



DCYF

Caregiver Survey Report

2019

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Title: 2019 Caregiver Survey Report

Abstract: Between October 2018 and August 2019, DSHS surveyed 1,342 caregivers (529 licensed and 813 kinship) who had a child in care within six months of the sampling date (August and November, 2018; February and May, 2019). 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 to provide services to caregivers. They were also asked to offer recommendations for change.

Among licensed caregivers, there were statistically significant decreases in positive responses since 2018 for getting help, support, and information about the children placed with them. Positive responses for the adequacy of training increased, although the change was not statistically significant. Responses were similar for licensed and kinship caregivers for all questions, except in the area of receiving adequate information about the needs of the children. Positive responses were significantly higher for kinship caregivers, who usually know the children placed in their home. Two new questions about licensing staff show high levels of satisfaction among caregivers who have interacted with the Division of Licensed Resources. Written comments show that there are still some areas where many desire improvement, including information sharing, inclusiveness, reimbursements, and efficient processes. Suggestions for training improvement included factors affecting access, such as scheduling, the availability of online options, and child care. Caregivers continue to emphasize that participation of experienced caregivers and the ability to interact with one another add value to training.

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DCYF Caregivers Speak



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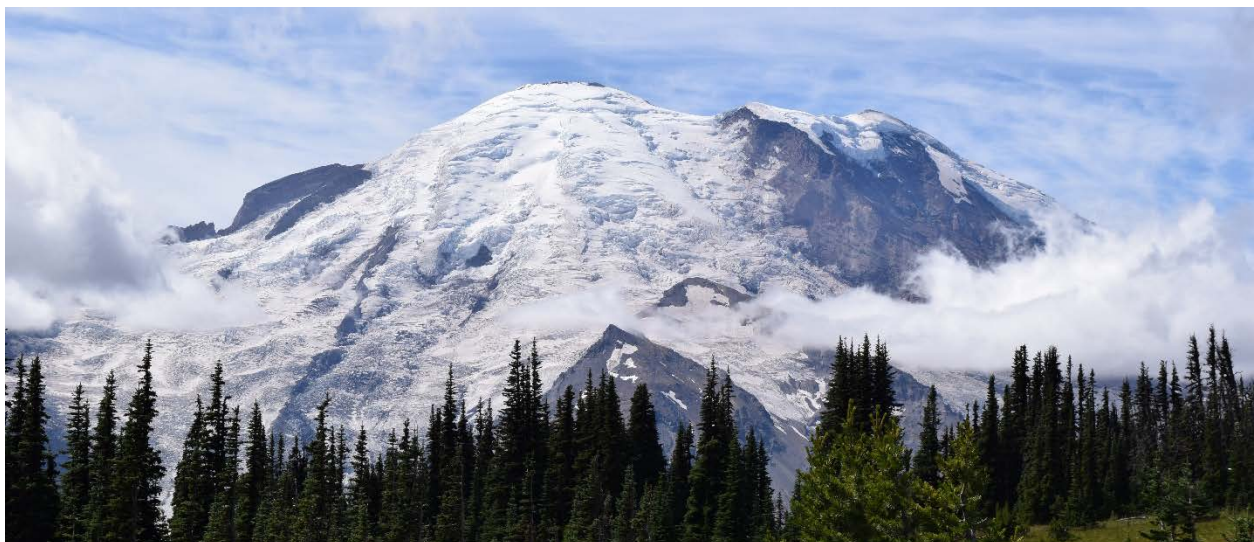
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Good Support for One Caregiving Family

One licensed caregiver went into great and thoughtful detail during the interview about the many types of support the family received in the processes of caregiving and adoption.

"Our case manager and licensor (private agency) have been very available whenever we had a question, and encouraged our process. Both were supportive and encouraging, which helps foster parents to be successful. The case manager has been faithful to attend every meeting for our foster child, even when we couldn't attend. Our case manager took the time to explain when we didn't understand the process, and that is really important, especially to new foster parents. They made sure to answer all of our questions, which has made this a wonderful experience. The rate assessor for our area was helpful and reasonable in reviewing the behaviors and needs of our foster kids. We have really appreciated the work and effort these staff have made on behalf of the children in their work with the kids, with us as foster parents, and the parents, as they worked on the case plan. They made sure that the birth parents knew that their children were safe, and in a strong safe home. Social worker Megan from the Bremerton office was truly special, and we were blessed to have her. She held tremendous value, respect, and love for all parties involved with the child – foster parents, biological parents, and everyone. She loved well and served remarkably. She was smart and also used her heart. She left after a year and went to law school. Lindsey Montgomery was the Guardian Ad Litem; he retired and now works as a CASA. He truly cares about the children he is representing. He has a sensible and compassionate heart towards the biological family. The first child through our doors ultimately became free for adoption and will be staying permanently with us."

Executive Summary



“Mt. Rainier from Sunrise”/Chenoa Nichol/2019 Employee Survey Contest

The 2019 Caregiver Survey is a voice for the licensed and kinship caregivers of Washington State’s abused, neglected, and vulnerable children.

During the 2019 Federal Fiscal Year, the Research and Data Analysis Division (RDA) of the Department of Social and Health Services (DSHS) conducted 1,342 telephone interviews with two groups of randomly selected caregivers for abused, neglected, and vulnerable children in the state of Washington: 529 with licensed caregivers (L) and 813 with kinship caregivers (K). Kinship caregivers are relatives or individuals with a pre-existing relationship to a child’s family. The survey consisted of nine standardized questions and six open-ended questions, which were comprehensively coded and analyzed for this report.

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

- Children requiring care, who have experienced trauma and may have behavioral issues due to abuse, neglect, or separation from their birth families
- Licensed and kinship caregivers who try to meet the complex needs of those children
- Biological parents who have had difficulty caring for their children
- Social workers and other professionals who balance heavy caseloads, find safe placements for youth, and meet the needs of foster and biological 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 the impacts of the system on the lives of the children and their caregiving families.

“We have loved all of our social workers, but they don’t have the support themselves from DCYF, and are overworked because things are so complicated.” (Licensed caregiver)

“All the training was wonderful. Family members don’t have access to all this information and resources. They had a foster parent teaching the class, they brought in guest speakers, guest foster children and parents to speak and give advice.” (Kinship caregiver)

Key Findings on Support for Caregivers

All caregivers in the survey rated several aspects of support in 2019. Kinship caregivers (K) were asked these questions for the first time. Licensed caregivers (L) were asked them in past years. Licensed kinship caregivers are grouped with other kinship caregivers for the purposes of this report. Compared to 2018, there were statistically significant decreases in positive responses among licensed caregivers for getting help, support, and information about the children placed with them. Percentages below show the proportion of all caregiver who answered positively (“Always or Almost Always”/“Usually” or “More than adequate”/“Somewhat adequate”) in 2019.

- *Do social workers listen to your input?* (81% positive, page 18)
- *Can you get help when you ask for it?* (76% positive, page 28)*
- *Are you included in meetings about the child in your care?* (75% positive, page 21)
- *In the past year, did you get adequate support for your roles and responsibilities as a foster or kinship caregiver?* (73% positive, page 12)*
- *Are you treated like part of the team?* (73% positive, page 20)
- *Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental and educational needs?* (75% positive, page 36)*

Caregivers who had contact with the Division of Licensed Resources were also asked to rate two aspects of licensing support in 2019.

- *Did licensing staff treat you with respect?* (96% positive, page 48)
- *Were licensing or home study staff knowledgeable about the process?* (95% positive, page 49)

Response were similar for all caregivers, except in the area of receiving adequate information about the needs of the children, where positive responses were significantly higher for kinship caregivers (79% positive) compared to licensed caregivers (68% positive).

There were 1,215 caregivers who answered two questions about what all partners in Washington’s child welfare system – including DCYF, private agencies, social workers, and licensors – do well to support them, or could do better. Their answers show what good support means to them, and suggest areas of improvement.

Almost two-thirds (65 percent) of the 408 caregivers who commented on the overall quality and helpfulness of the support they received were positive. (page 11)

“Keep doing what they are doing. I get great support.” (L)
“Every time I need them, they are there.” (K)

- 79% (91) of 115 caregivers who discussed help from specific offices were positive. (page 14)
- 63% (185) of the 296 caregivers commenting on social worker support were positive. (page 16)
- 60% (187) of 313 caregivers who commented on overall support were positive. (page 13)

Good support means having knowledgeable, responsive, and helpful licensors.

“The licensor was excellent and responds to my emails and phone calls right away.” (L)
“Our licensor was very nice and helped me to make sure our home was ready.” (K)

- 74% (42) of the 57 caregivers commenting on licensing support were positive. (page 50)

Good support means having social workers who are consistently in contact, are easy to reach by phone, text, or email, and include the caregivers as part of the team.

“Everyone works well as a team. The teamwork piece is huge.” (L)
“They do their monthly home visits and they answer questions by phone or e-mail within 24 hours.” (K)

* Licensed caregivers gave statistically significant lower ratings this year than in the previous year.

“Let me know what is going on with the kids. Help me more with the child in my home. Include us.” (L)

- 64% (109) of the 171 caregivers who discussed consistency of contact were positive. (page 30)
- 57% (144) of the 253 caregivers who discussed access to social workers were positive. (page 29)
- Only 40% (48) of the 121 caregivers who discussed inclusiveness were positive. (page 22)

Good support means state social workers have lower caseloads, so there will be less turnover.

“Their caseloads are too high for the social workers to be effective.” (L)

- 121 of the caregivers discussed the need for more social workers. (page 26)

Good support means listening to caregivers, treating caregivers with courtesy and respect, and responding to the concerns caregivers raise.

“They listen. They do the best they can to help with the resources they have.” (L)

“They have concern for the foster child and they have respect for my efforts also.” (L)

- 58% (107) of the 185 caregivers who commented on listening were positive. (pages 18-19)
- 52% (81) of the 156 caregivers who commented on respect and courtesy were positive. (page 17)
- 52% (208) of the 401 caregivers who commented on responsiveness were positive. (page 24)

Good support means providing complete information on the child up-front, communicating clearly, answering questions, and providing updates on case plans, court dates, and case progress.

“We need more info about the kids upfront, especially trauma related situations and problems.” (L)

“Keep us updated as to what is happening and inform us of any changes. Better communication.” (K)

- 46% (298) of the 643 caregivers who spoke about information thought that they should get more, better, or more timely information. (pages 35 to 37)
- 63% (177) of the 283 caregivers who commented on communication felt that it could be improved. (page 23)

Good support means state processes move the child’s case along and facilitate permanency.

“Expedite the process, figure out how to change the laws and move things along, there has to be a better way. We have to do better for the children.” (K)

- 89% (165) of the 185 comments on general processes were negative or suggestions for improvement. (page 31)
- 95% (230) of the 243 comments on specific processes were negative or suggestions for improvement. (page 32)
- 77% (37) of the 48 comments on paperwork processes were negative. (page 33)
- 74% (62) of the 84 comments on coordination were negative or suggestions for change. (page 34)

Good support means children’s needs are met and caregiver expenses are reimbursed promptly.

“Provide added mental health service for the child when necessary.” (K)

“They are very slow with payment for things for the kids – the money we spend out every month.” (K)

- 43% (186) of the 429 caregiver comments on resources suggested that better processes for obtaining and being reimbursed for resources were needed. (page 39)
- Caregivers had more negative than positive comments on medical and mental health care for children (page 40), respite care (page 41), transportation (page 42), child care (page 43), and general financial issues (page 44). Criticisms involved both availability and reimbursement.

Key Findings on Why Kinship Caregivers Do or Don't Become Licensed

There were 660 self-identified kinship caregivers who commented on why they were (page 51) or were not (page 52) licensed. Of these, 105 gave reasons for licensing that included: a general desire to help children who needed help; ensuring that a particular child was placed with them; facilitating adoption or guardianship of a particular child; obtaining resources for the child and caregiver; or that licensing was mandated.

There were 555 kinship caregivers who gave explanations for not being licensed, including:

- A license was in process
- They or their home would not qualify, or they felt they were too old
- They only wanted to care for these particular children (family or friends) and didn't need a license for that
- They were pursuing adoption or guardianship instead of foster care
- The caregiving was supposed to be short term
- The licensing process was too complex, costly, or time-consuming
- They didn't know enough about licensing
- They wanted nothing more to do with the state foster care system

Key Findings on Training for Caregivers

Caregivers have been rating their training positively since the foster parent survey began in 2012.

- *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?* (91% positive, page 56)

Among licensed caregivers, positive responses to this question increased from 87% in 2018 to 90% in 2019, a notable increase although not statistically significant. There were 632 caregivers who answered these two questions: "What about caregiver training has been helpful?" and "How could caregiver training be improved?" Their answers indicated what good training means to them.

Good training includes more online options, including webinars. Existing online materials need updating, and new online classes and webinars need to be added.

- *"The video training online needs updating. Use more current information and better videos."* (L)
- *"I would love to see more webinar options. Often the questions asked are helpful to learn from."* (L)
- 57% (52) of the 92 caregivers discussing online training gave suggestions for improvement or wanted expansion of the program. (page 83)

Good training begins with trainers who are knowledgeable, realistic, truthful, and positive. And it includes other foster parents, both for their expertise and for community building.

- *"The trainers were knowledgeable, honest and realistic. They painted a true picture."* (L)
- *"Best part of training is meeting up with other foster parents and sharing information and support."* (L)
- 66% (52) of the 79 caregivers who addressed trainers in their comments were positive. (page 60)
- 74% (70) of the 95 caregiver comments on community-building were positive. (page 63)

Good training helps caregivers learn to navigate the system to care for their children.

- *"The class teaches us how the system works and how to best advocate for the children."* (K)
- *"What to expect from the different court dates, and the whole legal process, were most helpful."* (L)
- 65% (69) of the 106 comments on training on navigating the system were positive. (page 71)

Caregivers appreciated the Caregiver Core training. They liked the trainers, the section on trauma, the resource information, the system navigation help, and the panels of foster parents and foster youth.

“The Caregiver Core training was excellent and covers everything.” (L)

“I enjoyed the Caregiver Core training; it’s a good base that helps prepare for foster children.” (K)

- 88% (61) of the 69 caregiver comments on Caregiver Core training were positive. (page 74)

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

“Trauma informed training is great. Classes on ACES, early trauma and mental health are so helpful.” (L)

“Parent Child Interaction Therapy training was helpful and so was Positive Discipline.” (K)

“The Trust Based Relational Intervention class was excellent.” (L)

- 73% (104) of the 142 comments about training on disorders and issues were positive. (page 68)
- 72% (96) of the 133 comments on child behavior and development were positive. (page 70)
- Trainings on substance abuse, health and safety, and cultural awareness were praised by smaller numbers of caregivers. (pages 69, 72, and 73)

Caregivers praised a number of specific classes and requested more. Several kinship caregivers requested training on the changed family relationships that accompany caregiving.

“Relative caregiver training needs to focus more on experiences within extended families, including the parents who lose their children to their relatives. It changes all the family relationships.” (K)

- 65% (55) of the 85 caregivers who addressed other specific topics were positive. (page 75)

Good in-person training is well-publicized, local, occurs often and regularly, and includes child care.

“Our local church hosts monthly caregiver meetings with Olive Crest’s Fostering Together program.

They provide excellent training for caregivers and it includes child care and a dinner for the family.” (L)

- 96% (48) of the 50 caregiver comments on training locations wanted more options. (page 79)
- 93% (55) of the 59 caregiver comments on child care during training would like to see more child care provided. (page 81)
- 91% (59) of the 65 caregiver comments on class scheduling asked for changes. (page 80)
- 81% (21) of the 26 caregiver comments on training information said improvements were needed. (page 78)

About the Survey

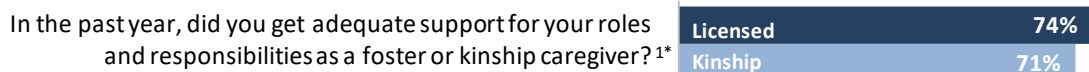
- 1,601 total caregivers were randomly sampled on a quarterly basis, if they had at least one child in care within six months of the sampling date (August and November, 2018; February and May, 2019).
- Surveys were completed between October 15, 2018 and August 23, 2019.
- Interpreters were available for all languages requested, and alternative methods were available for respondents who were deaf or hard of hearing.
- 1,342 caregivers completed the survey (86% response rate). 529 of these were classified as licensed caregivers, and 813 were classified as kinship caregivers based on DCYF records. The kinship caregiver group included 49 respondents who were licensed kinship caregivers.

Survey Results at a Glance

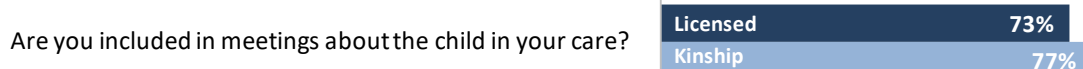
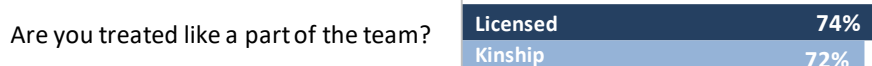
The survey included nine structured questions. Two were originally designed to inform the Braam Settlement and Exit Agreement (“Quality and Helpfulness” and “Adequacy of Training”). The remaining seven questions were designed to support strategic planning for caregiver support. The two questions on licensing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

Responses to Structured Questions

QUALITY AND HELPFULNESS



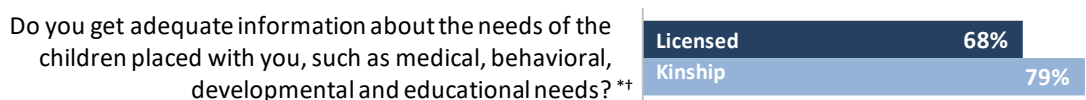
SOCIAL WORKERS



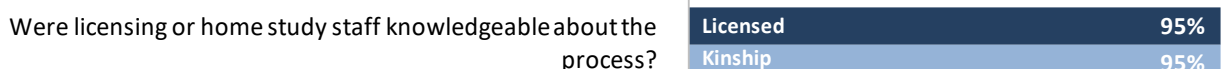
ACCESS, PROCESSES AND COORDINATION



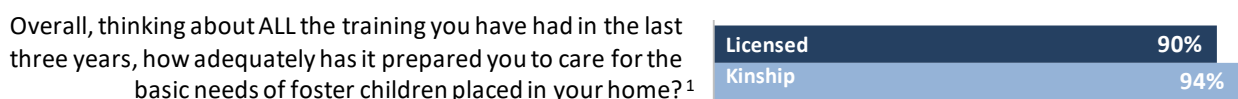
INFORMATION



LICENSING



ADEQUACY OF TRAINING



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 or Almost Always” or “Usually.”

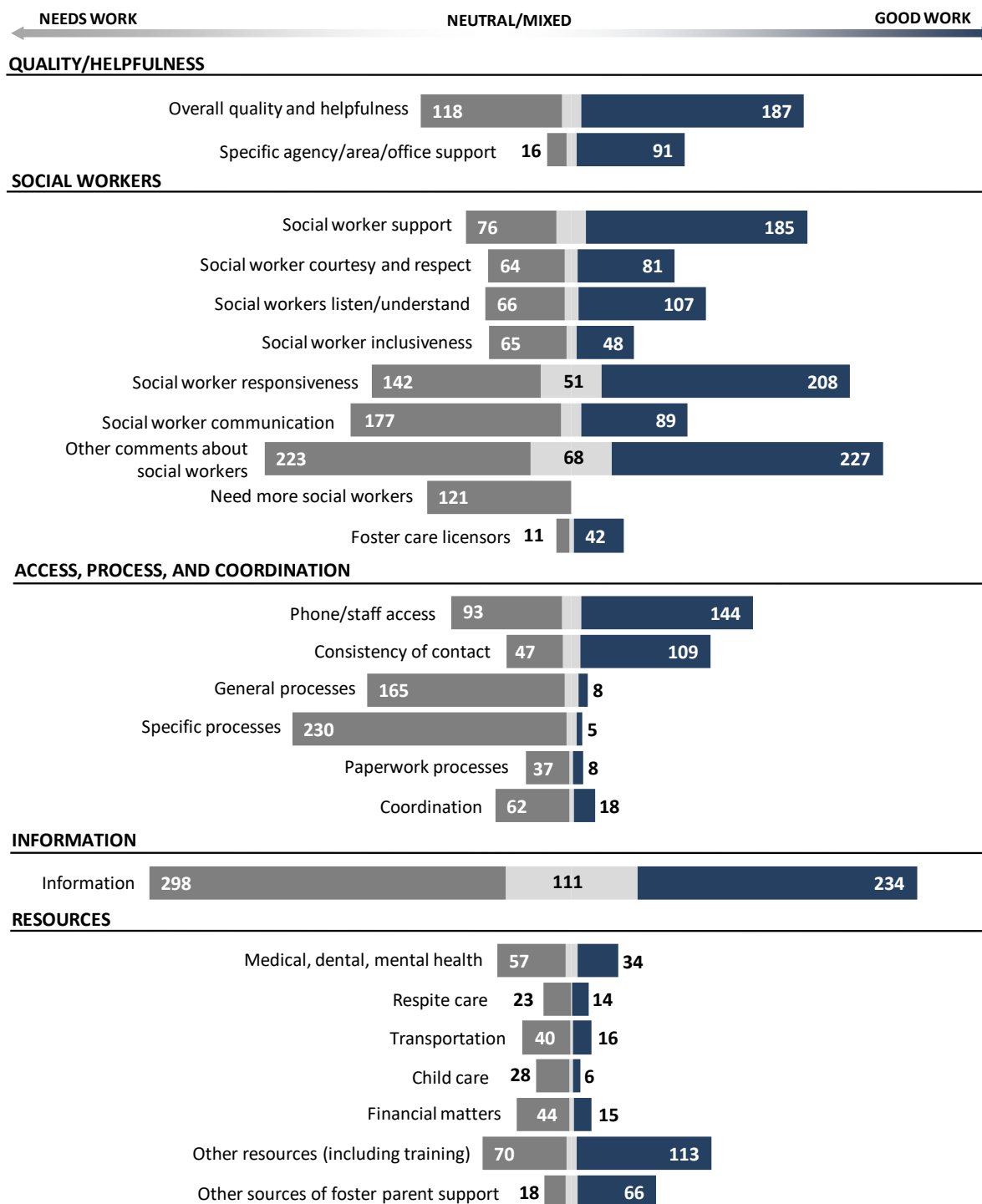
*Licensed caregivers gave statistically significant lower ratings in 2019 than in 2018, $p < .05$.

†Difference between licensed 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

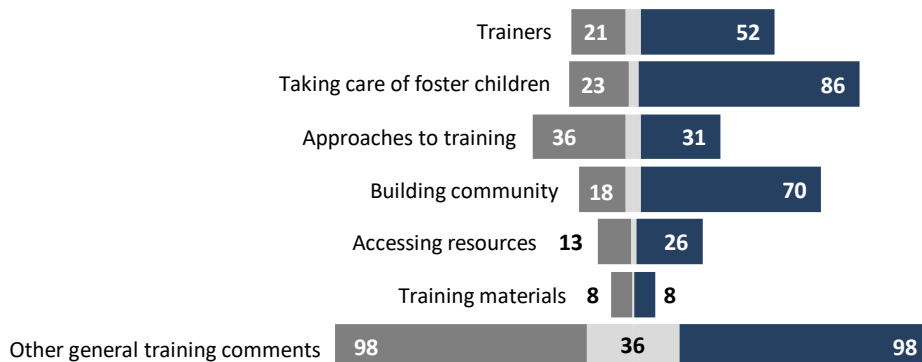
- What about caregiver training has been helpful?
- How could caregiver training be improved?



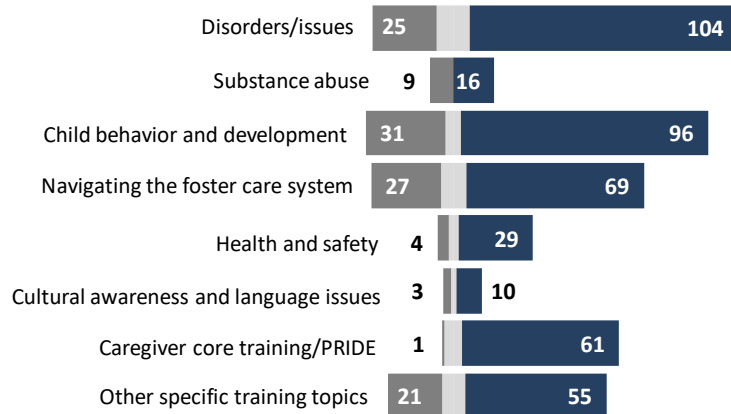
TRAINING QUALITY/HELPFULNESS



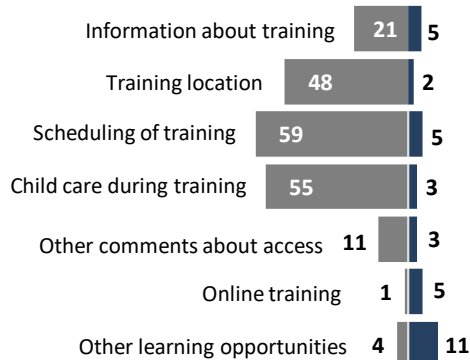
TRAINERS, METHODS, AND RESOURCES



SPECIFIC TRAINING TOPICS



ACCESS AND FORMAT



Caregiver Support



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Part 1 concerns 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 guardian 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 – Licensed (L) and Kinship (K) -- rated the following eight aspects of support:

- *Do social workers listen to your input?* (L 81%, K 80% positive)
- *Can you get help when you ask for it?* (L 78%, K 76% positive) *
- *Are you included in meetings about the child in your care?* (L 73%, K 77% positive)
- *Did you get adequate support for your roles and responsibilities?* (L 74%, K 71% positive) *
- *Are you treated like part of the team?* (L 74%, K 72% positive)
- *Did you get adequate information about the needs of children placed with you?* (L 68%, K 73% positive) *
- *Did licensing staff treat you with respect?* (L 97%, K 96% positive)
- *Were licensing or home study staff knowledgeable about the process?* (L 95%, K 95% positive)

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

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

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

* Licensed caregiver ratings were statistically significantly lower in 2019 than in 2018.

Quality and Helpfulness



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

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

- Among both licensed and kinship caregivers, over seven of ten gave positive responses to this question, saying that their support was “more than” or “somewhat” adequate.
- However, among licensed caregivers, the proportion of positive responses to this question was significantly reduced in 2019 compared to 2018 (74% in 2019 compared to 81% in 2018).

About one third of the caregiver comments discussed support, including support from the private agencies and state offices. Most comments on support were positive. Some caregivers mentioned speed of response and help getting needed resources for the children, such as behavioral health care. They often praised private agencies for getting answers from the State and for being generally accessible and supportive to them and their families.

A number of comments said support was available from some parts of the system, or at some times, and not from others. These were coded as “mixed or neutral” comments.

Negative comments on support often involved lack of responsiveness, state staff turnover, confusion, and overwork among staff in the state offices. Some questioned agency care for children.

408 respondents (34%) commented on quality and helpfulness of support.

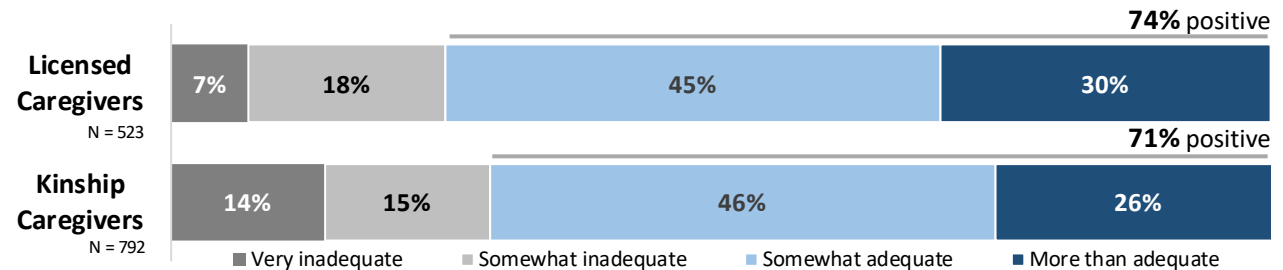


QUESTION |

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

Of the 1,315 caregivers who answered this question, more than seven of ten reported that the support they received in the past year was somewhat or more than adequate.

RESPONSE



DETAIL

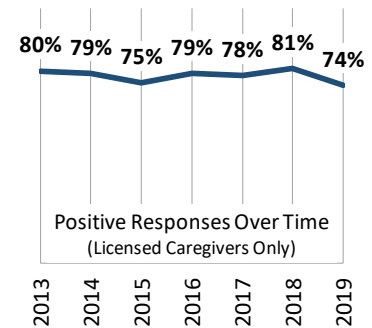
Licensed and kinship caregivers had similar rates of positive responses to this question. Positive answers are a combination of “more than adequate” and “somewhat adequate” responses.

Among licensed caregivers, positive responses decreased by seven percentage points from 2018 to 2019, a statistically significant difference.

One kinship caregiver commented:

“I want to say that I appreciate that the Department and its employees are there for the children who need care.”

TREND



Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers said support was good.

- “Nothing, I feel totally supported. I had no clue as to the processes and they were great.” (K)
- “Keep doing what they are doing. I get great support.” (L)
- “Nothing. Everything is well.” (K)
- “Just overall, the support they give is always good. If I need anything or have questions, they are always there.” (L)
- “Every time I need them, they are there.” (K)
- “We have had a very good experience in the past year.” (L)
- “Their concern for the kids is good and they seem to try to be on top of everything and be sure they are helping out where we need help. They make themselves available.” (K)
- “They are great to work with. We love our social workers and CASAs.” (L)
- “Everything was excellent.” (L)
- “They did OK and now my granddaughter is back home.” (K)
- “I can’t really think of anything. They’re great.” (L)
- “They were helpful with info on where to go for food stamps and help. I was kind of aware of those things but not all of them. They were there to listen and kind of do their best to figure out what I needed help with. It was a good experience.” (K)

Some said private agency support was better.

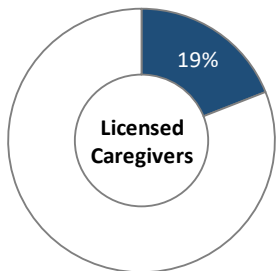
- “Support from the private agency is more than adequate, support from the state is very inadequate.” (L)
- “The State did not do anything to help me but the private agency provided me with the necessary support and needs.” (L)

Some said support was generally lacking.

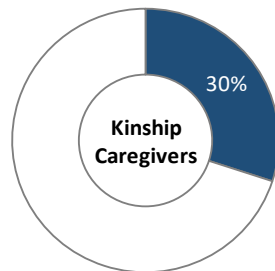
- “Nothing. I really did not feel supported and I had to fight for everything I wanted.” (K)
- “They did not do that much to support me.” (L)
- “It’s like pulling teeth to get anything.” (K)
- “There is not a whole lot of support for us.” (L)
- “Our experience has been very negative. It seems like each person is trying to do their best, but in general they’re neglectful.” (K)
- “They could inform me about the different programs. No one told me about the kinship care financial support. I had the child for one year before I found out about this.” (K)
- “Our experience with fostering was horrible. We had a new social worker every couple months, got zero support, and were told on multiple occasions that because we were an ‘easy’ case attention needed to be paid elsewhere. My heart goes out to the kids that get caught up in this!” (K)

313 of the 1,215 caregivers who commented on support (26%) discussed the overall quality and helpfulness of support.

COMMENTED ON THIS TOPIC



86 of 456 commented
52 – Satisfied
5 – Mixed or Neutral
29 – Needs Work



227 of 759 commented
135 – Satisfied
3 – Mixed or Neutral
89 – Needs Work

KEY FINDINGS

86 of the licensed caregivers and 227 of the kinship caregivers made general comments on support. Most general comments in both groups were positive. Many caregivers simply said they felt well-supported, or that things were going well, or that their needs were being met. There were eight mixed comments, often focusing on the role of the private agencies. One licensed caregiver described clearly the quality of support from her private agency.

“Our state social worker, she spoke clearly and she was kind. My real support, however, was Skookum Kids. I believe that I would have failed as a foster parent if it hadn't been for their support. There is so much to learn when you're first becoming a foster parent, and I didn't have the support I needed from DCYF. I know that the social workers are busy, but if you want knowledgeable, competent foster parents, it's worth the time spent up front with the foster parents.”

One in three comments were negative. Turnover, lack of response, and no support from the state were themes.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers said support was good.

- “For me they are doing a good job.” (K)
- “They have been very supportive.” (L)
- “They're good at what they do.” (K)
- “We've been foster parents for four years and we've had a really good experience.” (L)
- “They do so good! They explain things well and they let me know if something happens.” (K)
- “Good question. We have had such a positive experience so far that I really don't have anything to say here.” (L)
- “I feel supported. There are a few hiccups along the way, but overall it's pretty good.” (K)
- “They give me support and help. They listen and they come to my house when I have a problem with the child.” (L)
- “When I got the child, the state was on top of everything. They actually looked after everything that was needed.” (K)
- “The social workers and the agency treated us well.” (K)
- “They help me with any need I may have. The service has been really good to us and I'm getting the support I need from my caseworker.” (K)
- “Everyone we have dealt with has been so nice and helpful. My social worker is my go-to for any of our needs.” (K)

Some said support varied.

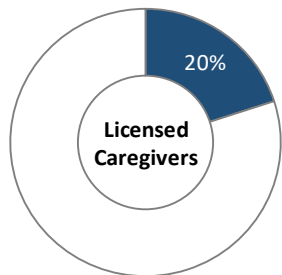
- “The licenser and agency have been good. All past social workers have been respectful, helpful, and supportive, until two years ago.” (L)
- “Excellent support from private agency. Horrendous support from DCYF. We had four workers over 18 months. The final worker was a total disaster.” (L)
- “They do a nice job about returning my calls. It wasn't a bad experience, but it hasn't been great.” (K)

Some said support was generally lacking.

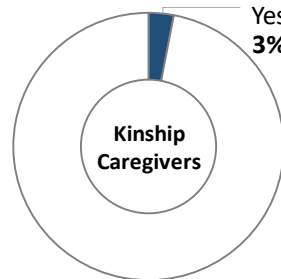
- “Honestly we have been on our own. Every time things seem to be going well it is ripped away.” (L)
- “I don't feel like they do a lot to support me, sorry. They dropped off the child and were done from that point.” (K)
- “I don't know. They aren't very helpful.” (K)
- “Unfortunately, there isn't much they have done well.” (K)
- “They do not do anything much to support me.” (L)
- “They don't keep us apprised on how things are moving along.” (K)
- “Our experiences has been, we've treated as if we're expendable. We receive no info or support.” (L)

115 of the 1,215 caregivers who commented on support (9%) described the quality and helpfulness of support from specific agencies or offices.

COMMENTED ON THIS TOPIC



90 of 456 commented
76 – Satisfied
6 – Mixed or Neutral
8 – Needs Work



25 of 759 commented
15 – Satisfied
2 – Mixed or Neutral
8 – Needs Work

KEY FINDINGS

There were 115 caregivers who discussed the support they received from particular agencies or offices, or particular types of agencies. 90 of those comments were from licensed caregivers; 25 were from family caregivers.

The quality and helpfulness of support received from private agencies was praised in 71 comments, mostly from licensed caregivers. One licensed caregiver provided details:

“Our private agency surrounds us with support: gift cards, meals at our home, welcome packets for each child and they provide trainings and they provide added Christmas parties, Easter presents, and Christmas cards for all the kids in the home. They walk us through paperwork and forms we need to fill out.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Private agencies gave great support.

- “Our private agency supports us in every way.” (L)
- “I work with a private agency. She is always helping me.” (K)
- “Honestly, I don’t know how families can foster kids without a private agency.” (L)
- “We are licensed through a therapeutic agency that is amazing and we deal with them mostly.” (L)
- “The private agency is there 24/7.” (L)
- “Hope Sparks, our private agency, has been wonderful.” (K)
- “We have gotten great help and resources through BRS and Compass Health. There has been huge turnover with state social workers and Compass was our biggest help.” (L)
- “We have Catholic Community – can’t say anything bad about them and we’ve been with them for 11 years!” (L)
- “Service Alternatives is amazing. They work with our child at home on behavioral issues; that’s been a huge help.” (L)
- “Olive Crest is passionate about helping families – they are tremendous in giving support.” (L)
- “Bethany Christian Services was our rock.” (L)

Some state offices gave great support.

- “Our licenser was absolutely phenomenal. His name was Mr. Rodriguez and he does Region 2 in Olympia.” (L)
- “I was in Tacoma; the courtesy visits there were good. My support was in the Mount Vernon office.” (K)
- “The social workers in Spokane were excellent.” (L)
- “We got a lot of help with the non-profit agencies in Yakima and also DSHS provided us help with diapers. I love the state social worker; she was there from the beginning.” (K)
- “I think the group out in Moses Lake acted swiftly in getting the child to me. Great team playing.” (K)
- “My social worker in Kitsap county has been an awesome go-between for us with King County.” (K)
- “I cannot say enough good things about the social workers in Wenatchee; they have been amazing.” (L)
- “Our licenser in Bellingham has been amazing.” (K)
- “Our health and safety social worker in Lewis county is awesome and supportive.” (L)
- “The person who has supported us best is the courtesy worker from the Vancouver office.” (K)
- “My Spokane social worker was really good at getting on my other social worker who was in another city.” (K)

Social Workers



Getty Images / JackF

Social workers are very important to caregivers.

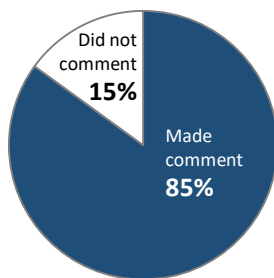
Answers to the three questions below have not changed significantly since 2018 among licensed caregivers, and the responses of licensed and kinship caregivers to those questions were similar.

- *Do social workers listen to your input?* (Over eight out of ten positive responses)
- *Are you treated like a part of the team?* (Over seven out of ten positive responses)
- *Are you included in meetings about the child in your care?* (Over seven out of ten positive responses)

More than eight out of ten caregiver comments (1,038) discussed social workers, both those employed by DCYF and those employed by private or tribal agencies and contracted by DCYF. Over four out of ten comments were positive, almost three in ten were mixed, and three in ten were negative.

Both positive and negative comments addressed some of the same aspects, including: supportiveness, courtesy, respect, listening, understanding, problem-solving, teamwork, inclusiveness, communication, responsiveness, helpfulness, and honesty. Some caregivers discussed systemic problems causing difficulties between state social workers and caregivers, including high caseloads and frequent turnovers. Some said simply that some social workers were wonderful and others were not.

1,038 caregivers (85%) commented on social workers.



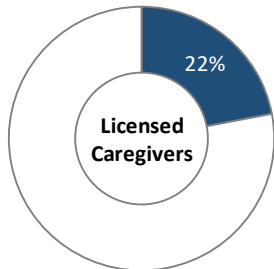
▶ **436** (42%) of these comments were positive.

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

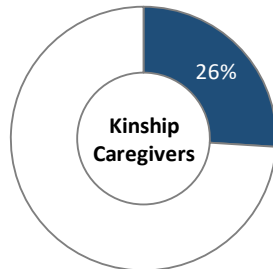
▶ **319** comments (31%) were negative or suggestions for improvement.

296 of the 1,215 caregivers commenting (24%) addressed social worker support.

COMMENTED ON THIS TOPIC



100 of 456 commented
65 – Satisfied
8 – Mixed or Neutral
23 – Needs Work



196 of 759 commented
120 – Satisfied
17 – Mixed or Neutral
53 – Needs Work

KEY FINDINGS

296 caregiver comments discussed social worker support. Six out of ten (185) caregivers praised their social workers in their comments. One kinship caregiver said:

“They were always there and provided me with anything that I wanted or needed.”

Several social workers were praised by name for their support. They were: Alison Sandeen, Amber from Bellevue, Amber Addie, Amy, Ashley Hopkins, Caralee Metcalf, Emily, George, Heidi Howe, Kate, Kim Duckworth, Megan Holden, Megan from Bremerton, Nancy, Peggy Kunz, and Shelly.

Some (75) caregivers were critical of social worker support. One licensed caregiver simply said:

“The state social workers have too many cases to give good support.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers deeply appreciated social worker support.

- “Our social workers have been very supportive of our foster children and their long term success.” (L)
- “Everything they do is informative and supportive. Everything is always positive, they’re always communicating and letting us know about things.” (K)
- “I love our two social workers. I’ve never had an issue with them.” (L)
- “I have a really great team, they go above and beyond.” (K)
- “They are very supportive of my needs for the children.” (L)
- “They are always encouraging and they make it sound like they are there to support you.” (K)
- “Great emotional support also. Our social and adoption workers were wonderful.” (L)
- “King County social workers were very, very helpful and awesome. Also, emotionally supportive.” (K)
- “Our social workers have been wonderful and so quick to respond to our needs.” (L)
- “My social workers this year have been just awesome. They are responsive and I love that I can text them and they get right back to me. Social workers seem to be getting better and better, so whatever you’re doing, keep doing it!” (L)

Some said social worker support was lacking.

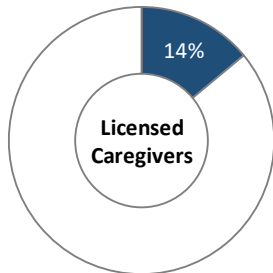
- “We felt we did not receive much if any support from the staff.” (K)
- “They are barely supportive. They wait until there is a crisis to try and help the situation!” (K)
- “My last placement left a really bad taste in my mouth. The social worker was really terrible to work with. She is no longer there. Every time I asked for help it was ignored. My experience was so bad, I don’t know that I can renew my license. There was zero support. We just don’t care about you and that was a clear message sent to me.” (L)
- “I cannot think of anything they do well. They’re non-existent to me, as far as the social workers go.” (K)

Some say support varied with the worker or office.

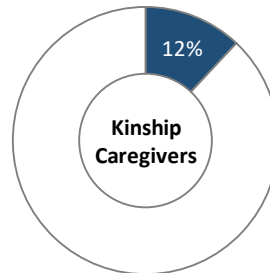
- “The first caseworker did a good job supporting the child and me, but once she left everything went downhill.” (K)
- “One of my ten social workers does her job. She has been amazing. She is honest and upfront.” (L)
- “I have one social worker that is very good. I believed that the support I get depends on the county. I’ve had a horrible experience with social workers from a different county.” (K)

156 of the 1,215 caregivers commenting (13%) discussed social worker courtesy and respect.

COMMENTED ON THIS TOPIC



63 of 456 commented
28 – Satisfied
7 – Mixed or Neutral
28 – Needs Work



93 of 759 commented
53 – Satisfied
4 – Mixed or Neutral
36 – Needs Work

KEY FINDINGS

There were 156 caregivers who commented specifically on courtesy and respect from social workers. Comments from 81 caregivers praised the social worker’s courtesy, kindness, respect, and caring for caregivers and children.

“Whenever I have something to say, they respect it and take it to heart. They answer my questions.” (K)

“They treat me like I am part of the team and they really care about the kiddos.” (L)

64 comments, however, were negative – these caregivers felt disregarded, unheard and undervalued by their treatment. One licensed caregiver said:

“I felt like a babysitter. We won’t take another long term placement and now we only do receiving care. Many of my friends are closing their licenses for the same reason.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers appreciated kind, courteous and respectful treatment by social workers.

- “They are polite to me and polite to my kids.” (K)
- “I feel they are very respectful. We are included in the decision-making and team meetings most of the time.” (L)
- “They trust my input. They are very kind. Our current social worker really cares about the children.” (K)
- “They have concern for the foster child and they have respect for my efforts also.” (L)
- “They are respectful and they help me out a lot.” (K)
- “The social worker values my input and opinions.” (L)
- “The social worker was very friendly and easy to talk to.” (K)
- “Most social workers seem appreciative of the work we do with their kiddos.” (L)
- “They are all very kind and caring. They listen to me. I think that is it. They were there for me when I needed it.” (K)
- “They were kind and helped get my grandson placed with me quickly so I could go home to California.” (K)
- “They were kind and tried their best to answer my questions.” (L)
- “They gave me encouragement, support and empathy. Great cheerleaders!” (K)

Private agencies sometimes did this better.

“With the private agency I always feel like I’m part of the team, but with DCYF I never feel like part of the team. My private agency listens, validates our concerns, and validates what we’re seeing. They respected our home.” (L)

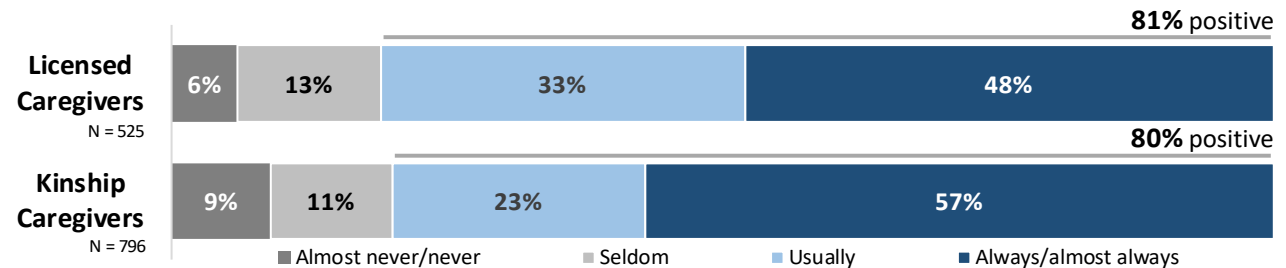
Some said they did not receive courtesy or respect.

- “We wish the worker would acknowledge our commitment to the children and their mom.” (K)
- “We are all there for the children but much of the time we are treated like babysitters. We want to be considered a valued part of the team because we, like everyone else in the system, are there for the best interest of the child.” (L)
- “Respect us as foster parents.” (L)
- “Respect my position as being a foster parent.” (K)
- “Make us feel like we are important too. Value what contributions we are giving.” (K)
- “The State needs to give some respect and concern for healthy family members who want to continue involvement in the kid’s lives. I was there for all of their births, but to the State, I’m not worthy of anything.” (K)
- “It’s very discouraging as a caregiver when I’m sleep deprived for years to get all the things he needed and they just patronize you.” (L)

QUESTION | Do social workers listen to your input?

Eight out of ten of the 1,342 licensed and kinship caregivers gave positive responses: that social workers always, almost always, or usually listened to their input.

RESPONSE



DETAIL

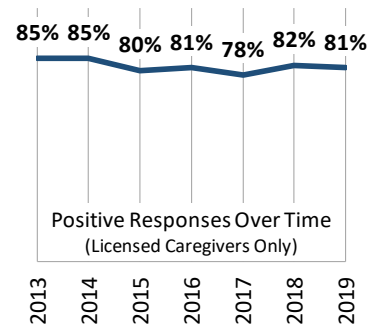
Licensed and kinship caregiver responses were similar.

In their comments, caregivers make it clear that good listening by social workers involves action on what they hear.

"They listen and try and research any questions I have and get back to me as soon as they can." (K)

"They listen very well. They listen to our concerns. They can't always resolve them, but they're good at listening to them." (L)

TREND



Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most said their input is heard and acted upon.

- "They listen. They believe me and that's huge, as I've been trying my best for the last 20 years as a foster parent." (L)
- "The social workers listen well. They told me I was doing an excellent job of advocating to get his needs met." (K)
- "They listen. They do the best they can to help with the resources they have." (L)
- "The social worker listened to the things that I saw were wrong. They didn't side with me but took note of what I was saying and acted to correct it." (K)
- "Currently, they've done a good job at listening to our concerns and needs for the child." (L)
- "They listen to me and they ask for my input as to what is happening in the case." (L)
- "They all did a good job listening to my concerns." (K)
- "They have listened to what we have needed and questions we have and provide us with what we need." (K)
- "They listen to our concerns pretty well." (L)
- "They listen and they are here when we need them." (K)
- "They listen and get us the help that we need." (K)

Some said private agency social workers listen better.

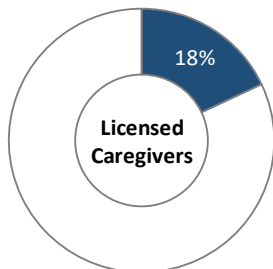
- "The private agency social worker listens to my input. She appears to have more time for us, as the State social worker has heavier caseloads and child out of county." (L)
- "Our private agencies listen to us and rewords it so we can give it to the state social workers." (L)

Some said caregiver input was not heeded or heard.

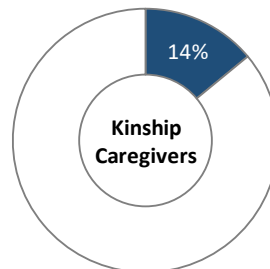
- "I don't feel supported or heard." (K)
- "They do not listen to anything we say about the functioning of the child. They dismiss our suggestions for services that the kids need." (L)
- "Just listen! Take the time to actually listen, not go off a check sheet with random questions that half the time don't pertain to the wellbeing of the actual child." (K)
- "The social workers don't listen to my concerns as an auntie. I don't think we are ever heard and the issues are not addressed." (L)
- "If they do listen to what I say, they don't act on it." (K)
- "They could listen to the child and the caregivers more. They told us that there would be a transition period before the child went back and it literally happened overnight. This child was terrified to go back. They did not listen." (K)

185 of the 1,215 caregivers who commented (15%) described how well social workers understand and listen to them, and act upon what they hear.

COMMENTED ON THIS TOPIC



80 of 456 commented
47 – Satisfied
8 – Mixed or Neutral
25 – Needs Work



105 of 759 commented
60 – Satisfied
4 – Mixed or Neutral
41 – Needs Work

KEY FINDINGS

185 caregivers commented on social workers listening to their input on their families and the children in their care. Most (107) comments were positive. The remaining 78 were mixed or neutral, or said work was needed. One licensed caregiver discussed the impact of not being heard by the social worker in her most recent case:

“The biggest thing is including us in conversations and decisions. Having conversations with us. With our last case, we were never asked for input and if we tried to say anything about what we thought best, they never listened. One of the boys gets really anxious and we tried to share that, but no one listened. We haven’t always had this type of experience, it was just this one. That’s really difficult. You feel like you’re just out there floating, or are an annoyance when you ask questions. I know a lot of foster parents that have had similar experiences. I hear people don’t want to be foster parents again and that’s unfortunate. Sometimes when foster parents are overlooked, it ends up turning a lot of people off.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Good listening included action.

- “Most important is they listened to our concerns and came up with information or solutions we could understand.” (K)
- “They listen to my input and do what they can about it.” (L)
- “The social workers always listened to me and got back to me when I called.” (K)
- “They listen and make me feel comfortable.” (K)
- “They call me back after I call them and they take my input about my child.” (K)
- “We have the monthly health and safety checks; they give us the opportunity to discuss issues. We are able to share and communicate what the children need and the worker is supportive in these meetings.” (K)
- “They really listen to our concerns in regards to the child and they take our opinions into account.” (L)

Sometimes others listened better – and acted.

- “Private agency checks in weekly and looks to problem solve issues together. With one child, my input regarding plan for return home was really heard and considered, this should happen more often as we know the kids.” (L)

“Listen to me. The social worker disregarded my input on what the children needed. I wrote to the judge and finally got what the children needed.” (K)

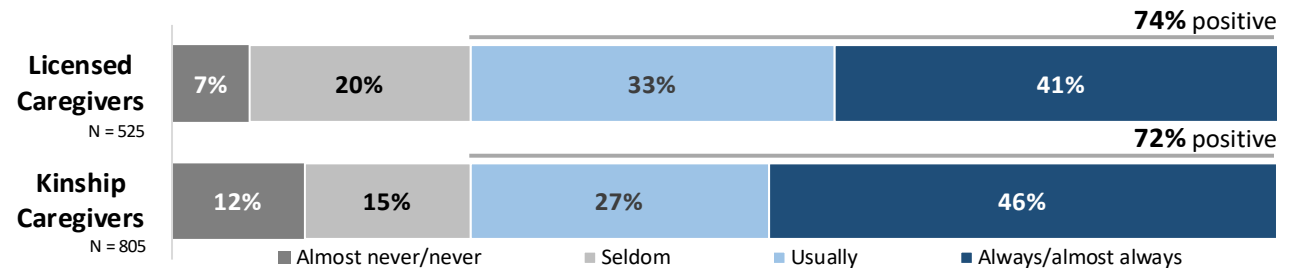
Some caregivers did not feel heard or taken seriously by anyone.

- “Listen better to my concerns. Take my concerns seriously. Include me as part of the team. They did not want to listen to me or my spouse. During the meetings the social workers did not have our back. We were interested in adopting the child in our care. But we were not heard and were treated as the bad guys. Due to the poor treatment by the social workers, we did not renew our license.” (L)
- “They could really listen to the caregiver and what is best for the child. It seemed like whatever I said or knew about the child was undervalued. I knew things about the parent that the department didn’t and no one listened. They never gave me any support to get the child any of their needs. I had to figure it all out on my own.” (K)
- “Listening to my input and not talking over me when I’m trying to get information about my grandchildren. I always feel like I can’t really express what I want to say. I’d like them to take a minute to listen.” (K)
- “Social workers listen but they do what they want.” (L)

QUESTION | Are you treated like part of the team?

More than seven out of ten of the 1,342 caregivers who answered this question said they were always, almost always, or usually treated like part of the team.

RESPONSE



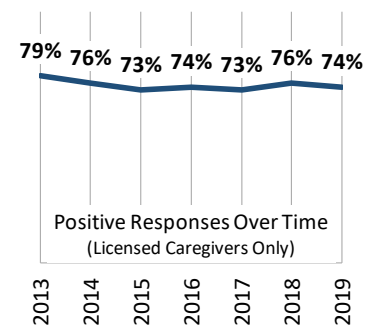
DETAIL

Licensed and kinship caregiver responses were similar.

One licensed caregiver commented on the importance of inclusion:

“I’ve been taking kids into my home for 33 years and there’s a lot of things that don’t work well. Making sure they include me as often as they can is key. I would’ve liked it to be more often, but they try their best. The social workers care about the kids. I know the workers are overloaded, so they do the best they can.”

TREND



Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

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

“I have a great team. They include me in everything that concerns my child. They value my opinion. They are flexible about changing times for family needs.” (K)

“They mostly try to make me part of the team.” (L)

“We are in the middle of a home study. Our home study worker did a really good job in making us feel really comfortable, was easy to talk to, made us feel like a part of the team, and encouraged us in the process.” (K)

“Everyone works well as a team. The teamwork piece is huge.” (L)

“I had a fabulous team. Vouchers for getting the kids food and clothes were extremely helpful. The social worker visits to the house were very supportive. I was kept informed of the court matters, what was happening with the case. I felt I was included in the process.” (K)

“I never feel like I am alone in what is needed for the care of my child. I feel like we are a good team.” (L)

“My caseworker has included me in everything. She will answer any question I have; she works with me. She is always concerned for the well-being of the child. Her counseling and everything she needs comes first.” (K)

Some said the team approach varied.

“Casey has been very quick to respond, helpful with resources, training and involvement of the whole family in feeling a part of their organization.” (L)

“I feel like we have had good experiences with our social workers, they respond promptly and treated us like part of the team. Not good experiences with the CASA, we felt like they did not have the child’s best interest, but focused on reunification over what was best for kids in our care.” (L)

“The private agency collaborates and works well with us. I have nothing positive to say about work with DCYF.” (L)

Others said teamwork was usually lacking.

“Our state social worker has not provided a referral for therapy in almost six months. Has been meeting with the child at school and never with us involved.” (L)

“DCYF could do a better job with communication and making me feel like part of the team.” (K)

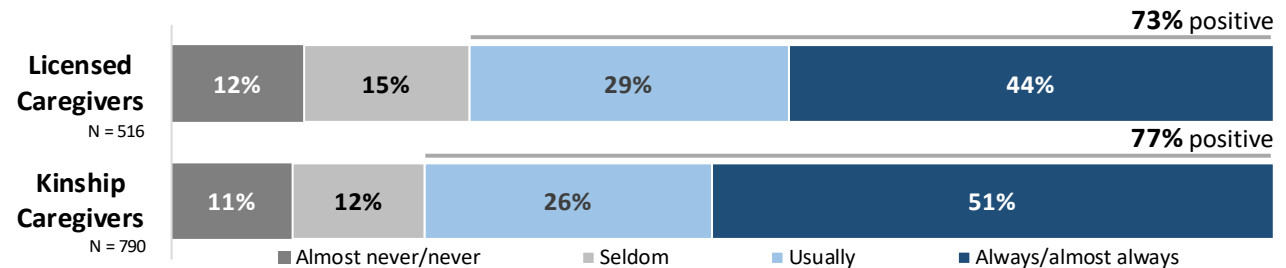
“I just think that foster parents should be more included in the care of a child.” (L)

“We would like to feel more a part of the team. So much goes back and forth that affects our case and we are never included. We wish people got back to us more often.” (K)

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

More than seven out of ten of the 1,342 caregivers who answered this question reported that they were always, almost always, or usually included in meetings about the child in their care.

RESPONSE



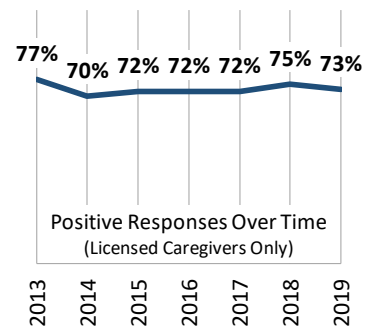
DETAIL

Kinship caregivers were a bit more positive in response to this question. Among licensed caregivers, the difference between 2018 and 2019 was not statistically significant.

Not being included in meetings can mean that crucial information is missing, as one licensed caregiver pointed out:

“It would be nice to get to meetings. There are many meetings that are done without us. No one knows better than we do. I feel like our feedback is valuable, but we are not invited.”

TREND



Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers said they were usually invited and included in meetings about the child’s case.

- “They accommodated my work schedule for meetings and did it by phone because of the long commute.” (L)
- “They usually include us in the decision-making.” (L)
- “I have been included in meetings including teleconferences.” (K)
- “They include us in meetings. They give good information and are there whenever we need anything. They give all information I need when a child is placed in our home.” (L)
- “Prompt with their emails and including us in the meetings.” (K)
- “When we had an issue with the child at school, the social worker did a meeting with everyone involved.” (K)
- “They have included me in the meetings and come to the house and help us with the necessary things.” (K)

Some said meeting inclusion varied.

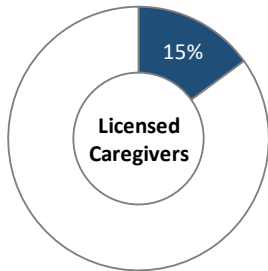
- “As for meetings, we have two children and with one we’re always included in the meetings and with the other never. So more consistency among social workers.” (L)
- “For one child in our home, we have only been invited to one meeting in over twenty months.” (L)

Some said meeting involvement was lacking.

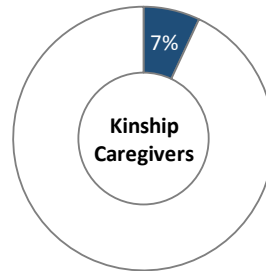
- “We were left out of a number of meetings and found out about them after the fact. This was disappointing. We should be told when the meetings are going to occur so we can have time for arrangements. Even if we’re told it isn’t recommended that we attend, we should know.” (L)
- “We have a meeting with DCYF for a permanent placement plan and I feel like the social worker doesn’t care about our thought and she said I didn’t have to be there for it and I feel like she doesn’t want me there.” (L)
- “Include me more in meetings and decision process.” (K)
- “We had a poor experience over the last year. We weren’t told about court dates, they had meetings without us.” (K)
- “Keep us informed of case plans, invite us to meetings, let us know about court hearings.” (L)
- “They would let us know when meetings were, what would happen or when court hearings were held, but we were never allowed to speak. Told to sit and wait, but never were allowed to talk.” (K)
- “I think they need to include me in the placement meetings.” (K)

121 of the 1,215 caregivers who commented (10%) specifically discussed social worker inclusiveness.

COMMENTED ON THIS TOPIC



68 of 456 commented
29 – Satisfied
7 – Mixed or Neutral
32 – Needs Work



53 of 759 commented
19 – Satisfied
1 – Mixed or Neutral
33 – Needs Work

KEY FINDINGS

Over half of the caregiver comments (73) said that inclusiveness needed work, or were mixed or neutral. Only 48 comments on this topic were positive. One licensed caregiver discussed her sense of exclusion from her worker:

“I get a strong sense that the social workers don’t want you to get too close to the children, but they need you to take care of them. It would be nice if they would explain that when they come to the home they are required to examine the children for injuries. That would make the foster parent feel more like part of a team, and that they are being supported in their role by the agency. It feels like they don’t trust you with the children. That’s the big difference between the DCYF social workers and the private agency social workers. The State makes you feel like you’ve done something wrong. The foster parent needs to feel that the State social worker is there for them too.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Not being included hurt the caregiving process.

“Let me know what is going on with the kids. Help me more with the child in my home. Include us more in services being provided to the child. Learn from us also about what is going on in the home. Don’t just talk to the child.” (L)

“We need to be included. Tell us about meetings, don’t tell us or tell us the day of. I can’t be at these meetings the day of, I have a job and I can’t be there last minute, it’s crazy. I know that they’re overworked which is why they fail to notify us sometimes.” (K)

“Be more of a team with us instead of against us. Some kind of support system for us instead of us having to reach out to them, and return calls and emails in a timely manner. Let us know ahead of time of needed information for court dates, not the day before.” (L)

“I think she could communicate better with me on their case, acknowledging the kids are having a hard time and talking with me when she comes to the house. She didn’t send me an email that the case had been moved onto adoption. After three years, it was disheartening that she didn’t even say goodbye to me. I thought we were supposed to be partners and doing this together.” (L)

“Include the foster parent in meetings and give us information as to what is happening in the case.” (K)

“Treat me as a member of the team. Listen to me better. Respond to my phone calls. Keep me updated on what is happening especially if I need to do something.” (K)

“It would be helpful to be included to know what our role is. We are excluded more often than included. We weren’t included in the FDTM meetings and the worker was surprised when I asked if we could be.” (L)

“Treat us like our opinion matters. Be truthful about what is going on. Give us vouchers for clothing when they come with nothing. Help with gas. Help with the special needs. Work with us on the problems, don’t talk down to us.” (K)

Being included was important to caregivers.

“They keep me included in everything. They are always there to help me.” (K)

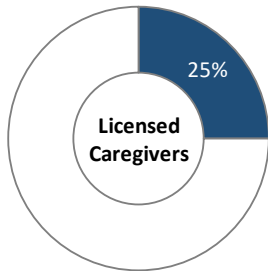
“I would say they have included me in any decisions, they’ve done fairly well in providing what I needed, like child care and other services.” (L)

“The social worker I am currently working with and her team values my opinion and input to create the best environment for this child.” (K)

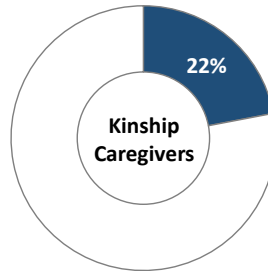
“Our worker included us, she treats us well with respect and shows appreciation for us taking care of the children.” (L)

283 of the 1,215 caregivers who commented (23%) discussed social worker communication.

COMMENTED ON THIS TOPIC



114 of 456 commented
26 – Satisfied
9 – Mixed or Neutral
79 – Needs Work



169 of 759 commented
63 – Satisfied
8 – Mixed or Neutral
98 – Needs Work

KEY FINDINGS

Most caregiver comments on communication were critical (177) or mixed (17). There were 89 positive comments – 63 from kinship caregivers, and 26 from licensed caregivers.

One kinship caregiver said:

“I really thought about what I might say to you when I got the survey letter. We think that even in emergency situations, there needs to be better communication up front -- or at least within the first few weeks. They left us feeling like no one really knows the situation. It was very frustrating. For example, we were told that the child would only be with us for ten days and we thought we could handle that. We told them that we had an overseas vacation planned in six weeks and they said ‘no problem, we will find a placement for her before then.’ That did not happen and we ended up having to find a caregiver for her.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

More caregivers said communication was problematic.

- “Communicate. Keep me better informed on what is happening. I don’t feel like part of the team, because the only info I am ever given is when visits are happening.” (K)
- “We would welcome better communication and follow through from our state social worker.” (L)
- “Keep the foster parent updated as to what is happening and inform of any changes. Better communication.” (K)
- “Better communication. Keep the foster parents more involved in what is happening in the case” (L)
- “Put the needs of the child first. Better communication.” (L)
- “More communication between social worker and us.” (K)
- “DCYF could be better at communicating and including the foster parents in decision making.” (L)
- “Follow up with what they promise and better communication. Also let the foster parent know what is happening in the case and don’t keep secrets.” (K)
- “Usually there is a huge delay in communication.” (L)
- “I think they could communicate a little bit better. Maybe be a little bit more accessible.” (K)
- “They could communicate better & not leave me hanging with little or no information.” (L)
- “Communication and follow-through – just do it!” (K)

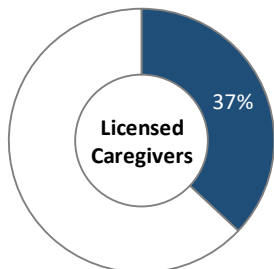
- “Communication has not always been good or helpful.” (K)
- “More communication and better listening skills.” (L)
- “Be more timely in sharing information. Better communication.” (L)

Some said communication was good.

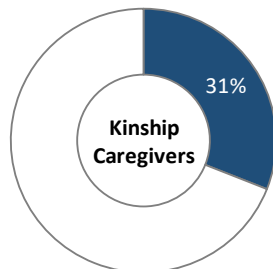
- “Communication is good and gets my opinion.” (K)
- “The communication is sufficient for the most part.” (L)
- “They communicate pretty well. They give me ideas. They listen and give me the support when I need it.” (K)
- “There is good communication.” (K)
- “The ones I’ve had this last year are really good communicators. That’s the key in this whole mess.” (L)
- “The private agency communicates well with me.” (L)
- “They always communicate well with me.” (K)
- “I feel like communication is good. I’ve always been included in whatever is going on, they are usually responsive and easy to get ahold of for the most part.” (L)
- “Any time that I could not get the necessary information they always took care of it.” (K)
- “They let me know when the court dates are and communicate well with me. They brought gifts for the little one and I think that was above and beyond.” (L)

401 of the 1,215 caregivers who commented (33%) discussed social worker responsiveness.

COMMENTED ON THIS TOPIC



168 of 456 commented
87 – Satisfied
25 – Mixed or Neutral
56 – Needs Work



233 of 759 commented
121 – Satisfied
26 – Mixed or Neutral
86 – Needs Work

KEY FINDINGS

Most (208) of the 401 caregivers who commented on the social worker’s responsiveness to them and their children’s needs were positive. Another 51 comments were mixed, and 142 were negative.

Caregiver comments show the importance of responsiveness in helping them meet the children’s needs, by finding resources and answering questions. Problem solving skills mattered and so did timely responses.

“Currently, there have been shorter turnarounds. When we had a medical procedure that needed to be done, they followed through with it. They followed through with the health provider.” (L)

“They set us up with psychologists and financially with clothing vouchers. They helped us with resources and doctors. They helped with visitation with the mom and places to do the visits.” (K)

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most said social workers responded well to their questions and the child’s needs.

- “They answer my questions and if they don’t know the answer they try to find out.” (K)
- “So far all social workers, licensors and supervisors have been very responsive.” (L)
- “My social worker was very responsive. I could text her and hear back from her in a reasonable amount of time. This was huge.” (L)
- “They ask and provide anything I need for the child.” (K)
- “Recently our social worker has been very responsive.” (L)
- “Both my private agency and state social worker are very responsive.” (L)
- “If we need anything for the child they’re always there to help the best they can.” (K)
- “If I need something, I am aggressive. The social workers have responded to my needs and questions.” (L)
- “I think they are always quick to respond.” (K)
- “When I ask questions they get back to me right away. They also document things better.” (L)
- “They usually follow through with what we need. They give me information that I ask for.” (K)

Some said responsiveness varied.

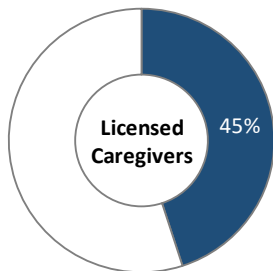
- “I get responses from our local caseworker faster than the out of county social worker.” (K)
- “One in three social workers is quick to respond and always gives me a time frame when she is working on things.” (L)
- “The private agency does a decent job of repeatedly asking the social worker to do the bare minimum that we need. Virtually everything requires multiple requests, so we appreciate having someone who helps us get things done (day care payment, travel letter, etc.).” (L)

Some said responsiveness was poor.

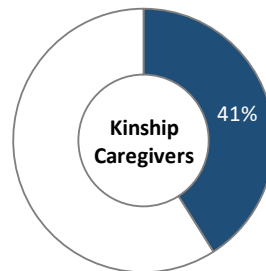
- “When they don’t respond, that’s unhelpful and recently they haven’t responded for long periods of time.” (K)
- “The case workers would not respond to any of my requests for the foster child.” (L)
- “The caseworker didn’t follow through in finding resources to help us.” (K)
- “The social worker responds with information needed but not in a timely manner.” (L)
- “The social worker needs to respond to requests sooner than three months. The requests came from everyone CASA worker, visit supervisor, private agency worker.” (L)
- “Response time is ridiculous!” (L)

518 of the 1,215 caregivers who commented (43%) discussed something about social workers that is different than what was discussed earlier.

COMMENTED ON THIS TOPIC



204 of 456 commented
84 – Satisfied
28 – Mixed or Neutral
92 – Needs Work



314 of 759 commented
143 – Satisfied
40 – Mixed or Neutral
131 – Needs Work

KEY FINDINGS

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

Many “other” comments discussed the need for proactive, creative help with the complex needs of the children.

“Our most recent worker out of three has been very proactive in helping us and our grandchild. We have been able to add a case aide and will be working now with the WISE team. They have also been proactive with our adult child, the mother of our grandchild, to make better choices in her life.” (K)

“Have the capacity to spend more time addressing and understanding the complexities of my child’s situation, as well as to think outside the box and proactively.” (L)

Caregivers also mentioned the need for more practical help – such as with finances and with paperwork. And caregivers wanted honesty and trust between themselves and their social workers.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers needed help with complex needs.

“One social worker has a weekly phone conference with us on what has happened that week. It helps us understand his behaviors, his trauma and the system processes.” (K)

“When we are finally able to connect, they take the time to listen and troubleshoot the problem with me.” (L)

“Social workers ask good questions to identify if there any additional needs of the child. They ask questions that open up conversations on topics that are hard to bring up.” (K)

“We have had some crises with our kiddo in the last six months and everyone jumped into help us including our courtesy social worker. Not a single end was left untended and that’s a first for us with the agency.” (L)

“Provide better support to the girls, they weren’t getting the counseling they needed. One girl was having suicidal thoughts, but they didn’t get the counseling right away.” (K)

“We feel like we have not been squeaky enough wheels because the bio parents get their needs met above the needs of the child. Our nephew is ADHD and ODD [Oppositional Defiant Disorder] and is considered eligible for BRS. We have gotten little support for his needs. We will not be renewing our license and it didn’t have to go down that way.” (L)

“They could improve access to mental health services.” (K)

Caregivers needed help with case paperwork.

“The social workers has helped me to get all the paperwork necessary for the children -- very fast at doing that.” (K)

“Be more available when we need help with papers.” (L)

Caregivers needed help with the finances of care.

“This baby came to me with dirty clothes and the wrong car seat. The paperwork said I would be getting the correct formula and even that hasn’t arrived yet. I can’t afford this stuff and I really need you guys to follow up.” (K)

“I probably took 40 hours of time off from work, in trying to get the Non-Needy TANF completed for our relative child. This was a huge hurdle -- not fair to relative caregivers.” (K)

“There was no information given to us on how TANF works, no help with clothing for the child or obtaining other items that a baby needs.” (K)

Caregivers needed honesty and follow-through.

“Be truthful. Follow up on what is promised.” (K)

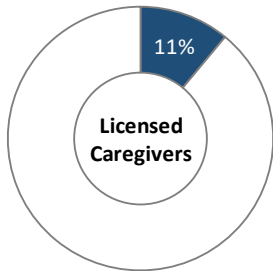
“Be upfront. They made it seem better than it was.” (L)

“Be more truthful about what is going on.” (K)

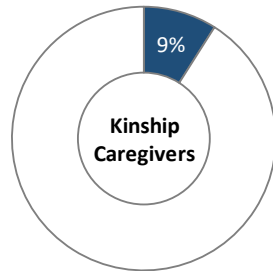
“Be honest about the children. Follow through.” (L)

121 of the 1,215 caregivers who commented (10%) said state caseloads were too high.

COMMENTED ON THIS TOPIC



51 of 456 commented
0 – Satisfied
0 – Mixed or Neutral
51 – Needs Work



70 of 759 commented
0 – Satisfied
0 – Mixed or Neutral
70 – Needs Work

KEY FINDINGS

About one in ten caregivers said more social workers are needed, because caseloads are too high. This means:

- Social workers could not pay enough attention to the children and families.
- Social workers could not respond quickly enough to child and family needs.
- Social worker were sometimes not able to communicate in a timely way – or at all.
- Social workers could not keep up with the cases, leading to longer times in care for children.
- Social workers were stressed by their workload and left frequently, and that led to high staff turnover.
- High turnover was an added strain to families and children, and meant cases were not as well managed.

One licensed caregiver said:

“They have heavy caseloads, which lead to them not having the time to help when needed, or even to come see the kiddo. So more staff for the caseloads would be very helpful.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

DSHS social workers needed smaller caseloads so they could pay more attention to children and families.

- “They are understaffed and overworked. This is my opinion. They are all really nice, but are hugely overworked. The staff just doesn’t have time to do everything.” (K)
- “They need to lessen the caseloads of the social workers. They barely have time to breathe and often don’t get to the monthly visit until the last minute.” (L)
- “More caseworkers and less turnover and they will be able to meet the demands Washington state has.” (L)
- “More staff, as they are overworked and understaffed. Then they could answer phone calls and emails promptly.” (K)
- “Their caseloads are too high for the social worker to be effective.” (L)
- “Their caseloads are high, so they are not able to respond as quickly as I would like.” (K)
- “I know the DCYF social worker caseload is large, but as a result I am not very well supported by them.” (L)
- “The caseloads for the social workers are too high, so it takes too long for her to get back to us.” (K)
- “I think the Department needs to lighten the load of the social workers so they can focus more on the child as an individual. More social workers are needed to handle the caseloads.” (L)

Heavy caseloads led to long wait times for families.

- “When I text or call or ask for something, it’d be nice if I got it. It takes too long to get anything. I think the caseworkers do what they can, they have way too many caseloads.” (K)
- “They have a lot of cases, too many, so they don’t always get back to us.” (K)
- “They show up to court, I guess that’s something. I think they are overworked.” (K)

Social worker turnover was too frequent.

- “I went through five caseworkers. I didn’t need to go through that many caseworkers, but they can’t keep them because they are so overworked.” (K)
- “They are very busy people with a lot of turnover. As a result we have been shifted too many times from one social worker to another.” (L)
- “The turnover rate for the social workers is too great. I don’t even know who the social worker is right now.” (L)
- “There is way too much turnover in social workers.” (K)
- “Changing of the social worker in the case is very hard on the child and the foster parent – so more staff.” (L)
- “In the three years I’ve been doing this, I have had six different social workers. You get used to one worker, then you have to start all over again.” (K)

Access, Process, and Coordination



Getty Images / Monkeybusinessimages

Caregivers appreciated good access and quick help with day-to-day child needs.

Over three of four caregivers answered the question below positively, but there was a statistically significant decrease from the prior year among licensed caregivers.

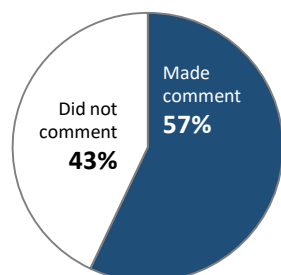
- *Can you get help when you ask for it?* (L 76% positive in 2019 compared to 84% positive in 2018).

Almost six of ten caregivers who made comments discussed access, process, or coordination issues.

Caregivers really appreciated regular phone and email contact with their children’s social workers, and getting help from them when needed. They liked the consistent face-to-face monthly health and safety meetings. And though most caregiver comments were positive, the negative comments showed that caregivers are not happy when those contacts break down.

Caregivers were more negative about general and specific processes, coordination, and paperwork. Some criticized the “system” they felt favored biological parents unduly, making their children suffer more trauma as their lives were in limbo for years. Some criticized the impact of staff turnover and inconsistent expectations on their workload as caregivers. Help with paperwork was appreciated. Kinship caregivers needed more help in knowing what resources are available to them and their children, and more help in managing the financial and logistical aspects of caring for the children. Difficulties coordinating in cases across state and county boundaries were often mentioned.

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



176 (25%) of these comments were positive.

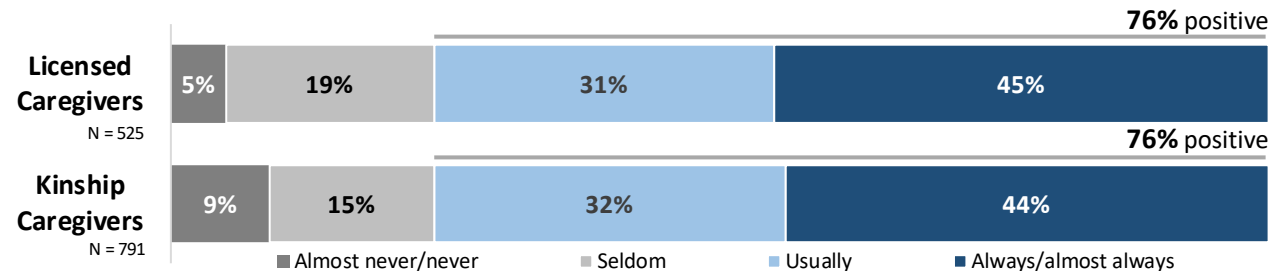
119 comments (17%) were mixed or neutral.

398 comments (57%) were negative or suggestions for improvement.

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

Over three of four (76%) of the 1,376 caregivers who answered this question reported that they always, almost always, or usually can get help when they ask for it.

RESPONSE



DETAIL

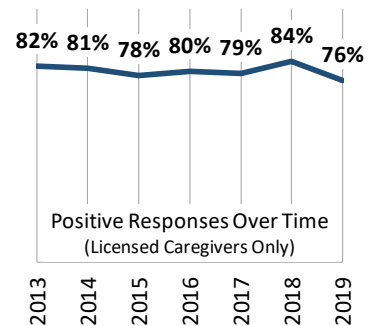
Among licensed caregivers, there was a statistically significant decrease in positive answers to this question (76% in 2019 to 84% in 2018).

Comments from two kinship caregivers show very different levels of help:

“They gave me good information and worked with me. They return my calls and texts timely. I think they go above and beyond.”

“I need working numbers to reach social workers during an emergency. I had no idea these kids were so broken and violent. One tried to kill himself and I couldn’t get anyone to respond and spent the night in the ER alone.”

TREND



Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most comments described good help.

“They were always very good at getting back to us when we contacted them. They also were good at keeping us in the loop about support groups or training.” (L)

“They are always there to help with needs. They answer our calls and whenever we had a need, they’ve always been there. The girls are doing better every day.” (K)

“When I was going through the training people told us that we would have a hard time getting support. That hasn’t been my experience at all. They have been very supportive when it comes to things like getting clothing, arranging transportation or getting supplies for school.” (L)

“They ask me if I have any needs. I have regular contact in person with my social worker. My licenser always returns my phone calls. My CASA worker is always available to talk.” (L)

“My first social worker was here at the house within a week of placement. She was so supportive. Brought me all the information I could ever need. We got set up for PT for the child which has been great. She always returned my phone calls within 30 minutes of me leaving a message.” (K)

“They have been there every time we reached out with a question or to talk. It has been so comforting to know they are at the other end of the phone if we need them.” (L)

“My licenser has been really good about getting back to me when I have questions. They help support me and they answer their texts. Our courtesy worker comes for monthly visits. Fostering Washington is really good about getting information out to us.” (L)

Some said help was generally lacking.

“DSHS could do better with supporting the foster parents and getting back to us during transition.” (L)

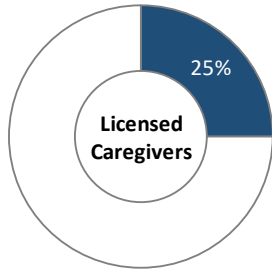
“I knew the kids through school and took them on an emergency placement. They came with the clothes on their backs. I never got financial help. I tried to reach the social worker to no avail – she never responded to my calls and emails. I got zero help from the social worker. I went into debt trying to help these kids and couldn’t keep them because I was not getting any support.” (K)

“Answer the phone and help me in the time of a needy situation. The social workers expect us to do everything. Then when we ask for help, they won’t help us.” (K)

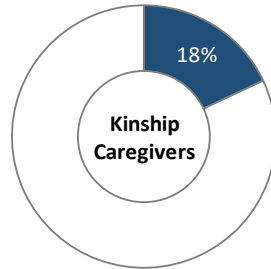
“The social workers are unavailable to help with anything or even visit the child at the house. I have to find my own resources. I do all the legwork.” (L)

253 of the 1,215 caregivers who commented (21%) discussed social worker phone and staff access.

COMMENTED ON THIS TOPIC



115 of 456 commented
71 – Satisfied
9 – Mixed or Neutral
35 – Needs Work



138 of 759 commented
73 – Satisfied
7 – Mixed or Neutral
58 – Needs Work

KEY FINDINGS

Almost six out of ten (144 out of 253) comments on phone and staff access were positive. Licensed and kinship caregivers had similar patterns of responses. One kinship caregiver said:

“Every time I had an issue with a child I called the social worker and they would give me tips on how to handle the situation. That counseling really helped. They also kept in touch with the school counselor so they would know what was going on. They always texted or emailed me back.”

On the other hand, that isn’t the experience of all caregivers. One licensed caregiver said:

“I would say that there is significant room for improvement in responsiveness by email and phone. I’ve had several urgent phone calls and emails that needed a response that day, but I didn’t hear back for days.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

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

- “They get right back to me when I call them with concerns about the foster child.” (K)
- “They usually respond to emails quickly.” (L)
- “When we call with an issue, they usually get back to us in a timely way.” (L)
- “They try to make themselves as accessible as possible outside the basic 9 to 5 frame.” (K)
- “Caseworker has really gotten better at responding to our emails.” (L)
- “They call back when I need something.” (L)
- “They always communicate with me even on weekends and late night hours.” (K)
- “I have a great social worker who returns calls.” (K)
- “I can call any time during the week, ask questions, they’re available. I like that.” (K)
- “Social workers are always available and I have emergency numbers for them. They check in with us regularly.” (L)
- “They do answer my questions and return my emails.” (K)

Some said access varied by worker or over time.

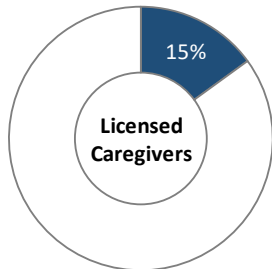
- “Initially it was really good. But now, it’s always difficult getting answers to questions and getting in touch with the social worker.” (K)
- “The very first social worker we had was wonderful, she picked up her phone during the off hours. The one we have now, not so much.” (K)
- “Our social worker communicates well and responds to emails timely now, but that was not true in the past.” (L)

Others said access was generally lacking.

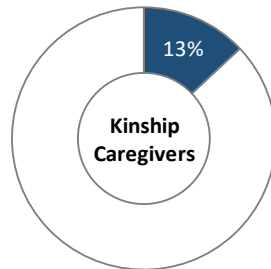
- “Our social worker never returns our calls.” (K)
- “Answer their phones on weekends! I’ve called for an emergency and they never answered the phone.” (L)
- “The response time to emails is very slow – sometimes about a week.” (L)
- “I would call and call asking for a return call, and very rarely did they ever get back to me.” (K)
- “It can be really hard to get hold of the social workers.” (L)
- “I do not feel like I can ever get hold of our social worker. Her phone message always says she’s on vacation. Her forwarding number also goes nowhere.” (L)

171 of the 1,215 caregivers who commented (14%) described the consistency of their contact with social workers.

COMMENTED ON THIS TOPIC



70 of 456 commented
 46 – Satisfied
 6 – Mixed or Neutral
 18 – Needs Work



101 of 759 commented
 63 – Satisfied
 9 – Mixed or Neutral
 29 – Needs Work

KEY FINDINGS

Over six out of ten comments on consistency (109) were positive. Licensed and kinship caregivers had similar patterns of positive and negative responses.

Consistency involved the regular monthly home visits, which were important to caregivers and children.

Consistent response when help was requested was also important to caregivers. One licensed caregiver explained both approaches in this comment:

“The social worker who does our monthly visits is spot on. He comes when he says he will and is available day or night to answer questions and give help. If he doesn’t know an answer, he finds someone who does.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

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

- “They communicate with me on a regular basis.” (K)
- “They do their monthly checkups well and very consistent with that.” (L)
- “They come once a month to check up on the child and me and the living situation.” (K)
- “They come to my house for the monthly meetings and that is good.” (L)
- “They return my calls and the social worker comes once a month and calls me to check on us.” (K)
- “They come on time for their monthly visits.” (L)
- “They do regular visitation for the child.” (K)
- “DCYF worker is diligent about scheduling our monthly visits. She does not leave us feeling rushed or cut off.” (L)
- “They did their required monthly home visits and they answer questions by phone or email within 24 hours.” (K)
- “They are timely with monthly visits.” (L)
- “I think just that they are always checking to see if anything is going on. We communicate really well. It is helpful.” (K)
- “Just regular communication and the monthly visits.” (L)

Some said private agency contact was more consistent.

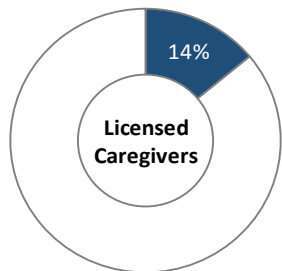
“My private agency visits weekly and calls regularly.” (L)

Some said consistent contact is missing.

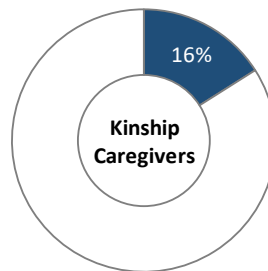
- “Oregon’s case worker was very consistent but Washington’s was not. In the first year they were good, but last year there was no contact until they wanted something from me.” (K)
- “Sometimes, it’s overwhelming to have to reach out all the time, it would be nice to have them reach out to me.” (L)
- “The social worker needs to show up when she says she is coming. She doesn’t call and let me know she isn’t coming. She only comes to visit the child every 2-3 months.” (K)
- “Do the supposedly required monthly check-ins! I’ve had to call the supervisor because the worker wasn’t coming out to see the child at our home.” (L)
- “During the time of her being placed, they gave me different options for resources, but they never followed-up with any of the help I said I needed. I wish they would have followed up and checked with me and checked.” (K)
- “It would be great if the social worker would show up to all health and safety appointments. She missed five this past year and rescheduled three.” (L)

185 of the 1,215 caregivers who commented (15%) mentioned general processes or “the system.”

COMMENTED ON THIS TOPIC



62 of 456 commented
1 – Satisfied
1 – Mixed or Neutral
60 – Needs Work



123 of 759 commented
7 – Satisfied
11 – Mixed or Neutral
105 – Needs Work

KEY FINDINGS

Over nine out of ten caregivers who commented on general processes felt that work was needed. Licensed and kinship caregivers had similar patterns of responses. The most frequent comment was that the process favors the needs of the biological parents over the needs of the foster children. Two kinship caregivers said:

“I feel they give the biological parent too many opportunities.”

“I think they need to take the children’s emotional and mental needs into account before they place them back with biological parents that aren’t in a place emotionally or mentally to care for them.”

Another strong theme was that the state social workers had their hands tied. One licensed caregiver said:

“We’ve loved all our social workers, but they don’t have support from DCYF and are overworked.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

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

- “Unfortunately, the system set up for the safety and protection of children appears to forgo that endeavor in the effort to make things as easy as possible for unqualified parents.” (K)
- “The system needs to be changed. Now it is a parents’ right system and it should be children’s right. Got kids that do not want to visit with the bio parent but are forced to because it is the parents’ right.” (L)
- “Look deeper into what is the best interests of the foster child instead of reunification with biological family being the number one goal.” (K)
- “It’s a state thing. Too many opportunities for the parents and they keep getting more chances. Enough is enough, focus on the kids. People are human and make mistakes, but with a family that has been/and is still addicted to drugs, they keep focusing on the parents. We need to focus more on the kids.” (K)
- “Change some of the system rules. Look at the emotional health of the child that was removed from the family.” (K)
- “Be more concerned about the child’s wellbeing. The child is a human life, not a policy or a procedure.” (K)

Some criticized upper management.

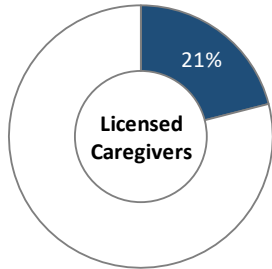
- “The problem is higher up the chain than the social workers.” (K)
- “There are laws in place, but sometimes they don’t work. There is too much upper management who are unconcerned with the welfare of the children. Upper management didn’t listen to anybody and the child fell through the cracks. I just feel like upper management was not responsive. The best interests of the child were not met. I wouldn’t let these people care for my dog.” (L)

Everything takes too long!

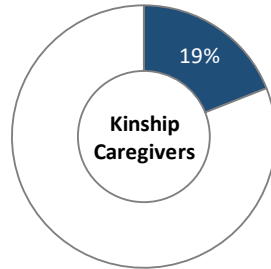
- “It has been two years to get things done. It needs to be done quicker. Never being able to get things done, seems timely is too long.” (K)
- “Expedite the process, figure out how to change the laws and move things along, there has to be a better way, we have to do better for the children.” (K)
- “We have actually lost count of all the social workers we have had in four years, but it has been at least ten. And, there were periods of time when we didn’t have any. It has dragged out this long and we wanted to adopt our two girls but the social worker’s lack of knowledge has led to this. I feel like the system is broken!” (L)

243 of the 1,215 caregivers who commented (20%) discussed specific processes.

COMMENTED ON THIS TOPIC



98 of 456 commented
3 – Satisfied
2 – Mixed or Neutral
93 – Needs Work



145 of 759 commented
2 – Satisfied
6 – Mixed or Neutral
137 – Needs Work

KEY FINDINGS

Comments on this topic were almost completely about processes the caregivers felt needed work – both among licensed and kinship caregivers. One licensed caregiver commented:

“It really isn’t the social workers, it’s the entire agency. My issues really are with how state policies are implemented and decided, and how that impacts the best interests of the children. Issues like timely permanency planning and requiring all siblings to be placed together, even though they haven’t really known each other, when they currently are living in separate families who all know each other and maintain a relationship for them on an on-going basis, even though they aren’t living together.”

Some kinship caregivers said they had not been well assisted with the financial and emotional burdens of caring for the children. And both licensed and kinship caregivers felt that adoption took far too long!

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some kinship caregivers said they were not supported.

- “This was a huge lifestyle change. It took over five months to get dependent benefits from social security and we got no financial help and were not offered resources.” (K)
- “There is a gap in the system. We have taken into our home an entire family of four siblings. The State recognized our legal third party temporary guardianship, but offered no support financially, training, or any other basic needs of the children – nothing like what would be offered to a sibling group within placement to licensed foster homes or kinship caregivers. The State also removed the infant from our care, and family relationships were not maintained between the sibling group remaining in our home and the baby taken into state custody.” (K)
- “We had to fight for our grandson who lived with us since birth so we had to provide proof that he was there. The courts filed a dependency case against the parents so that’s how we got involved.” (K)
- “The other grandchildren are in another home. My grandson cannot even see his brothers. In a whole year the brothers have only seen each other once and they miss each other a whole bunch.” (K)
- “Our concern is, our daughter will do just enough to have her son returned to her, but we know she’s not interested in him, so we are concerned for his wellbeing.” (K)

Some said adoption takes too long.

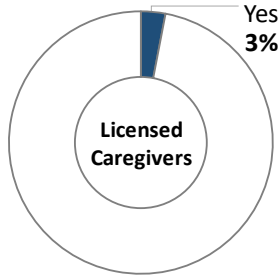
- “The adoption process has taken forever.” (K)
- “We have been trying to adopt for eight years.” (L)
- “I am a family member. It’s ridiculous that termination and adoption took so long. It was stressful for the children.” (K)
- “Weakness on the adoption side, little to no urgency.” (K)
- “Speed up the adoption process because our child’s parents parental rights have been terminated a year ago and we’ve heard nothing about the adoption and we’ve done everything needed to make the adoption happen.” (L)
- “Our foster child is three years old and they have been talking about termination of parental rights since she was about six months old. This takes way too long.” (K)

Other issues were also discussed.

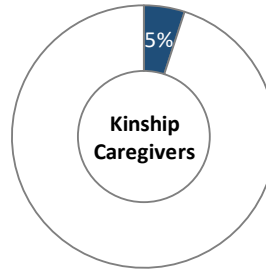
- “We had a situation with a child we had from birth to two. One year later, we got a call that the child needed another placement due to some new allegations. The child was then returned after two days with us. He remembered us and was calling us by our names. It was, I can’t even describe to you the emotions. My own kids were totally traumatized – we all were. The Department should do a better job at looking at the emotional stability of the child.” (L)

48 of the 1,215 caregivers who commented (4%) discussed paperwork processes.

COMMENTED ON THIS TOPIC



12 of 456 commented
3 – Satisfied
0 – Mixed or Neutral
9 – Needs Work



36 of 759 commented
5 – Satisfied
3 – Mixed or Neutral
28 – Needs Work

KEY FINDINGS

Most caregiver comments (37 out of 48) on paperwork processes were negative. Kinship caregivers commented more than licensed caregivers.

Two kinship caregivers commented on the confusing nature of the paperwork and court processes:

“When the court hearing was finished we were so confused. I’m not a stupid person. I work with engineers all day long, but this pile of paper was so confusing, I swear they put roadblocks in the way on purpose. In this packet, there was information about other kids that weren’t being placed with me. It was crazy!”

“Background checks and paperwork can take a long time for relatives interested in helping with the child.”

Caregivers discussed the impact of paperwork delays on custody hearings, health care, and reimbursements.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Delayed paperwork slowed custody and court cases.

“Court dates got changed because the social worker never got her paperwork in.” (L)

“The social workers need to file the needed paperwork timely and push the case through.” (L)

“My husband filled out background check paperwork five times because DCYF lost it four times. I’m a nurse and DCYF would not accept my background check from work! The judge finally intervened and said ‘this is ridiculous,’ and ordered the grandkids placed with us.” (K)

Delayed paperwork slowed health care for children.

“I had medical referrals for specialists and the social worker didn’t fill out the paperwork needed to get the care because they decided it wasn’t needed.” (L)

“When you go to the doctor, getting the release forms done, they never do it. It should’ve been done weeks ago and then you’re waiting for forever.” (L)

Delayed paperwork slowed reimbursements.

“Less red tape, paperwork and chain-of-command decision making. Clothing vouchers need to be approved more than once every two years. Kids grow!” (K)

Some paper work was lost or not submitted on time.

“Another problem is that the paperwork keeps getting lost! I’ve had to resubmit the same paperwork a number of times. I even have the receipts showing I sent it in.” (K)

“The records department needs help. If I give the social worker a document, it gets lost somewhere.” (K)

“They put me through hoops in order to have the children placed with me. They lost paperwork several times so I had to fill them out several times. They just lost them!” (K)

“They lost paperwork, from home-studies, to mileage reimbursements, to letters and emails. This caused us much extra time, work and frustration. We were not told about due dates and required paperwork. We were not informed of the mileage reimbursement process until nearly seven months into the process. When we turned in the paperwork, they lost it four consecutive times!” (K)

“Some social workers drop the ball with the paperwork they are supposed to complete.” (L)

Good teamwork helped paperwork go well.

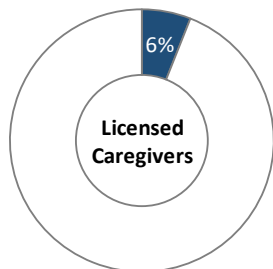
“She lets me know when I have to turn paperwork in.” (K)

“My private agency walks us through the paperwork.” (L)

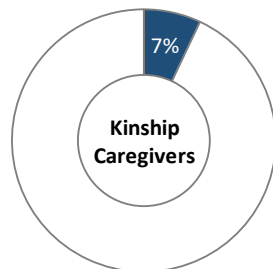
“They respond when I ask for something related to paperwork or official business.” (L)

84 of the 1,215 caregivers who commented (7%) discussed coordination.

COMMENTED ON THIS TOPIC



29 of 456 commented
10 – Satisfied
0 – Mixed or Neutral
19 – Needs Work



55 of 759 commented
8 – Satisfied
4 – Mixed or Neutral
43 – Needs Work

KEY FINDINGS

Most of the comments on coordination (62 out of 84, or 74%) were about needed improvements. More comments came from kinship caregivers than licensed caregivers.

Several caregivers commented on the difficulty in getting consistent information when social workers change often. Private agencies can help, but they can also be part of the confusion. Kinship caregiver comments discussed situations that made coordination difficult – children being placed out-of-state or out-of-county. Some said the state needs to coordinate better internally – that different staff or agencies or sections gave conflicting information and tasks, and that made the caregiver’s lives and work harder. One licensed caregiver said:

“Sometimes there are lot of things that need to get done and there is no prioritization to the tasks – we are given a lot at once and no clue as to what is most important.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Private agencies sometimes helped, but not always.

- “We have a caseworker through our private agency who attends meetings with us and corresponds with the social worker for better parent engagement.” (L)
- “Fostering Together has been our best resource. They help with clarifying information, troubleshooting with DCYF and finding resources needed for the child.” (L)
- “Sometimes we get conflicting information from our private agency and the social worker. The policies between the private agency and DCYF are not the same. They need to talk to each other first before saying anything to us.” (L)

It was good when state agencies coordinated internally, and harder when they didn’t.

- “They recognize this is complex and there are lots of team members and they prepare us well for this approach.” (L)
- “Sometimes I thought there were too many agencies. At times they worked at cross-purposes; later they were all doing the same thing. Redundant and wastes my time.” (K)
- “Washington State departments should be working together. Inter-departmental communication.” (K)
- “We often get conflicting information from different DCYF staff. They need to talk to each other to make sure their information is correct, then communicate with us as caregivers.” (L)

Coordination suffered after social worker turnover.

- “When social workers change, there is no communication and it totally breaks down.” (K)
- “We have gone through a lot of social workers which makes it pretty difficult to get any consistent information.” (K)
- “In less than two years I have had about twelve different workers, and they don’t communicate well between Eastern and Western Washington, or with me.” (K)

Coordination was harder across counties and states.

- “The states need to work together better to provide the best welfare to the child.” (K)
- “I have an out-of-county placement which creates problems. The local office doesn’t know the situation.” (K)
- “Getting all their ducks in a row, and everyone on the same page. Moving children to another state with little to no support was hard on everyone, not just us as foster care providers. ICPC process needs to be improved.” (K)
- “When you are doing things from state to state, things go very slowly and people are sometimes very hard to reach. I wish the rules were standardized so it would not be so hard to adopt a child in another state. This is our grandchild and it still took a year of back and forth and exhausting work to get this adoption done.” (K)

Information



Getty Images / Koldunov

Caregivers need complete and timely information on their foster children.

More than two of three caregivers gave positive answers to the information question below. There was a statistically significant decrease from the prior year among licensed caregivers.

- *Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental and educational needs?* (L 68% positive in 2019 to 73% in 2018).

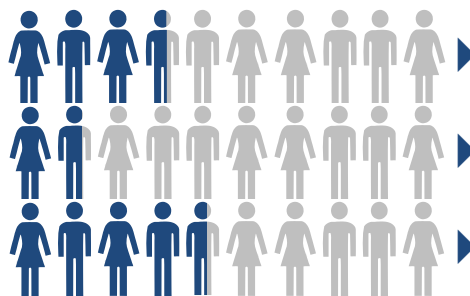
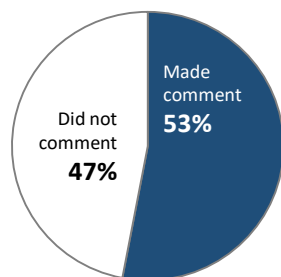
643 caregivers discussed information. Two of three comments were negative or mixed. Problems discussed included:

- Not getting background information about the needs and behavioral problems of the children.
- Not getting information about community resources available to help the children.
- Not receiving information about help for the caregivers, particularly financial help.
- Not receiving information on the progress of the children’s cases.
- Not receiving adequate notice of court dates and meetings caregivers need to attend.

Some caregivers, on the other hand, had their information needs well met in all of these areas.

Mixed comments suggested that the quality of information sharing depended on the social workers.

643 caregivers (53%) commented on information sharing.



▶ **234** (36%) of these comments were positive.

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

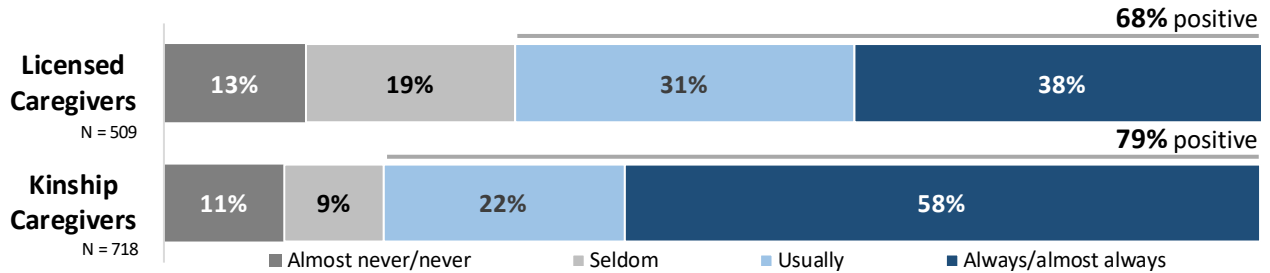
▶ **298** comments (46%) were negative or suggestions for improvement.

QUESTION |

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

More than seven of ten of the 1,227 caregivers who answered this question reported that the information they received was always, almost always, or usually adequate.

RESPONSE



DETAIL

Licensed and kinship caregivers answered this question differently. Kinship caregivers, who usually know the children placed in their home, were 79% positive, while licensed caregivers were 68% positive.

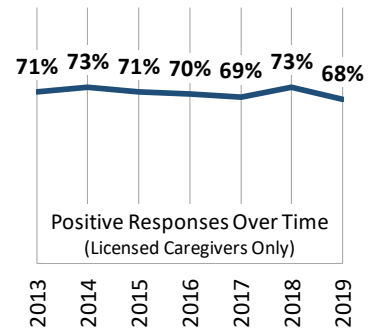
Among licensed caregivers, there was a statistically significant decrease in positive answers (68% in 2019 compared to 73% in 2018).

Two licensed caregivers had very different information experiences:

“They answer my questions, and if they can’t they find the answers.”

“We need much more info about the children when we get them.”

TREND



Caregivers speak . . .

Information on children’s needs was not always given.

“At the hospital they could have filled us in more, but they just said, ‘she’s ready to go home now.’ She was in withdrawal at the hospital, but everything we asked about how to care for her with the withdrawal was cited as ‘it’s private, we can’t tell you what drugs mom did or did not do, or even if she did drugs.’ They could have given us more information about what to watch for and what is normal or abnormal when a child is experiencing withdrawal. Giving us information about her medical needs would have been so very helpful.” (K)

“I don’t always have enough information for medical and medicines for the children.” (L)

“Give me more information on the children they place with me: background, medical history, and so on.” (L)

“The social worker needs to take more care in providing information of a medicine that a child is taking whenever the child is changing homes. This takes too long.” (L)

“Need much more information about the kids upfront, especially trauma related situation and problems.” (L)

“Better information on the child before placement. All I am getting is name and age. I need health problems, behaviors, feeding schedules, and so on.” (L)

(K) = Kinship caregiver (L) = Licensed caregiver

“Once the children were placed with us we were told to contact the previous placement for any information. We asked for any resources that we may need and were told again to contact the previous place for any information. I don’t feel that it was the previous placement was responsible for giving us that information.” (K)

Some caregivers got good information.

“They answer my questions when I have them.” (K)

“They are very informative and also provide me with information needed.” (K)

“They offer good training and give us good information when we have questions.” (L)

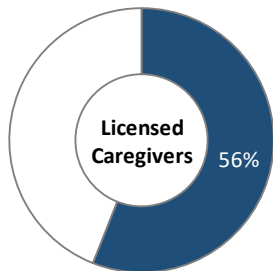
“They are good about answering questions. Also, making sure that I know what I’m supposed to be doing, and not waiting for me to have to ask the questions, and they were good about explaining things to me.” (K)

“My private agency has provided me with a lot of information that was not provided by DCYF.” (K)

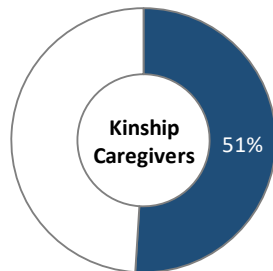
“They are always trying to help us understand the system and not be overwhelmed.” (L)

643 of the 1,215 caregivers who commented (53%) discussed information.

COMMENTED ON THIS TOPIC



257 of 456 commented
81 – Satisfied
51 – Mixed or Neutral
125 – Needs Work



386 of 759 commented
153 – Satisfied
60 – Mixed or Neutral
173 – Needs Work

KEY FINDINGS

More comments on information were negative than positive.

Caregivers need and appreciate information on resources to help care for the children. One kinship caregiver said:

“Being a new parent, they could have helped me in direction on obtaining financial support. They never mentioned we might be eligible for TANF benefits or even for WIC. Why didn’t they share this information with me? Be more open and customer service driven to care for the children in any relative family’s home. They are doing the best they can to take care of the child and need your help to do that. They don’t understand much about how your agency works.”

Caregivers also appreciate knowing how the child’s case is progressing. One licensed foster parents said succinctly:

“They have kept me in the loop as to what is happening in the case.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some say needed information was not shared.

- “On some levels things are tied and they can’t share information with us.” (L)
- “I was told I would get reports when there were meetings but it never came.” (K)
- “Tell us more information about the child and the bio family that would help the foster child know where things are coming from.” (L)
- “The financial part can be really hard for relatives who are young like we are and sometimes we are afraid to ask for help. It felt scary and that we couldn’t talk about our financial needs in caring for another child in the home, even with the support they are going to give you. They did tell me that they would apply for TANF on my behalf for our relative child, and two months later, I found out I had to apply. When I went to the TANF office, they kept trying to sign me up for food stamps and didn’t understand I was applying for non-needy relative TANF.” (K)
- “A little more information on upcoming appointments or requirements and referrals.” (K)
- “Provide more background information on the child.” (L)
- “Have more info on what is going on with the case.” (L)
- “In the beginning they didn’t explain my roles and responsibilities.” (K)

“Got new caseworkers and they never responded; never provided resources because they said they weren’t available. And then I got a courtesy caseworker who said that wasn’t true and got me some vouchers which was a huge help. We need more help for us relative caregivers who receive their grandkids suddenly.” (K)

Caregivers appreciated clear, useful information.

- “She is good at following up on information we need.” (L)
- “They answered a lot of our questions. We were kept informed of the child’s family situation.” (K)
- “They help us with info on free resources.” (L)
- “Basically they answer my questions and they give me information in a timely manner.” (K)
- “They kept me in the loop about updated court events.” (K)
- “Our social worker for the kids was amazing. We were so lucky to have her. She was always there if we had any questions or concerns.” (K)
- “Licensor always answered my questions promptly.” (L)

Resources



Getty Images / yaoinlove

Caregivers want resources to be readily available. And they want financial reimbursement processes to be clear and the reimbursements swift.

Over one of three caregivers who commented discussed resources such as medical and mental health care, respite care, transportation, child care, financial matters, and others.

There were more negative than positive comments for medical and mental health care, respite, transportation, child care, and general financial matters. There were more positive than negative comments on other resources and sorts of support. Private and community agencies were particularly praised for their help with resources.

For each resource type, some caregivers reported it going well and others badly. Some kinship caregivers suggested that licensed caregivers were treated better than kinship caregivers with regard to resources. However, licensed caregivers also reported difficulties.

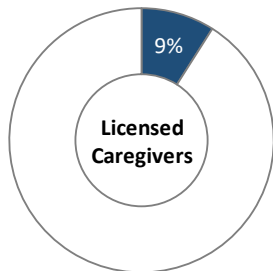
The mixed comments generally pointed out that the provision of resources and reimbursements depended on the social worker – and that social workers varied greatly in their skill, level of personal organization, commitment, and experience.

429 caregivers (35%) commented on resources and reimbursements.

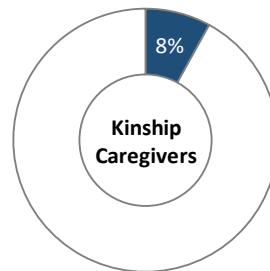


101 of the 1,215 caregiver comments (8%) discussed medical, dental or mental health resources.

COMMENTED ON THIS TOPIC



40 of 456 commented
13 – Satisfied
3 – Mixed or Neutral
24 – Needs Work



61 of 759 commented
21 – Satisfied
7 – Mixed or Neutral
33 – Needs Work

KEY FINDINGS

Over half of the comments (57 of 101) were negative. Licensed and kinship caregivers had similar patterns. Part of the problem was getting help in identifying needs and finding resources. One newly licensed caregiver said:

“We have not received any information about the child’s needs, medical, and what happened to him in the years prior to our placement. The child was in counseling at Lutheran Services and they said he didn’t need it anymore because he wasn’t ready to talk. The child is terrified of the dark and can’t sleep alone. Help us learn about what we can do, what resources are there to help him.”

Other caregivers said their children did receive the needed help. One kinship caregiver said:

“Information and support about children’s health has always been spot on. We have been able to access everything needed to meet their health, medical, and counseling needs.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some children were not getting the mental and behavioral help they needed.

“Mental health services for foster children are extremely deficient. I have requested formal mental health evaluations several times and none ever happened. These were professional mental health counselors.” (L)

“Help us identify resources; give us the names of people in our area who are qualified to evaluate a small child.” (K)

“Being more attentive to the kid’s feelings and what they need. The insurance doesn’t cover the emotional help. You’re talking months before these kids get any help.” (K)

“The referrals to different agencies for behavioral support are not processed quickly by the receiving agency. This can result in the placement being disrupted due to the children’s behavioral issues.” (L)

“Provide added mental health service for the child when necessary.” (K)

Getting timely medical care could also be difficult.

“Time between social workers and medical staff needs to be quicker and more coordinated, especially with a medically fragile child.” (K)

“My grandchild is drug affected and developmentally delayed, but I don’t get support for those problems.” (K)

“Whenever a child changes homes, the social workers need to take more care to tell new caregivers what medications that child is taking. It takes too long to find out, and meanwhile the child is not taking their needed meds.” (L)

“I think if a foster child needs special medical equipment, you should be able to get it. I have been denied several times.” (L)

Some said health care was accessible and helpful.

“They provide services such as counseling, medical, and physical therapy.” (L)

“They helped us set up medical for the children.” (K)

“My social worker has provided me with the additional assistance I need for my child, such as counseling.” (L)

“Medical stuff is taken care of for us and the child.” (K)

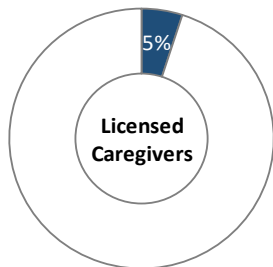
“I was impressed with the mental health support for the child placed with us.” (K)

“I was especially impressed with the therapist and counselors.” (K)

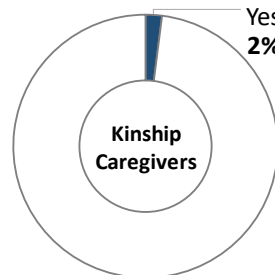
“The new DCYF social worker supported us in getting medical care for the child placed with us when we were running into two year waits at specialty care. She made a referral to a therapist for the child placed with us when the therapy he was in was not progressing.” (K)

38 of the 1,215 caregivers commenting (3%) discussed respite care.

COMMENTED ON THIS TOPIC



25 of 456 commented
11 – Satisfied
1 – Mixed or Neutral
13 – Needs Work



13 of 759 commented
3 – Satisfied
0 – Mixed or Neutral
10 – Needs Work

KEY FINDINGS

Over half of the comments (23 of 38) were negative or said work was needed. Licensed caregivers had a greater share of positive comments on respite than kinship caregivers, who were mostly negative (10 of 13).

Licensed caregivers were more likely to say that their respite was provided through a private agency. One licensed caregiver discussed a special arrangement for respite and other support through a private agency:

“We have a HUB home under Catholic Community Services. We have five families under us so we are one big support group and we have unlimited respite which means we can care for the children in the homes under us, as well as they can with each other. The number of foster parents quitting has drastically reduced because they have support from the HUB.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some caregivers were not able to access respite care.

- “I don’t get respite services, because there just aren’t enough people to provide this service. They need to do more recruiting for people who would be willing to just do respite and maybe it needs to be an easier training path to get that kind of certification.” (L)
- “More respite care.” (K)
- “When we ask for respite care, we hardly ever receive it. We do respite care, but we cannot get it for ourselves.” (L)
- “Better respite would be great.” (L)
- “The availability of respite care. The biggest problem we’ve had was respite. I had to have a huge breakdown just to get it. I told them about it months before and they couldn’t get anyone to do it, I had to find it myself.” (L)
- “It’s very hard to find respite care in my area.” (K)
- “We generally have had issues with finding respite care. We apply early when we want to take a vacation. We have problems just getting someone to call us back. We have medically fragile children so it is even harder to find appropriate care.” (L)
- “Respite would be nice.” (K)

Others had no problems obtaining respite care, often through a private agency.

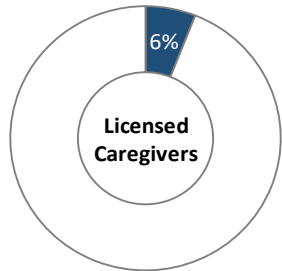
- “My private agency – she helps me find respite” (K)
- “Respite care was given, which was a huge help.” (L)
- “They are good about respite.” (L)
- “They are always offering more help with respite care.” (L)
- “My private agency is great, they’re able to help out with respite care. I just had a death in the family and I needed emergency care and they found that for me.” (L)
- “We’ve used respite care for us several times – that’s appreciated.” (L)
- “We took custody in February and brought her home. We then left on a vacation that we had planned. They were very helpful in finding a respite provider. We were going to cancel everything and they helped us so we could go.” (K)

Several caregivers provided respite care.

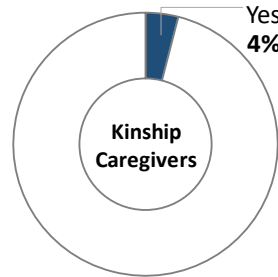
- “Payment for respite care is dicey. I was never told about how the exceptional rates were handled and when they applied.” (L)
- “We do respite care and we would like them to place more children with us.” (L)

58 of the 1,215 caregivers commenting (5%) discussed transportation.

COMMENTED ON THIS TOPIC



28 of 456 commented
 8 – Satisfied
 2 – Mixed or Neutral
 18 – Needs Work



30 of 759 commented
 8 – Satisfied
 0 – Mixed or Neutral
 22 – Needs Work

KEY FINDINGS

Two out of three caregiver comments on transportation were negative. Patterns were similar across licensed and kinship caregivers. Difficulties with transportation reimbursement were frequent. One licensed caregiver said:

“I’ve had a hard time getting my reimbursements for transporting to parent visits. I couldn’t get anyone in Fiduciary to answer my phone calls or emails to see if I was filling out the forms wrong. It seems now to be on a better keel. It was frustrating enough that I about said: ‘Forget doing foster care!’”

Getting help with transportation itself was problematic for some caregivers, particularly in complicated situations, such as multiple youth with special needs, or aging grandparents, or long distances. One kinship caregiver said:

“We were told we’d get transportation help as the kids were in a school 45 minutes away and never received any.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Reimbursement delays for transport were frustrating.

- “We have had trouble getting case aide help because of issues on who is going to pay the mileage.” (K)
- “Some things happen very slowly. For example, reimbursement for gas. Almost always, we would have to ask where they were at in completing those requests.” (K)
- “The help I needed monetarily never showed up. I was driving to Vancouver, they split the brothers up and I had to drive back and forth for weeks, but they never paid for mileage even though I drove round trip every single weekend.” (K)
- “I’m low income and have needs for gas to take niece to day care and it takes 3 weeks for reimbursement which makes it hard. I think if they can’t do reimbursement more timely, then provide transportation to and from day care.” (K)
- “The reimbursement system is poor. We have been waiting for over 1-1/2 months for mileage reimbursement.” (L)

Some caregivers got transportation help.

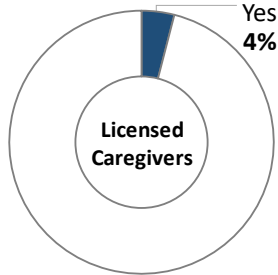
- “They arranged for a school bus to pick up the kids.” (K)
- “The social worker helped by finding transportation to the child’s school.” (L)
- “If we needed transportation, they always helped.” (K)
- “They come and take the kids to appointments.” (L)

Others didn’t – especially when needs were complex.

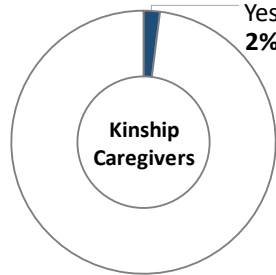
- “When children have multiple issues, both medical and developmental, foster parents need support. Having help with transportation for him was really needed and they just ignored my requests.” (L)
- “We needed someone to get the kids and no one would come for two months. We had to drive 7.5 miles one way to bring the kids down. I was bedridden and my wife couldn’t drive, so against the medical advice from my doctor I drove. We’re getting a lot of bullshit from the State. We had a worker over to our house and we said we needed them to pick up the kids for the visitation, but no one would come to our place to get the kids for visits.” (K)
- “More help with transportation is a real biggie. Any support they can offer to help with these responsibilities would be a huge help. We have children going for visits, to medical appointments, to activities all at the same time and it becomes exceptionally hard to make it all happen.” (L)
- “Help with transportation when visits are between counties.” (K)

37 of the 1,215 caregivers who commented (3%) discussed child care.

COMMENTED ON THIS TOPIC



20 of 456 commented
 4 – Satisfied
 1 – Mixed or Neutral
 15 – Needs Work



17 of 759 commented
 2 – Satisfied
 2 – Mixed or Neutral
 13 – Needs Work

KEY FINDINGS

Most (28 of 37) caregiver comments on child care were negative. Patterns were similar across licensed and kinship caregivers. Some difficulties were with approvals and reimbursements. Other caregivers said they needed help finding approved child care, particularly for infants or children with special needs and behavior problems or in rural areas. One licensed provider said:

“Especially since there is little care for infants in our rural area, there should be some ability to bend the rules. Be flexible when a rule doesn’t make sense. We work, and need child care for the children placed with us. Some areas have huge crises around day care and providers won’t take infants at all. Foster parents can’t take placements where there isn’t any child care available. We are just trying to help children from our community. I can’t lose my job because I have to stay home with the child.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers appreciated receiving child care help.

“My new social worker is trying to get me reimbursed for child care we had to pay out of pocket.” (K)
 “Fostering Washington has great support groups for caregivers. They had child care most of the time.” (L)
 “Social workers helped with getting meds and day care.” (L)

Some had trouble finding approved child care.

“Reimburse for before and after school care at the first of the month, which is when it’s due (Echo Program). I have to have my child in this program to assure she gets to school, because there’s no day care available otherwise that can make sure she gets to school.” (K)
 “The only thing that is hard for me is it seems difficult to find child care outside of day care centers. If I have an appointment or need to do something personal, I have problems getting child care. Need more resources for child care and child care that we can trust. I need options.” (K)
 “It took us two months to find a day care, which meant my husband and I had to adjust our work schedules until we could locate it. We were never assisted in getting this done and I had to do all the leg work. I think they should have a list of day cares in our area for caregivers taking young children when the caregivers work. I finally found one through a friend who does foster care.” (K)

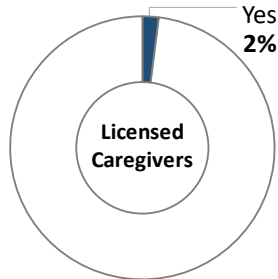
“Don’t approve day care and then later say it’s not approved.” (K)
 “Finding adequate child care on short notice is impossible, especially for infants. We lost our last child care provider due to lack of communication from transporters, caseworkers, and because the bio grandparent was sent to the provider’s home, so there was potential for the biological parents to know where the provider lived.” (L)
 “I’m struggling with child care. There is not child care here on the island for infants. I need support with expense for child care. Just to have some options.” (K)

Childcare reimbursements were an ongoing concern.

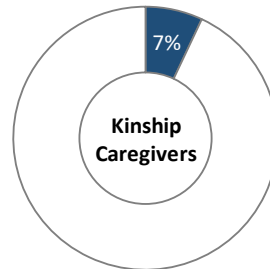
“We were initially told that no child care would be available because of the child’s health concerns. So, we have been paying for a nanny out of pocket because the child can’t be in day care due to illness. The agency did decide to help but only paying for \$2.50 per hour and cost is more.” (K)
 “I have lost child care providers because they haven’t gotten timely payments from the State. One of my caregivers quit after not getting paid for 4 months.” (L)
 “The social worker should make sure day care gets paid. That took months the first time we started and months again when we moved to a new day care. Right now day care is not being paid because something didn’t get filed by the worker for the new year.” (L)

63 of the 1,215 caregivers who commented (5%) discussed financial issues.

COMMENTED ON THIS TOPIC



10 of 456 commented
 2 – Satisfied
 2 – Mixed or Neutral
 6 – Needs Work



53 of 759 commented
 13 – Satisfied
 2 – Mixed or Neutral
 38 – Needs Work

KEY FINDINGS

About six out of ten comments were negative. Patterns were similar across licensed and kinship caregivers. Kinship caregivers especially discussed the financial difficulties they were experiencing. One kinship caregiver said:

“Social workers can’t change the system or the way it operates. It has been so difficult financially for me, my worker had applied twice for more support and it was denied. Mind you I had six kids in my home, so I needed the help.”

Reimbursement issues that arose in the context of particular services – for example, respite, mileage, and childcare – are discussed within those sections. This page discusses general financial questions and issues.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many said the costs of caregiving were not compensated well, and reimbursements were slow.

“Support families financially. We have gone into debt trying to raise the kids. They treat us horrible. It’s hard getting services needed in the home without a fight.” (K)

“Support the people who are taking in these troubled kids. Help us financially when we don’t work outside the home. I am on disability and they placed five children with me. I don’t get any other support either. I am on my own. This has been overwhelming.” (K)

“Provide help with financial assistance. Anything would have been helpful. Info about the child only TANF program was never shared with us. We heard about it at a court hearing, but no one told us we could get any benefits except food stamps and we didn’t qualify because of our income.” (K)

“I wish the pay could be more. I’m not doing it for the money, but to help the child so they can move on.” (L)

“The payment could be more as it is not enough to cover the child’s needs. This is especially true for children who require diapers and other baby needs.” (L)

“They are slow with payment for things for the kids, you know, the money we spend out every month. Seems like they could be faster at reimbursing us.” (K)

“More financial help.” (K)

“We could use more than \$300 a month for a teenager.” (K)

“Have funds available to help relatives cover some of the costs of completing custody. Nothing is available to help relatives cover these costs. We have paid thousands and don’t regret it, but it was really difficult for our family.” (K)

For some, financial issues went well.

“I got money and food stamps to help me while I had the three children.” (K)

“They give me money to care for my grandson each month.” (K)

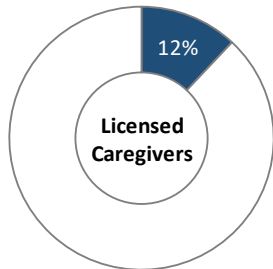
“They are good at supplying money for the child.” (K)

Resolving financial issues could be difficult.

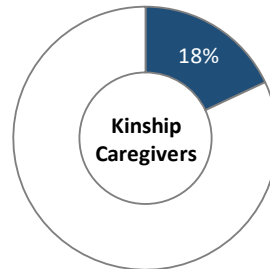
“I have yet to get a really timely response from the state social workers. We just started fostering again. Our last placement was just one night and yet we were paid over \$900 for that night. I have not cashed the check because it seems like a bit much. I have spoken to the social worker and absolutely nothing has happened. I’m sitting here with a \$900 check waiting on the state to pay me correctly. My husband and I have always utilized private agencies when we have done foster care without many problems. Why working with the state should be so problematic?” (L)

192 of the 1,215 caregivers who commented (16%) discussed other resource issues.

COMMENTED ON THIS TOPIC



53 of 456 commented
30 – Satisfied
2 – Mixed or Neutral
21 – Needs Work



139 of 759 commented
83 – Satisfied
7 – Mixed or Neutral
49 – Needs Work

KEY FINDINGS

About six of ten comments (113 of 192) on other resources were positive. Licensed and kinship caregivers had similar patterns of positive and negative comments.

Some caregivers said the state social workers and the private agencies supported them and the children with diapers, clothing vouchers, toys, beds, bedding, bus passes, holiday get-togethers, and other helpful services. Other caregivers said they received few or no resource supports, and that reimbursement for out-of-pocket items or services the children needed was often missing or very slow to arrive.

Some kinship caregivers commented that they were not given resources and reimbursements that licensed caregivers receive, but some licensed caregivers also reported problems with receiving other resources and reimbursements.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some caregivers described good resource help.

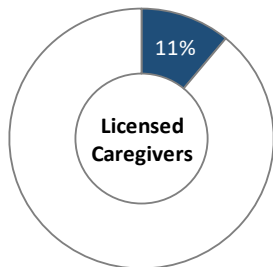
- “The social worker got me vouchers and bus passes.” (K)
- “They help connect us to different services we need, for example Treehouse and WIC.” (L)
- “They got me diapers when I needed them. They paid us to help feed and clothe them. They helped us get them in a Christmas program so they could get gifts.” (K)
- “They provided beds.” (K)
- “Our private agency has brought clothing and toys for children at the beginning of a placement, which helps.” (L)
- “They supported us with clothing vouchers.” (K)
- “Our car broke down so they provided a food voucher for the family which allowed us to get the car fixed.” (K)
- “They gave me a voucher for his clothing, a grate for the steps, etc.” (K)
- “They provide me with the needed resources.” (L)
- “I have been given support for food when asked.” (K)
- “They do well with the kids. Clothing vouchers or bedding, they get it for the kids and they are quick about it.” (K)
- “They got me what I needed – like car seats.” (K)
- “They have gotten me a car seat and clothes and they give me food vouchers.” (K)
- “They help at Christmas time and other holidays.” (L)

Others said resources were not readily available.

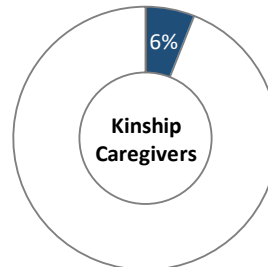
- “I asked the worker for diapers and never got any.” (K)
- “Within the past year I requested a clothing voucher and never received either an answer or a voucher.” (L)
- “It took four months to get the child’s clothing voucher.” (K)
- “Make sure the children have funds for clothing and school. Everything has been totally on my shoulders and I have never been reimbursed for anything.” (K)
- “They want us to get licensed, but we have to buy things that are expensive, like locking gun safes and locking medicine boxes. There is no help with those costs.” (K)
- “In my opinion, half the time I could get things paid for that should have been paid for. It took me a year to get a clothing voucher for a child in my care for two years. Lots of empty promises about getting things done. Like for an African American girl who needed her hair done, help wasn’t forthcoming. I had to pay and it was expensive.” (L)
- “They told me the children needed beds and bedding and car seats before they could be placed, so we went out and bought everything before they came. We were never reimbursed for any of it even though we gave the receipt to the social worker. They did not share information that they could help us purchase them or reimburse us.” (K)

94 of the 1,215 caregivers who commented (8%) described other sources of support.

COMMENTED ON THIS TOPIC



52 of 456 commented
35 – Satisfied
7 – Mixed or Neutral
10 – Needs Work



42 of 759 commented
31 – Satisfied
3 – Mixed or Neutral
8 – Needs Work

KEY FINDINGS

More than two of three (66 of 94) comments were positive. There were similar patterns of positive and negative comments from both licensed and kinship caregivers. One licensed caregiver went into wonderful detail about the support they received from everyone in the system.

“Our private agency case manager and licensor have both been very available whenever we had a question, and encouraging in the process. They made sure to answer all of our questions which has made this a wonderful experience. The rate assessor for our area was helpful, reasonable in reviewing the behaviors and needs of our foster kid. Social worker Megan was truly special. She held tremendous value, respect and love for all parties involved with the child, foster parents and biological parents. She loved well and served remarkably, was smart and also used her heart. Lindsey Montgomery was the GAL, he retired and now works as a CASA. He truly cares about the children he is representing and their families.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers got good support from their Guardian ad Litem and CASA workers. A few did not.

- “The Guardian ad Litem program has been wonderful.” (K)
- “My GAL is wonderful, answers my calls, she is great.” (L)
- “Our Guardian ad Litem was amazing.” (K)
- “CASA worker is wonderful and the social workers great.” (L)
- “CASA worker listens to me and answers my questions. The social worker was not easy to understand.” (K)
- “If CASA were more reliable and a stronger advocate for foster families that are thriving, it would be helpful.” (L)
- “Currently we are having challenges with CASAs assigned to our cases. They are also overbearing and challenging in their approach when they visit in our home. This is causing us to rethink if we want to continue fostering.” (L)

Caregivers got good support from other caregivers.

- “Having a support group in person, like the online Fostering Together Facebook groups, would be really helpful. It would give caregivers a safe place to talk.” (L)
- “They hold monthly meetings where we can come together with other foster parents and learn about how to better help our placement.” (L)

- “We connect with other foster parents in the community who have been fostering for years.” (L)
- “I had a Resource Peer Mentor foster parent from Fostering Together assigned and they were good at calling us to check if we had questions during the licensing process.” (L)

Fostering Together was a good resource.

- “Some of our best supports come from the Fostering Together program.” (L)
- “Fostering Together has been remarkably supportive and quick to respond when needed or asked.” (L)
- “The GALs and the Fostering Together staff will always find an answer for me and get back to me with it.” (L)

Schools and community agencies helped also.

- “The best support I’ve received has come from the children’s school. They provide me resources for almost everything, from school supplies, clothing, food, and help enrolling them in after-school programs at no cost.” (K)
- “Our worker from the Boys Ranch, Matt Cooper, has been phenomenal to work with and has been a lifeline.” (K)
- “The Mockingbird Program has been good for us. They do extras like Christmas parties, get-togethers, meetings.” (L)
- “I got a lot of support from the YWCA.” (K)
- “Treehouse is a good resource.” (K)

Caregiver Licensing



Getty Images / Natee Meepian

The licensing program is important to caregivers.

The two questions below on licensing were new this year. Answers were generally very positive among both licensed and kinship caregivers.

- *Did licensing staff treat you with respect?* Over nine of ten caregiver responses were positive. (97% of licensed caregivers and 96% of kinship caregivers said always, almost always, or usually).
- *Were licensing or home study staff knowledgeable about the process?* Over nine of ten caregiver responses were positive. (95% of both groups of caregivers said always, almost always, or usually).

Caregiver comments on licensing staff and interactions were almost always positive. The comments on support were mostly from licensed caregivers, but there were also a few from kinship caregivers.

Comments in this chapter are drawn from two sources. One source is the 57 caregiver answers to support questions in earlier chapters, where those answers mentioned licensing or home study staff or processes. A second source is in the answers to open-ended questions about why the kinship caregiver was or was not licensed.

Frequent kinship caregiver reasons for getting a license included: a general desire to help children who needed help; ensuring that a particular child was placed with them; facilitating adoption or guardianship of a particular child; obtaining resources for the child and caregiver; or that licensing was mandated.

Frequent kinship caregiver explanations for not being licensed included:

- A license was in process
- They or their home would not qualify, or they felt they were too old
- They only wanted to care for these particular children and didn't need a license for that
- They were pursuing adoption or guardianship instead
- The caregiving was supposed to be short term
- The licensing process was too complex, costly, or time-consuming
- They didn't know enough about licensing
- They wanted nothing more to do with the state foster care system

QUESTION | Did licensing staff treat you with respect?

More than nine of ten of the 771 caregivers who had contact with the Division of Licensed Resources in the past year and answered this question said that licensing staff always, almost always, or usually treated them with respect.

RESPONSE



DETAIL

Licensed and kinship caregiver responses were similar.

Most comments about support from licensing staff were positive. One licensed caregiver commented:

“Our licenser was absolutely phenomenal, wanted to listen to everything we had to say. He just turned a bad situation into a good one.”

A few caregivers discussed problematic interactions with licensing staff, and said they did not receive respect or support.

TREND

Question first asked in 2019.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers said licensing staff were respectful and supportive.

- “The CASA workers and the licensors listen well and are always willing to go the extra mile to help me. If they don’t know the answer, they find the answer for me.” (K)
- “Our licenser was really helpful and courteous during the process.” (L)
- “We’ve always felt well supported by the licensors.” (L)
- “I am going through the process to get licensed and really appreciate my licenser’s help.” (L)
- “Our last licenser was the only support we had.” (L)
- “Our licenser is phenomenal, and she continues to call us every three months just to check in. She goes above and beyond to make sure things are working out well.” (L)
- “Our licenser has been responsive. We’ve had a pretty positive experience with the licensors.” (L)
- “Our licenser was great, they went above and beyond. The home study staff was wonderful too.” (L)
- “The Washington licenser was excellent in helping us get the children back in our care from Oregon and getting our license.” (K)

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

- “When you are reported by someone, like a licensing investigation when they check on you about the care of the child, it is hard. They have gotten better, but it takes too long and no one from the system will talk with you about anything. The caseworkers in the home with me and the children, and my licenser, all backed away from me, like the referral was true, without the investigation.” (L)
- “I was going through the licensing process and the gal doing it for me was not pleasant at all. She was not supportive to us. She was so unpleasant that I decided to not get licensed. Yes I did not follow through because of her. I had an option to do some of the training courses online, I did them online, but when I brought the paperwork to her she seemed like I wasn’t supposed to do it online. She made the hoops too small to jump through.” (K)
- “My licenser changed three times in two years. I’ve never met her. She’s never returned an email, I don’t know where I’m at with training. I’d like to know my licenser, especially since I’m coming up on my third year.” (L)
- “My social worker is amazing at everything, but my licenser should work on communication.” (K)

Were licensing or home study staff knowledgeable about the process?

More than nine of ten (95%) of the 768 caregivers who had contact with the Division of Licensed Resources in the past year and answered this question said that licensing and home study staff were always, almost always, or usually knowledgeable about the process.

RESPONSE



DETAIL

Licensed and kinship caregivers had very similar responses to this question. Most caregivers who commented on licensing staff specifically said they were knowledgeable and helpful. For example, one licensed caregiver said:

“Our licenser did well at preparing us and guiding us through the process. Some things she told us were incredible at the time, but now we understand they are true.”

A few kinship caregivers did not find licensing staff knowledgeable or helpful.

TREND

Question first asked in 2019.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

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

“My licenser was very helpful in answering questions before and after the process.” (L)

“The licensers, when the time came to update my license, they helped me with the computer and taught me how to do it on the computer.” (L)

“The licenser has given me the most support. She gave me the information about what paperwork I needed and what I needed to do.” (K)

“Our licenser is wonderful! She fills in the gaps for service and information that DCYF does not complete.” (L)

“Licenser was helpful, willing to answer questions and support us through the process.” (L)

“Our licenser is fantastic. She always answers when I call her, she’s thorough and knowledgeable, and she’s just very responsive.” (L)

“The licenser has been on top of things. She has done really well in keeping in touch with me on things that need to be done.” (K)

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

“The state licensers in the last year were difficult to work with because our license changed and so we worked with three different licensers. They continued to ask for the same stuff and apparently our stuff did not go into the file, so then the next licenser asked for it again. We used up a lot of time resubmitting verifications.” (L)

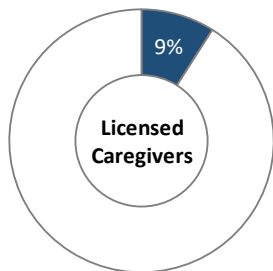
“I tried to get licensed, and the person who should help me get a license lied to me. And I feel they didn’t want me to get licensed because I would get paid to take care of the four children I took in.” (K)

“The licensing staff did not approve my license, the paperwork was confusing and they said I didn’t fill out the paperwork correctly and they denied me. They did seem knowledgeable about the process, but they weren’t helpful.” (K)

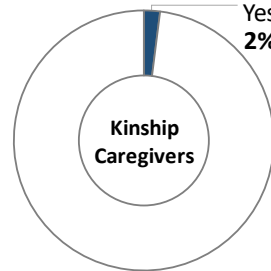
“The kinship caregiver needs to know when things are happening, so we are not left in the dark. We have to push to get information. Also, the licensing department and the rest of the department do not seem to know what the other part does or is doing. They need to be on the same team.” (K)

57 of the 1,215 caregivers who commented on support (5%) mentioned foster care licensors. Most of the comments (41) were from licensed caregivers; only 16 kinship caregivers made such comments.

COMMENTED ON THIS TOPIC



41 of 456 commented
 33 – Satisfied
 2 – Mixed or Neutral
 6 – Needs work



16 of 759 commented
 9 – Satisfied
 2 – Mixed or Neutral
 5 – Needs work

KEY FINDINGS

Most licensed caregivers liked and appreciated the support they and their children received from licensing staff. One licensed caregiver said:

“My licensor went extremely above and beyond to get me licensed for my newest kiddo. She worked extra hard to get everything done timely so the child did not have to be in a foster home with strangers.”

Some kinship caregivers felt very negative about being licensed or about the process of state caregiving.

“To be honest, the way this entire situation played out, I would never become licensed as a foster care provider because I refuse to work with this agency anymore.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers said their licensors were helpful and supportive.

- “The social workers, CASA workers, and licensors all work together to provide support for the children.” (L)
- “The licensor was excellent and responds to my emails and phone calls right away.” (L)
- “My licensor helped me track down unpaid respite which was not part of her job which was of huge help to me.” (L)
- “Our licensor has been extremely helpful, sending me all the resources needed to get re-licensed and making the process go so smoothly.” (L)
- “Our licensor was amazing, knowledgeable, and helpful when we had issues with the child’s social worker. She has been able to help us when we were having trouble with the child’s worker. She always checked in and followed up with us.” (L)
- “One person we’ve had the most interaction with is our licensor. She’s been approachable and easy to interact with and she’s responsive with emails.” (L)
- “My licensor is pretty thorough. Most of the time they are there when I need them.” (L)
- “The licensing staff were great; they were better than our social worker!” (K)

- “Our licensor was very nice and helped us to make sure our home was ready!” (K)
- “Our licensor was great before we became foster parents; she tried everything needed to get us licensed as quickly as she could. She did a great job.” (L)
- “My licensor is fabulous. She supports me and stays in touch with me, I really feel that she cares.” (L)

Some kinship caregivers said licensing took too long or was too intrusive.

- “Not much interaction with the licensors as I felt she was against me. She was good to the kids, which helped.” (K)
- “The state licensors are way over packed. It took almost a year to even get close to getting my foster license. It’s awful how long it took. Everything else was good.” (K)
- “The licensing process could be a lot easier and less intrusive.” (K)
- “Less clients for the licensors – it’s ridiculous how long it takes them to get a family licensed. All else was good.” (K)
- “Too many requirements and too much personal privacy invasion (financials mostly and my childhood).” (K)
- “Licensing takes too much time and work. It’s too difficult and has too much required.” (K)

Of the 660 self-identified kinship caregivers, 105 discussed why they decided to become licensed.

Caregivers speak . . .

Many caregivers wanted to help children who need it.

“We want to help children in need and provide a better safe haven for them.”

“Because we wanted to give back to the children in the community and help them become successful.”

“We just wanted to help kids, to love on them until their parents could get them back home.”

“I had room in my home for another child to give a child an opportunity.”

“I thought it would be cool; I love kids.”

“Because I work with the kids and I love them. I want to be the person to take care of them and the license helped me to achieve this goal.”

“Because we want to have children and cannot, we’ve always wanted to be foster parents.”

Some wanted to adopt and felt a license would help.

“Just in case we wanted to adopt out of our family, we would be able to do that.”

“We got into the foster care system because we wanted to adopt one child, but found out it was not that easy.”

“I am in the process of becoming licensed. I am doing this because we are pursuing adoption.”

“They recommended we do so because there’s one we’re going to adopt.”

“To get my granddaughter and to be able to adopt her.”

“In order to get the little guy we just adopted.”

Some wanted to ensure a particular child would be placed with them.

“Because we had to in order to get my niece placed with us.”

“To be able to foster family members.”

“To make sure my granddaughter is with me and not elsewhere.”

“Because we needed to in order to get our granddaughter.”

“We wanted to keep these children within the family and it required us to get a license.”

“To ensure the children were placed with me.”

“It was first when I took in my nieces and I wanted her to stay within family.”

“Because I wanted to know and ensure that the children would be placed with me.”

“To provide a secure home for this child, with me.”

Some wanted better resources and financial support.

“I have four children in my care. In the beginning it was very difficult to give them what they needed, because they came without clothes or infant seats for the car. The social workers never helped me with anything. They said they would and didn’t. So I got my license so I could have money to get the children what they needed.”

“There are more resources available to those licensed than to those who aren’t.”

“My social worker encouraged me – she told me I could get more support with it.”

“We had a relative that needed care and I became licensed because we could get more support. And foster children do cost more money and state assistance helps on that, too.”

“We were licensed 30 years ago. When we had the chance to take in our granddaughter, we thought it best to get licensed again, to get her all the help she needs.”

“More support and access to resources.”

“So I could have finances as a single kinship care provider to properly care for the kids.”

Some were told licensing was mandated.

“The child that we took in came from another state, and it was a requirement.”

“Because Oregon requires it for relatives living in Oregon.”

“It was required in order to get the kids.”

“It was the only way I could keep the child.”

“We were told we needed to be licensed even though we were taking care of our grandchildren.”

“It was court-ordered to care for our niece.”

“It was required to pursue guardianship.”

“Because we took in twin kiddos so we had to become foster parents.”

Some wanted to access the RGAP program.

“They told me there would be more benefits, and if we went through the Relative Guardianship Assistance Program (RGAP) program I would need to be licensed.”

“The Department wanted us to be eligible for Relative Guardianship Assistance Program (RGAP) funding. Our child is older and has a lot of special needs; this impacts how many hours I can work.”

“Because we needed to be licensed for six months to qualify for Relative Guardianship Assistance Program (RGAP).”

Of the 660 self-identified kinship caregivers, 555 discussed why they were not licensed.

Caregivers speak . . .

Some had a license in process.

“I am getting ready for a home study.”
“In the process of getting a license – we are very close.”
“We are working on getting a license.”
“We are doing it now, actually.”

Some felt they would not qualify.

“The social worker told me my house would never pass.”
“I don’t know that I could because of my background.”
“I wanted to, but did not qualify.”
“I have my own family in a small home. I wouldn’t qualify.”
“My husband cannot pass the background check.”
“The home study said she smelled smoke in our house.”
“The house I live in is too small for me to become licensed.”
“I failed the home study because of an RV on my lot.”
“I don’t have enough space in my house.”

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

“I don’t want to have another foster child in my home because I just want to care for my granddaughter.”
“I just want to take care of this one family member.”
“We are too old to take care of more children. We want to focus on caring for our granddaughter.”
“I don’t plan to have other children in my home, just my great-grandsons.”
“I don’t need a license to take care of just my grandson.”
“I have three children of my own, and now my nephew, and that’s enough.”
“Because my relative is the only person I will do this for.”
“We really did it to help out family, not foster.”
“We didn’t need one for our grandchildren.”

Some said they were too old.

“We are too advanced in age to provide care for children.”
“I’m getting kind of old for this, actually.”

Some said the process was too costly or complex.

“Had problems getting paperwork done.”
“We are working on getting licensed, but it is costly to do it. We are almost there. Why don’t you have staff to help relatives get through this huge process?”
“It would have been a real pain to jump through all the hoops to be licensed.”

Some were pursuing adoption or guardianship instead.

“I am adopting this child. I want to keep him in the family.”
“We have adopted this child.”
“We are in the process of adopting him.”
“The path we are taking with our foster daughter is adoption. We did not need to complete full licensing.”
“She came to us out of the blue and we fell in love with her and want to adopt her.”
“I am adopting my grandchildren.”
“We are going to adopt her and so no license is needed.”
“We’re just going to a guardianship.”
“In process to be a permanent guardian to my nephew.”
“We went in as guardians.”

Some said their caregiving was short-term.

“I only expected to take care of her for a short time.”
“This is supposed to be temporary.”
“He only stayed a few days.”
“Raising kids is not my thing and this is not long term.”
“Because it was just a temporary placement for my niece.”

Some said the training requirements were too much.

“We have full lives and little time for the required training.”
“I work long hours plus four kids in the home. Finding the time to complete the training is difficult.”

Some didn’t know how to become licensed or were not aware it was an option for them.

“I don’t know how. No one has mentioned this to me.”
“No one has explained this to me.”
“I was never asked to consider a license.”
“I would have no idea how to do that.”
“I recently got information that was pretty nasty that said I hadn’t filled out the licensing paperwork. I’ll fill it out, but was told I didn’t need to.”

Some wanted no more foster system involvement.

“We had a really bad experience with the foster care system, and we decided not to pursue a license.”
“They didn’t tell us we needed to, and we never plan to apply because this experience has been awful.”
“I don’t want anything to do with the State of Washington after this experience.”
“I feel the system is broken, and I don’t want to participate in the foster care program.”

Caregiver Training



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Part 2 concerns the training caregivers receive in their roles as caregivers.

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

Licensed (L) and Kinship (K) caregivers rated their training positively.

- *Thinking about all the training you have had in the past three years, how adequately has it prepared you to care for the basic needs of the children placed in your home? (L 90%, K 94% positive)*

Good training begins with trainers who are knowledgeable, realistic, truthful, and positive. Training helps caregivers understand and navigate the system to care for their children. Caregivers were very satisfied with the Caregiver Core class, and with trainings on trauma and trauma-informed care, trust-based relational intervention (TBRI), positive discipline, and parent-child interaction (PCIT). They praised including other foster parents in the training, both for increased realism and community-building. There were requests for additional trainings on particular topics. Several kinship caregivers requested training on the changed family relationships that accompany caregiving.

Access to in-person training continues to be a problem for many. Caregivers praised the availability of some online trainings, but called for improved and updated content, and asked for interactive online options in the form of video-conferencing and webinar options.

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

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

Training Quality and Helpfulness



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Training quality and usefulness is very important to caregivers.

More than nine of ten caregivers gave positive answers to the following question:

- Overall, thinking about all the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of the foster children placed in your home? (90% positive for licensed caregivers; 94% positive for kinship caregivers).

Caregiver comments on training were overwhelmingly positive. Many caregivers commented on the high quality of the training they received, and its usefulness in their work with the children they cared for. Most of the comments were made by licensed caregivers and those kinship caregivers who are also licensed. Training is mandated for licensed caregivers, but is voluntary for unlicensed kinship caregivers.

Several caregivers mentioned the Refresh Conference at Overlake in Bellevue, the Fostering Together program, the Caregiver Core training, and Trust-Based Relational Intervention (TBRI) training as particularly useful. And several caregivers also described the regular monthly trainings offered by their private agencies as very useful.

234 respondents (37%) commented on quality and helpfulness of training.

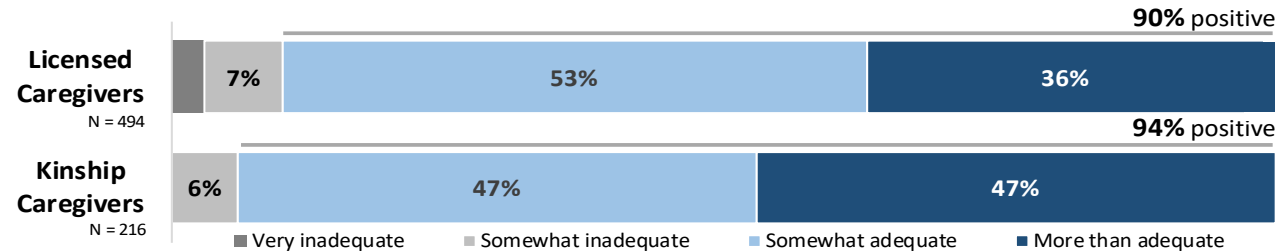


QUESTION |

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?

Of the 710 caregivers who said they had training in the past year and answered this question, over nine of ten gave positive answers (somewhat or more than adequate).

RESPONSE



DETAIL

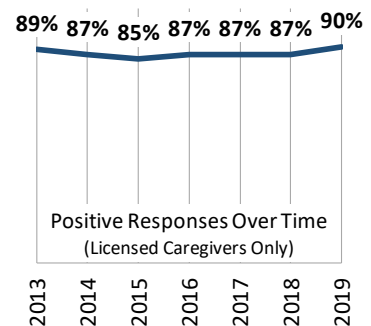
Kinship caregivers gave slightly more positive answers than did licensed caregivers (90% positive to 94% positive).

Most licensed and kinship caregivers found the training very useful.

"I don't think anything could be better. It was truly an outstanding class." (K)

"I think it is excellent the way it is." (L)

TREND



Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers said training was useful.

- "I've found most of it useful." (L)
- "I took the Core class, and I learned what to ask for there. This class was really helpful. Overall do a nice job." (K)
- "Everything I take pretty much deals with issues pertinent to my kids. They have all been helpful." (L)
- "It helped me a lot." (K)
- "It has been very helpful. It helps you learn what to say and what not to say and do when kids are having a meltdown. I like the classes." (L)
- "My wife went to the training and she liked it a lot. It provided helpful information about working with the agency." (K)
- "Everything we learned was very helpful. We went into fostering blind so we needed lots of information." (L)
- "I liked all the training and found it very helpful. I liked meeting other foster parents." (K)
- "The training is great. It is more intense than I thought it would be." (L)
- "I'm just starting, but I find that the training is straight to the point and informative. I really can't think of anything now. I'm pretty happy." (K)

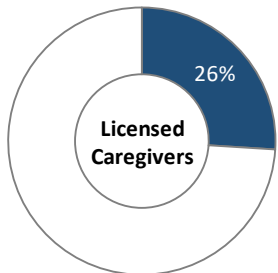
- "We had a great instructor that taught us how to navigate the system and told what kinds of resources there were out there for our little guy. Honestly, this all happened so fast that we were grateful for classes." (L)
- "All the training was relevant and helpful. This is the training I attended to become a foster parent." (K)
- "They are doing an excellent job." (K)
- "I don't think it could have been improved. It was great." (L)
- "I think the training was great, and I don't have anything come to mind about areas of improvement." (K)
- "I don't think there is any need to improve. It was fine." (L)

Some said the training was not useful to them.

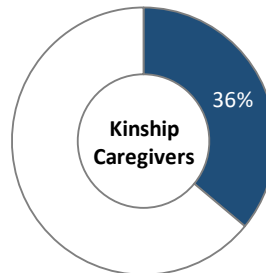
- "Because this is my grandchild, not a lot was applicable. There are a lot of children with varying needs, and my grandchild is a perfect little boy. He doesn't have special needs. He's a regular little boy." (K)
- "There was some useful information, mostly in the round tables with other foster parents. The training itself was pretty useless." (L)
- "The trainers did not seem to be versed in how to provide a great, educational experience. Improve the quality standard." (L)

185 of the 632 caregivers who commented on training (29%) described the overall quality of the training they received.

COMMENTED ON THIS TOPIC



114 of 433 commented
100 – Satisfied
3 – Mixed or Neutral
11 – Needs Work



71 of 199 commented
62 – Satisfied
5 – Mixed or Neutral
4 – Needs Work

KEY FINDINGS

More than nine of ten comments were positive. Patterns of positive and negative responses were similar for licensed and kinship caregivers.

Several licensed and kinship caregivers commented that the training they received helped them to take better care of their foster children.

“I’ve been on panels and spoken at some. They are all good, and it’s like on the job training.” (L)

“It was all helpful for me to learn how to take care of the children.” (K)

One licensed caregiver commented:

“The training on behavior and special needs, and birth-to-three brain development was great.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers found the training useful.

“It was a very good overview of all the needs in the system and good support. The class discussions were my favorite parts.” (K)

“It was all so good. All of the packets of information in the resource book has been really helpful and gives us locations to find more information online.” (L)

“We have had some parenting classes here in our area and training through Grassroots and Fostering Washington. These have all been helpful.” (K)

“I’ve had so much training over the years, and it’s been helpful.” (L)

“I thought it was all pretty helpful.” (K)

“Some of the training is so helpful in caring for children. They have videos and online training now that are really good.” (L)

“It helps to learn how to go about everything.” (K)

“I could select the trainings that would be of help to me. All of the training I have attended has been great.” (L)

“It was wonderful and I can’t think of anything.” (K)

“I think they did a good job.” (K)

“All of it was useful. We didn’t know anything about it. We’ve been caring for her for four years, but we didn’t know anything about the system, like the rules and how to deal with other people’s children.” (L)

“I think they are doing a good job and provide good classes for foster parents.” (K)

“It is good. I don’t know how it can be improved.” (L)

“All the classes were helpful in some way. But the training about ADHD children was especially helpful.” (L)

“I find it all interesting. I like the interaction.” (L)

Some caregivers liked some training, but not all of it.

“The State training was very inadequate. Outside training was very good. The State training is very basic. It is also the same training over and over.” (L)

A few caregivers did not get much from the training.

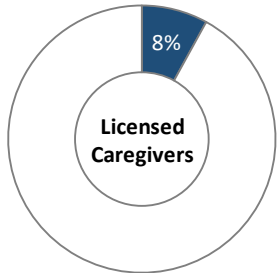
“The training was required and didn’t help me at all.” (L)

“We didn’t enjoy anything about it.” (K)

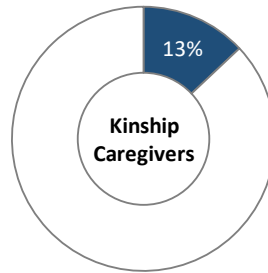
“Most of this is common sense. I was not impressed with any of the training I have attended.” (L)

62 of the 632 caregivers who commented on training (10%) discussed specific trainings or topics they had found useful.

COMMENTED ON THIS TOPIC



36 of 433 commented
33 – Satisfied
3 – Mixed or Neutral
0 – Needs Work



26 of 199 commented
16 – Satisfied
8 – Mixed or Neutral
2 – Needs Work

KEY FINDINGS

Specific programs several caregivers commented on favorably were:

- The Refresh conference, run by Overlake Church in Bellevue
- Fostering Together ongoing groups, and their annual conference at the Great Wolf Lodge
- Caregiver Core Training
- Trust-Based Relational Intervention (TBRI) classes
- Ongoing training through their private agencies

One licensed caregiver said:

“Training about trauma is critically important for foster parents. Our local church hosts monthly caregiver meetings with Olive Crest’s Fostering Together program. They provide excellent resources for caregivers in our area and it includes child care and a dinner for the family. Their local liaison Linda Cortani is amazing!”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers liked Refresh, Fostering Together, the Alliance, TBRI, and Core training.

- “The Fostering Together program was good and they covered issues for special needs children. They have wonderful resources.” (K)
- “I think it’s been exceptionally good and the ongoing classes have been good. The Refresh Conference at Overlake Church was very good, especially the sessions dealing with trauma on the brain.” (L)
- “I love my group in Fostering Together.” (L)
- “All of the training was wonderful. Family members, unless they’re licensed, don’t have access to all of this information and resources. I had my nieces and nephews for a while, but until I got licensed, I had no idea these classes existed. I went to the Kent, Washington Meeker Street training and it was great. They had a foster parent teaching the class, they brought in guest speakers, guest foster children and parents to speak and give advice.” (K)
- “The training I did for preparing court reports was very helpful. I do the Refresh Conference at Overlake Church and it’s excellent. A few given by support groups are very well received.” (L)
- “The training that the Fostering Together program put on at The Great Wolf Lodge is fantastic.” (L)

- “PTSD training. TBRI training offered by Fostering Change has given me tools to change the way I parent kids with special needs due to the trauma they’ve endured.” (L)
- “The Alliance courses on caring for a child with emotional trauma and on positive discipline were really amazing.” (L)

Caregivers liked their private agency trainings.

- “My private agency does a lot of good training.” (L)
- “The Foster/Kinship meetings that I go to every week.” (K)
- “Most of the classes we take are at Catholic Community, our private agency. Trainings are monthly and they bring in the state, and there’s always a different topic around caring for kids. They bring in people from the schools also, which brings us all together in dealing with care issues.” (L)
- “We go to Foster Champs of Maple Valley every month where we have dinner and a one hour training, with diverse topics and folks from Tree House, DSHS, and other groups and agencies.” (L)

Trainers, Methods, and Resources



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Trainers, methods, peers, and resources are key to good caregiver training.

Almost two thirds of the caregivers commenting on training (412 out of 632) discussed trainers, methods, resources, or other aspects of training. Most comments were positive, and both positive and negative comments often covered similar issues.

More than one quarter of the caregivers in this group (113 out of 412) said their training had helped them understand and better deal both with the system and with their children’s traumas, points of view, feelings, and behaviors. Some caregivers said their training was most useful to them when it opened up new ways of thinking, acting, and seeing their children, and hence new ways to handle challenges as they occurred. About one in four (95 out of 412) discussed the value of learning from other foster families, and building local and online communities of support. About half (232 out of 412) mentioned some specific “other” topic they wanted to know more about, including contacts, state rules, day-to-day help, and dealing with biological families.

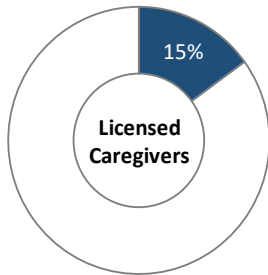
Some caregivers (79) said the best trainers were knowledgeable, realistic, positive, and truthful. Some (73) said they learned best from training that was not all lecture, and that included scenarios, role-play, real-life situations, question and answers, round-tables, panel discussions, and hands-on practice. Some (41) commented on resource information – valuing what was presented and wanting more. A few (17) discussed materials – complimenting the binder distributed in Caregiver Core training or saying that the online course content needing refreshing.

412 respondents (65%) commented on trainers, usefulness, methods, and resources.

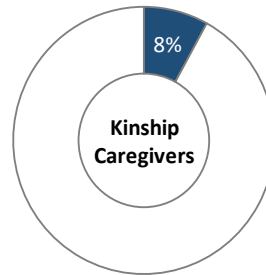


79 of the 632 caregivers who commented on training (13%) described the qualities of their trainers.

COMMENTED ON THIS TOPIC



63 of 433 commented
38 – Satisfied
5 – Mixed or Neutral
20 – Needs Work



16 of 199 commented
14 – Satisfied
1 – Mixed or Neutral
1 – Needs Work

KEY FINDINGS

Licensed caregivers made most of the comments on trainers. Most comments by both licensed and kinship caregivers were positive.

Some caregivers discussed in-person, all day trainings at the various conferences. Others discussed the monthly trainings they had with their private agencies. In both venues, they appreciated trainers who were well-informed and knowledgeable, professional, realistic, positive, and truthful about the realities of caregiving. They said their learning was enhanced by hearing from other foster parents and from former foster children.

“I appreciated that the class leader and other presenters were previous foster parents or had worked in the foster care system, so they were truly knowledgeable. I appreciated all the information and the way it was presented was good. They did not sugarcoat anything.” (K)

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers appreciated knowledgeable, realistic, positive, professional, and truthful trainers.

- “The instructor was very knowledgeable.” (K)
- “They have very knowledgeable trainers, so they give a good picture of what the foster care system is like.” (L)
- “The trainers for the initial training were honest and straightforward. They gave a good picture of what foster parenting is all about.” (L)
- “I went to the Empowered to Connect conference. This conference was very informative. There were doctors as speakers. It went beyond the basic care of foster kids. They spent time on the trauma of foster kids.” (K)
- “The instructors were very good and it really helped us understand how things work and why things happen in the order that they do.” (K)
- “The trainers were very open and honest. The training was really insightful. They did not sugarcoat anything. They were very helpful in answering questions.” (L)
- “I think the training could be more structured and professional. The classes I was in, while the instructors were incredibly nice and pleasant, there were an astounding number of times when the group was solicited for feedback or input that frankly wasn’t appropriate.” (L)

Caregivers appreciated hearing from other foster parents and from former foster children.

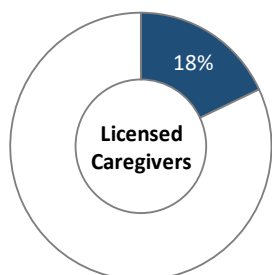
- “I liked the former and current foster parents who came in and shared their experiences.” (L)
- “They had some parents and children that have been through the system come in and speak, and that was very helpful.” (L)
- “We really enjoyed the guest speakers that were current or former foster parents.” (K)
- “The panel of former foster kids was helpful as to the issues they faced when in placement.” (K)

Specific trainers were praised.

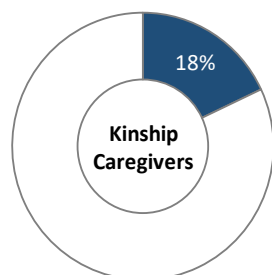
- “Kebbie Green, our trainer, was awesome. She gave us all the tools we needed and websites we could use for other resources.” (L)
- “Joan Seegar out of the North Puget Sound. A three hour training on documentation was very, very good. ‘You are the keeper of lost history.’ It was important and profound.” (L)
- “I would say the frankness during the training process about what might happen and how to protect yourself. They gave lots of good tips. Kebbie Green was very good and very real about what fostering really is.” (L)

113 of the 632 caregivers who commented on training (18%) discussed ways training had helped them care for their children.

COMMENTED ON THIS TOPIC



78 of 433 commented
59 – Satisfied
3 – Mixed or Neutral
16 – Needs Work



35 of 199 commented
27 – Satisfied
1 – Mixed or Neutral
7 – Needs Work

KEY FINDINGS

Most of the 113 comments were positive. Patterns of positive and negative comments were generally similar between licensed and kinship caregivers.

Caregivers felt that their training helped them care for their foster children, by helping them understand and better deal with the children’s trauma, point of view, feelings, and behavior. It also helped them understand the systemic realities of caregiving and the demands it placed on them.

“It encouraged a lot of empathy for the children as well as the biological parents.” (L)

“It helped me better understand the emotional needs of the children, and deal with their behavior.” (K)

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Training helped understand the child’s trauma.

“Most important is understanding trauma and the brain, understanding how hard we have to work to form bonds, and getting practical advice about play.” (L)

“The trauma related training was very helpful.” (K)

“Trauma informed care has been really helpful and fits every kid who comes into the home.” (L)

Training helped understand the child’s point of view.

“Opens my eyes about what the foster children go through and then I understand what they are feeling.” (K)

“Going beyond tips and going into depth about how and why foster children act as they do.” (L)

“Understanding that our child has a different world view than what we grew up with.” (K)

“Have more classes on how to deal with foster children and what they go through from the kid’s point of view.” (K)

“There was a section about empathy and understanding what the children have been through.” (L)

Training helped deal with the realities of caregiving.

“Learning what to expect. Learning how most processes work and how best to work with people involved in the system.” (L)

“Resources, what to expect, and that not every day will be great. How to deal with biological parents.” (K)

“Helped prepare me for what it would be like to have a child coming in and out of the home. How not to get too attached and to detach when they leave. We learned how to complete all the necessary paperwork.” (L)

Training helped deal with child’s behavior.

“How to deal with children’s behavior who are being moved to a new home and are scared and afraid and uncertain about their future.” (K)

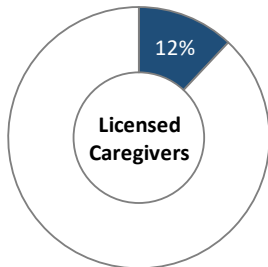
“Learning about children from difficult problems and how to interact better with them.” (L)

“Learning how to just care for them, learning about their needs and their medical history.” (K)

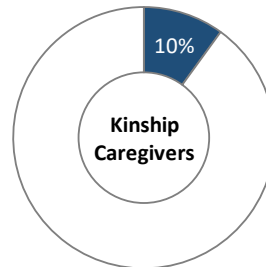
“Helps me to better understand and work with the children’s needs, such as training for autistic children.” (L)

73 of the 632 caregivers who commented on training (12%) discussed approaches to training they found useful and would like to see more often.

COMMENTED ON THIS TOPIC



53 of 433 commented
22 – Satisfied
6 – Mixed or Neutral
25 – Needs Work



20 of 199 commented
9 – Satisfied
0 – Mixed or Neutral
11 – Needs Work

KEY FINDINGS

Among the 73 caregivers who commented on training approaches, there were more suggestions about needed changes than positive comments. Licensed caregivers commented more frequently, but the patterns of positive and negative responses and the ideas discussed were similar across the two groups.

Caregivers often said that they learned most from training that was not all lecture, and that included:

- Scenarios and role-playing
- Real-world situations and examples
- Time for question and answers
- Discussions or panels with other caregivers and families
- Practical hands-on practice with new skills

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Role play with scenarios was useful.

- “I liked the fact that they present different scenarios with kids with different needs and prior environments.” (K)
- “All the scenarios with ‘what if’s’ and cases give you an insight into how things could be. Very effective.” (L)
- “We really benefited from the role playing.” (L)
- “The role playing was very helpful.” (K)
- “We did some useful role play in the Core class.” (L)
- “More question and answer sessions that are scenario based with helpful ways of dealing with difficult kids. There isn’t enough training about kids who are violent or who refuse to do what we say.” (L)
- “All the different scenarios were really helpful.” (K)

Examples of real experiences were useful.

- “We had good information from foster parents on real life experiences.” (K)
- “They give good examples of real world experiences foster parents have had with children.” (L)
- “Training uses a lot of examples and prepares us for real life situations that may occur.” (L)
- “The personal stories by trainers or other foster parents sharing their experiences.” (L)

Answering questions was very helpful.

- “Asking questions of the foster parent and the social worker were really helpful.” (L)
- “They’re always willing to answer questions any time.” (L)
- “The Q&A questions were great and helpful.” (L)

Discussions or panels with peers was useful.

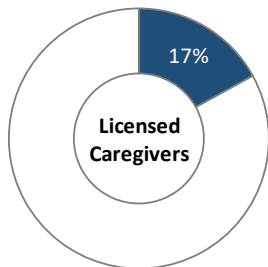
- “There was useful information in the round tables with other foster parents.” (L)
- “Open ended conversations in our class were helpful.” (L)
- “Panels of foster parents and children helped a lot.” (K)
- “The in-class training where you are with other people and are able to converse about different situations and talk about resolutions was really helpful.” (L)

Practical hands-on practice was useful.

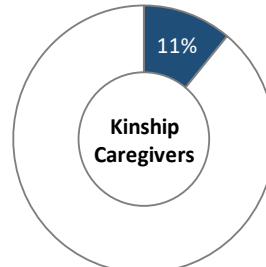
- “Help foster parents learn more hands-on information about filling out forms, getting paid, accessing medical, finding day care, how to better complete the monthly payment form.” (L)
- “More hands-on training is needed.” (K)

95 of the 632 caregivers who commented on training (15%) discussed the value of networks and caregiver communities built during their training.

COMMENTED ON THIS TOPIC



73 of 433 commented
52 – Satisfied
6 – Mixed or Neutral
15 – Needs Work



22 of 199 commented
18 – Satisfied
0 – Mixed or Neutral
4 – Needs Work

KEY FINDINGS

Most of the 95 comments on community and networking were positive. Licensed caregivers commented more frequently than kinship caregivers (73 out of 95). Patterns of positive and negative comments were similar.

Some comments were brief, simply that the connections formed networking with peers were a helpful aspect of training. Several licensed caregivers discussed the valuable formation of communities outside training – support groups, online Facebook groups, and friendship networks – that had resulted from the in-class networking.

Negative comments were mainly requests for *more* interaction with peers during trainings, and *more* encouragement of support groups. One licensed foster parent said simply:

“The best part of training is meeting up with other foster parents and being able to share information and support.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers appreciated the sense of community that resulted from talking with other caregivers.

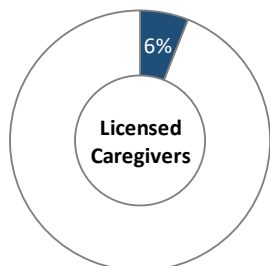
- “The kinship with others receiving the training has been the most helpful.” (L)
- “The training provided me the opportunity to talk to other parents.” (K)
- “Networking with other foster parents.” (L)
- “Our interactions with other parents going through the same thing. It was good to know there were resources out there for us and we were not going through this alone.” (K)
- “Connecting with other foster parents.” (L)
- “Doing classes with other relative caregivers, and being able to trade stories with them, was one of the best parts of the training for us.” (K)
- “Honestly, the most helpful thing was meeting other foster parents.” (L)
- “In the classes, we could use more one-on-one time where you can network with other foster parents.” (K)
- “Being able to talk to someone who is knowledgeable about the issues, and meeting other foster parents.” (L)
- “The more that you hear from both parents and former foster parents the more it helps.” (L)

Caregivers deeply appreciated the support groups formed during training, both in-person and on-line.

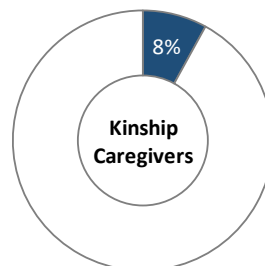
- “The classes on trauma and attachment were great, especially meeting other foster parents going through the same thing. We now have a support community of foster parents we can call on or talk to.” (L)
- “It helps to know that there are other families out there who can help us.” (K)
- “Interacting with other foster parents solidified for me that I truly do have a support group out there, and I have made a circle of friends that are also foster parents.” (L)
- “We need a safe place for caregivers to talk where we feel included. Our kids are complicated. We often need help and support.” (L)
- “Fostering Washington has a Facebook page online and this has been a great resource. It offers the ability to connect with others and get information. Foster parent support groups run by their organization is really training and gives us a place to lean on each other.” (L)

41 of the 632 caregivers who commented on training (6%) discussed the value of resource information provided during training.

COMMENTED ON THIS TOPIC



26 of 433 commented
14 – Satisfied
2 – Mixed or Neutral
10 – Needs Work



15 of 199 commented
12 – Satisfied
0 – Mixed or Neutral
3 – Needs Work

KEY FINDINGS

Most comments were positive. Licensed caregivers had a higher proportion of negative comments, but often those were really suggestions for more resource help.

One licensed caregiver went into detail about what was helpful and necessary in the training.

“Information about what to do when everything goes wrong was so useful. Who do you contact for any issue that you run into? How many people do you contact? Information about the Intake Line has been really helpful. This part of the training was essential for us once children were placed in our home. Having this information included in the Caregiver Core training was beyond helpful.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most caregivers were happy with the resource information they received in training.

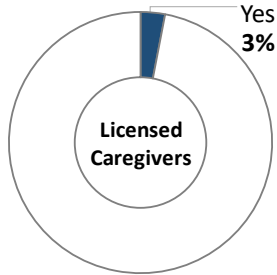
- “Learning, overall, how the system works and what’s available out there for foster parents.” (K)
- “Understanding how to make use of resources and support systems available to foster children.” (L)
- “The benefits that are available to foster children were well covered in our Caregiver Core training class.” (L)
- “They have helped me to reach out to my resources that are available to me.” (K)
- “The training that provided us with what resources were available to help.” (K)
- “Most helpful were the resources in the community, and IEPs helping the children in the system.” (K)
- “They provided a process on how to contact someone when I have needed something for child.” (K)
- “The information can be quite detailed. The different organizations come in and provide info about what they provide, info on who to contact, forms.” (L)
- “I got tips and resources at some of the classes that were helpful to me in finding some things for my kids.” (L)

Some said faster or more updated resource information would have been useful.

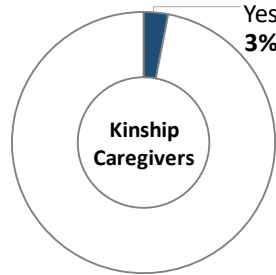
- “The Core Training class needs updated information on what local resources the caregivers have besides support groups.” (K)
- “More resources that help us learn how to get services for mental health needs.” (L)
- “It would be great to have practical information on school district resources and other community stuff.” (L)
- “More training that provides the resources foster parents need to work through their own issues with their children. We need more resources to help as we process the things that come up. You only experience these things after you get a kid.” (L)
- “We need a crystal clear version of what we need to do, the resources, the phone numbers, what the resources can do, and so forth. We need an outlined version of what the main resources are and how we can use them.” (L)
- “We have been learning about all the resources there are out there, but they don’t tell us in a timely manner! Tell us about the resources available before we spend our own money.” (L)

17 of the 632 caregivers who commented on training (3%) discussed the training materials.

COMMENTED ON THIS TOPIC



11 of 433 commented
 5 – Satisfied
 1 – Mixed or Neutral
 5 – Needs Work



6 of 199 commented
 3 – Satisfied
 0 – Mixed or Neutral
 3 – Needs Work

KEY FINDINGS

Positive and negative comments on training materials were equal among both licensed and kinship caregivers, and there was one mixed comment.

Several caregivers commented on the value of the binder distributed as part of the Caregiver Core training.

Several commented favorably on a video of a foster child coming into care that moved them emotionally.

Several caregivers commented that much of the material in the online courses needed refreshing.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some caregivers appreciated and used the training materials, especially from the Core Training.

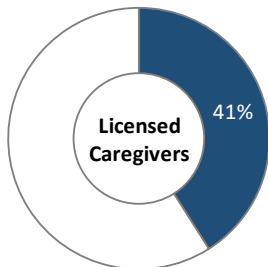
- “There is a very powerful video about a child who went into foster care.” (K)
- “Some things I didn’t know until the training. I refer to my binder and when I have a question I look through the binder. When we accept new children in different age groups the binder has good information to help us.” (L)
- “The video about the child being removed from their home and the emotions they are experiencing was helpful.” (K)
- “The material they put out there is pretty good.” (L)
- “I use the information that comes from the Caregiver Core training. The binder is so helpful. They gave us good information about caring for children in the foster care system. I learned a lot about reporting required as foster parents.” (L)
- “The reading materials and videos were all very helpful. I felt enlightened and excited after the training session.” (L)

Some caregivers want more materials, or more up-to-date materials, especially in the online trainings.

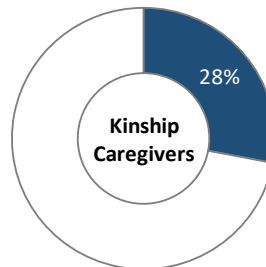
- “Make trainings more interactive and multi-media.” (L)
- “Please provide the tools and examples of the visuals they used in the ‘Parenting Positive Discipline’ class, or make the chore charts, etc. in the class.” (K)
- “Some of the material feels old – like the videos.” (L)
- “The video training online needs to be updated. Use more current information and better videos.” (L)
- “The training needs to be updated and some of the videos are very outdated.” (L)
- “Make it more up-to-date instead of using older videos. Show timely dated materials.” (K)
- “It is a lot of the same material; needs to be changed.” (L)
- “Change the people in the online trainings. We heard the same story eight times! Change them, give us something new and different.” (K)

232 of the 632 caregivers who commented on training (37%) discussed some aspect of training other than the specific topics in the rest of this report.

COMMENTED ON THIS TOPIC



177 of 433 commented
71 – Satisfied
32 – Mixed or Neutral
74 – Needs Work



55 of 199 commented
27 – Satisfied
4 – Mixed or Neutral
24 – Needs Work

KEY FINDINGS

These 232 caregivers were likely to suggest something about training that needed work. More licensed caregivers commented. Licensed and kinship caregivers had similar patterns, though kinship caregivers were a little more positive.

Some caregivers asked for more practical training that provided help in day-to-day caregiving or particular skills related to their situations. Others commented on learning about specific aspects of caregiving – several mentioned knowing who to contact, state rules of caregiving, and dealing with biological families. Other caregivers said that the value of training was that it opened up new ways of thinking, acting, and seeing their children, and hence new ways to handle challenges as they occurred. One licensed caregiver simply said:

“Sometimes it opens my eyes to a different way of approaching or dealing with a problem.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some wanted to learn more relevant skills.

- “Understanding of the life of a foster mom is crucial when you have a child throwing a tantrum and you don’t know who to call. Try to use the trauma informed materials related to real life situations in the early training.” (L)
- “Teach us to navigate the medical systems, such as social workers and insurance for kids with medical needs.” (L)
- “Our training was down to earth and ‘real.’ Lots of good info. I appreciated that.” (L)
- “Get new and improved training for the experienced foster parents. Get new subject matter and more in-depth training. Cover all the ages, especially teenagers.” (L)
- “We’re looking to foster-to-adopt. It would’ve been helpful to get more information on the court aspect of things.” (L)

Some learned new ways to deal with birth families.

- “The training that discussed ways to be supportive of parents was helpful.” (K)
- “How to deal with the birth parents.” (K)

Some learned about the system view of caregiving.

- “I did learn about all the restrictions caregivers have.” (L)
- “It has been helpful in understanding that the caregivers are only meant for support until the child is adoptable.” (L)

Some learned new ways of thinking and responding.

- “I’m basically learning how to handle issues. This has given me insight into things I hadn’t thought might be problems, but now I have some idea how to handle them.” (K)
- “I learned new things about stuff I thought I already knew, about communication and the needs of my child.” (L)
- “It really opened our eyes and taught us better ways to handle challenging to promote a positive outcome.” (K)
- “It taught me a lot and gave me great tips on dealing with the kids. Great advice and the coaching was amazing.” (K)
- “Each training I chose gave me more skills and new outlooks on care of the children placed with me.” (L)

Some learned who would help them if needed.

- “They definitely give you all the details on who to contact with the state through the Core training.” (K)
- “I learned that we can call someone else or a supervisor if we can’t get in touch with somebody.” (L)
- “Make sure that anyone who wants to be a foster parent knows where to get help if they need help.” (K)

Specific Training Topics



Getty Images / Ole Schwander

Caregivers wanted training on topics that deepened their understanding and developed their caregiving skills.

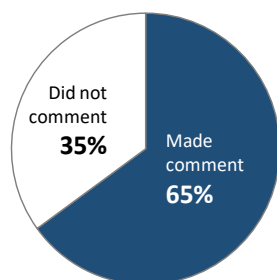
Over seven of ten (289 in 411) caregiver comments on specific trainings were positive.

Many caregivers praised the realism and relevance of the Caregiver Core training. It helped to prepare them for caregiving, understand the trauma experienced by their children, find resources and navigate the system. They liked the panels and discussions with other foster parents and foster youth.

Most comments on training on psychiatric disorders, mental health and substance abuse issues were positive. Caregivers particularly valued training in trauma, development, and behavior – as well as classes like Trust Based Relationship Intervention, Parent Child Interaction Therapy, and Positive Discipline. They valued training on alcohol and other drug effects on brain development. They appreciated learning about parenting in other cultures. They wanted more age specific trainings. They valued practical classes such as the health and safety skills taught in First Aid and CPR, and multi-cultural classes such as skin and hair care for African-American children. In the “Other” section, caregivers requested a number of other specific topics they liked or would like to see available in their training.

Several kinship caregivers requested training on the complexities of caregiving within extended families – particularly with the parents of their children.

411 caregivers (65%) commented on specific training topics.



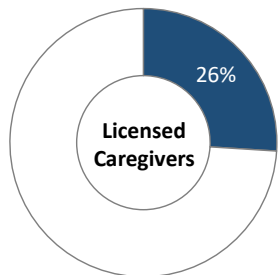
▶ **289** (70%) of these comments were positive.

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

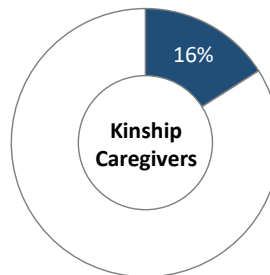
▶ **52** comments (13%) were negative or suggestions for improvement.

142 of the 632 caregivers who commented on training (22%) discussed the children’s psychiatric disorders, emotional or mental health issues, and the effects on the children’s behavior.

COMMENTED ON THIS TOPIC



111 of 433 commented
84 – Satisfied
8 – Mixed or Neutral
19 – Needs work



31 of 199 commented
20 – Satisfied
5 – Mixed or Neutral
6 – Needs work

KEY FINDINGS

Most of these 142 comments were positive. More licensed caregivers commented, but the balance of positive and negative comments was similar across both groups.

Training that addressed trauma and its impact on the child’s behavior and brain was deeply appreciated by 110 caregivers. Other useful trainings in particular disorders were mentioned by some.

Two licensed foster parents said perceptively:

“Most important is learning techniques, root causes of behaviors, parenting – learning about children from trauma, abuse and neglect and how it’s different than parenting your own children.”

“Better prepare foster parents to convince, persuade or force children to seek mental health counseling. To be in extended foster care a child should be required to be in counseling, a job, or school.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Trauma and behavior training was deeply appreciated and discussed by 110 caregivers.

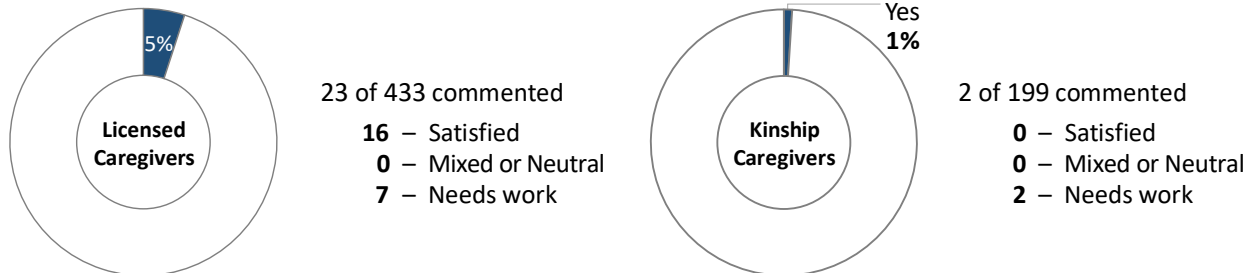
- “The training on behavior and trauma was great.” (K)
- “We learned how to better connect with a child who has gone through a traumatic experience.” (K)
- “Trauma informed training is great. Classes on ACES, early trauma and mental health are so helpful.” (L)
- “We learned that a lot of behaviors are based on trauma and we learned ways to help with that.” (K)
- “The ability to dig deeper into the kinds of trauma the kids experience and how this comes out in behavior and their emotional needs.” (L)
- “We wish that training on disassociation and trauma for teens were more in depth.” (L)
- “Learning what it means that the kids went through a lot of trauma. The kids are doing so much better because I learned how to approach them better.” (K)
- “More information and training on the trauma informed care giving. Helping us know what it looks like, how it acts, how it affects the brain and how we can best help the kids in our care.” (L)

Some appreciated or requested training on other disorders or issues.

- “The eating disorder class was really helpful. We never saw it coming with a pre-teen, but the class helped.” (L)
- “There was one about anger management and discipline. How to help control their anger and outbursts.” (L)
- “Training for physically aggressive behaviors is helpful.” (L)
- “We need more on behavior and attachment disorders.” (L)
- “We need training on LGBTQ and transgender kids.” (L)
- “We need more training on autism.” (L)
- “Learning about the physically aggressive child and the PTSD training were helpful.” (L)
- “We got good information from this ADHD training.” (L)
- “BRS [Behavioral Rehabilitation Services] training is very helpful and we learned what might happen with some kids. In-person SAY [Sexually Aggressive Youth] training was the best training ever; I have used those skills many times.” (L)
- “Training gave us reminders about growth and development, separation anxiety, grief.” (L)
- “There was one class on dealing with children that had sensory needs. That was an encouraging class.” (L)

25 of the 632 caregivers who commented on training (4%) discussed training on substance abuse and its effects on infants. Some also discussed training on substance abuse by the youth themselves.

COMMENTED ON THIS TOPIC



KEY FINDINGS

Almost all the people commenting on this topic were licensed caregivers. Most comments were positive; those that were negative generally asked for more training on this topic.

Most people commenting on this topic were discussing training on the effect of drug and alcohol abuse of the child’s parents, rather than the drug or alcohol use of the child themselves.

One licensed caregiver said:

“A lot of the training is helpful to give ideas of how to deal with the child’s needs. It just isn’t enough. Some kids are so damaged by drugs and all that comes with them – and we don’t have enough training on that.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers appreciated training on drug and alcohol exposed infants.

- “I always just enjoy getting more knowledge in how to take care of drug affected infants and other issues.” (L)
- “Dealing with the new problems, especially related to parents being on drugs.” (L)
- “The class on alcohol and drug babies was interesting training.” (L)
- “The effects of drugs and alcohol on infants in utero.” (L)
- “I went to the Refresh conference last spring. It was helpful because there were concentrated seminars on children who were exposed to trauma and drugs. This helped us understand and support our foster child.” (L)
- “A class we took about fetal alcohol syndrome and how this affects the child down the road was very helpful.” (L)
- “There should be more training on what to do with drug addicted babies. There is a real need for that here in the Richland area.” (L)
- “It would help if the basic caregiver classes included more information about how to spot the impacts of substance exposure in children under two.” (L)
- “The one about the drug-affected child was good.” (L)

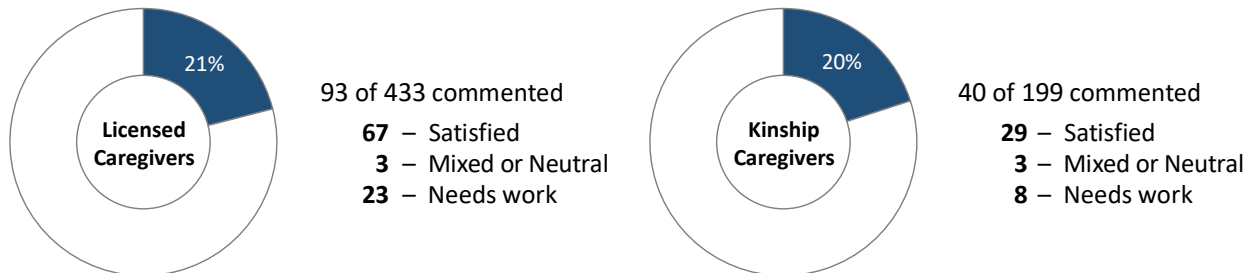
- “Also helpful was learning how to parent drug affected children.” (L)
- “One training that was valuable was the class about substance abuse in infants and kids coming into the system that have been exposed. Those were especially helpful for us and our kids that we had.” (L)
- “Spend more time, more direct time on dealing with the needs of the children that are Fetal Alcohol Syndrome and drug-exposed kids. We need more neurological and out-of-the-box type help.” (L)
- “I got my drug addicted babies but training did not cover how to handle them and their backgrounds. I had to set up my own counseling with professionals to cover these issues. I don’t think that is fair to the kids or me as a provider.” (K)
- “More training on meth and drugs as the child grows old and what the effect will be on the child.” (L)

How to manage kids abusing alcohol and other drugs was mentioned by a few caregivers.

- “They need to focus more on behavioral issues. They touch on it, but more information is needed, especially on kids who have been on drugs.” (L)

133 of the 632 caregivers who commented on training (21%) discussed particular behavioral trainings, or trainings dealing with children’s behavior and development at different ages.

COMMENTED ON THIS TOPIC



KEY FINDINGS

Most of these 133 comments were positive. More licensed caregivers commented, but the balance of positive and negative comments was similar across both licensed and kinship caregivers.

Most comments focused on particular types of interventions that helped parents deal with children’s behavior and development. Classes in Trust Based Relationship Intervention, Parent Child Interaction Therapy, and Positive Discipline were praised. Caregivers of older children praised trainings in dealing with difficult youth behaviors. Caregivers of infants appreciated trainings on child development and dealing with birth families.

The overall benefits of training were summarized well by one licensed caregiver:

“Our training has prepared us well to expect the unexpected. It has educated us on the needs of trauma and children. It has educated us on awareness of attachment issues and how to best support those kids and their special needs. It has increased our confidence in being proactive for their needs.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Training in Trust Based Relational Intervention (TBRI) was appreciated.

- “Recently, much of the training has focused on TBRI, which is very helpful in dealing with foster children.” (K)
- “Having the TBRI training has been helpful for dealing with problem behaviors.” (L)
- “The Trust Based Relational Intervention (TBRI) class was excellent.” (L)
- “Specifically, the TBRI trainings were super helpful.” (L)

Parent Child Interaction Therapy (PCIT) was useful.

- “The Parent Child Interaction Therapy (PCIT) training was helpful for dealing with behavior issues.” (K)
- “Everything we learned about abuse, how to de-escalate a child and how to restrain a child.” (L)
- “Parent Child Interaction Therapy training was helpful.” (K)

Training on difficult youth behavior was useful.

- “Instructions or protocol for high risk youth behaviors, such as alcohol, drugs or pornography.” (K)
- “The Sexually Aggressive Youth (SAY) and Physically Assaultive and Aggressive Youth (PAAY) training are invaluable.” (L)

Positive Discipline training was useful.

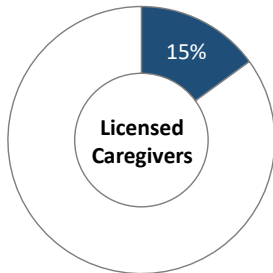
- “Learning how to look at non-punitive methods of discipline was helpful.” (K)
- “I just took the class on positive discipline and found it to be really helpful.” (L)
- “The training for positive response to how to discipline children.” (L)
- “Offer ‘Conscious Discipline’ for all foster parents. This is a positive approach to discipline.” (L)
- “We loved the ‘Positive Parenting’ class and found it to be really helpful.” (L)

Training on infant care was useful and needed.

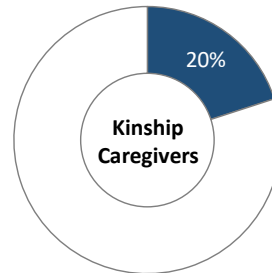
- “I learned a lot about infant care and infant milestones.” (K)
- “More training about infant care and working with the parents.” (K)
- “More training on infant care. More training on what kind of things to report to the department and when. Also, when do you need to report it to the police?” (K)
- “A great refresher course for older adults with grown children to help care for infants placed in foster care was the Purple Crying certification program. Lots of very useful information.” (K)

106 of the 632 caregivers who commented on training (17%) discussed training on navigating the foster care system.

COMMENTED ON THIS TOPIC



67 of 433 commented
41 – Satisfied
8 – Mixed or Neutral
18 – Needs work



39 of 199 commented
28 – Satisfied
2 – Mixed or Neutral
9 – Needs work

KEY FINDINGS

Most of the 106 caregiver comments on navigating the state foster care system were positive. Licensed and kinship caregivers had similar patterns of positive and negative responses.

Caregivers said the training helped them understand the state system, system processes and laws, and state expectations for caregivers. Several people commented that the licensing training had been very helpful.

Several caregivers asked for more training instead on specific elements of caregiving, including the safety plans, parent-child visitations, and filling out the paperwork. One licensed caregiver spoke well for that position:

“I would like to see the early training focus less on laws and history and more on the logistics of foster care, such as what to expect after the first placement, the role of the social worker, how payment works, health insurance for the child.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Training helped caregivers understand the state system and processes.

“The online training teaches relative caregivers how the entire system works and how to best advocate for the children.” (K)

“It is realistic and pragmatic. It helped me understand the various perspectives – bio parent, state.” (L)

“Helps me understand the roles and the processes. I didn’t know a lot and they broke it down really well between foster parents and relative caregivers.” (K)

Training helped caregivers understand the laws.

“The training showed me why biological parents are given every last chance to engage and meet goals. I now understand that a judge would hold it against the department if they didn’t offer parents every chance.” (L)

“Understanding some of the laws and WACs helps.” (K)

“A lot of the legal issues were new to me.” (L)

“Knowledge of laws and rights as a caregiver helps us.” (K)

“Explanations about what to expect from the different court dates, and the whole legal process, were most helpful.” (L)

Training helped caregivers understand their roles.

“It opened my eyes to what is expected of caregivers relative to the system and the child’s needs.” (K)

“It taught me what the caregiver role is and the ways we can get advocates for the children in our care.” (L)

Training helped caregivers get licensed.

“The training that prepared me for the licensing process and what to expect.” (K)

Some wanted more training on care logistics.

“Stress that the safety plan needs to be followed step by step. Don’t sign it if you aren’t comfortable with it.” (L)

“Relatives have different needs than foster parents. Our family situations demand more in dealing with the child’s parents, who are our children or other relatives.” (K)

“We needed our training to teach us what is expected for new foster parents during parent visitations. We were blindsided by social worker and parent expectations.” (L)

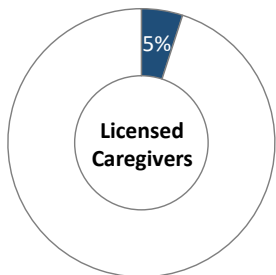
Some wanted more training on paperwork.

“Offer more classes online about the paperwork.” (K)

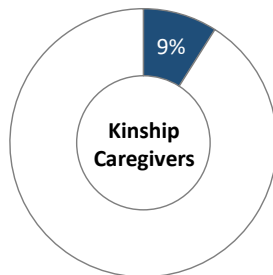
“The Caregiver Core training should also have a component in there about paperwork.” (L)

37 of the 632 caregivers who commented on training (6%) discussed the health and safety trainings.

COMMENTED ON THIS TOPIC



20 of 199 commented
16 – Satisfied
3 – Mixed or Neutral
1 – Needs work



17 of 199 commented
13 – Satisfied
1 – Mixed or Neutral
3 – Needs work

KEY FINDINGS

Most of the 37 caregiver comments on the health and safety trainings were positive. Licensed and kinship caregivers had similar patterns of positive and negative responses.

Many caregivers simply said the training was useful or that they had enjoyed it. Some commented on what they had learned in the classes about car seat safety, keeping medical records, managing choking or breathing problems, or caring for medically fragile children.

The few mixed or negative comments mostly involved access to classes, or questioned whether it was necessary to retake the classes over and over again. A couple of caregivers suggested other health and safety information they would like to learn, such as mental health first aid and some training on medication reactions.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some caregivers detailed particular aspects of health training that they appreciated.

- “I learned many things like how to take their temperature and record it on paper to track it. When to take the kid to the hospital or clinic, when the temperature is enough to take them in. Those kinds of things are helpful to me.” (K)
- “What to do when children are eating and start choking on their food and also when they are having trouble breathing and what to do, the CPR class.” (L)
- “I did CPR, which was helpful because I had medically delicate children.” (K)
- “It teaches me how to meet their medical needs.” (K)
- “CPR is always helpful. The CPR training has been for infants and adults; both were useful.” (L)
- “The CPR was good. The trainer was very active and that’s important to me and how I learn.” (L)

Some suggested other useful health information.

- “I think more training on first aid mental health for youth would benefit foster parents.” (K)
- “Maybe more information that helps on what I need to look out for when kids are medicated and they have reactions to medication.” (K)

Caregivers appreciated on-line health classes, because attending in-person was sometimes difficult.

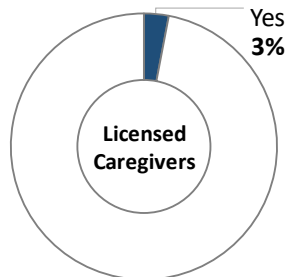
- “Having it online is amazing; that is super helpful. Being able to do CPR and First Aid online is pretty awesome.” (L)
- “The CPR First Aid class was an hour and a half away. It gets difficult not having it nearby.” (L)

Others simply said they liked the health care classes.

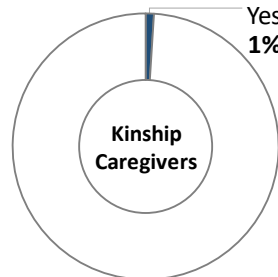
- “The trainers were very good and we very much enjoyed the First Aid class.” (L)
- “CPR and First Aid training are the most helpful.” (L)
- “The CPR and car seat trainings were very helpful.” (K)
- “Most helpful were classes on CPR and trauma and behavior.” (L)
- “The training on child safety was very good.” (K)
- “CPR training and First aid training were very good.” (K)
- “I liked the CPR and the airborne pathogens classes.” (K)

15 of the 632 caregivers who commented on training (2%) addressed cultural awareness and cultural issues.

COMMENTED ON THIS TOPIC



13 of 433 commented
 9 – Satisfied
 1 – Mixed or Neutral
 3 – Needs work



2 of 199 commented
 1 – Satisfied
 1 – Mixed or Neutral
 0 – Needs work

KEY FINDINGS

Most caregivers made positive comments on cultural awareness training. Licensed caregivers had more to say about this topic than kinship caregivers.

Several caregivers commented that the training had helped them in caring for children whose backgrounds were different from theirs. Others commented that they had begun to be aware of some of their own assumptions and that was helpful. Others said they found aspects of the cultural training interesting and informative in itself. Some felt more multicultural training was needed. Several praised the practical aspects of learning to care for the hair and skin of African-American children.

Two caregivers commented that sometimes the information on cultural and religious diversity was presented in a manner that made them uncomfortable.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Caregivers appreciated learning about caring for a child of a different cultural background than theirs.

- “Good class on taking care of a child of another culture.” (L)
- “For us the cultural training was insightful and addressed some of our assumptions and made us more aware.” (L)
- “Cultural training regarding different minorities has been very helpful.” (L)
- “I took a training on Native American children in placement and that one was interesting and really informative.” (L)
- “The training on Indian parenting is great.” (K)
- “I thought the cultural sensitivity training was helpful.” (L)
- “Continue to focus on the cultural and religious backgrounds of the children.” (K)
- “Some training about caring for multicultural children has been really good in helping me care for my children.” (L)
- “They talked about kids coming from different religious backgrounds and how this should be handled.” (K)

Some said that more multicultural training is needed.

- “More info on cultural understanding of Native American children and families is also really needed.” (L)
- “Do more hands on training in care for children of different cultures.” (L)

Several appreciated the practical training on caring for African-American hair and skin.

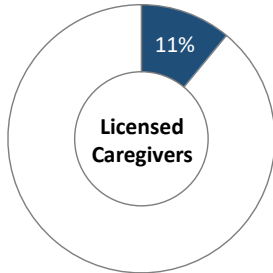
- “I think the hands on portion when they do the African-American hair, etc. and they bring in the special products is helpful. That’s better than lecturing.” (L)
- “Our kids are African-American and we’re White. We took a helpful class to help us care for their hair and skin.” (L)
- “Specific topics related to my child in care such as African-American skin and hair care are helpful.” (L)
- “Training on caring for the hair and skin of a black child was useful.” (L)

Some found the emphasis on cultural diversity was sometimes problematic in training.

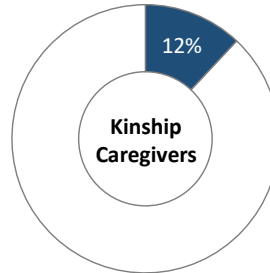
- “They were trying to be inclusive, but went about it in the wrong way. They talked about an Asian girl in the system, and asked the group ‘what are your assumptions about her background and parents.’ People would say ‘feed her rice’ or ‘give her chopsticks.’ It just felt totally inappropriate. They asked similar questions about people from the South. It was a weird painting of stereotypes in action.” (L)
- “There was some information given on the cultural backgrounds of kids in the system and it was a bit inappropriate.” (L)

69 of the 632 caregivers commenting on training (11%) discussed the Caregiver Core Training.

COMMENTED ON THIS TOPIC



46 of 433 commented
39 – Satisfied
6 – Mixed or Neutral
1 – Needs work



23 of 199 commented
22 – Satisfied
1 – Mixed or Neutral
0 – Needs work

KEY FINDINGS

The overwhelming majority of comments on the Caregiver Core Training were positive. Licensed and kinship caregivers had similar patterns of positive and negative responses. Even mixed responses were about more emphasis on some part of the training.

Two licensed caregivers provide some details below on the value of the Caregiver Core Training:

“We really learned a lot from the Caregiver Core Training. It helped open our eyes to the needs of children in foster care and to understand the trauma that they have come from.”

“The Caregiver Core training was a great class and the exposure from other foster parents and learning from the birth parents panel really opened our eyes going in. Their curriculum helped us be pretty well prepared for our first placement.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many caregivers simply said they valued Core.

- “All the Core training was good.” (L)
- “Caregiver Core training was good.” (K)
- “The Caregiver Core training covers everything.” (L)
- “I have referred many other relatives to the Core class. Being able to do the training online was great.” (K)
- “We just took the Caregiver Core training and CPR and we thought it was good training.” (K)
- “The Caregiver Core training was excellent.” (L)

Many valued the Core section on trauma.

- “The information in Core about caring for children who have trauma histories was helpful.” (K)
- “In Core, strengthen the training on trauma; we need more of that. Include more training on dealing with the problem behaviors. Having this information in Caregiver Core Training is really critical.” (L)
- “Core training was helpful in allowing us learn how to handle situations for the child with us.” (K)

Most valued the Core panels of caregivers and birth parents.

- “The foster parent panels give a true picture of what it’s like when children are placed in our homes.” (L)
- “Talking with experienced foster parents was really helpful and an eye-opener.” (L)

Caregivers valued the resource information in Core.

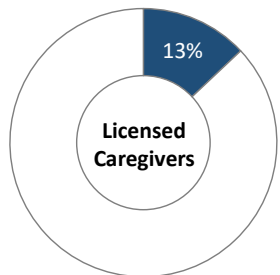
- “The Caregiver Core training was helpful. We learned about a lot of support that was available to us that we hadn’t been aware of.” (K)
- “I use the binder I got in my Core training all the time. I update it. It is so useful!” (L)

Some valued the realistic and honest trainers in Core.

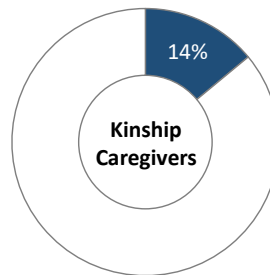
- “I enjoyed the Caregiver Core training; it’s a good base that helps prepare for foster children. The trainer was amazing. She told the good, the bad, and the ugly possibilities.” (K)
- “Our Core training was done by a very experienced foster parent who was very knowledgeable about situations that might come up. Very helpful to us.” (L)

85 of the 632 caregivers who commented on training (13%) described specific training topics they liked or wanted OTHER than the classes covered in the previous pages.

COMMENTED ON THIS TOPIC



57 of 433 commented
34 – Satisfied
8 – Mixed or Neutral
15 – Needs work



28 of 199 commented
21 – Satisfied
1 – Mixed or Neutral
6 – Needs work

KEY FINDINGS

Most comments on other training topics were positive. Licensed caregivers made more comments, but licensed and kinship caregivers had similar patterns of positive and negative responses. Generally, caregivers commented on classes they liked, and some suggested improvements or new classes.

Several kinship caregivers requested training on their extended family relationships. One kinship caregiver said:

“Kinship caregiver training needs to focus more on experiences within extended families, including the parents who lose their children to their relatives. It changes all the family relationships. And, foster parents expect improvements for a parent if they get services to correct problems. When you are a relative with long history with those parents, you know things are not likely to improve much. Help relatives talk about what that roller coaster ride feels like and how to cope with those thoughts/feelings.”

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many caregivers named classes they found useful.

- “Why Kids Lie is a wonderful training.” (L)
- “Parent the Positive Discipline Way and Love and Logic were both good trainings.” (L)
- “I don’t remember the name but it was very good – Child Development with different topics.” (K)
- “Purple Crying training was very helpful.” (L)
- “I found Empowered to Connect very good.” (L)
- “We learned a lot from the BEST program.” (K)

Several kinship caregivers requested training on complexities with extended family relationships.

- “I have my grandchild, so it was like my daughter was the bad guy. It’s totally different to be a kinship parent than a regular foster parent. It would be helpful to have a training on that side of things.” (K)
- “For us that take family in, we need special training. The separation issues, the kids don’t understand why they can’t go home, we need help with that, and how to deal with the parent of the child that you’re caring for.” (K)
- “Do classes just for relatives, it’s really different than the experience that foster parents have. Caring for your grandchild is totally different than for foster children.” (K)

Some say new classes or sections would be useful.

- “Add a class on social media.” (L)
- “More on teens, sexual assault victims (boys too), dependency with criminal cases/incarcerated parents.” (L)
- “We need more understanding of trauma on the parents of the children. The parents are damaged, hurt people that pass that on to their kids. They need respect too.” (L)
- “Add a class on building a relationship between birth parents and foster parents. Also a class on how to transition the child between the two.” (L)
- “Focus more training on the kids themselves.” (L)
- “I wasn’t expecting the grief I felt when the newborn was taken. I’d like training on placement-ending feelings.” (L)

Some would like improvements in existing classes.

- “I’d like an updated class or a short review class on what to do in an emergency when you take a medically fragile child.” (K)
- “I think note keeping and journaling should be a bigger part of the training. It was covered that journals should be kept on what happens day to day, but not WHAT should be written. How detailed should notes be? They said to record the good, the bad and the nothing – but what nothing?” (L)

Access and Format



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Caregivers need local classes, good online options, and peer support.

Over one third of the caregiver comments (245 of 632) discussed training access and format. Most comments were negative or offered suggestions for improvement.

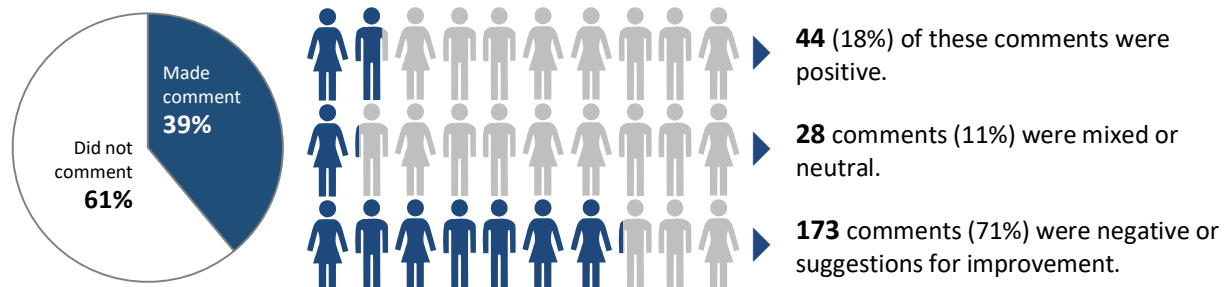
Caregivers commented that finding information on available local trainings was difficult. Some said they didn't know what classes they needed to take and that websites on training were difficult to use. Others said they were unable to find a comprehensive listing of what was available.

In-person training could be improved by having more local options and child care available onsite. Working caregivers also suggested more weekend and evening hours for in-person classes. Several caregivers expressed a preference for shorter classes.

Online training was praised for its convenience and flexibility. However, many caregivers commented that there weren't enough online options and the content needed updating. Some said the inability to interact with peers was a drawback of online training, but others said webinars or remote options for live conferences could help.

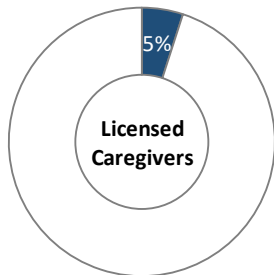
Caregivers greatly valued their local and online support groups, and often expressed a desire for more opportunities to network with peers.

245 caregivers (39%) commented on training access and format.

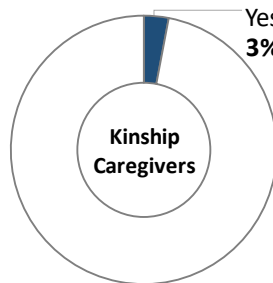


26 of the 632 caregivers who commented (4%) discussed information about training opportunities.

COMMENTED ON THIS TOPIC



21 of 433 commented
 4 – Satisfied
 0 – Mixed or Neutral
 17 – Needs work



5 of 199 commented
 1 – Satisfied
 0 – Mixed or Neutral
 4 – Needs work

KEY FINDINGS

Most caregivers who commented suggested ways that information about trainings could be improved. Patterns of positive and negative responses were similar for licensed and kinship caregivers. Several caregivers noted it was difficult to find out what trainings were needed and available locally. One kinship caregiver said:

“The Caregiver Core training was good, but no one told me about the class. I barely found out about it.”

Others said it would be helpful to receive notifications about available trainings in their area. Some would also like a central resource or website that lists all classroom and online training options, with a description of the class content and basic information like start and end times.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many caregivers said information on available training is not good.

- “I think they should communicate better to us about what training is available out there. Or, where do we look for training activities?” (L)
- “When kids are placed, they should tell people about these classes, the trainings.” (K)
- “Send out a list or email on what training is available.” (L)
- “The social workers need to be more aware of what trainings are available and able to answer questions about what is available. Or, have a resource to refer us to.” (L)
- “Maybe get emails about the trainings in your area and what time they start, things like that.” (L)
- “Notify the foster parents as to when training is available in their area.” (L)
- “I like having more training organized by region, but if they would list all of them in a certain city instead of just a region.” (L)

Some said information on the website is unclear.

- “[They need] clear websites with online training.” (L)
- “I think the only thing we’d like is for the classes to be shorter and the website is confusing.” (L)

Some offered specific suggestions for improvement.

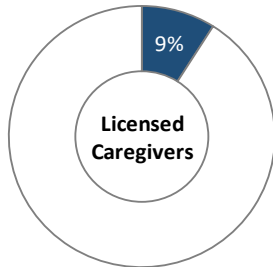
- “It would be good if there was a calendar of training on what topics are important to you that foster parents could choose from and invest their time that way.” (L)
- “It would be nice if all the classes that are listed had a short synopsis of the class, just like a 10 minute take-away.” (L)
- “Make sure if classes are cancelled or trainers are going to be 45 minutes late, please let us know.” (K)
- “[We] need more guidance on what type of training we should be getting. Give guidance for out-of-state caregivers taking care of Washington children and what Washington’s expectations are.” (K)

A few did get updates on trainings.

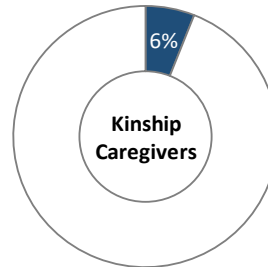
- “I get notices from Fostering Together about their support groups that offer training that applies to my licensing requirements. These are really helpful.” (L)
- “Regarding the Fostering Together program, I do get emails, but I haven’t really looked closely at anything and haven’t asked them for any help or advice.” (L)

50 of the 632 caregivers who commented (8%) addressed training locations.

COMMENTED ON THIS TOPIC



39 of 433 commented
 2 – Satisfied
 0 – Mixed or Neutral
 37 – Needs work



11 of 199 commented
 0 – Satisfied
 0 – Mixed or Neutral
 11 – Needs work

KEY FINDINGS

Comments about the location of trainings were overwhelmingly suggestions for improvement. Licensed and kinship caregivers expressed a desire for a greater variety of classes to be held in more locations. Many comments were about making training more accessible to families living in rural areas or cities in Eastern Washington. Some said they travelled over an hour to trainings, which is unreasonable. Several caregivers noted that online options would help.

The two licensed caregivers who made positive comments about training locations praised the Great Wolf Lodge as a training location that meets the needs of both caregivers and children.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many caregivers wanted more trainings in their area.

- “Some trainings, I can’t get them in our area. I’m not driving all the way to Seattle for training. More locations.” (K)
- “More training classes offered in Spokane.” (L)
- “We would be so grateful to have more training provided in the Wenatchee area.” (L)
- “It sure would be nice to have the 2-day 8 to 5 training more often in Kalispell. My husband is gone 2 weeks at a time and we can’t seem to coordinate getting the training on the weeks he is home.” (K)
- “More training opportunities in our community. Have the same class offered much closer to us in Walla Walla.” (L)
- “There is not a lot of training in Pullman, our area, and when there is, it’s often during work hours and I don’t hear about it in time. What is offered here is not always very applicable to us.” (L)
- “Training closer to my area and on trauma and behavior.” (K)
- “Maybe offering more classes in rural areas. We live in Aberdeen and she had to drive all the way to Tacoma for the training.” (L)
- “It is hard to get training when you are in a more remote area.” (L)
- “Better accessibility in rural Lewis county.” (L)

Online options would help.

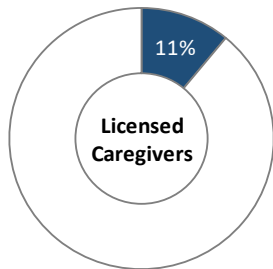
- “I’d like to see more training online, I live in a rural community. When I attend, I need to hire a babysitter. I also travel an hour each way to training.” (L)
- “Provide more trainings that are closer to where people live or provide more online options.” (L)
- “More availability for those of us who live way out in the middle of nowhere. Doing more online would be really helpful.” (L)

The two licensed caregivers who were satisfied mentioned the training at Great Wolf Lodge.

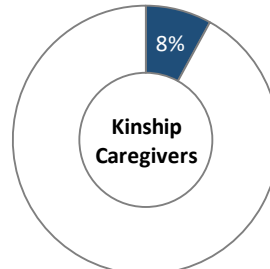
- “It was also helpful to have the training in a spot where the children and the foster parents could go together like Great Wolf Lodge.” (L)
- “I love the training especially at Great Wolf Lodge Conference put on by FPAWS. It is a mini vacation for me and my kids. They are showered with fun things and I get the training I need.” (L)

65 of the 632 caregivers who commended (10%) discussed how training is scheduled.

COMMENTED ON THIS TOPIC



49 of 433 commented
3 – Satisfied
1 – Mixed or Neutral
45 – Needs work



16 of 199 commented
2 – Satisfied
0 – Mixed or Neutral
14 – Needs work

KEY FINDINGS

Nearly all of the caregivers who commented said that the scheduling of training needed work.

- Most of the caregivers who wanted to see improvement expressed a preference for evening and weekend times to accommodate their work schedules. Some said online options would be helpful for working caregivers. A few said weekends and evenings classes were hard for them.
- Many caregivers said they wanted more dates and times to choose from, or more frequent class offerings. Two specifically mentioned difficulty scheduling CPR training.
- Others commented on the duration of trainings. Most of these comments expressed a desire for shorter classes, but a few noted that condensing classes into fewer but longer sessions is helpful for caregivers who need to travel long distances for training.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many caregivers wanted evening and weekend training.

- “As far as Eastern Washington we were always offered weekend training and also online.” (L)
- “Have training more frequently and on various days not just during Monday through Friday.” (K)
- “More classes and more times available expressly for working foster parents.” (L)
- “More training in the evening for parents that work full time.” (L)
- “Have more evening, weekends, and webinars available.” (L)
- “More online training and training on weekends and in the evening for working parents.” (L)
- “More of the classes offered in the evening would be nice.” (L)

A few said they prefer weekdays.

- “Many of the classes are on Saturdays and Sundays, but that is hard to do for some families. Provide a variety of days and times.” (L)
- “More flexible hours for the classes. It is difficult for me to get a babysitter in the evening to go to the training.” (L)

Some caregivers said they wanted more scheduling options, or more frequent training.

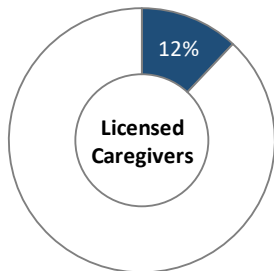
- “The classes that are the most popular should be held more often in all areas of the state.” (L)
- “The only training we’ve had difficulty with is the CPR training. The dates and times are few and far between. We do it every two years and we have to plan it way, way in advance. I wish they would offer the training more.” (L)
- “Having them more frequent, sometimes it’s hard to schedule them.” (L)
- “Offer trainings twice a month through Olive Crest, rather than once a month.” (L)
- “Provide more options on time and place for trainings.” (K)

Many caregivers wished the classes were shorter.

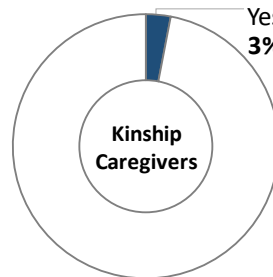
- “It was helpful, but was stretched out and could have been all in one day.” (K)
- “The training should be in short periods like 1-2 hours. 6 hours is so much and gives you too much to learn.” (L)
- “Shorter classes at times.” (K)
- “It seems a lot longer than it needs to be. I feel like I want to say ‘just get to the point’ sometimes.” (L)

59 of the 632 caregivers who commented (9%) addressed child care during training.

COMMENTED ON THIS TOPIC



53 of 433 commented
 2 – Satisfied
 0 – Mixed or Neutral
 51 – Needs work



6 of 199 commented
 1 – Satisfied
 1 – Mixed or Neutral
 4 – Needs work

KEY FINDINGS

Licensed caregivers were more likely to mention child care than were kinship caregivers, but for both groups, comments were mostly negative. As in past years, caregivers said that attending training can be difficult without child care. This is especially true when:

- Families don't have other options for child care
- The caregiver is single, or both parents would like to attend the same training
- Families are very busy, or have many children in their household
- The caregiver does not want to take online training

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Child care during training is very important to caregivers.

- “It’s hard to get child care so if that was offered, it would be helpful.” (K)
- “Provide child care!” (L)
- “If they provided child care at the training I could go to more in-person classes.” (L)
- “They are trying to do more and more and I understand they are doing more. I think they are doing good. But they don’t take into consideration that I have so many children at home.” (L)
- “Provide child care at the trainings. My husband and I would love to go together, but finding a babysitter at those times is a hassle.” (L)
- “Always have child care available.” (L)
- “Having the option of child care would be really helpful. We get so busy once licensed.” (L)
- “We only were able to have one of us attend the training. Maybe both partners could attend training if child care is available.” (K)
- “Offering child care would be really helpful, because many times we don’t have anyone to watch our children.” (L)
- “Child care at the training would be very helpful.” (L)

Several caregivers said that providing child care would allow them to take more trainings.

- “I think that it could provide child care! I would go to more training than is required of me if I could get some child care.” (L)
- “Child care at the trainings would definitely increase my participation. I wish they had child care, I really do. I enjoy going to the trainings, but wish I could go more.” (L)

Some said online training helps.

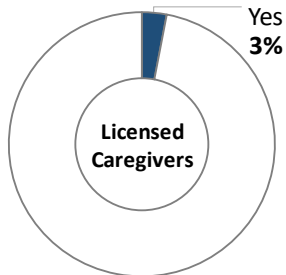
- “The online trainings are good because there’s no need for day care.” (L)
- “A lot of trainings don’t have child care, so more online training.” (L)

A few caregivers said they receive child care through work or church.

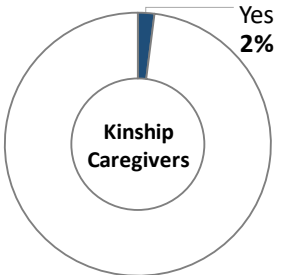
- “I get training through my work, which has child care, so those trainings have been helpful.” (L)
- “A lot of churches are willing to have training at their church and they will provide child care.” (K)

15 of the 632 caregivers who commented (2%) discussed other issues about access to training.

COMMENTED ON THIS TOPIC



12 of 433 commented
 2 – Satisfied
 0 – Mixed or Neutral
 10 – Needs work



3 of 199 commented
 1 – Satisfied
 1 – Mixed or Neutral
 1 – Needs work

KEY FINDINGS

Some caregivers mentioned other issues about access to training not already addressed. For licensed caregivers, these comments were mostly negative. For the very small number of kinship caregivers who mentioned other access issues, comments were evenly split: one positive, one negative, and one neutral.

The few positive comments were general expressions of gratitude for flexibility or easy access to training. Suggestions for improvement covered several different topics, including the need to find outside courses to meet the complex needs of foster children, requests for help with incidentals (like food and mileage), and other specific suggestions to improve training registration and policies.

All 15 comments are presented below.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Some said general access was important to them.

- “[Training] is easy to access.” (L)
- “More ability to access easy training.” (L)
- “Make the trainings easier to take.” (L)
- “Flexibility [has been helpful].” (L)
- “[Training] is constantly offered and available if needed.” (K)

Others mentioned the need to find outside courses to meet their needs.

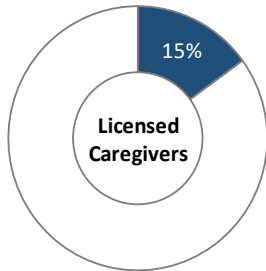
- “Most of my training has been out of state since we do not live in Washington. We have done a lot of our own training by seeking out a lot of resources.” (K)
- “I have sought my own training but I think I need less information about caring for kids and more information about just getting through the mess of the foster care system.” (L)
- “We need more training for kids who have high needs, such as trauma, attachment disorders, etc. We have to go outside the State training to get this type of training.” (L)

Caregivers offered other suggestions for improvement.

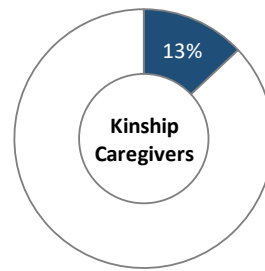
- “Reimbursement for mileage.” (K)
- “They have lunch breaks but not enough time and then you have to find parking. It would be nice if they provided snacks.” (L)
- “One thing would be the way one has to register for training. I find it hard to do it that way since I am an older caregiver and end up calling the folks to complete registration.” (L)
- “They could back to the old system where they had a foster parent training session which was inexpensive and informative for all.” (L)
- “We care for children with severe special needs. Make trainings that are specific to the needs of the children we are caring for count towards our hours, like meeting with a physical therapist on utilization of new wheelchairs.” (L)
- “I would like to see some online training for the repeated courses. I can’t always get to the ones in person at the DCYF office.” (L)
- “Developing partnerships for better training and more online training would help increase our skills.” (L)

92 of the 632 caregivers who commented (15%) addressed online training.

COMMENTED ON THIS TOPIC



67 of 433 commented
21 – Satisfied
6 – Mixed or Neutral
40 – Needs work



25 of 199 commented
11 – Satisfied
2 – Mixed or Neutral
12 – Needs work

KEY FINDINGS

Comments from these 92 caregivers were mostly suggestions for improvement, but many of the negative comments were requests for more online offerings. Kinship caregivers were more positive than licensed caregivers.

Caregivers appreciate online options when they are unable to attend in-person classes due to travel or lack of child care. They also like choosing from a variety of topics that are relevant to them.

Caregivers also offered suggestions for improvement, like having more online classes, updated content, a greater variety of topics, and more webinars to increase interaction in remote training. A few licensed caregivers said they had difficulty printing certificates from online trainings.

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Many caregivers said online training is helpful.

- “I was able to do it online and that was great.” (K)
- “The online courses and videos were helpful because you could find one that would give you more information to help with an issue you might be facing with a child in your home.” (L)
- “The online training was very helpful in multiple ways. Seems like a long process so the sooner you can learn how to do that the better.” (K)
- “I appreciate some of the trainings online, just for convenience when you can’t get to the training. I know the Core Training is offered online, and that would’ve been really helpful for us back when we needed it, so good move on that one!” (L)

Several said they want more online training and updated content.

- “I have a full time job and four kids at home so it is difficult to travel. More online training or things that I could do in the evenings at home would be fantastic.” (L)
- “Offer more online training.” (K)
- “More updated classes offered and more online classes.” (K)

“We have to do a lot of online training and the online trainings aren’t geared towards babies. We take in 0-5 and we’re watching trainings for teens.” (L)

A few said there were technical issues that need to be resolved.

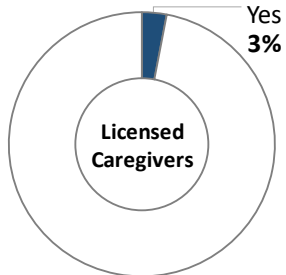
- “They need to make sure that all the technology works with the online training. I couldn’t get into the last online training because of ‘hiccups’ with the program.” (L)
- “The online training is good, but I need to figure out how to print the certificates.” (L)

Some caregivers prefer the interaction from in-person classes. Webinars could help.

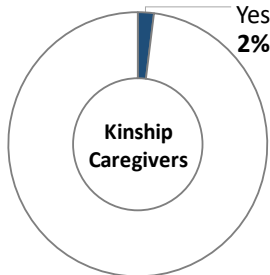
- “I prefer the Caregiver Core training in-person. It’s important to actually have feedback and interactions with other people who are taking the class.” (L)
- “I think there should be more interactive training, not online.” (L)
- “I would also love to see a webinar option for some. Often the question asked by others are very helpful to learn from.” (L)

16 of the 632 caregivers who commented (3%) discussed other opportunities for learning.

COMMENTED ON THIS TOPIC



12 of 433 commented
 9 – Satisfied
 1 – Mixed or Neutral
 2 – Needs work



4 of 199 commented
 2 – Satisfied
 0 – Mixed or Neutral
 2 – Needs work

KEY FINDINGS

Among licensed caregivers, comments about other learning opportunities were mostly positive. For the small number of kinship caregivers who mentioned this topic, comments were split: two positive and two negative. Caregivers praised the learning opportunities provided by support groups and peer networking. They also mentioned:

- Mentoring between new and more experienced caregivers
- Receiving help from liaisons, social workers, and licensors
- The FPAWS conference
- Services available in home and community settings, including the Wraparound with Intensive Services (WiSe)

Caregivers speak . . .

(K) = Kinship caregiver (L) = Licensed caregiver

Most comments were about the importance of support groups and peer networking.

- “I would say give your foster parents a list of support groups in the area because the support group saved us, especially as new foster parents.” (L)
- “The Refresh conference community (a Facebook group) has been a wonderful resource as well. It helps us see the full scope of foster parenting and adopting children with trauma. It helps us be aware of what we are stepping into as adoptive parents and helping us make wise choices in toddlerhood to best prepare them for their future. It offers a safe place for foster parents to feel safe and validated in their experiences.” (L)
- “More networking.” (K)
- “We need to have outside support groups and in home support groups training.” (K)
- “The peer groups we have formed since being in class together [are helpful]. We meet and share stories and information. It’s good to talk to someone who is going through the same thing that you are.” (L)
- “The support groups [are helpful].” (L)
- “[Learning] what support group was out there [was helpful].” (L)

“If I wasn’t a pediatric nurse, I’d have no idea on how to care for one of the kids that I have. I happen to know, because of my job. It would be helpful if there was a meet-and-greet, so we can meet other foster parents. That would be excellent.” (L)

One caregiver said mentoring would be helpful.

“Set everyone up with a foster care mentor.” (L)

Some mentioned other learning opportunities.

- “I would like to see follow up contact with the trainers.” (L)
- “I have sent questions to our liaison through Olive Crest/Fostering Together and they have been helpful. The social worker and licensor also can be helpful.” (L)
- “The Wraparound with Intensive Services (WiSe) meetings and those things are just great.” (K)
- “The Foster/Kinship meetings that I go to every Monday in Tacoma [are helpful].” (K)
- “We got some in-home services that were amazing. Some training with the child in your home can be very helpful. This made a night and day difference. We received help from Home Builders.” (L)

Appendix



“Quiet Contemplation”/Amie Starr/2019 Employee Survey Contest

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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)
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.)
SOCIAL WORKERS	
SS – Social Worker Support	Social workers have supported/not supported me and my family; good/bad service overall; grateful for their help, appreciative (or not); like/don’t like social workers and the work they do. Social workers help/don’t help. Social workers do/don’t provide good services.
SC – Social Worker Courtesy/Respect	Compliments/complaints regarding social worker courtesy, respect, helpful attitude (<i>tries</i> to help), sensitivity, kindness, friendliness, niceness, caring (about both foster children and parents), compassion.
SL – Social Workers Listen/Understand	Social worker does/doesn’t listen; is – or isn’t – attentive; does/doesn’t understand what caregivers say, and what they (and the children) need. “They listen to our input” (only code SL as well for cases where SW is actively seeking input)
SI – Social Workers Inclusiveness	Social worker gets input from caregivers; lets them help make decisions and plans; collaborates with them; invites them to participate in meetings (or fails to do these things). Use this code along with IN if a comment addresses a need for inclusion <u>and</u> information.
SOC – Social Worker General Communication	Social workers are good/bad at general communication (if they don’t specify IN or SL), timeliness of communication. Communication mentioned without other context.
SOR – Social Worker Responsiveness	Like/don’t like social workers’ follow-through (includes “keeps promises”); responsiveness; timeliness (Does NOT include timely response to phone, text, email, which is AP. Comments about timely communication are coded SOC). Responds to requests. Solves problems. Finds needed resources. “Gets back to me.”
SO – Other Social Worker Comments	Like/don’t like social workers’ commitment; professionalism; customer service; showing up for scheduled appointments; fairness; flexibility; knowledge, qualities/abilities (not covered in other codes). Specific supportive or non-supportive actions not covered in other codes. 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.)
SW – Specific Social Worker	Named specific social worker.
SN – Need More Social Workers	More social workers are needed to serve caregivers; workload too heavy; social workers too busy; caseloads too high/need smaller caseloads; turnover a

Response Category	Description
	problem. Does not apply if respondent just says they have had lots of social workers, without indicating any of the above reasons.
ACCESS	
AP – Phone/Staff Access	Able/unable to reach social workers by phone/voicemail/e-mail/website/text. Social workers do/don't return calls and messages (or if they do/don't <u>return</u> calls and messages in a timely manner); social workers are available/unavailable (for contact; otherwise SO); it's easy/hard to reach social workers.
AR – Consistency of Contact	Social workers are/aren't <u>initiating</u> regular or sufficient contact via home visits, phone calls, etc., or if contact is limited (i.e. "regular" doesn't mean consistently poor).

Response Category	Description
PROCESSES	
PR – General Processes	Compliments or complaints about the system—efficiency, bureaucracy, continuity, consistency, errors, rules, time it takes to get services (overall). System should care more about children and less about biological parent rights. "Better funding" only if context indicates it's for systems rather than caregivers.
PS – Specific Processes	Likes or dislikes/wants a specific process/way of doing things, time it takes to get specific services. Includes the time it takes to terminate rights and adopt. Change in social workers without indicating turnover/workload (SN).
PP – Paperwork Processes	Likes or dislikes/wants paperwork processes (general or specific). Paperwork lost.
COORDINATION	
CO – Coordination	Coordination of services for caregivers, inside or outside of DCYF (includes coordination between caregivers and biological families); communication to accomplish effective coordination. Includes social workers should communicate better with each other and other agencies. "One hand doesn't know what the other is doing." Inconsistencies between social workers or offices.
INFORMATION	
IN – Information	Get/don't get useful information from social workers about foster child; foster system; available resources; meeting times/court dates; training. Social workers do/don't answer questions; give clear explanations; give consistent responses, provide feedback/advice; provide referrals/grateful for referrals. 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."
RM – Medical, Dental, Mental Health	Likes or dislikes/wants medical/dental/mental health services (includes speech and occupational therapy), medical supplies. Likes/grateful for medical care in general. Includes insurance/provider availability, process of authorization, getting paid for medical services, medication.
RT – Transportation	Likes or dislikes/wants transportation services (includes mileage reimbursement). Difficulty getting payment for transportation.
RC – Child Care	Likes or dislikes/wants child care services.
RO – Other Resources	Likes or dislikes/wants other resources (or just says "resources," without context). "Kinship care should get more resources."
OTHER	
OS – Other Sources of Caregiver Support	Comments about support for caregivers from sources other than social workers inside DCYF (foster care liaisons, foster care recruiters, support staff) and outside

Response Category	Description
	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
DK – Don’t Know	Don’t know. Have no answer. Unsure. Too new to caregiving to answer. No contact with DCYF; no need for support.
OT - Training	<u>General</u> comments regarding training. Specific comments about training are moved and coded as such.

Response Glossary – Caregiver Training

Question 3: What about caregiver training has been helpful?

Question 4: How could caregiver training be improved?

Response Category	Description
QUALITY/HELPFULNESS	
TH – Overall Training	Training is helpful/not helpful; training was good (great)/not good (great); did/didn't like training (without further clarification).
TP – Specific Agency/Program Training	Named specific program/location/office that provides training; names private agency; mentions "private agency" training (no name given); mentions continuing education, college classes, or classes in the community (TP_E if just a mention that they received training through one of these sources. TP_P or TP_N if they indicate whether training was good/bad).
TN – Nothing	"Nothing," "Can't think of anything," "No suggestions" etc. (Negative, if about what has been helpful; positive, if about what needs improving.) NOT "Nothing stands out" Use TH_E.
TRAINERS	
TR – Trainers	Trainers are good/bad; specific trainer qualities; want more/less of specific categories of trainers (including foster parents/foster children/biological parents as trainers—use both TR and TV); includes comments about guest speakers/presenters at training.
TT – Specific Trainer	Named specific trainer. Also always coded as TR
GENERAL TRAINING	Comments on aspects of training caregivers like/want or don't like/don't want
TG-C – Caring for Foster Children	Dealing with/caring for foster children. Includes communicating with children; identifying/meeting their needs; making them part of foster family; understanding situations in foster children's bio-homes; what to expect from foster children in foster homes.
TG-A – Approaches to Training	Approaches used in training. Includes small groups; roundtable discussions; brainstorming; using case scenarios, real life examples; Q&A sessions (if caregiver involvement not specified).
TG-R – Resources	Information about resources (what/where they are); contact information.
TG-M – Training Materials	Quality/usefulness of materials used in training (including need to update written materials, videos, etc.); specific topics to add/delete in training materials.
TG-O – Other Training Comments	Other comments about training. Includes more/less training; variety in training; repetitious training; updated training; training pace too fast/too slow; tell it like it is; limit socializing during training; general parenting information; information for caregivers who haven't parented; refresher courses for long-term caregivers. Complaints about training requirements. Training that addresses general issues of children in my care (only if a general observation, not a request for a specific type of training). Requests for training in languages other than English. Comments about wanting to include foster parent's biological children in training. "Every child is different."
SPECIFIC TRAINING TOPICS	Comments on specific training/training types caregivers like/want or don't like/don't want
TS-D – Disorders/Issues	Training focused on particular disorders/disabilities/issues. Includes training on trauma (grief and loss); abuse/neglect; attachment disorder; anorexia, bulimia, hoarding; anger issues; ADD/ADHD; autism; special needs; medications for disorders/issues. Includes behavior problems outside normal developmental issues. "Medically fragile" if infants/toddlers not specified. Include TSB for combined brain development/trauma training (i.e. TBRI).

Response Category	Description
TS-S – Substance Abuse	Training focused on substance-abuse issues. Includes fetal alcohol syndrome, drug-exposed infants, and effects of bio-parents’ drug use on children.
TS-Y – Sexually Inappropriate Behavior	Training focused on sexual abuse, youthful sex offenders, sexually aggressive or inappropriate behavior.
TS-B – Child Behavior	Training focused on child behavior/child development; age-specific populations and issues (toddlers, school-age, teens); includes behavior management and discipline except that which falls in TS-D.
TS-I – Infants and Toddlers	Training on infants and toddlers. Includes infant care, medically fragile infant/toddler care. Not for fetal alcohol syndrome or infants exposed to drugs (TS-S). “Medically fragile” with no mention of infants or toddlers is TS-D.
TS-F – Navigating the Foster Care System	Training on how to navigate the foster care system. Includes how to interact with social workers; paperwork issues; rules and regulations; court procedures; other processes/procedures; what to expect from the system.
TS-P – Caregiver Core Training	Like/don’t like CCT/PRIDE training (PRIDE is now Caregiver Core Training). Any mention of “Core” training should use this code.
TS-H – Health and Safety	Training focused on health and safety. Includes protecting children from abuse; first aid/CPR; immunizations; car seat training.
TS-C – Cultural Awareness and Language Issues	Training focused on cultures and cultural issues. (Includes Native American culture and issues; how tribes interact with DSHS; tribal courts.) Cultural sensitivity of training.
TS-O – Other Specific Training Topics	Other training. Includes dealing with 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).
ACCESS	Comments about what made it easier/harder for caregivers to attend training
TA-L – Location	Location of training. Includes having training in more places; having training closer to caregivers’ homes; making it easier to get to training.
TA-S – Scheduling	Scheduling of training. Includes scheduling more training sessions; having training on more–or different–days; training in the evenings, on weekends; duration of training; ongoing training.
TA-C – Child Care	Child care available during training.
TA-O – Other Access Comments	Other likes/dislikes, or wants/don’t wants, regarding access to training (e.g. “We had to seek training ourselves.” without indication of reason/other reason than above). Includes comments about transportation to training.
ALTERNATIVE TRAINING FORMATS	Comments about training formats (other than standard classroom training)
TF-N – Online Training	Like/dislike, wants more/less online training options, including online videos.
TF-S – Support Groups	Like/dislike training offered during support groups.
TF-O – Other Alternative Training Formats	Like/dislike other alternative training formats (newsletters, individual training, etc.); comments about resource libraries or training DVDs; like/want wider variety of formats.

Response Category	Description
VOICE AND CHOICE	Comments that indicate caregivers felt/didn't feel included, involved, empowered by training
TV – Voice – and Community – in Training	Caregiver involvement in training (including foster parents/foster children/biological parents as trainers–use both TR and TV); interactions among caregivers during training; interactions between new and experienced caregivers; sense of community/support in training; networking.
TC – Choice in Training	Caregivers do/don't choose which training to attend, what is addressed in training. Only use if respondent specifically likes / wants more choice in which training to take.
TRAINING INFORMATION	
TI – Information about Training	Like/want information about upcoming training; mailings; training calendars. Don't like/don't want such information in the form it is currently provided. This includes comments about wanting social workers to make caregivers aware of training. Comments about training certificates.
OTHER	
TOS –Support Beyond Training	Includes support groups for caregivers; family preservation services; early childhood education support groups; ongoing advocates or mentors for caregivers/families; crisis intervention when trauma occurs (in biological or foster families); FPAWS; general comments about training in the community.
TO – Response <i>not</i> about Training	Other miscellaneous comments that don't fit elsewhere. <i>"Experience as a caregiver is the best teacher."</i> Comments about <i>support</i> should be moved and coded as such.
TDK – Don't Know	Don't know, not sure, can't answer, haven't attended training.
TUC – Training for Unlicensed Caregivers	"Unlicensed caregivers need/should get/should be offered training also."

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
TYPE OF PLACEMENT	
R – Relative	Caregiver is a relative. Some wanted to get licensed because they were caring for a relative (Q5); others thought they didn't need to get licensed because they were caring for a relative (Q6). Q5: "I became licensed 13 years ago, to care for my sister-in-law." "To be able to foster family members." Q6: "I am a relative." "Just taking care of family. Don't need to be in the system."
G – Guardian	Caregiver is a guardian. Q5: "It was required to pursue guardianship." Q6: "Not required. I have full guardianship/custody of the child as the parents agreed..."
S – Short-term	Short-term/temporary placement. Q6: "I only had the children for 5 days." "This was only going to be a temporary placement."
A - Adoption	Trying to or in process of adopting. Q5: "In order to get the little guy we just adopted." Q6: "I am planning to adopt the child and am not interested in fostering other children."
APPLICATION	
M – Mandated	Court ordered, no option. (Includes required in order to adopt.) Q5 code only.
C – In Process	Has completed application.
D –Denied	Applied but denied. Q6 code only.
Q – Qualification Issues	Would like to be licensed, but would not qualify. Q6 code only.
ACCESS, PROCESS, AND COORDINATION	
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.
PP – Personal	Comments about perceptions of foster care and foster parents, fear of judgement and discomfort sharing personal information.
PO – Oversight	Comments about compliance with WAC book, potential for licensing complaints/investigations, which can lead to compliance agreements.
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)
PS – Specific Process	Comments that are specific in nature that do not pertain to any of the codes above (PP, PO, PT, PH).
INFORMATION	
IN – Information	Unaware that licensing is an option. Get/don't get useful information from social workers about licensing; foster system. Social workers do/don't answer questions; give clear explanations; give consistent responses, provide feedback/advice. Get/don't get useful information online. Likes or dislikes/wants access to interpreters, bilingual staff, native English speakers on staff.
RESOURCES	

Response Category	Description
RF – Financial Matters	Getting financial 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 (or just says “resources,” not specified).
OTHER	
GO – General Interest/Disinterest	Comments about general good/bad experience, happy with how it is, simply wants/doesn’t want to obtain license (without further information about process or purpose), enjoys fostering, encouraged by SW.
GH – Helping Children	Wants to help children.
O – Other	Comments about the survey, past experiences.
DK – Don’t Know	Don’t know. Have no answer. Unsure. Too new to foster parenting to answer. No contact with DCYF.

Notes:

- “No comment,” “No response,” “Don’t want to answer,” and N/A are not coded.
- Most of the support and training codes can be coded in three different ways: positive (P), needs work (N), or neutral/mixed (E). For example, comments that fall under Social Worker Courtesy (SC) can be coded SC-P (positive comments about social worker courtesy), SC-N (negative comments or suggestions for change about social worker courtesy) or SC-E (neutral or mixed comments about social worker courtesy, like “Social workers are friendly sometimes” or “Some social workers are respectful to foster parents, and some aren’t”). Comments that fall under Information about Training (TI) can be coded TI-P (positive comments about training information), TI-N (negative comments or suggestions for change about training information) or TI-E (neutral comments about training information), for example, “The online information about training is great, but the mailings are really hit and miss, and not all foster parents have computer access.”
- All the codes within the licensing comments (Q5 and Q6), as well as a few others in the support and training comments (Q1-4), including Nothing (QN or TN), Specific Social Worker (SW), Need More Social Workers (SN) and Don’t Know (DK or TDK), can only be coded in one way. For example, comments that fall under DK can only be coded DK; this code is not further divided into DK-P, DK-N and DK-E. Likewise, comments that fall under TDK can only be coded TDK; this code is not further divided into TDK-P, TDK-N and TDK-E.

Narrative Comments Summary – Support: All Caregivers

1,342 Respondents (1,215 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		408	33.6%	266	21.9%	16	1.3%	126	10.4%
Overall Support	QS	184	15.1%	110	9.1%	9	0.7%	65	5.3%
Nothing	QN	171	14.1%	111	9.1%			60	4.9%
Specific Agency/Area/Office Support	QP	115	9.5%	91	7.5%	8	0.7%	16	1.3%
Social Workers		1,038	85.4%	436	35.9%	283	23.3%	319	26.3%
Social Worker Support	SS	286	23.5%	185	15.2%	25	2.1%	76	6.3%
Specific Social Worker	SW	18	1.5%						
Social Worker Courtesy and Respect	SC	156	12.8%	81	6.7%	11	0.9%	64	5.3%
Social Workers Listen/Understand	SL	185	15.2%	107	8.8%	12	1.0%	66	5.4%
Social Workers Inclusiveness	SI	121	10.0%	48	4.0%	8	0.7%	65	5.3%
Social Worker Communication	SOC	283	23.3%	89	7.3%	17	1.4%	177	14.6%
Social Worker Responsiveness	SOR	401	33.0%	208	17.1%	51	4.2%	142	11.7%
Other Comments About Social Workers	SO	518	42.6%	227	18.7%	68	5.6%	223	18.4%
Need More Social Workers	SN	121	10.0%					121	10.0%
Foster Care Licensors	SF	57	4.7%	42	3.5%	4	0.3%	11	0.9%
Access, Process, and Coordination		693	57.0%	176	14.5%	119	9.8%	398	32.8%
Phone/Staff Access	AP	253	20.8%	144	11.9%	16	1.3%	93	7.7%
Consistency of Contact	AR	171	14.1%	109	9.0%	15	1.2%	47	3.9%
General Processes	PR	185	15.2%	8	0.7%	12	1.0%	165	13.6%
Specific Processes	PS	243	20.0%	5	0.4%	8	0.7%	230	18.9%
Paperwork Processes	PP	48	4.0%	8	0.7%	3	0.2%	37	3.0%
Coordination	CO	84	6.9%	18	1.5%	4	0.3%	62	5.1%
Information	IN	643	52.9%	234	19.3%	111	9.1%	298	24.5%
Resources		429	35.3%	176	14.5%	67	5.5%	186	15.3%
Medical, Dental, Mental Health	RM	101	8.3%	34	2.8%	10	0.8%	57	4.7%
Respite Care	RR	38	3.1%	14	1.2%	1	0.1%	23	1.9%
Transportation	RT	58	4.8%	16	1.3%	2	0.2%	40	3.3%
Child Care	RC	37	3.0%	6	0.5%	3	0.2%	28	2.3%
Financial Matters	RF	63	5.2%	15	1.2%	4	0.3%	44	3.6%
Other Resources (includes training)	RO	192	15.8%	113	9.3%	9	0.7%	70	5.8%
Other Sources of Support	OS	94	7.7%	66	5.4%	10	0.8%	18	1.5%
Other		148	12.2%	13	1.1%	122	10.0%	13	1.1%
Not about support	O	72	5.9%	13	1.1%	46	3.8%	13	1.1%
Don't know	DK	79	6.5%			79	6.5%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e., a person who made "Good Work" comments in both "Child Care" and "Respite" is counted only once in the "Resources" row. A person who has a "Good Work" comment in the "Childcare" row and "Needs Work" in the "Respite" row would be counted as a "Mixed" comment in the "Resources" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to support questions.

Narrative Comments Summary – Support: Licensed Caregivers

529 Respondents (456 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		161	35.3%	118	25.9%	11	2.4%	32	7.0%
Overall Support	QS	52	11.4%	26	5.7%	5	1.1%	21	4.6%
Nothing	QN	42	9.2%	33	7.2%			9	2.0%
Specific Agency/Area/Office Support	QP	90	19.7%	76	16.7%	6	1.3%	8	1.8%
Social Workers		402	88.2%	152	33.3%	142	31.1%	108	23.7%
Social Worker Support	SS	96	21.1%	65	14.3%	8	1.8%	23	5.0%
Specific Social Worker	SW	7	1.5%						
Social Worker Courtesy and Respect	SC	63	13.8%	28	6.1%	7	1.5%	28	6.1%
Social Workers Listen/Understand	SL	80	17.5%	47	10.3%	8	1.8%	25	5.5%
Social Workers Inclusiveness	SI	68	14.9%	29	6.4%	7	1.5%	32	7.0%
Social Worker Communication	SOC	114	25.0%	26	5.7%	9	2.0%	79	17.3%
Social Worker Responsiveness	SOR	168	36.8%	87	19.1%	25	5.5%	56	12.3%
Other Comments About Social Workers	SO	204	44.7%	84	18.4%	28	6.1%	92	20.2%
Need More Social Workers	SN	51	11.2%					51	11.2%
Foster Care Licensors	SF	41	9.0%	33	7.2%	2	0.4%	6	1.3%
Access, Process, and Coordination		274	60.1%	77	16.9%	55	12.1%	142	31.1%
Phone/Staff Access	AP	115	25.2%	71	15.6%	9	2.0%	35	7.7%
Consistency of Contact	AR	70	15.4%	46	10.1%	6	1.3%	18	3.9%
General Processes	PR	62	13.6%	1	0.2%	1	0.2%	60	13.2%
Specific Processes	PS	98	21.5%	3	0.7%	2	0.4%	93	20.4%
Paperwork Processes	PP	12	2.6%	3	0.7%	0	0.0%	9	2.0%
Coordination	CO	29	6.4%	10	2.2%	0	0.0%	19	4.2%
Information	IN	257	56.4%	81	17.8%	51	11.2%	125	27.4%
Resources		169	37.1%	67	14.7%	28	6.1%	74	16.2%
Medical, Dental, Mental Health	RM	40	8.8%	13	2.9%	3	0.7%	24	5.3%
Respite Care	RR	25	5.5%	11	2.4%	1	0.2%	13	2.9%
Transportation	RT	28	6.1%	8	1.8%	2	0.4%	18	3.9%
Child Care	RC	20	4.4%	4	0.9%	1	0.2%	15	3.3%
Financial Matters	RF	10	2.2%	2	0.4%	2	0.4%	6	1.3%
Other Resources (includes training)	RO	53	11.6%	30	6.6%	2	0.4%	21	4.6%
Other Sources of Support	OS	52	11.4%	35	7.7%	7	1.5%	10	2.2%
Other		54	11.8%	7	1.5%	39	8.6%	8	1.8%
Not about support	O	27	5.9%	7	1.5%	12	2.6%	8	1.8%
Don't know	DK	28	6.1%			28	6.1%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e., a person who made "Good Work" comments in both "Child Care" and "Respite" is counted only once in the "Resources" row. A person who has a "Good Work" comment in the "Childcare" row and "Needs Work" in the "Respite" row would be counted as a "Mixed" comment in the "Resources" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to support questions.

Narrative Comments Summary – Support: Kinship Caregivers

813 Respondents (759 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		247	32.5%	148	19.5%	5	0.7%	94	12.4%
Overall Support	QS	132	17.4%	84	11.1%	4	0.5%	44	5.8%
Nothing	QN	129	17.0%	78	10.3%			51	6.7%
Specific Agency/Area/Office Support	QP	25	3.3%	15	2.0%	2	0.3%	8	1.1%
Social Workers		636	83.8%	284	37.4%	141	18.6%	211	27.8%
Social Worker Support	SS	190	25.0%	120	15.8%	17	2.2%	53	7.0%
Specific Social Worker	SW	11	1.4%						
Social Worker Courtesy and Respect	SC	93	12.3%	53	7.0%	4	0.5%	36	4.7%
Social Workers Listen/Understand	SL	105	13.8%	60	7.9%	4	0.5%	41	5.4%
Social Workers Inclusiveness	SI	53	7.0%	19	2.5%	1	0.1%	33	4.3%
Social Worker Communication	SOC	169	22.3%	63	8.3%	8	1.1%	98	12.9%
Social Worker Responsiveness	SOR	233	30.7%	121	15.9%	26	3.4%	86	11.3%
Other Comments About Social Workers	SO	314	41.4%	143	18.8%	40	5.3%	131	17.3%
Need More Social Workers	SN	70	9.2%					70	9.2%
Foster Care Licensors	SF	16	2.1%	9	1.2%	2	0.3%	5	0.7%
Access, Process, and Coordination		419	55.2%	99	13.0%	64	8.4%	256	33.7%
Phone/Staff Access	AP	138	18.2%	73	9.6%	7	0.9%	58	7.6%
Consistency of Contact	AR	101	13.3%	63	8.3%	9	1.2%	29	3.8%
General Processes	PR	123	16.2%	7	0.9%	11	1.4%	105	13.8%
Specific Processes	PS	145	19.1%	2	0.3%	6	0.8%	137	18.1%
Paperwork Processes	PP	36	4.7%	5	0.7%	3	0.4%	28	3.7%
Coordination	CO	55	7.2%	8	1.1%	4	0.5%	43	5.7%
Information	IN	386	50.9%	153	20.2%	60	7.9%	173	22.8%
Resources		260	34.3%	109	14.4%	39	5.1%	112	14.8%
Medical, Dental, Mental Health	RM	61	8.0%	21	2.8%	7	0.9%	33	4.3%
Respite Care	RR	13	1.7%	3	0.4%	0	0.0%	10	1.3%
Transportation	RT	30	4.0%	8	1.1%	0	0.0%	22	2.9%
Child Care	RC	17	2.2%	2	0.3%	2	0.3%	13	1.7%
Financial Matters	RF	53	7.0%	13	1.7%	2	0.3%	38	5.0%
Other Resources (includes training)	RO	139	18.3%	83	10.9%	7	0.9%	49	6.5%
Other Sources of Support	OS	42	5.5%	31	4.1%	3	0.4%	8	1.1%
Other		94	12.4%	6	0.8%	83	10.9%	5	0.7%
Not about support	O	45	5.9%	6	0.8%	34	4.5%	5	0.7%
Don't know	DK	51	6.7%			51	6.7%		

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

633 Respondents (632 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		234	37.0%	202	32.0%	16	2.5%	16	2.5%
Helpfulness of training	TH	112	17.7%	96	15.2%	9	1.4%	7	1.1%
Nothing	TN	98	15.5%	90	14.2%			8	1.3%
Specific Program or Agency	TP	62	9.8%	49	7.8%	11	1.7%	2	0.3%
Trainers, Methods, and Resources		412	65.2%	213	33.7%	92	14.6%	107	16.9%
Trainers	TR	79	12.5%	52	8.2%	6	0.9%	21	3.3%
Specific Trainer	TT	5	0.8%						
Taking Care of Foster Children	TG-C	113	17.9%	86	13.6%	4	0.6%	23	3.6%
Approaches to Training	TG-A	73	11.6%	31	4.9%	6	0.9%	36	5.7%
Building Community	TV	95	15.0%	70	11.1%	6	0.9%	19	3.0%
Accessing Resources	TG-R	41	6.5%	26	4.1%	2	0.3%	13	2.1%
Training Materials	TG-M	17	2.7%	8	1.3%	1	0.2%	8	1.3%
Other General Training Comments	TG-O	232	36.7%	98	15.5%	36	5.7%	98	15.5%
Specific Training Topics		411	65.0%	289	45.7%	70	11.1%	52	8.2%
Disorders/Issues	TS-D	140	22.2%	103	16.3%	14	2.2%	23	3.6%
Sexually Inappropriate Behavior	TS-Y	3	0.5%	1	0.2%	0	0.0%	2	0.3%
Substance Abuse	TS-S	25	4.0%	16	2.5%	0	0.0%	9	1.4%
Child Behavior and Development	TS-B	120	19.0%	88	13.9%	5	0.8%	27	4.3%
Infants and Toddlers	TS-I	14	2.2%	9	1.4%	0	0.0%	5	0.8%
Navigating Foster Care System	TS-F	106	16.8%	69	10.9%	10	1.6%	27	4.3%
Health and Safety	TS-H	37	5.9%	29	4.6%	4	0.6%	4	0.6%
Cultural Awareness/Issues	TS-C	15	2.4%	10	1.6%	2	0.3%	3	0.5%
Caregiver Core Training/PRIDE	TS-P	69	10.9%	61	9.7%	7	1.1%	1	0.2%
Other Specific Trainings	TS-O	83	13.1%	53	8.4%	9	1.4%	21	3.3%
Love and Logic	TS-L	3	0.5%	3	0.5%	0	0.0%	0	0.0%
Access and Format		245	38.7%	44	7.0%	28	4.4%	173	27.3%
Information About Training	TI	26	4.1%	5	0.8%	0	0.0%	21	3.3%
Training Location	TA-L	50	7.9%	2	0.3%	0	0.0%	48	7.6%
Scheduling of Training	TA-S	65	10.3%	5	0.8%	1	0.2%	59	9.3%
Choice in Training	TC	3	0.5%	1	0.2%	0	0.0%	2	0.3%
Child Care During Training	TA-C	59	9.3%	3	0.5%	1	0.2%	55	8.7%
Other Comments About Access	TA-O	15	2.4%	3	0.5%	1	0.2%	11	1.7%
Online Training	TF-N	92	14.6%	32	5.1%	8	1.3%	52	8.2%
Support Groups	TF-S	7	1.1%	5	0.8%	1	0.2%	1	0.2%
Other Training Formats	TF-O	12	1.9%	9	1.4%	0	0.0%	3	0.5%
Other Learning Opportunities	TOS	16	2.5%	11	1.7%	1	0.2%	4	0.6%
Other									
Response not about training	TO	40	6.3%	6	0.9%	15	2.4%	19	3.0%
Training for Unlicensed Caregivers	TUC	17	2.7%					17	2.7%
Don't know	TDK	56	8.9%			56	8.9%		

¹ Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below; i.e. a person who made "Good Work" comments in both "Child Care During Training" and "Training Location" is counted only once in the "Access and Format" row. A person who has a "Satisfied" comment in the "Child Care During Training" row and "Needs Work" in the "Training Location" row would be counted as a "Mixed" response in the "Access and Format" row.

² All # columns show how many persons made any mention of this theme. Multiple comments on the same theme by a single person are only counted once in that theme row. A person with both "Good Work" and "Needs Work" comments on the same theme is counted in the "Mixed" column.

³ Respondents who commented on this theme as a percentage of the total number of respondents who made comments in response to training questions.

Narrative Comments Summary – Training: Licensed Caregivers

433 Respondents (433 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		142	32.8%	126	29.1%	6	1.4%	10	2.3%
Helpfulness of training	TH	73	16.9%	63	14.5%	4	0.9%	6	1.4%
Nothing	TN	56	12.9%	51	11.8%			5	1.2%
Specific Program or Agency	TP	36	8.3%	33	7.6%	3	0.7%	0	0.0%
Trainers, Methods, and Resources		298	68.8%	146	33.7%	76	17.6%	76	17.6%
Trainers	TR	63	14.5%	38	8.8%	5	1.2%	20	4.6%
Specific Trainer	TT	5	1.2%						
Taking Care of Foster Children	TG-C	78	18.0%	59	13.6%	3	0.7%	16	3.7%
Approaches to Training	TG-A	53	12.2%	22	5.1%	6	1.4%	25	5.8%
Building Community	TV	73	16.9%	52	12.0%	6	1.4%	15	3.5%
Accessing Resources	TG-R	26	6.0%	14	3.2%	2	0.5%	10	2.3%
Training Materials	TG-M	11	2.5%	5	1.2%	1	0.2%	5	1.2%
Other General Training Comments	TG-O	177	40.9%	71	16.4%	32	7.4%	74	17.1%
Specific Training Topics		283	65.4%	193	44.6%	52	12.0%	38	8.8%
Disorders/Issues	TS-D	110	25.4%	83	19.2%	9	2.1%	18	4.2%
Sexually Inappropriate Behavior	TS-Y	2	0.5%	1	0.2%	0	0.0%	1	0.2%
Substance Abuse	TS-S	23	5.3%	16	3.7%	0	0.0%	7	1.6%
Child Behavior and Development	TS-B	86	19.9%	63	14.5%	3	0.7%	20	4.6%
Infants and Toddlers	TS-I	7	1.6%	4	0.9%	0	0.0%	3	0.7%
Navigating Foster Care System	TS-F	67	15.5%	41	9.5%	8	1.8%	18	4.2%
Health and Safety	TS-H	20	4.6%	16	3.7%	3	0.7%	1	0.2%
Cultural Awareness/Issues	TS-C	13	3.0%	9	2.1%	1	0.2%	3	0.7%
Caregiver Core Training/PRIDE	TS-P	46	10.6%	39	9.0%	6	1.4%	1	0.2%
Other Specific Trainings	TS-O	55	12.7%	32	7.4%	8	1.8%	15	3.5%
Love and Logic	TS-L	3	0.7%	3	0.7%	0	0.0%	0	0.0%
Access and Format		186	43.0%	30	6.3%	21	4.9%	135	31.2%
Information About Training	TI	21	4.8%	4	0.9%	0	0.0%	17	3.9%
Training Location	TA-L	39	9.0%	2	0.5%	0	0.0%	37	8.5%
Scheduling of Training	TA-S	49	11.3%	3	0.7%	1	0.2%	45	10.4%
Choice in Training	TC	3	0.7%	1	0.2%	0	0.0%	2	0.5%
Child Care During Training	TA-C	53	12.2%	2	0.5%	0	0.0%	51	11.8%
Other Comments About Access	TA-O	12	2.8%	2	0.5%	0	0.0%	10	2.3%
Online Training	TF-N	67	15.5%	21	4.8%	6	1.4%	40	9.2%
Support Groups	TF-S	5	1.2%	5	1.2%	0	0.0%	0	0.0%
Other Training Formats	TF-O	9	2.1%	8	1.8%	0	0.0%	1	0.2%
Other Learning Opportunities	TOS	12	2.8%	9	2.1%	1	0.2%	2	0.5%
Other									
Response not about training	TO	28	6.5%	6	1.4%	10	2.3%	12	2.8%
Training for Unlicensed Caregivers	TUC	3	0.7%					3	0.7%
Don't know	TDK	37	8.5%			37	8.5%		

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 – Training: Kinship Caregivers

200 Respondents (199 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	92	46.2%	76	38.2%	10	5.0%	6	3.0%	
Helpfulness of training	TH	39	19.6%	33	16.6%	5	2.5%	1	0.5%
Nothing	TN	42	21.1%	39	19.6%			3	1.5%
Specific Program or Agency	TP	26	13.1%	16	8.0%	8	4.0%	2	1.0%
Trainers, Methods, and Resources	114	57.3%	67	33.7%	16	8.0%	31	15.6%	
Trainers	TR	16	8.0%	14	7.0%	1	0.5%	1	0.5%
Specific Trainer	TT	0	0.0%						
Taking Care of Foster Children	TG-C	35	17.6%	27	13.6%	1	0.5%	7	3.5%
Approaches to Training	TG-A	20	10.1%	9	4.5%	0	0.0%	11	5.5%
Building Community	TV	22	11.1%	18	9.0%	0	0.0%	4	2.0%
Accessing Resources	TG-R	15	7.5%	12	6.0%	0	0.0%	3	1.5%
Training Materials	TG-M	6	3.0%	3	1.5%	0	0.0%	3	1.5%
Other General Training Comments	TG-O	55	27.6%	27	13.6%	4	2.0%	24	12.1%
Specific Training Topics	128	64.3%	96	48.2%	18	9.0%	14	7.0%	
Disorders/Issues	TS-D	30	15.1%	20	10.1%	5	2.5%	5	2.5%
Sexually Inappropriate Behavior	TS-Y	1	0.5%	0	0.0%	0	0.0%	1	0.5%
Substance Abuse	TS-S	2	1.0%	0	0.0%	0	0.0%	2	1.0%
Child Behavior and Development	TS-B	34	17.1%	25	12.6%	2	1.0%	7	3.5%
Infants and Toddlers	TS-I	7	3.5%	5	2.5%	0	0.0%	2	1.0%
Navigating Foster Care System	TS-F	39	19.6%	28	14.1%	2	1.0%	9	4.5%
Health and Safety	TS-H	17	8.5%	13	6.5%	1	0.5%	3	1.5%
Cultural Awareness/Issues	TS-C	2	1.0%	1	0.5%	1	0.5%	0	0.0%
Caregiver Core Training/PRIDE	TS-P	23	11.6%	22	11.1%	1	0.5%	0	0.0%
Other Specific Trainings	TS-O	28	14.1%	21	10.6%	1	0.5%	6	3.0%
Love and Logic	TS-L	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Access and Format	59	29.5%	14	7.0%	7	3.5%	38	19.0%	
Information About Training	TI	5	2.5%	1	0.5%	0	0.0%	4	2.0%
Training Location	TA-L	11	5.5%	0	0.0%	0	0.0%	11	5.5%
Scheduling of Training	TA-S	16	8.0%	2	1.0%	0	0.0%	14	7.0%
Choice in Training	TC	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Child Care During Training	TA-C	6	3.0%	1	0.5%	1	0.5%	4	2.0%
Other Comments About Access	TA-O	3	1.5%	1	0.5%	1	0.5%	1	0.5%
Online Training	TF-N	25	12.6%	11	5.5%	2	1.0%	12	6.0%
Support Groups	TF-S	2	1.0%	0	0.0%	1	0.5%	1	0.5%
Other Training Formats	TF-O	3	1.5%	1	0.5%	0	0.0%	2	1.0%
Other Learning Opportunities	TOS	4	2.0%	2	1.0%	0	0.0%	2	1.0%
Other									
Response not about training	TO	12	6.0%	0	0.0%	5	2.5%	7	3.5%
Training for Unlicensed Caregivers	TUC	14	7.0%					14	7.0%
Don't know	TDK	19	9.5%			19	9.5%		

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 – Licensing: Self-identified Kinship Caregivers¹

660 Respondents made comments

MAJOR THEMES AND SUBTHEMES ²		Why did you decide to become licensed? Licensed (n=105)		Is there a reason why you haven't chosen to become licensed? Not Licensed (n=555)	
		#	% of Licensed	#	% of Not Licensed
Type of Placement		46	43.8%	210	37.8%
Relative	R	33	31.4%	167	30.1%
Guardian	G	3	2.9%	10	1.8%
Short-term	S	1	1.0%	27	4.9%
Adoption	A	11	10.5%	29	5.2%
Application		24	22.9%	111	20.0%
Mandated	M	21	20.0%		
In Process	C	3	2.9%	89	16.0%
Denied	D			5	0.9%
Qualification Issues	Q			18	3.2%
Access, Process, and Coordination		10	9.5%	108	19.5%
General Processes	PR	4	3.8%	49	8.8%
Personal	PP			5	0.9%
Oversight	PO			1	0.2%
Training Requirements	PT			12	2.2%
Health/Safety Requirements	PH			12	2.2%
Specific Process	PS	6	5.7%	37	6.7%
Information		1	1.0%	47	8.5%
Information	IN	1	1.0%	47	8.5%
Resources		23	21.9%	4	0.7%
Financial Matters	RF	12	11.4%	4	0.7%
Other Resources	RO	14	13.3%		
Other		41	39.1%	217	39.1%
General Interest / Disinterest	GO	38	36.2%	189	34.1%
Helping Children	GH	13	2.0%		
Other	O	2	1.9%	23	4.1%
Don't Know	DK			9	1.6%

¹ Respondents who answered "Yes" to the question: "Are you currently a kinship caregiver?" Of these, we asked those who said they were licensed caregivers why they decided to get licensed; those who said they were not licensed were asked if there was a reason why they had not become licensed.

² Major themes (in blue rows) are rollups of the subthemes listed below. They are unduplicated - not the total of the numbers below.

2019 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 new agency that includes all programs from the DSHS Children's Administration. I have been asked by the Department of Children Youth and Families to talk with caregivers about the support and training they receive. We sent you a letter explaining this survey – did you receive it?

- The results of this survey will help DCYF measure how well they foster and kinship caregivers are supported and trained.
- It will help DCYF make improvements if they are needed.
- You have been randomly chosen from all licensed and unlicensed caregivers.
- Your survey answers will in no way affect your status as a caregiver.
- Your answers will be kept strictly confidential. We promise that no one from the state child welfare system will know how you individually answered the survey questions.
- Your name is never used; the researchers combine all the survey answers into one report.
- Your participation is completely voluntary, but is very important to us. We want to make sure the sample represents all caregivers.
- Please feel free to ask questions at any time. If I come to any question that you prefer not to answer, just let me know and I will skip over it. Please be honest. We want to know how you really feel.

Throughout the survey, I will refer to the Department of Children, Youth and Families, as DCYF.

Have you had a child placed in your care by DCYF [or while working with a private agency] living in your home at any time in the past twelve months?

- Yes
- No

SUPPORT QUESTIONS

1. Question about Overall Support

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

Response Options for Question 1:

- More than adequate
- Somewhat adequate
- Somewhat inadequate
- Very inadequate
- Not applicable

2. Questions to Facilitate Strategic Planning for Support

Preface to Questions 2A-2E:

Please answer the following questions about your experience with staff from DCYF [or from Private Agency]. For each of the statements below, tell us how often the statement was true in the past year.

- A. Are you treated like a part of the team?**
- B. Can you get help when you ask for it?**
- C. Do the social workers listen to your input?**
- D. Are you included in meetings about the child in your care?**
- E. Do you get adequate information about the needs of the children placed with you, such as medical, behavioral, developmental and educational needs?**

Response Options for Questions 2A-2E:

- Always or Almost Always
- Usually
- Seldom
- Almost Never or Never
- Not Applicable

3. Open-ended Questions to Facilitate Strategic Planning for Support

- A. Now think about all the partners in Washington's child welfare system, including DCYF, private agencies, and your social workers and licensors ... What do they do well to support you?**
- B. Still thinking about the entire child welfare system, including DCYF, private agencies, and your social workers and licensors ... What could they do better to support you?**

LICENSING QUESTIONS

4. Question about overall licensing

Are you currently a kinship caregiver?

- Yes
- No

Do you currently have a license to provide foster care?

- Yes
- No

5. Open-ended Questions to Facilitate Strategic Planning for Licensing

- A. [IF YES] Why did you decide to become licensed?**
- B. [IF NO] Is there a reason why you haven't chosen to become licensed?**

6. Did you become a caregiver because you hoped to adopt a child?

- Yes
- No
- Unsure

7. In the past 12 months, have you had any contact with the Division of Licensed Resources (DLR), such as a foster care application, home study, license renewal, or licensing investigation?

- Yes
- No

8. Did licensing staff treat you with respect?

- Always or Almost Always*
- Usually*
- Seldom*
- Almost Never or Never*
- Not Applicable*

9. Were licensing or home study staff knowledgeable about the process?

- Always or Almost Always*
- Usually*
- Seldom*
- Almost Never or Never*
- Not Applicable*

10. As a caregiver, have you received support from the Olive Crest Fostering Together program, or the Fostering Washington program at Eastern Washington University?

- 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?***

15. 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

2019 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 2018, November 2018, February 2019, and May 2019, 397-404 homes were selected at random from a list of all kinship caregiver and foster homes to meet the goal of 333 completed interviews per quarter. Caregivers who had already participated in the 2018 survey year were not eligible to participate and were removed from the sample. We completed interviews with 1,342 caregivers. Based on the 1,562 eligible homes selected to complete the survey, the *response rate* was 86%. Based on the 1,428 homes where we were able to speak with a caregiver, the *cooperation rate* was 94%. As of 6/30/2019, there were 5,082 licensed foster homes and 2,433 unlicensed family home providers in the state of Washington.

The 95% sampling error for the survey sample is ± 2.5 percentage points, for a 50% proportion.

Starting in the 2019 survey, providers with only placements of less than four days were excluded from the sample.

Interviewed caregivers were grouped according to kinship status, rather than licensing status, using a combination of fields from DCYF's FamLink database. This resulted in 49 licensed kinship caregivers being classified as "Kinship" rather than "Licensed" in order to fully represent the previously unsurveyed kinship caregivers. Although there were 105 respondents who self-identified as licensed kinship caregivers (and were asked why they decided to become licensed), these answers were not used as grouping criteria because interviewers reported that some respondents found the questions confusing.

Due to the sampling changes, and because recently interviewed caregivers were removed from the sample (all of whom were licensed foster parents), the number of kinship caregivers in the sample was somewhat higher than expected (39% licensed caregivers and 61% kinship caregivers). These numbers should equalize as previously interviewed kinship caregivers are removed from future survey samples, but must be monitored closely. If future samples over-represent kinship caregivers, it may be advisable to stratify the sample and weight the data for analysis.

Mode of Data Collection

In order to maximize the opportunities for each sampled home to participate, the survey was also available online or as a printed copy sent by mail. Starting with the 2019 survey, all caregivers with email addresses were sent an email with a link to the online survey through Survey Monkey. In total, we completed 1,124 interviews by telephone (84%), 213 online (16%), and 5 were returned by mail (.4%).

The percentage of online interviews has doubled since 2018 (from 8% in 2018 to 16% in 2019), so we conducted additional analysis to determine whether apparent declines in satisfaction may have been due to this trend. In general, online responses tend to be less positive than those completed with an interviewer. However, an analysis of differences-within-differences showed that the effect of survey mode on overall change in positive responses was not statistically significant for any question. We will continue to evaluate this issue in future surveys.

Statistical Significance Testing: Comparisons by Caregiver Group and Survey Year

For the nine standardized questions, statistical significance tests were calculated to assess differences in the percent of positive responses (More than/Somewhat Adequate or Always/Usually) between licensed and kinship caregivers, and for licensed caregivers only, between the 2018 and 2019 survey years. The criterion for statistical significance was set at $p < .05$. Differences were assessed using the chi-squared test of independence.

Removing licensed kinship caregivers from the "Licensed" group (described above) could have biased the comparisons between 2018 and 2019 results, as the 2018 sample included 13 licensed kinship caregivers. However, removing these caregivers from the 2018 sample did not have a meaningful impact on the results. There was no change in the pattern of statistical significance, and percent change over time differed by no more than .01% from reported results.

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%.

2019 DCYF Caregiver Survey Report



Prepared for Washington State
Department of Children, Youth, and Family Services
by Department of Social and Health Services
Research & Data Analysis Division
June 2020