

# Therapeutic Foster Care Programs

## Foster Family Survey and Focus Groups Report



Department of Children and Families  
OFFICE OF FOSTER CARE SERVICES



January 25, 2008

## TABLE OF CONTENTS

I. Introduction .....	3
II. Focus Groups .....	3
III. Surveys: .....	4
IV. Summary: .....	8
Appendix I: Data Tables .....	9
Appendix II: Survey .....	11

## I. INTRODUCTION

The Office of Foster Care Services (OFCS), over the last several months, has engaged in a variety of activities to help inform the re-design of the private foster care system. These activities include consultation with Children's Rights, Inc. (CR) and the Center for the Study of Social Policy (CSSP) to identify national evidence-based models and best practices to support Connecticut's transformation of its foster care system; individual provider meetings and case reviews to better support OFCS' understanding of how each provider's contracted foster care service is operationalized; and a meeting with and solicitation of feedback from Area Office staff, including Behavioral Health Program Directors, FASU Program Supervisors, and Foster Care Liaisons.

This past fall, OFCS developed a brief tool, *Therapeutic Foster Families Service System Survey*, to obtain feedback and input from foster families licensed by private providers about Connecticut's therapeutic foster care system. In addition, OFCS utilized focus groups as a means to identify the supports, services, and training that foster families find most helpful to themselves and the foster children for whom they provide care. These two input points join the other activities in which OFCS has engaged to support opportunities for diverse stakeholder contribution to the enhancement of the therapeutic level foster care services.

## II. FOCUS GROUPS

OFCS staff utilized focus groups to assist with information gathering about Connecticut's therapeutic foster care service system. Through attendance at foster parent support groups convened by private providers, OFCS was able to meet and speak directly with foster families who are licensed to provide therapeutic levels of foster care. All private providers were given the opportunity for a focus group to be held with their families. Focus groups were ultimately held with three private providers, totaling over 40 foster parents: Waterford Country School (11/20/07), New Opportunities of Waterbury (11/26/07), and Connecting Children and Families (12/6/07).

The *Therapeutic Foster Families Service System Survey* was used as a tool to facilitate discussions with foster parents at these focus groups. Some of the recurrent themes and salient points that emerged from the focus groups were as follows:

- Foster parents appreciated having someone available (i.e., private provider social work staff) to speak with and guide them 24 hours a day
- Timely returned calls from DCF staff were very important to foster parent's satisfaction
- There was a need for assistance regarding medical access issues (e.g., receipt of medical cards, identification of local medical, dental, clinical and psychiatric providers who accept Medicaid)
- "Frequent" changes in children's DCF social worker are viewed as difficult
- Training related to supporting children with behavioral health issues is very helpful
- Additional recreational services for foster children, including mentoring are needed.
- Availability of child care at support groups better aids foster parent's attendance
- Connecting youth to services and supports that assist them with transitioning into the adult service system and, as needed, obtaining independent living skills is desired.
- Training on services that the Department has available for adolescents is needed

In addition, as a means to allow foster parents from the support groups to provide more detailed information about how to improve the therapeutic foster care service system, OFCS distributed pre-addressed and stamped envelopes containing blank copies of the survey.

### III. SURVEYS

The *Therapeutic Foster Families Service System Survey* was distributed to all DCF funded providers of therapeutic foster care, including treatment, specialized and professional levels. This survey was constructed to be simple, consisting of a few demographic items (e.g., town of residence, number of years foster parenting, number of foster children currently in their home, and race/ethnicity) and twelve (12) questions to illicit response regarding the services, training and supports that foster families and the children in their care have received or think are helpful. A copy of the service can be viewed in the Appendix I section of this report.

The survey was available in both English and Spanish. In addition to being emailed to private providers for distribution to their licensed foster families, the survey was posted on the Connecticut Association of Foster and Adoptive Parents (CAFAP) website. Forty-seven (47) completed surveys were returned to OFCS.

#### A. Demographic Information

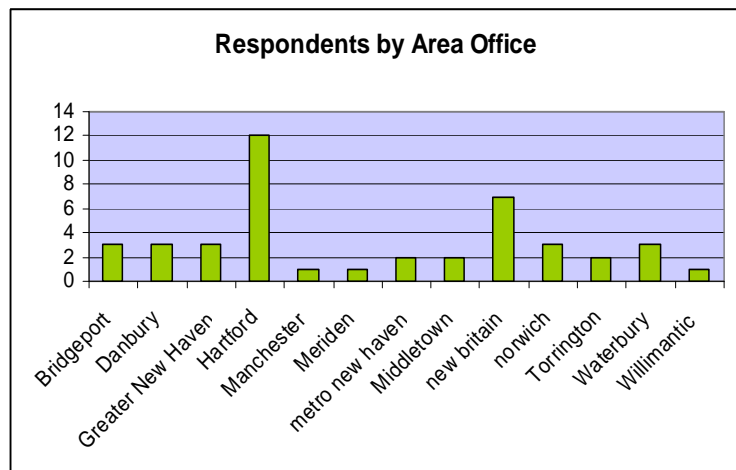
The findings from the demographic section of the survey are as follows:

##### i. Towns

The towns covered by the Hartford, Manchester, and New Britain Area Offices were most represented in the returned surveys. The distribution by Area Office is as follows<sup>1</sup>:

Area Office	Count
Bridgeport	3
Danbury	3
Greater New Haven	3
Hartford	12
Manchester	1
Meriden	1
metro new haven	2
Middletown	2
New Britain	7
Norwich	3
Torrington	2
Waterbury	3
Willimantic	1

Figure 1. Race-Ethnicity of Respondents

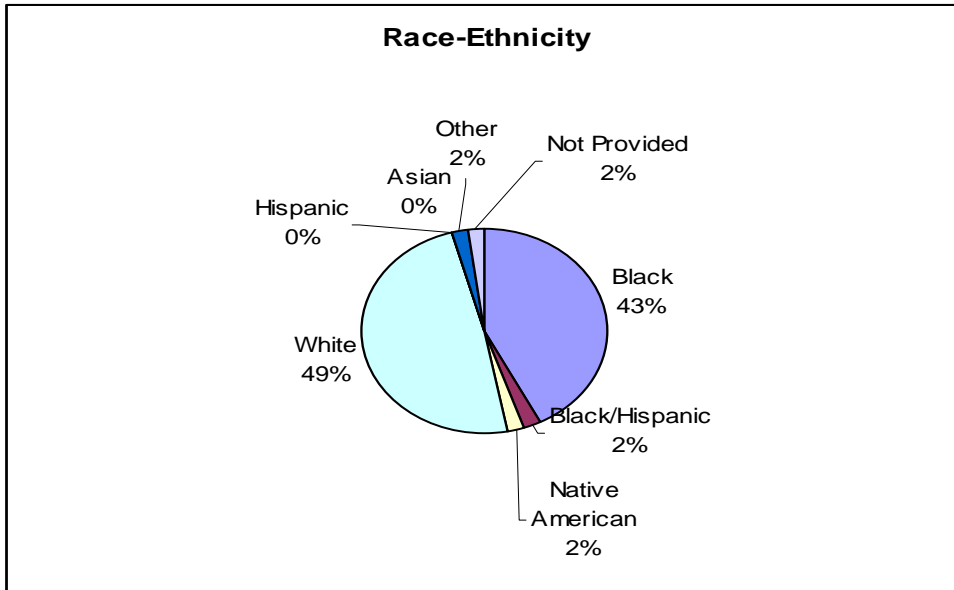


<sup>1</sup> There were three surveys in which the town was not provided.

ii. **Race -Ethnicity**

Forty-nine percent (49%) of the foster parents who completed the survey identified themselves as "White." Forty-three percent of the respondents (43%) identified themselves as "Black." There was one returned survey in which the race/ethnicity was not provided. See Figure 2.

Figure 2. Race-Ethnicity of Respondents



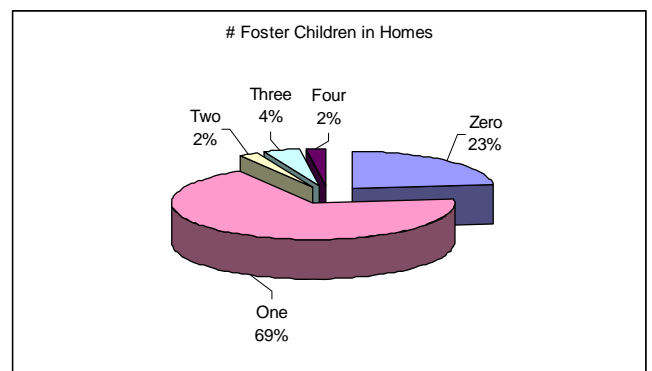
iii. **Number of Foster Children in the Home**

Respondents indicated the number of children who were currently in their homes. The average and median number of foster children in the homes of the survey respondents is one (1) child. Sixty-nine percent (69%) of the foster parents reported having 1 child in their homes. Twenty-three percent (23%) reported having no children in their homes. See Figure 2.

Figure 3. Children in Homes

iv. **Years Foster Parenting**

Responding individuals served an average of 4.1 years as foster parents. The most number of years that a respondent reported having served as foster parent was twenty-two (22). Twelve, 26%, of the respondents had been foster parenting for less than 1 year.



**B. Questions**

As noted above, the survey presented twelve (12) questions mainly for narrative response. A review and analysis of the received surveys occurred. Key and recurrent themes were identified. Some of those findings are presented below:

**1. Please tell us what motivated you to become a foster parent?**

The most cited motivation to become a foster parent was "to make a difference." This was followed by persons who stated that they "enjoy children," and that they hoped "to provide a safe home."

***2. What supports do you find most helpful to you as a foster parent/family?***

The most helpful support to foster parents was identified to be training. Respondents indicated that training such as the following were most beneficial: Parenting tools, general training, PRIDE, and CPR/First Aid. Foster families also identified support received from their private provider agency as being helpful. Components of the assistance they noted from their licensing agency were the team approach, casework services and clinical coordination. The pervasive sentiment seemed that foster families felt having "someone to call" when they didn't know what to do was of great support and comfort to them.

***3. What supports do you find most helpful to the foster children in your home?***

The most frequently identified support for foster children was therapy. Sports/extra-curricular activities and supports from the foster care program were also identified as being helpful. Availability of an emergency phone line as a means to obtain 24/7 assistance from their provider agency was also noted to be beneficial.

***4. What types of supports/services do you believe are most needed to assist you as a foster parent?***

"Respite and "24-7 support" were cited most frequently. "Support groups" were also identified as needed. Many foster parents also noted that they needed more information about the children in their care, and better communication from DCF (e.g., the child's social worker)

***5. What types of supports/services do you believe are most needed to assist the foster child(ren) in your home?***

Individual therapy and mental health services for foster children were often cited by respondents as being needed. Foster parents also identified access to activities such as mentoring, extended day treatment programs, after-school programs, and in-home services. One-to-one supports for the children, particularly in school, were also cited.

***6. What type(s) of post-licensing training (s) have you received that has proven most helpful as a foster parent?***

Trainings on "parenting tools" and "general training/PRIDE" were most frequently cited. Other frequent responses included "CPR" and "First Aid."

***7. What type(s) of post-licensing(s) do you believe would be helpful to you as a foster parent?***

Responding foster families indicated that child specific training (i.e., training targeted to the individual presenting behavioral health needs of the child(ren) in their care) would be most helpful. This was followed by general training providing guidance about how to deal with children's behaviors and training about "

***8. Describe the adequacy of the support you receive from DCF. Set forth any successes and challenges.***

Cases with consistent DCF social workers appeared to have more success related to communication and support. Communication and support appear to have been challenges in cases with multiple DCF social

worker changes. Adequacy of support from DCF seemed dependent upon the level of involvement and responsiveness of the DCF worker assigned to the child's case. DCF social workers who visited frequently, spoke to the children, and communicated with the foster parents and program staff seemed to contribute to the successes and satisfaction noted above.

**9. Describe the adequacy of support you receive from you're your therapeutic foster care agency. Set forth any successes and challenges.**

The majority of families reported to be very satisfied with the supports received from their agencies. Successes: Program staff offer solutions and /or strategies to help with the children; program staff respond to concerns and offer assistance immediately; weekly home visits were reported as a great support; and program staff consistently followed through on promised tasks/plans or solution-based goals.

**10. What supports do you receive to facilitate foster children's contact with their biological family?**

The majority of foster parents felt that this topic area was not applicable to them. Nearly all foster parents responded that they have no involvement with foster children's contact with biological family. It was frequently indicated that biological family/child visits and contact were arranged by DCF or the private foster care program. Many foster parents expressed their satisfaction with DCF's role in facilitating visitation between the children and their biological families.

It is unknown if the legal status of a child (i.e., Termination of Parental Rights or No Further Reunification Efforts) could have impacted some of the responses. Further assessment is needed regarding this areas of response.

**11. Please describe your overall experience of being a foster parent. Let us know what factors, both positive and negative, that have impacted that experience.**

The majority of foster parents reported their experiences to be very rewarding and positive. Some positive factors reported to have affected foster parents' experiences included making a positive impact on the children in their care, being able to provide a safe home, and providing structure and love. Negative factors included the stress and challenges around the child's behaviors, as well as DCF's lack of support and/or communication.

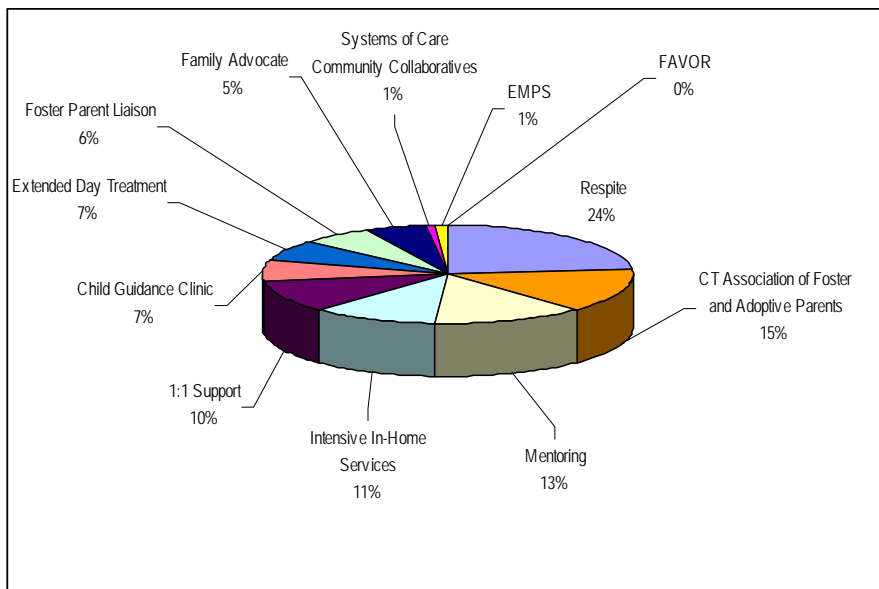
**12. Please check all of the services/supports in which you and/or foster children in your care have accessed in the past year:**

Respondents were asked to select from the following service types: Emergency Mobile Psychiatric Services; Child Guidance Clinic; Extended Day Treatment; Intensive In-home Services; Respite; Systems of Care; Community Collaboratives; Foster Care Liaison; Family Advocate; CAFAP; FAVOR; Mentoring; and 1:1 Support.

A limited selection of choices was provided to gauge utilization of some core behavioral health and foster care support services that are currently funded by the Department. "Respite," of the listed services/supports, was overwhelmingly the most frequently chosen. This was followed by CAFAP, Mentoring, Intensive In-Home Services, and 1:1 services. See Figure 3.

It should be noted, however, that the "Respite" responses may likely refer to overnight, temporary care that foster parents receive as a service coordinated by their licensing foster care program. While the Department also funds respite services that are provided on a set schedule for a limited time, during daytime hours (e.g., up to 45 hours over the course of 12 weeks), it is not clear if respondents were also denoting this level of care by their selection.

Figure 4. Service Access



#### IV. Summary

##### A. Conclusions

Based upon the information obtained from the focus groups and the surveys, the following conclusions are being drawn:

- Foster parent satisfaction with DCF is highly correlated with the communication and support received by DCF staff.
- Foster parents does not appear to be accessing many DCF-contracted services and supports.
- More training around managing behaviors and child-specific training are needed.
- Responsiveness, particularly through private provider care management staff, seems to be identified as very helpful to meeting the guidance and support needs of many foster families.

##### B. Recommendations

The recommendations that are being made based upon the responses from therapeutic foster parents are as follows:

- Implement child-specific training, related to the child's diagnosis and/or clinical presentation prior to placement and routinely throughout post-licensing training.
- Educate private agency staff and foster parents regarding DCF funded, community-based behavioral health and foster parent services.
- Provide information to private agency staff and foster parents about the legal requirements and implications regarding confidentiality.
- Support better disclosure, as legally appropriate, of child, biological family, and/or case information to providers and children's foster parents.
- Recruitment messages, as informed by the reasons identified by respondents for why they became foster parents might focus on the following themes: "to make a difference," "enjoy children," and "to provide a safe home."
- Ensure the foster care system does not "treat or remind children that they are different."

## APPENDIX I

### Data Tables

Town		
Name of Town	Frequency	Percentage
Avon	1	2%
Berlin	1	2%
Bloomfield	3	6%
Branford	1	2%
Bridgeport	2	4%
Bristol	1	2%
Danbury	2	4%
East Haddam	1	2%
East Hartford	1	2%
Fairfield	1	2%
Hamden	1	2%
Hartford	1	2%
New Britain	2	4%
New Haven	2	4%
New London	3	6%
New Milford	1	2%
Old Saybrook	1	2%
Plainfield	1	2%
Simsbury	2	4%
Tolland	1	2%
Torrington	2	4%
Wallingford	1	2%
Waterbury	2	4%
Watertown	1	2%
West Hartford	3	6%
Windsor	5	11%
Woodbridge	1	2%

Race/Ethnicity		
Race/Ethnicity	Frequency	Percentage
Black	20	43%
Black/Hispanic	1	2%
Native American	1	2%
White	23	49%
Hispanic	0	0%
Asian	0	0%
Other	1	2%
Not Provided	1	2%

Years Foster Parenting		
Number of Years	Frequency	Percentage
Less than 12 months	12	26%
1	8	17%
1.5	1	2%
2	5	11%
2.5	1	2%
3	1	2%
3.5	1	2%
4	1	2%
4.5	1	2%
6	1	2%
6.5	1	2%
7	2	4%
8	2	4%
9	2	4%
10	1	2%
12	1	2%
13	3	6%
18	1	2%
22	1	2%

# Children in Respondent's Home	
# Foster Child in the home	Frequency
0	11
1	32
2	1
3	2
4	1

Utilization of Services	
Service	Frequency
Respite	23
CT Association of Foster and Adoptive Parents	14
Mentoring	13
Intensive In-Home Services	11
1:1 Support	10
Child Guidance Clinic	7
Extended Day Treatment	7
Foster Parent Liaison	6
Family Advocate	5
Systems of Care Community Collaboratives	1
EMPS	1
AVOR	0

## APPENDIX II: Therapeutic Foster Care Survey

*The Department of Children and Families' (DCF/Department) Office of Foster Care Services (OFCS) is seeking information from families who provide therapeutic levels of foster care to children. As part of OFCS' quality assurance and redesign efforts, it is asked that you assist the Department with obtaining information to support improvements to its foster care system.*

Respondent's Town of Residence:	Number of Years Foster Parenting:
Number of Foster Children Currently in Your Home:	Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other

1. Please tell us what motivated you to become a foster parent.
  
2. What supports do you find most helpful to you as a foster parent/family?
  
3. What supports do you find most helpful to the foster child(ren) currently in your home?
  
4. What types of supports/services do you believe are most needed to assist you as a foster parent?
  
5. What types of supports/services do you believe are most needed to assist the foster child(ren) in your home?
  
6. What type(s) of post licensing training(s) have you received that has proven most helpful to you as a foster parent?
  
7. What type(s) of post-licensing training(s) do you believe would be helpful to you as a foster parent?
  
8. Describe the adequacy of the support you receive from DCF. Set forth any successes and challenges.
  
9. Describe the adequacy of the support you receive from your therapeutic foster care agency. Set forth any successes and challenges.

10. What supports do you receive to facilitate foster children's contact with their biological families?

11. Please describe your overall experience of being a therapeutic foster parent. Let us know what factors, both positive and negative, that have impacted that experience.

12. Please check all the services/supports in which you and/or foster children in your care have accessed in the past year:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Emergency Mobile Psychiatric Services | <input type="checkbox"/> Child Guidance Clinic | <input type="checkbox"/> Extended Day Treatment                        |
| <input type="checkbox"/> Intensive In-home Services            | <input type="checkbox"/> Respite               | <input type="checkbox"/> Systems of Care Community Collaboratives      |
| <input type="checkbox"/> Foster Parent Liaison                 | <input type="checkbox"/> Family Advocates      | <input type="checkbox"/> CT Association of Foster and Adoptive Parents |
| <input type="checkbox"/> FAVOR                                 | <input type="checkbox"/> Mentoring             | <input type="checkbox"/> 1:1 Support                                   |

-----  
Please forward your completed survey by **December 21, 2007** to:

Mary Miller  
Department of Children and Families  
505 Hudson Street Hartford, CT 06106  
[Mary.Miller@ct.gov](mailto:Mary.Miller@ct.gov)