virtual/online and in-person offerings. Some were happy with the current online content and requested expanded options on a virtual platform. Others prefer in-person training and are waiting for it to resume. Whether online or in-person, some caregivers took issue with lengthy trainings and outdated material. Some asked for a more inclusive approach to work-related training, citing rigid training certification requirements.

462 respondents (66%) commented on trainers and methods.



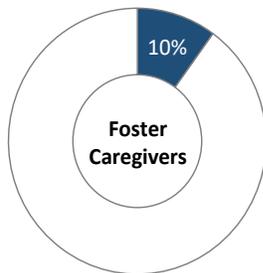
▶ **179** (39%) of these comments were positive.

▶ **114** comments (25%) were mixed or neutral.

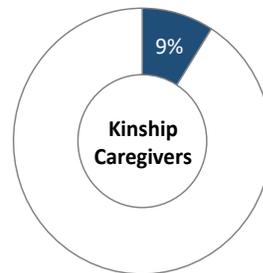
▶ **169** comments (37%) were negative or suggestions for improvement.

69 of the 705 caregivers who commented on training (10%) mentioned their experiences with trainers.

WHO COMMENTED ON THIS TOPIC?



54 of 529 commented
29 – Satisfied
 6 – Mixed or Neutral
 19 – Needs Work



15 of 176 commented
15 – Satisfied
 0 – Mixed or Neutral
 0 – Needs Work

KEY FINDINGS

All 15 kinship caregivers and over half (29 of 54) of the foster caregivers who commented about trainers had positive experiences. Two trainers continue to be specifically praised – Kebbie Green and Patti Orona.

- Caregivers appreciate trainers that convey personal experience or subject matter expertise. They enjoy real-life examples and practical application.
- Others expressed preferences for trainers who were not DCYF staff or caseworkers and are interested in hearing from other sources, such as foster and kinship caregivers.
- Some asked for trainers to be more engaged when presenting the training content.

Caregivers speak . . .

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

Caregivers are grateful for knowledgeable trainers.

- “The trainers have had personal experience with foster children which makes the training valuable.” (F)
- “Many of the trainings have been taught (or co-taught) by experienced foster parents. Learning from their experiences and perspectives has been helpful.” (F)
- “I had to call the people who did the training to thank them and tell them that it was phenomenal training.” (K)
- “The instructors were very helpful.” (K)
- “The trainers who are, or have been foster parents have an exceptional ability to present information about how things really are.” (F)
- “With Alliance and some of their trainers you get real-life info and for the most part families utilize the Alliance trainings.” (K)
- “The trainer I had for a trauma course for infants and toddlers was well informed on the topic, and also had personal experience parenting kids herself.” (F)
- “You need to have a good trainer to help you learn how to apply the tools.” (F)
- “The trainer was fantastic and didn’t sugar-coat things, like people like to do.” (F)

Some want trainers with more personal experience.

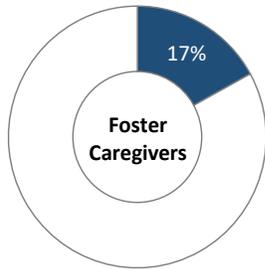
- “The facilitator needs to be really up to date about the current WACs. Sometimes misinformation is shared by other foster parents and the facilitator needs to correct this.” (F)
- “I think that people that provide it should be good in their area of expertise.” (F)
- “More knowledgeable presenters. Perhaps experienced foster parents.” (F)
- “I think they should have some training that is from senior foster parents who are teaching real-life stuff. I think the training shouldn’t be a DCYF staff doing the training – have folks from the outside who deal with trauma, etc.” (F)
- “I know there is a lot of wisdom in the room but I also really appreciate hearing succinct useful details from the instructor during our limited time together.” (F)
- “It seems like there are less experts coming in and more training by caseworkers and their experiences which can be great and also can be biased.” (F)

A few mentioned specific trainers.

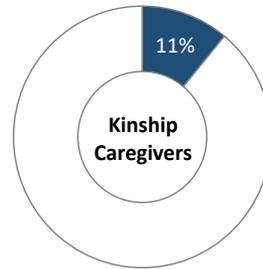
- “How experienced the Teacher (Kebbie Green) was and how she brought real-life practical application to the learning.” (F)
- “Patty Orona was fantastic instructor for CCT.” (F)

107 of the 705 caregivers who commented on training (15%) referenced approaches to training.

WHO COMMENTED ON THIS TOPIC?



88 of 529 commented
32 – Satisfied
20 – Mixed or Neutral
36 – Needs Work



19 of 176 commented
10 – Satisfied
3 – Mixed or Neutral
6 – Needs Work

KEY FINDINGS

Caregivers gave mixed responses about training approaches. Foster caregivers were more likely to make comments and 41% of those who did described negative experiences. Over half of kinship caregivers (53%) made positive comments.

- Caregivers appreciate hands-on activities, time for discussions, and real-life examples.
- Some voiced their preferences for the interactive approach to in-person training.
- Others asked for more practical application rather than theory-based content.

Caregivers speak . . .

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

Caregivers find panel discussions, Q&A, real-life examples, and hands-on activities helpful.

- “Panels of foster parents are especially helpful in question and answer time.” (F)
- “The panel that I watched speak and kind of gave the truth what was going to happen.” (F)
- “The interactive scenario/example quizzes are some of the most helpful parts of the trainings.” (F)
- “A place to ask questions and see how it really is.” (F)
- “Question time after each course always helps us understand the material even better.” (K)
- “I really appreciated when they did stories or illustrations to make their point.” (F)
- “Real-life stories and ideas of implementation.” (F)
- “I think we are given scenarios and let us work through as a team to solve the problem and what we would do. After that, we would come together with the instructor and he/she would give us insight which was very helpful.” (K)
- “For me, the examples they gave you when the child was being removed. They gave you some index cards and you had like 20-seconds to put stuff in a bag to see what you could grab and not. It was an eye-opener and it put you in the place of a child and how they feel during the process.” (K)

Some preferred in-person training.

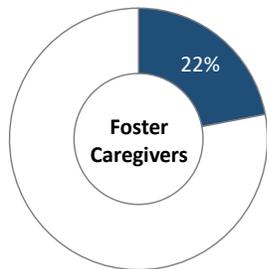
- “In-person that has open discussion.” (F)
- “We were able to do face to face, which meant we had more interaction and was better than the online stuff.” (F)
- “I love the in-person classes and think they give such a valuable insight they you don’t get just taking an online course.” (F)

They want engaging approaches and practical tools.

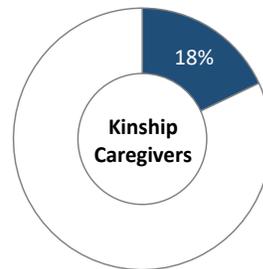
- “It’s just very different watching videos vs living day-in and day-out with a kiddo who needs emotional help in areas where foster parents are ill equipped. I’d have liked to have seen more actual footage and stories about disrupted placements because we felt horribly under-prepared and guilty for not having the tools to succeed.” (F)
- “Many of the Alliance trainings do not have a practical application – how do I take this and do it in my home with the kids in my care?” (F)
- “Workshops, rather than sitting and listening; more hands-on.” (F)
- “Add more hands-on training and more interactive training – use less lecture-style training.” (F)
- “Maybe providing more activities for more in-person interactions instead of most of it being paperwork and videos.” (F)

151 of the 705 caregivers who commented on training (21%) mentioned online training.

WHO COMMENTED ON THIS TOPIC?



119 of 529 commented
47 – Satisfied
25 – Mixed or Neutral
47 – Needs Work



32 of 176 commented
18 – Satisfied
4 – Mixed or Neutral
10 – Needs Work

KEY FINDINGS

Over half (56%) of kinship caregivers who commented on this topic were satisfied with online training. Foster caregivers were evenly split (39%) between satisfied and dissatisfied responses.

- Many caregivers appreciate the flexibility provided by online options.
- Some compared online training to in-person trainings, with mixed responses. Caregivers appreciate the ability to ask questions and engage during in-person training but also like the pace and ease of online training.
- A few mentioned preferring teleconferencing with Zoom over using traditional online training modules.
- Most of the negative responses were requests for more online options and accessibility.

Caregivers speak . . .

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

Many caregivers praised online training options.

- “I liked the option to do it online, that was really helpful.” (K)
- “I did the modules and it was nice to be able to do them on the computer and online.” (F)
- “Flexibility in the online format has been huge!!!” (K)
- “Due to COVID, they’ve been offering online classes, I hope this is showing people that all training can be done online and foster parents shouldn’t always have to drive to take the trainings.” (F)
- “It’s very informative and is easy to use since it’s online.” (K)
- “Honestly, we keep being surprised by the quality of the online trainings. Keep up the good work.” (F)

Some had mixed responses or made comparisons between training platforms.

- “I like online so I can do it at my own pace. But, I also like in person training so you can ask questions.” (F)
- “It’s easier for me to do things in-person and I find myself being more invested when I’m in a different setting and engaging more. I think regarding the trainings online, I’m just not getting as much as I could be out of them.” (F)
- “Some of the role play sessions in the online presentations probably would be better delivered in-person.” (F)

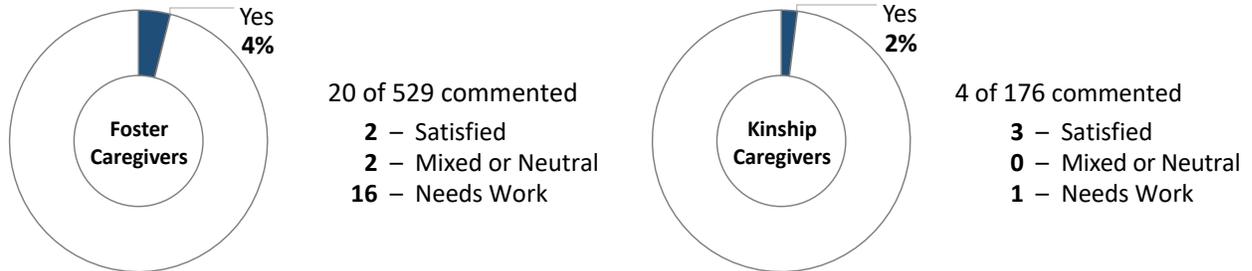
- “Zoom is better than online.” (F)
- “It’d be nice to do trainings on Zoom with other people, so you’re not always by yourself.” (F)
- “More online classes. So much easier doing on Zoom! Continuing making it available on Zoom please!” (F)

Some asked for more flexibility with online training.

- “Offer webinar or online classes anytime. The schedules have prevented me from being able to do a lot of them.” (F)
- “More virtual opportunities that are flexible with timing.” (F)
- “Expand access to web trainings.” (F)
- “More online training. Having it available at all times is great.” (K)
- “More online options rather than in-person options. It is better now because of COVID, but I like online all the time.” (F)
- “Make the online training more accessible.” (F)
- “Times that fit into my schedule more easily – many of the webinars and classes are during the day. I would love for an increase in the flexible e-learning opportunities for my husband and I.” (F)

24 of the 705 caregivers who commented on training (3%) mentioned alternative training formats.

WHO COMMENTED ON THIS TOPIC?



KEY FINDINGS

Caregivers gave mixed responses. Foster caregivers were more likely to make comments, and most (16 of 20) suggested improvements to alternative training formats. Three of the four kinship caregivers who commented were satisfied.

- Caregivers were grateful for alternative training that was convenient and provided personal support.
- Some want centrally located sites that assist with questions.
- Many asked for more flexible options, including self-paced or on-demand training.
- Others were interested in one-on-one coaching/mentoring.

Caregivers speak . . .

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

Caregivers referenced alternative training options.

- “I really like the Alliance training which I can do from home.” (F)
- “In-home counseling.” (F)
- “It was over the phone training. If I had questions, I would call in.” (K)
- “One-on-one training is real nice.” (K)

Some suggested flexible or additional resources.

- “I know that one size does not fit all, but it would be nice to have a site out there that has FAQs. We stumble around a lot and it would be nice to see if others have the same questions and what the answers or suggestions are from trainers and other foster parents.” (F)
- “There is a lot out there and is available to us. It might be helpful to have a library to go to for research if you have a child suffering from a particular problem.” (F)
- “Perhaps a good model would be one where the lectures/material were presented online with maximum flexibility and then a more time-constrained meeting/tests to validate that the material was understood and absorbed properly.” (F)
- “Providing facilitated family connecting experiences would be helpful. I had knowledge, just needed someone else to facilitate for me.” (F)

A few want mentoring or coaching.

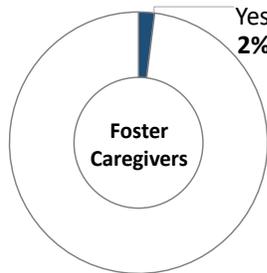
- “Maybe more specific discussions about how to react in certain situations, like a coaching, or like a mentorship.” (F)
- “Having a coach or mentor walk you through and guide you through the initial training as well as continued training.” (F)
- “One-on-one coach after online training would be great!” (K)

Many asked for on demand training.

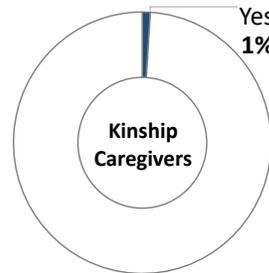
- “I would love it all the trainings were available on demand. There are benefits to the live training, but often you need the training right then and not waiting makes a big difference.” (F)
- “More self-study.” (F)
- “Offer more self-guided courses.” (F)
- “More self-paced courses.” (F)
- “Offer more trainings we could do on our own time.” (F)
- “Offer more options including independent study. Offer a wider variety and a wide variety of mode of training. Sometimes people pass on being licensed because they cannot afford the training time away from their employment.” (K)

10 of the 705 caregivers who commented on training (1%) mentioned training offered in support groups.

WHO COMMENTED ON THIS TOPIC?



9 of 529 commented
4 – Satisfied
2 – Mixed or Neutral
3 – Needs Work



1 of 176 commented
1 – Satisfied
0 – Mixed or Neutral
0 – Needs Work

KEY FINDINGS

Few caregivers specifically mentioned training from support groups. Half (5 of 10) of those who did were satisfied with training that occurs during support group meetings. This topic received the least responses in the training section.

- Five caregivers were grateful for the training received during support groups.
- Most want more access to support groups and find them helpful. One caregiver asked for training to be combined with support group activities.
- A couple mentioned challenges or uncertainty about new options for support groups.

Caregivers speak . . .

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

Caregivers had positive response about training offered during support group meetings.

“I liked it when we were able to get training in our support group meetings.” (F)

“Support groups that also provide training.” (F)

“When we first got licensed there was a Pediatric Interim Care support group through Catholic Community Services that we participated in and it was helpful to have trainings specific to the babies we were caring for with Neonatal Abstinence Syndrome (NAS). It also helped us as a young foster family to create a community of foster families who we could lean on for support and call for any questions we had about babies with NAS or other health issues like reflux.” (F)

“SA (Sexual Assault or Sexual Addiction) support groups have been fantastic.” (F)

“We did have suicide training and I felt that was really helpful in understanding the feelings. Suicide prevention and understanding done by my support group.” (F)

Foster caregivers want more support group training.

“More support groups.” (F)

“One thing I do miss is partnering with Fostering WA for the support groups. Since they chose not to renew the contract that left one less resource and one less way of getting more education.” (F)

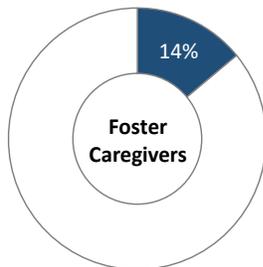
“I would like to be able to go to a support group. But also, I know the trainings that used to happen there were by an outside group that you don’t work with anymore.” (F)

“(pre-COVID) Training was squeezed in to support group meetings. It meant that the support part of the meeting was short-changed and that we rushed through the training. If our support group were continuing, I would have suggestions for a better design. But as: a) support groups aren’t meeting, and b) the contract has switched from Fostering Together to Alliance, I don’t know what to expect post-COVID.” (F)

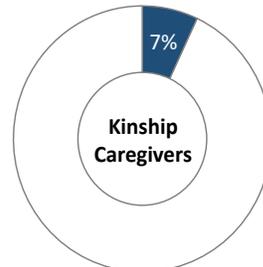
“I wish we could get more hours for support group sessions as I find these the most helpful of all training opportunities.” (F)

88 of the 705 caregivers who commented on training (12%) addressed interaction with other caregivers and the sense of community developed during training.

WHO COMMENTED ON THIS TOPIC?



75 of 529 commented
49 – Satisfied
9 – Mixed or Neutral
17 – Needs Work



13 of 176 commented
11 – Satisfied
2 – Mixed or Neutral
0 – Needs Work

KEY FINDINGS

The majority of both kinship (85%) and foster (65%) caregivers who talked about community-building during trainings were satisfied. Foster caregivers were more likely to make comments.

- Caregivers expressed gratitude for training that included interaction with other caregivers. They value listening to experiences, receiving feedback, and learning from discussions.
- They appreciate participation by foster children and parents.
- Some foster caregivers focused on ideas for increased engagement with other caregivers.

Caregivers speak . . .

Caregivers like to interact with each other.

- “The emotional support from other caregivers. It is a wealth of information.” (K)
- “Connecting with other foster parents to share common experiences.” (F)
- “Strangely, it is the people attending the training that have been helpful no matter what the training.” (F)
- “When we talk with other parents who are caregivers about ideas or practices.” (F)
- “The most helpful part was hearing about other people’s experiences.” (K)
- “The interaction with the other foster parents was very good. It makes you realize you’re not crazy for doing this.” (F)
- “First-hand experiences and training with other parents so we had feedback.” (K)
- “Connecting with other caregivers, sometimes specific suggestions or nuggets of information.” (F)

They enjoy learning from foster children and parents.

- “I like how they did like they had actual foster kids share what they think and what they want out of a foster home. I liked hearing about their experiences.” (F)

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

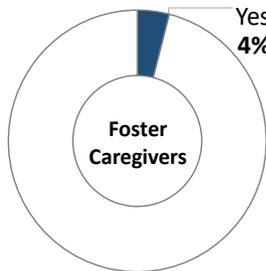
- “When they invited kids and moms to come in and tell their stories. It was an amazing perspective.” (F)
- “I learned a lot from listening to prior foster children and how they felt about what happened to them.” (K)
- “When they had birth parents and older foster children came and talked to the class, it was really helpful.” (F)

Some shared ideas to offer more connection options.

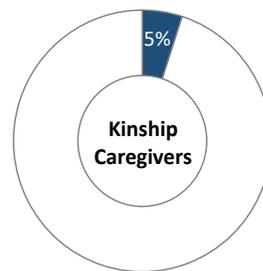
- “Assign an experienced foster parent to new foster parents to work together until the new parents get their feet wet.” (F)
- “More training with previous or current foster parents and not just the positive outlooks that every child gets adopted and lives happily ever after.” (F)
- “Having youth help with the trainings or teaching things from their perspective.” (F)
- “Provide more actual foster parents (and a wider variety of people) who are foster parenting and let them tell their stories in a variety of classes.” (F)
- “Adding a section of caregiver training, like peer training.” (K)
- “Try to get more foster parents involved in the training and have breakout sessions with them.” (F)

30 of the 705 caregivers who commented on training (4%) mentioned the training materials.

WHO COMMENTED ON THIS TOPIC?



22 of 529 commented
 10 – Satisfied
 3 – Mixed or Neutral
 9 – Needs Work



8 of 176 commented
 5 – Satisfied
 0 – Mixed or Neutral
 3 – Needs Work

KEY FINDINGS

Over half (5 of 8) of kinship caregivers gave positive responses. Foster caregivers had mixed responses, with 10 expressing satisfaction and nine negative comments or suggestions for improvement.

- Caregivers were grateful for the materials provided during training and mentioned using them as resources in real-life situations.
- Some had positive experiences with both video and written reference material. Others said real-life examples helped them gain better perspective.
- There were several requests for updated content.

Caregivers speak . . .

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

Caregivers mentioned informative training material.

- “Honestly I think the reading material has been most helpful; changed my whole perception in dealing with kids.” (F)
- “The training classes have had excellent material.” (F)
- “Videos are digestible.” (K)
- “I loved the CORE training. I use the book as a reference often.” (F)
- “I find the information about what comes after fostering and preparing for adoption. I find those learning materials were most helpful.” (F)
- “So they’ve had a few classes that we watched, where they had a lot of foster parents talking on the videos – the real life experiences, also the variety of videos about brain development that really helped us understand.” (F)
- “In the video we watched, there was a lot of testimonial and perspective from parties involved in foster care and that was very helpful.” (F)
- “They give insight to what the foster child is going through and give me more patience to understand what is going on with the foster child. They provide books, etc. for more insight.” (F)

Some asked for updates to the curriculum and videos.

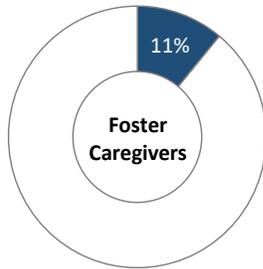
- “Some of the content and videos are old and outdated.” (K)
- “I really enjoyed the online training, but some of the videos are a bit dated.” (F)
- “Update curriculum. So many of them are outdated.” (F)
- “The videos are so old, they need to be updates. It seems like I’d be so easy to update them and make them better.” (F)
- “I like the option of doing virtual training, but some of the virtual options were very outdated, with poor video/audio quality.” (F)
- “The online videos are outdated.” (F)
- “Update their online videos.” (F)

Others wanted improved videos or book usage.

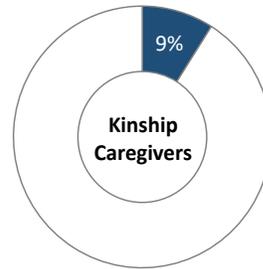
- “More videos.” (F)
- “The videos are okay but need improvement.” (F)
- “Improve the video links.” (K)
- “Hard copy books for special needs.” (K)
- “Just keep bringing the guest speakers in, rather than all the book work.” (F)

74 of the 705 caregivers who commented on training (10%) referenced training processes.

WHO COMMENTED ON THIS TOPIC?



58 of 529 commented
 12 – Satisfied
 5 – Mixed or Neutral
 41 – Needs Work



16 of 176 commented
 3 – Satisfied
 1 – Mixed or Neutral
 12 – Needs Work

KEY FINDINGS

The majority of caregivers (72%) who commented on training process were not satisfied. Challenges included repetitive refresher courses, training requirements and the length/duration of training. Kinship and foster caregivers answered similarly.

- Positive responses included appreciation of choices and general comments about the value of training.
- Some experienced caregivers were appreciative, but others felt that refresher courses provided little helpful information.
- Some felt that training requirements should allow more credit for related professional training, parenting experience, and previous caregiver training.
- A few questioned the timing of training in relation to placement.

Caregivers speak . . .

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

Caregivers appreciate choice in training and fulfilling requirements.

“I have selected the trainings I wanted to participate in and have found them to be very useful.” (F)

“I like that I can sign up for trainings that I view to be potentially helpful to me.” (F)

“It was helpful that I was allowed to use my professional training to fulfill some of the credits. There was no other way I could have completed it.” (F)

Experienced caregivers had mixed responses.

“I don’t feel the continuing education is effective.” (F)

“After doing it for so many years, the trainings get a bit repetitive.” (F)

“Really, it was nice to have refreshers and opportunities to solidify prior learning and review.” (K)

“First time around it’s helpful. 4th or 20th time, not so much.” (F)

A few asked for more tailored content.

“I think it would be helpful to have specific training for the specific needs of the child you are placed with, directly or shortly after placement.” (F)

“Maybe there could be more advanced options for various topics?” (F)

Some shared difficulty with timing of training.

“It would have been nice to have done some classes from the start, like to go with how to deal with the child when he knows I am his aunt and not his mom.” (K)

“There’s so much to the care of our sons that we were not prepared for. There needs to be more on the front end.” (F)

“Offered to caregiver as soon as placement occurs. Not month or years after!” (F)

Others wanted change in some of the requirements.

“I think it could be improved by making it a joint certification as opposed to me and my husband having to take all the classes – why can’t he take part of them and I take the rest of them, so we are exposed to all the training that way?” (K)

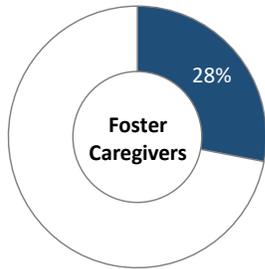
“Have a point system whereby teachers and other professionals can get credit for the training they have already had. I had a lot of duplicate training for becoming a foster parent.” (F)

“Not so many hours required after you’ve done it for years and years.” (F)

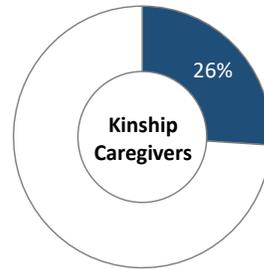
“The process could be shorter for adults that have already raised children. Grandparents especially have limited computer skills, but have the knowledge of parenting.” (K)

194 of the 705 caregivers who commented on training (28%) referenced training content.

WHO COMMENTED ON THIS TOPIC?



148 of 529 commented
 77 – Satisfied
 13 – Mixed or Neutral
 58 – Needs Work



46 of 176 commented
 18 – Satisfied
 10 – Mixed or Neutral
 18 – Needs Work

KEY FINDINGS

Slightly more than half (52%) of foster caregivers who commented on the general content of training shared positive responses. Kinship caregivers were evenly split, with 39% giving positive and 39% negative responses.

- Caregivers praised the variety of content.
- They referenced experiences or made requests for training relevant to the child in their care.
- Some asked for training to be more concise while retaining depth and quality.
- Others requested content that is more relatable to their caregiver role and the type of placement.

Caregivers speak . . .

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

Caregivers like the variety and ability to find relevant training topics.

- “I’d say the whole thing was very holistic and had a broad spectrum of topics.” (K)
- “The training is pretty comprehensive covering a wide range of behaviors, and situations.” (F)
- “There is a broad array of training to help us develop more skills as foster parents.” (F)
- “Being able to find a training that relates to what we are dealing with for the ages we have in the house has been wonderful!” (F)
- “Specific information that has been given to help us be effective foster families.” (F)

They appreciate the clarity and quality.

- “It covered just enough that it wasn’t overwhelming and we retained it.” (F)
- “All of the classes were very clear and the videos and everything made me want to do this and stick it out.” (K)
- “They were helpful because they discussed scenarios I couldn’t even imagine.” (F)
- “It provided a good foundation.” (F)
- “It was very well structured and informative.” (K)
- “The training was very open and real.” (K)

Others had challenges with training length and relatable content.

- “There was quite a bit of informative info, but not much of it was directly relevant to our situation.” (F)
- “There was a lot of stuff that really didn’t apply to my situation as a relative foster parent.” (K)
- “We have had some specific foster child issues in our house regarding foods and bathroom training – foster children are older than they should be for bathroom issues – we need assistance on those issues.” (F)
- “Tailor training to the different types of care, such as kinship care vs licensed care vs adoption.” (K)
- “Training feels more surface level. We need really in-depth training.” (F)
- “More training on what the kids are going through these days.” (F)
- “I think making the training more engaging and relevant.” (K)
- “The length of the webinars should be only 2-3 hours, rather than five hours.” (F)
- “More honest information about real case scenarios being a foster parent.” (F)
- “Make it shorter and more to the point.” (K)

Specific Training Topics



Pexels.com/Keira Burton

Applicable training topics are valuable to caregivers.

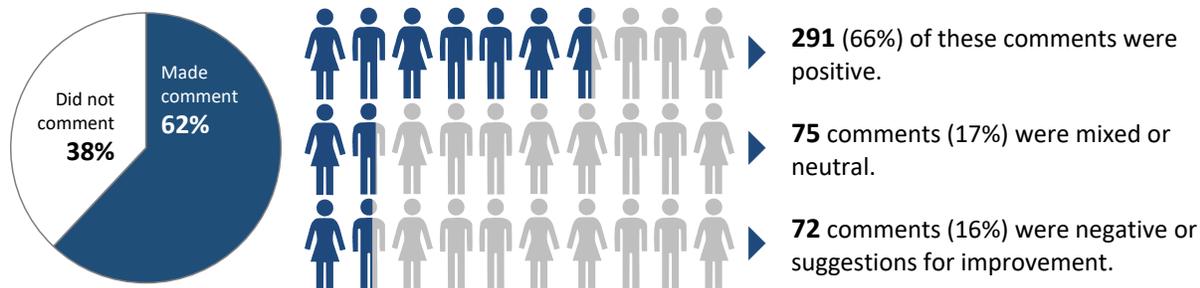
“I think [training has helped] to understand children that have been in trauma and how their behaviors might be different and how I should reach to them.” – Kinship Caregiver

Over half (62%) of caregivers who made comments on training referenced specific training topics and the majority (66%) of those were positive. Foster caregivers frequently mentioned trauma and behavioral health along with child behavior and development. Kinship caregivers also referenced child behavior and development and often detailed other specific trainings.

Many caregivers focused on trauma-informed training, describing it as an important foundational aspect of understanding how to engage, care for, discipline, and create relationship with the child in their care. They are also interested in training that sheds light on how to work collaboratively with parents and/or caseworkers. Kinship caregivers were more likely to mention experiences with Caregiver Core Training (CCT) and most of these were positive. They also requested training relevant to their specific situation.

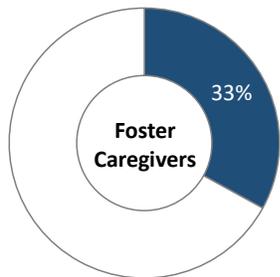
Some caregivers mentioned courses they would like to see offered, including social media trends, preparing friends and family, and finding support for caregivers. They also continue to voice interest in courses that are age-specific.

438 caregivers (62%) commented on specific training topics.

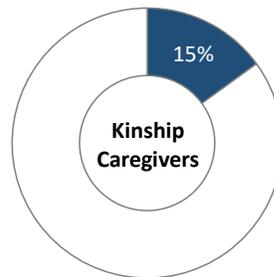


198 of the 705 caregivers who commented on training (28%) mentioned trauma and behavioral health training.

COMMENTED ON THIS TOPIC



172 of 529 commented
129 – Satisfied
13 – Mixed or Neutral
30 – Needs work



26 of 176 commented
18 – Satisfied
2 – Mixed or Neutral
6 – Needs work

KEY FINDINGS

The majority (74%) of responses about trauma and behavioral health training were positive. Foster caregivers were more likely to reference this training, with one of three making comments.

- Caregivers focused many positive responses on trauma-related content, some specifically voiced appreciation for Trust-Based Relational Intervention (TBRI).
- Others mentioned behavioral health topics, including autism, attention deficit/hyperactivity disorder (ADHD), drug exposed infants (FAS, FAE, NAS), sexual abuse, special needs, and medical fragility.
- Some requested more trauma-informed content and practical, detailed application.

Caregivers speak . . .

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

Caregivers appreciate content focused on trauma, autism, and ADHD.

- “It was good to learn more about trauma and how to deal constructively with separation anxiety.” (F)
- “To let us know that the trauma the children are going through will be ongoing.” (K)
- “We had a lot of kids with autism and the training related to that is very helpful. Also, training about how trauma affects your brain.” (F)
- “The ADHD training was very good. The trainer gave good tips in helping the child beyond medication.” (F)
- “Very informative about kids’ trauma and fear going into stranger’s homes.” (K)

Some referenced training about drug exposed infants.

- “Knowing the effects of drug exposure in utero on these kids has been helpful in understanding some of their challenges.” (F)
- “Training on behavior and trauma and drug addicted babies.” (K)
- “Add in more trainings about caring for children who are detoxing from drugs. What are the behavior patterns of a child who has been drug affected? Need to learn how this affects their development.” (F)

“Information in training is adequate for situational issues, like behavioral trainings on ADHD, grief and loss and Drug impacted children (FAE). In these classes people can learn how to think in a totally different perspective in working with the children who are impacted by these issues.” (F)

Caregivers specifically mentioned TBRI and PCIT.

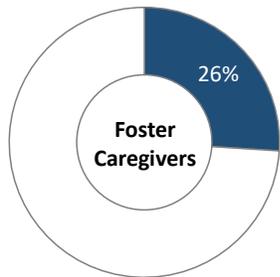
- “TBRI training. It has helped me to understand trauma and behavior.” (F)
- “TBRI has been very helpful, but never enough training to assist with learning to apply it in every day life.” (F)
- “One class we really like was the Parent Child Interactive Training (PCIT).” (F)
- “I had PCIT training that was requested by social worker for my level II three year old. This was very useful training.” (F)

Many want a trauma-informed approach to training.

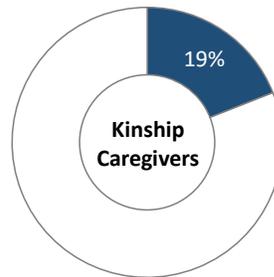
- “Giving a more realistic approach to caring for children with trauma backgrounds rather than a broad training giving no advice on best ways to deal with situations.” (F)
- “It does not talk about mental health for youth enough, especially when you have a suicidal youth.” (F)
- “General caregiver training should absolutely include trauma-informed parenting on a much more detailed level than currently provided.” (F)

168 of the 705 caregivers who commented on training (24%) identified particular behavioral trainings, or trainings dealing with children’s behavior and development at different ages.

COMMENTED ON THIS TOPIC



135 of 529 commented
98 – Satisfied
7 – Mixed or Neutral
30 – Needs work



33 of 176 commented
24 – Satisfied
1 – Mixed or Neutral
8 – Needs work

KEY FINDINGS

More than seven of 10 of both foster and kinship caregivers made positive comments (73% of each).

- Caregivers mentioned trainings they enjoyed, including behavioral issues and age-specific behaviors.
- Some were interested in content on teens. Eleven caregivers specifically mentioned training on teenage behavior, and nearly half (5 of 11) were requests for more.
- A kinship caregiver provided this description: *“[They] enlightened me on the perspective of a child that has been abandoned, hurt and how they cope. For instance, our child was caught sneaking her iPad in the middle of the night. We told her that she knew the rules, and made the decision to disregard them. And so, the consequence for that action was to lose the privilege of her iPad for two-weeks. It did not bother her and when an educator explained she has had nothing but loss in her life, so to her losing the iPad was just another loss. Made me feel awful and I learned how to deal with her differently.”*

Caregivers speak . . .

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

Caregivers liked training on behavior, emotions, and effective discipline.

- “Strategies on dealing with behaviors has been helpful.” (F)
- “[I like] learning about behavior aspects and about techniques for handling them.” (K)
- “We learn different techniques in how to deal with diverse behaviors.” (F)
- “They teach you how to discipline instead of using ‘capital punishment’ (spanking) when dealing with the kiddos.” (F)
- “I think most of the training that has to deal with child behaviors and how to discipline, set rules in our home were exceptionally helpful ahead of time and before placement.” (F)
- “[I like] the classes about different emotions and I’ve been able to apply things I’ve learned.” (F)

They are interested in understanding how to relate to children at specific ages.

- “There is a significant age difference between me and my niece. The training has really helped me with the thought processes of a child her age and how to discipline in a more meaningful and fruitful way.” (K)
- “We decided to only take babies now, so all of the training related to infants has been invaluable.” (F)

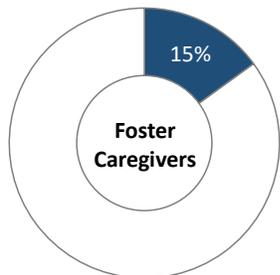
- “A lot of the training was helpful, particularly for older kids as to parenting and discipline.” (F)
- “Brain/psychology classes were very helpful for the teens in my care.” (F)
- “Studying for the different stages and for the future.” (K)
- “Some of the classes pertain to the teens, whereas the kids I have are younger. Collectively I’ve gotten information for all ages, but it’d be nice to focus on certain age groups.” (F)
- “I think if there were training specified by age groups.” (K)

Some requested more training on behavioral issues.

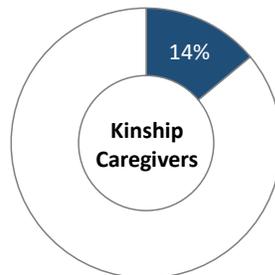
- “Real life training on what to do when you have a three year old with such behavioral problems that they keep getting kicked out of day care.” (F)
- “They could provide more discussion on behavioral issues to help you be more prepared so the child doesn’t have to be moved. Help foster parents learn how to ask questions (and that it’s okay to ask questions) of the social workers on what a child’s behaviors are actually like, how they manifest. We were told this young child ‘doesn’t care for women.’ They should have told us, he has previously physically attacked the female caregivers. We could have been better prepared if they simply could have been honest about this little guy’s history.” (F)

102 of the 705 caregivers who commented on training (14%) referenced training on navigating the foster care system.

COMMENTED ON THIS TOPIC



77 of 529 commented
 45 – Satisfied
 4 – Mixed or Neutral
 28 – Needs work



25 of 176 commented
 22 – Satisfied
 1 – Mixed or Neutral
 2 – Needs work

KEY FINDINGS

Most kinship caregivers (22 of 25) and many foster caregivers (45 of 77) who commented were satisfied with training about navigating the foster care system. Foster caregivers were more likely to make negative comments.

- Caregivers value information about their role and responsibilities within the foster care system, including legal processes and logistics.
- They appreciate training that teaches them how to fill out paperwork or interact with caseworkers.
- They expressed interest in learning realistic timeframes and processes for a case. Some want further education on shelter care, case management, information flow, and caregiver rights.

Caregivers speak . . .

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

Caregivers learned about the legal and foster care systems and their role in the process.

- “[I like] learning the legal process.” (K)
- “Information regarding the laws, and how DCYF interprets those laws and applies them as policy.” (F)
- “[I like] understanding the logistics of how cases are supposed to work.” (F)
- “The course about the foster system was very informative about how the system can work, but doesn’t always.” (K)
- “It gave me the knowledge to learn our role.” (F)
- “How to navigate the system and advocate for the children and for our own needs as caregivers and work with the team.” (F)
- “They gave us a pathway at orientation that explains the case process, court hearings and staffings. It really helped us to understand all the process that the case has to go through from beginning to end.” (F)
- “The information I was provided to understand multiple aspects of the system.” (K)

Some described training that gave practical skills.

- “Learning what forms to fill out was helpful.” (F)
- “The paper trail class is always helpful.” (K)

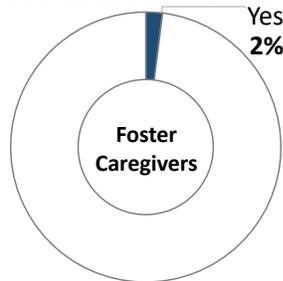
- “I liked the class that talked about the best way to go about getting your caseworker to respond to you and get you the help you need.” (K)
- “The most helpful training I have had in the past 3 years was regarding how to write a Caregiver’s Report to the Court.” (F)
- “The documentation training was very helpful.” (F)

Others asked for help in navigating the court system and specific processes.

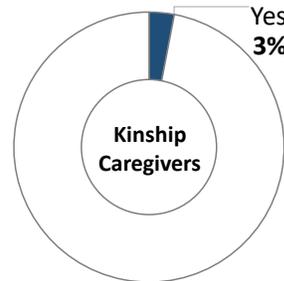
- “More training on how the system works. What foster parents are able to do and not and the court system.” (F)
- “More training on how to present ourselves in court, i.e. how to answer questions and provide information on the kids in our care.” (F)
- “For brand new foster parents, give more information on shelter care and what this means. Tell us about the timelines when children enter foster care for the first time.” (F)
- “Understanding the actual ways in which cases work.” (F)
- “There should be better explanation on how exactly the foster process works. I was very unsure how each child’s case was being managed, or any new information regarding the case.” (F)

15 of the 705 caregivers who commented on training (2%) addressed cultural awareness and cultural issues.

COMMENTED ON THIS TOPIC



10 of 529 commented
 6 – Satisfied
 0 – Mixed or Neutral
 4 – Needs work



5 of 176 commented
 3 – Satisfied
 0 – Mixed or Neutral
 2 – Needs work

KEY FINDINGS

Nine of the 15 caregivers who commented on cultural issues in trainings gave positive responses. Training on cultural awareness and issues is broad, but caregivers focused on a few primary areas.

- Caregivers specifically mentioned appreciation for training that incorporated Native American culture and information about the Indian Child Welfare Act (ICWA).
- Some praised training about natural hair care and styling, and requested more.
- Most of the negative comments were requests for additional opportunities to gain cultural awareness.

Caregivers speak . . .

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

Caregivers made positive references about training on Native American culture.

- “Our little one was Native and there were specific trainings about that and I found all that phenomenal.” (F)
- “[I liked] Tribal training online.” (F)
- “Positive Parenting for NICWA, and also ICW teaching incredible years training; the training at the tribe is so helpful.” (K)
- “[I liked] ICWA training.” (F)

Others mentioned training that helped them gain skills with hair care.

- “[I liked the training about] hair care.” (F)
- “Conferences I have attended that discuss...natural hair care.” (F)
- “I would love more information on how to handle hair care, cultural styling.” (F)
- “Most of the trainings have been very well done; skin and hair color class for my African American children.” (F)

A few described specific topics they enjoyed.

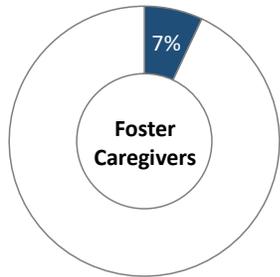
- “8 hours of training this week ‘talking to children about race’ and ‘emotion coaching,’ all Alliance coaching was extremely helpful; well worth my time.” (K)
- “I love that they include training about diversity in the home.” (K)

Some want more content that incorporates and amplifies cultural understanding.

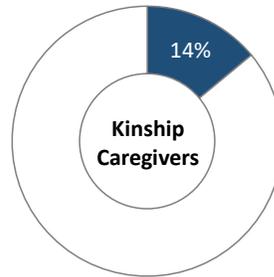
- “More culturally specific training.” (K)
- “Maybe taking an anti-racism course.” (K)
- “A better understanding and check on micro-aggressions concerning race amongst trainers and better facilitation when those biases arise amongst those being trained.” (F)
- “More on multiracial care.” (F)
- “Do more on culture.” (F)

60 of the 705 caregivers who commented on training (9%) mentioned the Caregiver Core Training.

COMMENTED ON THIS TOPIC



35 of 529 commented
25 – Satisfied
2 – Mixed or Neutral
8 – Needs work



25 of 176 commented
22 – Satisfied
3 – Mixed or Neutral
0 – Needs work

KEY FINDINGS

The majority (47 of 60) of caregivers made positive responses about Caregiver Core training. Kinship caregivers were more likely to make comments, and most were satisfied.

- Many expressed appreciation for the depth of content and help it provided to new caregivers.
- Others asked for content to be split into age-specific categories, allowing caregivers to choose training that would be most relevant to the children in care.
- Some felt training was overwhelming, likening the volume of information to *“drinking from a fire hose.”*

Caregivers speak . . .

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

Many enjoyed Caregiver Core training.

- “Core training was amazing, the best training as a professional in years. I’m a teacher so I was impressed.” (F)
- “The training was very comprehensive looking at every aspect of having a child placed in our home. This was the Core training.” (K)
- “The Caregiver Core training explained the system and what some of the challenges may be. It discussed trauma and what it may look like in children.” (F)
- “I just started Core training and only on section 3, but it’s been helpful in furthering my understanding of how things work with DCYF.” (K)
- “The Caregiver Core training is a good basic first step for new caregivers.” (K)
- “Caregiver Core class was thorough especially having foster parents coming in and talking about the good/the ugly.” (F)
- “When you first take the Caregiver Core training classes they are very helpful for new foster parents.” (F)
- “The most helpful aspect in our Caregiver Core training was to hear from current foster parents on what it is like to actually care for relative children, or unrelated children in your home.” (F)
- “The Caregiver Core training was really thorough.” (F)
- “The Core training was great and very helpful.” (K)

- “The hands-on training was really helpful, the Core.” (F)
- “I took the Foster Care Core training and learned a lot.” (K)
- “I think the Caregiver Core training was mostly amazing, but in retrospect offered a rosier view of relationships with birth parents than we experienced.” (F)

They asked for age-specific content.

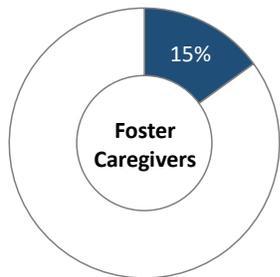
- “The Core training was very centered around older children so needs to be more diverse and needs to address younger children. Not applicable to our application. More beneficial to do a Core training split up by age group, i.e. newborn to age 3, age 3 to 7, etc.” (F)
- “Caregiver Core training need to include a specific section on adolescence and needs and services available.” (F)
- “Lots of unnecessary information with the Core training because it needed to be more geared to the child I had placed. Break the training down by age group.” (K)

A few described challenges with the amount of information presented.

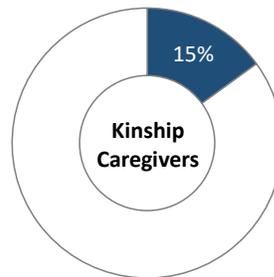
- “The Core training was overwhelming.” (F)
- “There’s soo much info, but it’s sometimes hard to keep track of. It’s like drinking from a fire hose. You learned about so much at the Caregiver Core training that needs to be referenced later on when your case finally gets to the later stages.” (F)

104 of the 705 caregivers who commented on training (15%) described specific training topics they liked or wanted other than the classes covered in the previous pages.

COMMENTED ON THIS TOPIC



77 of 529 commented
45 – Satisfied
7 – Mixed or Neutral
25 – Needs work



27 of 176 commented
20 – Satisfied
1 – Mixed or Neutral
6 – Needs work

KEY FINDINGS

Over half (63%) of these caregivers made positive comments. Foster caregivers were more likely than kinship caregivers to make suggestions for improvement. Out of the 104 comments, 35 focused on health and safety training.

- Caregivers expressed appreciation for training about their specific interests or circumstances.
- They are interested in guidance on working with parents. Kinship caregivers specifically asked for training that is relevant to their experience.
- Some focused on ideas for future trainings, including social media trends, preparing friends and family, and finding support for caregivers.
- A few caregivers indicated health and safety training was a positive experience. Some asked for online offerings of CPR/First Aid courses.

Caregivers speak . . .

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

Training about interacting with parents is helpful and some asked for more.

- “The training on the point of view of the parents.” (K)
- “[I liked] some of the dynamics of facilitating meeting with birth parents.” (F)
- “I thought that there were good preparations for working with bio parents and learning expectations.” (F)
- “It brought a whole new joy to the idea of being in relationship with parents.” (F)
- “Having more training with foster parents on how they can have more interaction with bio parents and a better understanding.” (F)
- “You don’t always get angry bio parents and sometimes they are willing to work with you, etc. We need better training on how to handle the bio parents and how to work with them.” (F)

Caregivers enjoyed a wide range of specific topics.

- “How to handle a runaway and what to do.” (F)
- “How to deal with the children we’ve already adopted.” (F)
- “Learning about talking and listening.” (K)
- “Getting insight into the ACEs studies, Cyber Bullying, etc. have been very helpful.” (F)

Kinship caregivers want training for their situation.

- “Add more information specific to relative caregivers.” (K)
- “More info about kinship care. It’s a different situation than with foster parents and I felt like that type of information was lacking.” (K)
- “How to best work with the parents (our relatives) when the case is a relative placement.” (K)

Caregivers voiced ideas for training they’d like.

- “More up-to-date social media trainings. Especially because elementary kids have access to the internet and stuff now. Teach us how to check up on our kids to make sure they’re being safe. Tell us about all of the apps, things that we should keep an eye out for.” (F)
- “Support or resources for foster parents dealing with a long-term placement when they leave.” (F)
- “Discuss what emotions caregivers will feel and ways to cope and outlets.” (K)
- “There are good trainings on LGBTQ and there needs to be more on working with trans children.” (F)
- “Offer medical training/courses to foster homes.” (F)
- “Course for how to prepare and educate friends and family.” (F)

Appendix



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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.
STAFF	
SS – Caseworker Support	Caseworkers/social workers have supported/not supported me and my family (includes emotional support); 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 or ask about needs. Caseworkers/social workers do/don’t provide good services.
SC – Caseworker 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 – Caseworker Listen/Understand	Caseworker/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 SL as well for cases where SW is actively seeking input)
SI – Caseworker Inclusiveness	Caseworker/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 – Caseworker General Communication	Caseworkers/social workers are good/bad at general communication (if they don’t specify IN or SL). Communication mentioned without other context.
SOR – Caseworker Responsiveness	Like/don’t like caseworker/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 Caseworker Comments	Like/don’t like caseworker/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 Caseworker	Named specific caseworker/social worker. Can be combined with other caseworker/social worker (S codes) if there is additional context about what the social worker did/didn't do well
SN – Need More Caseworkers	More caseworkers/social workers are needed to serve caregivers; workload too heavy; caseworker/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 caseworker/social workers, without indicating any of the above reasons.
ACCESS	
AP – Phone/Staff Access	Able/unable to reach caseworker/social workers by phone/voicemail/e-mail/website/text. Caseworker/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); caseworker/social workers are available/unavailable (for contact; otherwise SO); it's easy/hard to reach social workers.
AR – Consistency of Contact	Caseworker/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 mentions of "the case" if there are no indicators of a specific service). 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 caseworker/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 caseworker/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. Caseworker/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

Response Category	Description
	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.
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 caseworker/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
WHY WE DO TRAINING	
TRAINING 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). Includes general mentions of Alliance training.
TP – Specific Agency/Program Training	Named specific program/location/office that provides training; names private agency; mentions "private agency" training (no name given). FPAWS training, Refresh conference; 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.
TGC - Caring for Foster Children	Dealing with/caring for foster children; parenting skills/tools. Includes communicating with children; identifying/meeting their needs; making them part of foster family; understanding situations in foster children's bio-homes "helped shift my perspective" about foster children/parenting; what to expect from foster children in foster homes; general parenting information; information for caregivers who haven't parented.
HOW WE DO TRAINING	
ACCESS	
	How we get to training. Comments about what made it easier/harder for caregivers to attend training
TI - Information	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.
TLS - Location & Schedule	Location of training. Includes having training in more places; having training closer to caregivers' homes; making it easier to get to training. Scheduling of training. Includes scheduling more training sessions; having training on more—or different—days; training in the evenings, on weekends; ongoing training.
TAC – Child Care	Includes comments about child care available during training.
TAO - 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.
TRAINERS	
TR - Trainers	Trainers are good/bad; specific trainer qualities, like knowledgeability, capability; 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.
FORMAT	

Response Category	Description
TGA - 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).
TFN - Online	Like/dislike, wants more/less online training options, including online videos.
TFO - Other 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.
TFS – Support Groups	Like/dislike training offered during support groups.
TV - Building Community	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.
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-R – Resources	Information about resources (what/where they are); contact information.
PROCESS	
TRP – Training Process	Comments about the training process, requirements, sequence. Caregivers do/don't choose which training to attend, what is addressed in training. Complaints about training requirements. Training duration too long/short or pace too fast/slow, if about sequence of trainings, not individual sessions. Comments about wanting to include foster parent's biological children in training. Appreciating/disliking refresher courses for long-term caregivers. Timing of training in relation to placement. Requests for training in languages other than English. Comments about training room/refreshments.
WHAT WE DO IN TRAINING	
TRAINING CONTENT	Comments on training/training types caregivers like/want or don't like/don't want
Specific Content/Trainings	
TSD – Trauma and Behavioral Health	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). Training focused on sexual abuse, youthful sex offenders, sexually aggressive or inappropriate behavior. Training focused on substance-abuse issues. Includes fetal alcohol syndrome, drug-exposed infants, and effects of bio-parents' drug use on children.
TSB – Behavior/Development	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 TSD. Training on infants and toddlers. Includes infant care, medically fragile infant/toddler care. Not for fetal alcohol syndrome or infants exposed to drugs (TSD). "Medically fragile" with no mention of infants or toddlers is TSD. Includes references to specific discipline philosophies/classes, like Love & Logic, or "Triple P," positive parenting.
TSP – 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.

Response Category	Description
TSC – Culture	Training focused on cultures and cultural issues. (Includes Native American culture and issues; how tribes interact with DSHS; tribal courts.) Cultural sensitivity of training.
TSF – Navigating Foster 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.
TSH – Health & Safety	Training focused on health and safety. Includes protecting children from abuse; first aid/CPR; immunizations; car seat training.
TSO – Other Specific Training Topics	Other specific trainings. Includes dealing with biological 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).
Specific Topics-Future <i>flag under TSO</i>	Specific topics caregivers would like to see. Other training. Includes dealing with biological parents; advocating for youth; children’s rights; grief/loss/stress experienced by foster care <i>providers</i> ; other specific training wanted.
General Content	
TRC – Training content	General comments about training content. Includes more/less training content; repetitious training; training duration too long/short or pace too fast/too slow during a training session; Variety in training, updated training content (for “kids today”). Content relevant/irrelevant to personal situation. “Every child is different.” They tell the truth/don’t tell the truth, if about training content (TR if about a particular trainer). General learning (“learned a lot, something new”).
OTHER	
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> ” 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).
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) “Unlicensed caregivers need/should get/should be offered training also.”
TGO – Other General Comments About Training	Other comments about training that don’t fit elsewhere. Includes: limit socializing during training

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 caseworkers 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 caregiving 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 Caseworker Courtesy (SC) can be coded SC-P (positive comments about caseworker courtesy), SC-N (negative comments or suggestions for change about caseworker courtesy) or SC-E (neutral or mixed comments about caseworker courtesy, like "Caseworkers are friendly sometimes" or "Some caseworkers are respectful to foster caregivers, and some aren't").
- All licensing codes (Q5 and Q6) and some support and training codes (Q1-4) do not include sentiment coding. For example, Nothing (QN or TN), Specific Caseworker (SW), Need More Caseworkers (SN) and Don't Know (DK or TDK) are not further dividing into positive, negative or neutral.

Narrative Comments Summary – Support: All Caregivers

1,345 Respondents (1,280 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		426	33%	294	23%	21	2%	111	9%
DCYF Support	QS	167	13%	92	7%	21	2%	54	4%
Nothing	QN	179	14%	125	10%			54	4%
Specific Agency/Area/Office Support	QP	141	11%	122	10%	7	1%	12	1%
Caseworkers and Other Staff		1,083	85%	469	37%	277	22%	337	26%
Caseworker Support	SS	500	39%	325	25%	75	6%	100	8%
Specific Caseworker	SW	40	3%						
Caseworker Courtesy and Respect	SC	184	14%	85	7%	14	1%	85	7%
Caseworkers Listen/Understand	SL	218	17%	126	10%	19	1%	73	6%
Caseworkers Inclusiveness	SI	129	10%	36	3%	11	1%	82	6%
Caseworker Communication	SOC	254	20%	85	7%	19	1%	150	12%
Caseworker Responsiveness	SOR	363	28%	190	15%	49	4%	124	10%
Other Comments About Caseworkers	SO	395	31%	134	10%	52	4%	209	16%
Need More Caseworkers	SN	86	7%					86	7%
Foster Care Licensors	SF	52	4%	33	3%	3	0%	16	1%
Access, Process, and Coordination		727	57%	209	16%	113	9%	405	32%
Phone/Staff Access	AP	247	19%	151	12%	20	2%	76	6%
Consistency of Contact	AR	190	15%	125	10%	21	2%	44	3%
General Processes	PR	220	17%	8	1%	10	1%	202	16%
Specific Processes	PS	246	19%	11	1%	15	1%	220	17%
Paperwork Processes	PP	26	2%	0	0%	0	0%	26	2%
Coordination	CO	82	6%	12	1%	5	0%	65	5%
Information	IN	610	48%	198	15%	118	9%	294	23%
Resources		405	32%	189	15%	57	4%	159	12%
Medical, Dental, Mental Health	RM	70	6%	13	1%	2	0%	55	5%
Respite Care	RR	21	2%	4	0%	1	0%	16	1%
Transportation	RT	30	2%	4	0%	2	0%	24	2%
Child Care	RC	26	2%	11	1%	2	0%	13	1%
Financial Matters	RF	75	6%	16	1%	11	1%	48	4%
Other Resources (includes training)	RO	181	14%	110	9%	14	1%	57	4%
Other Sources of Support	OS	120	9%	81	6%	7	1%	32	3%
Other									
Not about support	O	33	3%	8	1%	11	1%	14	1%
Don't know	DK	78	6%			78	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

601 Respondents (568 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		190	33%	151	27%	7	1%	32	6%
Overall Support	QS	47	8%	21	4%	8	1%	18	3%
Nothing	QN	51	9%	38	7%			13	2%
Specific Agency/Area/Office Support	QP	117	21%	106	19%	5	1%	6	1%
Caseworkers and Other Staff		505	89%	194	34%	154	27%	157	28%
Caseworker Support	SS	235	41%	139	24%	41	7%	55	10%
Specific Caseworker	SW	16	3%						
Caseworker Courtesy and Respect	SC	86	15%	36	6%	9	2%	41	7%
Caseworkers Listen/Understand	SL	112	20%	62	11%	15	3%	35	6%
Caseworkers Inclusiveness	SI	84	15%	25	4%	7	1%	52	9%
Caseworker Communication	SOC	123	22%	35	6%	11	2%	77	14%
Caseworker Responsiveness	SOR	178	31%	100	18%	25	4%	53	9%
Other Comments About Caseworkers	SO	201	35%	55	10%	28	5%	118	21%
Need More Caseworkers	SN	41	7%					41	7%
Foster Care Licensors	SF	38	7%	26	5%	2	0%	10	2%
Access, Process, and Coordination		321	57%	85	15%	50	9%	186	33%
Phone/Staff Access	AP	123	22%	69	12%	13	2%	41	7%
Consistency of Contact	AR	66	12%	44	8%	8	1%	14	2%
General Processes	PR	93	16%	2	0%	2	0%	89	16%
Specific Processes	PS	118	21%	8	1%	8	1%	102	18%
Paperwork Processes	PP	9	2%	0	0%	0	0%	9	2%
Coordination	CO	37	7%	9	2%	4	1%	24	4%
Information	IN	285	50%	80	14%	68	12%	137	24%
Resources		177	31%	81	14%	25	4%	71	13%
Medical, Dental, Mental Health	RM	38	7%	11	2%	4	1%	23	4%
Respite Care	RR	16	3%	4	1%	1	0%	11	2%
Transportation	RT	12	2%	1	0%	2	0%	9	2%
Child Care	RC	8	1%	1	0%	0	0%	7	1%
Financial Matters	RF	18	3%	6	1%	2	0%	10	2%
Other Resources (includes training)	RO	60	11%	37	7%	3	1%	20	4%
Other Sources of Support	OS	77	14%	50	9%	5	1%	22	4%
Other									
Not about support	O	15	3%	4	1%	6	1%	5	1%
Don't know	DK	24	4%			24	4%		

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

744 Respondents (712 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		236	33%	143	20%	14	2%	79	11%
Overall Support	QS	120	17%	71	10%	13	13%	36	5%
Nothing	QN	128	18%	87	12%			41	6%
Specific Agency/Area/Office Support	QP	24	3%	16	2%	2	0%	6	1%
Caseworkers and Other Staff		578	81%	275	39%	123	17%	180	25%
Caseworker Support	SS	265	37%	186	26%	34	5%	45	6%
Specific Caseworker	SW	24	3%						
Caseworker Courtesy and Respect	SC	98	14%	49	7%	5	1%	44	6%
Caseworkers Listen/Understand	SL	106	15%	64	9%	4	1%	38	5%
Caseworkers Inclusiveness	SI	45	6%	11	2%	4	1%	30	4%
Caseworker Communication	SOC	131	18%	50	7%	8	1%	73	10%
Caseworker Responsiveness	SOR	185	26%	90	13%	24	3%	71	10%
Other Comments About Caseworkers	SO	194	27%	79	11%	24	3%	91	13%
Need More Caseworkers	SN	45	6%					45	6%
Foster Care Licensors	SF	14	2%	7	1%	1	0%	6	1%
Access, Process, and Coordination		406	57%	124	17%	63	9%	219	31%
Phone/Staff Access	AP	124	17%	82	12%	7	1%	35	5%
Consistency of Contact	AR	124	17%	81	11%	13	2%	30	4%
General Processes	PR	127	18%	6	1%	8	1%	113	16%
Specific Processes	PS	128	18%	3	0%	7	1%	118	17%
Paperwork Processes	PP	17	2%	0	0%	0	0%	17	2%
Coordination	CO	45	6%	3	0%	1	0%	41	6%
Information	IN	325	46%	118	17%	50	7%	157	22%
Resources		228	2%	108	15%	32	4%	88	12%
Medical, Dental, Mental Health	RM	33	5%	12	2%	3	0%	18	3%
Respite Care	RR	5	1%	0	0%	0	0%	5	1%
Transportation	RT	18	3%	3	0%	0	0%	15	2%
Child Care	RC	18	3%	10	1%	2	0%	6	1%
Financial Matters	RF	57	8%	10	1%	9	1%	38	5%
Other Resources (includes training)	RO	121	17%	73	10%	11	2%	37	5%
Other Sources of Support	OS	43	6%	31	4%	2	0%	10	1%
Other									
Not about support	O	18	3%	4	1%	5	1%	9	1%
Don't know	DK	54	8%			54	8%		

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

763 Respondents (705 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		308	44%	235	33%	33	5%	40	6%
Helpfulness of training	TH	109	15%	83	12%	19	3%	7	1%
Nothing	TN	83	12%	69	10%			14	2%
Specific Program or Agency	TP	46	7%	30	4%	13	2%	3	0%
Taking Care of Foster Children	TG-C	122	17%	94	13%	7	1%	21	3%
Access and Resources		154	22%	26	4%	9	1%	119	17%
Information About Training	TI	21	3%	2	0%	1	0%	18	3%
Training Location and Schedule	TLS	66	9%	4	1%	1	0%	61	9%
Other Comments About Access	TA-O	29	4%	9	1%	3	0%	17	2%
Child Care During Training	TA-C	20	3%	0	0%	1	0%	19	3%
Accessing Resources	TG-R	34	5%	16	2%	0	0%	18	3%
Trainers and Methods		462	66%	179	25%	114	16%	169	24%
Trainers	TR	69	10%	44	6%	6	1%	19	3%
Specific Trainer	TT	3	0%						
Approaches to Training	TG-A	107	15%	42	6%	23	3%	42	6%
Online Training	TF-N	151	21%	65	9%	29	4%	57	8%
Other Training Formats	TF-O	24	3%	5	1%	2	0%	17	2%
Support Groups	TF-S	10	1%	5	1%	2	0%	3	0%
Building Community	TV	88	12%	60	9%	11	2%	17	2%
Training Materials	TG-M	30	4%	15	2%	3	0%	12	2%
Training Process	TRP	74	10%	15	2%	6	1%	53	8%
Training Content	TRC	194	28%	95	13%	23	3%	76	11%
Specific Training Topics		438	62%	291	41%	75	11%	72	10%
Disorders/Issues	TS-D	198	28%	147	21%	15	2%	36	5%
Child Behavior and Development	TS-B	168	24%	122	17%	8	1%	38	5%
Navigating Foster Care System	TS-F	102	14%	67	10%	5	1%	30	4%
Cultural Awareness/Issues	TS-C	15	2%	9	1%	0	0%	6	1%
Caregiver Core Training/PRIDE	TS-P	60	9%	47	7%	5	1%	8	1%
Other Specific Trainings	TS-O	73	10%	38	5%	3	0%	32	5%
Health and Safety	TS-H	35	5%	31	4%	3	0%	1	0%
Other									
Other General Training Comments	TG-O	1	0%	1	0%	0	0%	0	0%
Response not about training	TO	42	6%	2	0%	21	3%	19	3%
Training for Unlicensed Caregivers	TUC	0	0%					0	0%
Don't know	TDK	71	10%			71	10%		

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

572 Respondents (529 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	219	41%	164	31%	19	4%	36	7%	
Helpfulness of training	TH	73	14%	56	11%	11	2%	6	1%
Nothing	TN	53	10%	41	8%			12	2%
Specific Program or Agency	TP	35	7%	27	5%	5	1%	3	1%
Taking Care of Foster Children	TG-C	94	18%	70	13%	4	1%	20	4%
Access and Resources	127	24%	20	4%	7	1%	100	19%	
Information About Training	TI	15	3%	1	0%	1	0%	13	2%
Training Location	TA-L	56	11%	2	0%	1	0%	53	10%
Other Comments About Access	TA-O	23	4%	8	2%	1	0%	14	3%
Child Care During Training	TA-C	17	3%	0	0%	1	0%	16	3%
Accessing Resources	TG-R	30	6%	13	2%	0	0%	17	3%
Trainers and Methods	360	68%	132	25%	92	17%	136	26%	
Trainers	TR	54	10%	29	5%	6	1%	19	4%
Specific Trainer	TT	2	0%						
Approaches to Training	TG-A	88	17%	32	6%	20	4%	36	7%
Online Training	TF-N	119	22%	47	9%	25	5%	47	9%
Other Training Formats	TF-O	20	4%	2	0%	2	0%	16	3%
Support Groups	TF-S	9	2%	4	1%	2	0%	3	1%
Building Community	TV	75	14%	49	9%	9	2%	17	3%
Training Materials	TG-M	22	4%	10	2%	3	1%	9	2%
Training Process	TRP	58	11%	12	2%	5	1%	41	8%
Training Content	TRC	148	28%	77	15%	13	2%	58	11%
Specific Training Topics	334	63%	214	40%	61	12%	59	11%	
Disorders/Issues	TS-D	172	33%	129	24%	13	2%	30	6%
Child Behavior and Development	TS-B	135	26%	98	19%	7	1%	30	6%
Navigating Foster Care System	TS-F	77	15%	45	9%	4	1%	28	5%
Cultural Awareness/Issues	TS-C	10	2%	6	1%	0	0%	4	1%
Caregiver Core Training/PRIDE	TS-P	35	7%	25	5%	2	0%	8	2%
Other Specific Trainings	TS-O	60	11%	32	6%	3	1%	25	5%
Health and Safety	TS-H	20	4%	16	3%	3	1%	1	0%
Other									
Other General Training Comments	TG-O	1	0%	1	0%	0	0%	0	0%
Response not about training	TO	31	6%	1	0%	14	3%	16	3%
Training for Unlicensed Caregivers	TUC	0	0%					0	0%
Don't know	TDK	49	9%			49	9%		

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

191 Respondents (176 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		89	51%	71	40%	14	8%	4	2%
Helpfulness of training	TH	36	20%	27	15%	8	5%	1	1%
Nothing	TN	30	17%	28	16%			2	2%
Specific Program or Agency	TP	11	6%	3	2%	8	5%	0	0%
Taking Care of Foster Children	TG-C	28	16%	24	14%	3	2%	1	1%
Access and Resources		27	15%	6	3%	2	1%	19	11%
Information About Training	TI	6	3%	1	1%	0	0%	5	3%
Training Location	TA-L	10	6%	2	1%	0	0%	8	5%
Other Comments About Access	TA-O	6	3%	1	1%	2	1%	3	2%
Child Care During Training	TA-C	3	2%	0	0%	0	0%	3	2%
Accessing Resources	TG-R	4	2%	3	2%	0	0%	1	1%
Trainers and Methods		102	58%	47	27%	22	17%	33	19%
Trainers	TR	15	9%	10	0%	0	1%	0	0%
Specific Trainer	TT	1	1%						
Approaches to Training	TG-A	19	11%	18	10%	3	2%	6	3%
Online Training	TF-N	32	18%	3	2%	4	2%	10	6%
Other Training Formats	TF-O	4	2%	1	1%	0	0%	1	1%
Support Groups	TF-S	1	1%	11	6%	0	0%	0	0%
Building Community	TV	13	7%	5	3%	2	1%	0	0%
Training Materials	TG-M	8	5%	3	2%	0	0%	3	2%
Training Process	TRP	16	9%	18	10%	1	1%	12	7%
Training Content	TRC	46	26%	18	10%	10	6%	18	10%
Specific Training Topics		104	59%	77	44%	14	8%	13	7%
Trauma and Behavioral Health	TS-D	26	15%	18	10%	2	1%	6	3%
Child Behavior and Development	TS-B	33	19%	24	14%	1	1%	8	5%
Navigating Foster Care System	TS-F	25	14%	22	13%	1	1%	2	1%
Cultural Awareness/Issues	TS-C	5	3%	3	2%	0	0%	2	1%
Caregiver Core Training/PRIDE	TS-P	25	14%	22	13%	3	2%	0	0%
Other Specific Trainings	TS-O	13	7%	6	3%	0	0%	7	4%
Health and Safety	TS-H	15	9%	15	9%	0	0%	0	0%
Other									
Other General Training Comments	TG-O	0	0%	0	0%	0	0%	0	0%
Response not about training	TO	11	6%	1	1%	14	3%	3	2%
Training for Unlicensed Caregivers	TUC	0	0%					0	0%
Don't know	TDK	22	13%			49	9%		

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.

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

103 Kinship Caregivers Currently Licensed (96 made comments)

MAJOR THEMES AND SUBTHEMES ¹		<i>Why did you decide to become licensed?</i>	
		#	% of All ²
Placement		54	56%
Facilitate Adoption	A	8	8%
Facilitate Placement	P	44	46%
Mandated	M	8	8%
Helping Children/General Interest		37	39%
Helping Children	H	19	20%
General Interest	GI	19	20%
Resources		24	25%
Financial Matters	RF	13	14%
Other Resources	RO	12	13%
Other			
Other	O	2	2%
Don't Know	DK	0	0%

583 Kinship Caregivers Not Currently Licensed (568 made comments)

MAJOR THEMES AND SUBTHEMES ¹		<i>Is there a reason why you haven't chosen to become licensed?</i>	
		#	% of All ³
Application		87	15%
Applied/In-progress	AP	63	11%
Denied	D	5	1%
Qualification Issues	Q	19	3%
Placement		236	42%
Relative	R	174	31%
Guardian	G	4	1%
Adoption	A	35	6%
Short-term	S	37	7%
Process/Requirements		83	15%
General Processes	PR	77	14%
Training Requirements	PT	5	1%
Health/Safety Requirements	PH	3	1%
Information		45	8%
Information	IN	45	8%
Personal Reasons/General Disinterest		198	35%
Personal Reasons	PP	84	15%
General Disinterest	GD	120	21%
Other			
Other	O	16	3%
Don't Know	DK	26	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.

2021 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 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. However, if you tell me about any abuse or neglect to a child, I am required to report it to authorities.
- The researchers combine all the survey answers into one report, so your name will not be used.
- 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

In the past 12 months, did you care for a child or youth placed with you who... (select all that apply)

- Was related to you by blood, adoption, marriage, or tribal custom?
- Was not a relative, but had a pre-existing relationship with someone in your family before placement?
- Had no relationship with your family before placement?

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 LD Licensing Division, 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

2021 Caregiver Demographics

		All Caregivers N=1,345		Foster Caregivers N=601		Kinship Caregivers N=744	
		#	%	#	%	#	%
Household Income	Under \$10,000	35	2.65%	1	0.17%	34	4.64%
	\$10,000 to \$25,000	88	6.65%	10	1.69%	78	10.66%
	\$25,000 to \$50,000	229	17.31%	58	9.81%	171	23.36%
	\$50,000 to \$75,000	266	20.11%	121	20.47%	145	19.81%
	\$75,000 to \$100,000	257	19.43%	157	26.57%	100	13.66%
	\$100,000 to \$150,000	240	18.14%	131	22.17%	109	14.89%
	More than \$150,000	124	9.37%	81	13.71%	43	5.87%
	Don't know/refused	84	6.35%	17	2.88%	42	5.74%
Total N for %		1323	.	591	.	732	.
		#	%	#	%	#	%
Primary Caregiver Race & Ethnicity (categories are not mutually exclusive)	White	1008	74.94%	500	83.19%	508	68.28%
	Black or African American	115	8.55%	37	6.16%	78	10.48%
	Asian	35	2.60%	19	3.16%	16	2.15%
	American Indian or Alaska Native	77	5.72%	13	2.16%	64	8.60%
	Native Hawaiian or Other Pacific Islander	32	2.38%	14	2.33%	18	2.42%
	Middle Eastern or North African	0	0.00%	0	0.00%	0	0.00%
	Hispanic or Latino	137	10.19%	46	7.65%	91	12.23%
	Total N for %		1345	.	601	.	744
		#	%	#	%	#	%
Primary Caregiver Age	Age 15-19	0	0.00%	0	0.00%	0	0.00%
	Age 20-29	109	8.13%	48	7.99%	61	8.24%
	Age 30-39	421	31.39%	251	41.76%	170	22.97%
	Age 40-49	351	26.17%	172	28.62%	179	24.19%
	Age 50-59	278	20.73%	86	14.31%	192	25.95%
	Age 60-69	138	10.29%	31	5.16%	107	14.46%
	Age 70-79	38	2.83%	12	2.00%	26	3.51%
	Age 80-89	6	0.45%	1	0.17%	5	0.68%
	Age 90-99	0	0.00%	0	0.00%	0	0.00%
Total N for %		1341	.	601	.	740	.
		#	%	#	%	#	%
Primary Caregiver Gender	Male	172	12.79%	69	11.48%	103	13.84%
	Female	1170	86.99%	532	88.52%	638	85.75%
	Unknown	3	0.22%	0	0.00%	3	0.40%
	Total N for %		1345	.	601	.	744
		#	%	#	%	#	%
77DCYF Region	Region 1	213	15.84%	112	18.64%	101	13.58%
	Region 2	138	10.26%	58	9.65%	80	10.75%
	Region 3	190	14.13%	77	12.81%	113	15.19%
	Region 4	208	15.46%	90	14.98%	118	15.86%
	Region 5	280	20.82%	131	21.80%	149	20.03%
	Region 6	282	20.97%	133	22.13%	149	20.03%
	Statewide/No Region	34	2.53%	0	0.00%	34	4.57%
	Total N for %		1345	.	601	.	744

2021 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 2020, November 2020, February 2021, and May 2021, 397-420 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 2020 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 1,345 caregivers. Based on the 1,650 eligible homes selected to complete the survey, the *response rate* was 83%. Based on the 1,412 homes where we were able to speak with a caregiver, the *cooperation rate* was 93%. As of 6/30/2021, there were 4,782 licensed foster homes in the State of Washington and 1,854 unlicensed family home (Kinship) providers with placements (includes out-of-state placements).

The 95% sampling error for the entire survey sample is ± 2.4 percentage points, for a 50% proportion. For licensed foster caregivers sampling error is ± 3.8 percentage points; for Kinship caregivers it is ± 2.8 percentage points.

Caregiver Groups

As in 2020, interviewed caregivers were grouped in 2021 according to the nature of their relationship to the child, rather than licensing status exclusively. Caregivers were classified as either foster homes (N=601) or kinship homes (N=744). 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=8). 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=598). Similarly, when the relationship flag indicated a relative placement and the home flag indicated a foster home, caregivers were classified as kinship (N=81). 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=53). 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=589). For additional kinship and foster caregivers (N = 16), 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=12) or kinship (N=4) 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 as previously interviewed kinship caregivers were removed from the sample. The 2021 survey consisted of 45% foster caregivers (N=601) and 55% kinship caregivers (N=744).

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 2021, we completed 913 interviews by telephone (68%) and 432 online (32%).

Controlling for survey mode effects does not change the results enough to justify reporting estimated percentages in place of the observed percentages shared previously.

Respondents can choose whether to complete the survey online or by telephone. In the past three Caregiver Surveys, we have tested for the effect of survey mode on changes in positive responses to evaluative questions. In 2021, we found statistically significant mode effects for the first time on changes in positive responses since the previous survey year, on four questions (Foster caregivers only). Foster caregivers are more likely than Kinship caregivers to complete their surveys online, and the percentage of foster parents completing online grew from 16% in 2019, to 33% in 2020, to 44% in 2021. Only 23% of Kinship caregivers completed the survey online in 2021.

The questions with significant mode effects on comparisons to the previous survey were:

- In the past year, did you get adequate support for your roles and responsibilities as a caregiver?
- Do you get adequate information about the needs of the children placed with you?
- Do the social workers listen to your input?
- Are you included in meetings about the child in your care?

The significant effect of survey mode means that apparent changes in positive ratings over time (or absence of change) could be due to the greater percentage completing online, rather than changes in the experience of caregivers. There are multiple potential reasons for this, the most commonly cited being that responding by telephone makes respondents more likely to give socially desirable responses on sensitive questions. It's a very well documented phenomenon in the survey research literature. But it's also possible that respondents with different personal characteristics are more likely to choose one mode or the other. For example, caregivers who are less satisfied might be more likely to complete the online survey if they don't want direct contact with DSHS staff.

Adjusting for mode effects

Using SPSS software, we re-estimated the difference-in difference model used previously to identify the presence of mode effects. Because White respondents were more likely than others to respond online, we added White race/ethnicity to the model as a main effect and as an interaction with survey mode (in addition to the interaction between mode and year, which represents the mode effect). Because mode effects had only been found for Foster Caregivers, the adjustments were only made for this group. In addition to evaluating the statistical significance of model parameters, we used the SPSS Generalized Linear Model (GENLIN) procedure to estimate the predicted marginal means for each item in a logistic regression framework. Because the outcome measures are analyzed as binary indicators of positive responding, the marginal means are equivalent to the percent positive.

Other approaches explored but not found useful include:

- Weighting the data to population parameters in caregiver data provided by DCYF for sampling purposes
- Calculating predicted probabilities of online survey completion in the sample selected from DCYF data, and weighting the analysis by the inverse of the predicted probabilities
- Including additional demographic terms in the model such as age > 40, household income over \$75,000, household income under \$50,000, month of placement (quarter sampled), and region – none of which had significant impact on mode effects.

Results

In our initial analysis we found no significant changes among foster caregivers from 2020 to 2021. This pattern did not change after controlling for the influence of survey mode and the relationship between White race/ethnicity and survey mode. The following table shows the actual and marginal percentages by year for each of the four items (Foster caregivers only):

	Estimated (adjusted for mode effect)		Actual (not adjusted for mode effect)	
	2020	2021	2020	2021
Adequate Support	74%	71%	76%	72%
Adequate Information	64%	65%	68%	69%
Included in Meetings	75%	76%	76%	77%
Social Workers Listen	70%	75%	76%	78%

The direction of change is the same in all cases. And in all cases the main effect of survey year was not statistically significant (consistent with previous analysis). The estimated adjusted percentages are only 1 – 4 percentage points below the observed percentages. You can see that adjusting for survey mode results in slightly lower estimates, but it does not change our conclusions regarding change over time.

We also considered the possibility of mode effects underlying the differences found between Foster and Kinship caregivers (in 2021 only) for the following questions:

- Are you included in meetings about the child in your care?
- Do you get adequate information about the needs of the children placed with you?

The estimated and actual percentages for Foster and Kinship caregivers are shown below (2021 only).

	Estimated (adjusted for mode effect)		Actual (not adjusted for mode effect)	
	Foster	Kinship	Foster	Kinship
Included in Meetings	76%	80%	77%	82%
Adequate Information*	66%	78%	69%	81%

*Statistically significant difference between Foster and Kinship caregivers after controlling for survey mode effect.

While the difference between Foster and Kinship caregivers on inclusion in meetings became non-significant after controlling for mode (the original p-value was very close to .05), the difference for information adequacy remained – not surprising given that many kinship caregivers have prior relationships with the children in their care.

Discussion

The current results show that our standard tests for detecting mode effects are sensitive to small differences and likely to identify any meaningful instance of a result being a product of survey mode as opposed to the experiences of caregivers. Adjusting for survey mode resulted in small changes to survey estimates on the order of 1-4 percentage points lower, and had minimal impact on our conclusions. We will continue to screen for mode effects in future surveys. If larger impacts are found we will consider more sophisticated adjustment methodologies based on multiple imputation.

While the effects of mode do not meaningfully change our conclusions in most cases, we cannot rule out the possibility that changes in survey mode may have influenced the finding that kinship caregivers are more likely than foster caregivers to report often being included in meetings. We will continue to assess the effects of survey mode in future reports.

Key literature on mode effect adjustment:

Kolenikov, S. & Kennedy, C. (2014). Evaluating Three Approaches to Statistically Adjust for Mode Effects. *Journal of Survey Statistics and Methodology*, 2, 126-158.

Jans, M., ZuWallack, R., Martin, K., Brassell, T., Dayton, J. Immerwahr, S., Seligson, A., & Lim, S. (2019). *How Hard is it to Remove Mode Effects in Multimode Surveys? Basic Weighting v. Three Model-Based Methods*. Conference Paper presented at the Joint Statistical Meetings of the American Statistical Association, Denver CO.

Statistical Significance Testing: Comparisons by Caregiver Group and Survey Year

For the nine standardized questions, common 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 2020 and 2021 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%.

2021 DCYF Caregiver Survey Report



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