

Benchmark Report for the 2007 Survey of Foster Parents and Caregivers in Washington State **Plaintiffs' Summary**

As part of the Braam Settlement Agreement and Implementation Plan, a comprehensive foster parent survey was developed to measure the progress of the Department of Social Health Services in its efforts to improve the child welfare system. The Social & Economic Sciences Research Center (SESRC) at Washington State University was contracted to design and conduct the independent survey of foster parents and relative caregivers in Washington State. Over 1,200 interviews were conducted from a random sample of 3,800 foster parents and relative caregivers throughout Washington State. The survey was carried over a 16-week calling period, beginning in April 2007 and continuing through July 2007. SESRC will conduct the survey annually for the Braam Panel—the survey is believed to be the most comprehensive ongoing state foster parent survey ever conducted in the country.

The survey's purpose is to obtain information that is helpful to all areas of the Braam Settlement. The information summarized below is specific to the benchmarks directly related to Braam, including:

- Frequent private and individual face-to-face visit from the caseworker for each full placement month;
- Consistent and ongoing visitation with siblings who have been placed apart from other siblings;
- Appropriate placement and adequate safety and supervision plans for children with a history of sexually aggressive or physically assaultive behavior;
- Appropriate and ongoing medical care and placement for medically fragile children;
- Adequate training and support provided by the Department to licensed relative and non-relative caregivers;
- Adequate information about the needs of the child provided by the Department to licensed relative and non-relative caregivers; and
- Consistent behavioral health services provided by the same individual provider.

Visits by Caseworkers

37.9% of children in care received a private and individual face-to-face visit from the caseworker for each full placement month.

Analysis: The Implementation plan required that, by June 30, 2006, 70% of foster kids were to have monthly visits. The Department was only halfway there by December 31, 2006. Perhaps most troubling is that 17% of survey respondents said the child's social worker *never* visited in 2006, while about 8% of respondents said the social worker visited *once* in all of 2006. In other words, one in four youth received no more than one visit by a caseworker in 2006.

Sibling Visits

48.4% of children placed apart from their siblings had two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings in 2006. The Implementation Plan requires a 10% increase each year after FY 06.

Analysis: The foster parent survey indicates that the majority of all children who are placed apart from their siblings do not have more than monthly visits with their siblings. Furthermore, almost 10% of all children separated from their siblings are not seeing their siblings *at all*.

Sexually Aggressive Youth (SAY) and Physically Assaultive Youth (PAY)

44.7% percent of responses from foster parents and relative caregivers indicated Department compliance regarding protective measures and safety and supervision plans for SAY and PAY.

Analysis: A decision is pending on exactly how this data will be used in the Implementation Plan. Regardless of the determination of a baseline, it is clear the Department's performance related to this

outcome falls below any acceptable measure—55% of responses indicate the Department is out of compliance in providing appropriate assessment for these vulnerable children and/or specific training for caregivers who have youth who are sexually aggressive or physically assaultive placed in their home.

Medically Fragile Care

74.9% of medically fragile children were reportedly connected to appropriate and ongoing medical care and placed with caregivers who received consultation and training regarding their caretaking responsibilities for the child's medical condition.

Analysis: A decision is pending on exactly how this data will be used in the Implementation plan. Although the survey responses indicate the Department has made efforts to connect medically fragile children to appropriate and ongoing medical care and to place these children with trained caregivers, the Department still has much work to do in order to reach the benchmark of 95% by June 2008. One troubling survey response regarding medically fragile children is that when asked whether they received preparation and consultation to adequately care for a medically fragile child, 41% of respondents said “no”.

Adequate Training

88.6% of licensed relative and non-relative caregivers reported adequate training for their role responsibilities (including but not limited to emotional, behavioral, medical, educational advocacy, birth parents and cultural competency).

Analysis: Survey responses indicate the Department is in a position to be in compliance with this benchmark next year. The benchmark for this area requires continuous improvements in the perception of adequacy of training (a 10% annual increase).

Adequate Support

76.3% of licensed relative and non-relative caregivers reported adequate support for their role responsibilities (including but not limited to crisis support, timely notification about case planning meetings, and cultural competency resources).

Analysis: Survey responses indicate the Department will need to continue to focus on this area in order to achieve a 10% increase each year. One troubling statistic is that, when asked (overall) how satisfied they were with the quality of help and support provided by the child's social worker in 2006, 24.5% of licensed relative and non-relative caregivers replied they were “somewhat” or “very” dissatisfied.

Adequate Information

72.8% of licensed relative and non-relative caregivers reported adequate provision of information about the needs of children placed with them (including but not limited to behavioral, medical and educational needs).

Analysis: The survey responses indicate the Department will need to continue to focus on this area to achieve a 10% increase each year.

Behavioral Health Services

75.4% of respondents reported that children in care received behavioral health services from the same individual provider in 2006.

Analysis: This data will likely be used as a baseline, with benchmark data applying to calendar year 2007. The Department must maintain its efforts in ensuring that children receive consistent behavioral health services to reach the benchmark of 90% by June 2009.