



IT TAKES
100% Heart™

Foster Care in Focus

Insights From Former & Current Ohio Caregivers

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**Department of
Children & Youth**

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Ohio Children's Alliance
Leading change for child and family service providers

Report Information and Acknowledgments

This report was written by Karl Vanderwood, PhD for The Ohio Department of Job and Family Services, in partnership with the Ohio Children's Alliance.

The author would like to thank the current and former foster caregivers who took the time to share their experiences. Without their commitment to foster care and sharing their thoughtful insight, this report would not have been possible.

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Executive Summary

Foster care organizations face a number of challenges, including the placement of high needs children and teens, communication and responsiveness of caseworkers, burnout among foster caregivers, and a lack of indicators to evaluate recruitment and retention. Strategies to address these challenges include: improved training to increase caregivers confidence in managing difficult behaviors; establishment of frequent, ongoing communication; increased availability of respite care, support during a crisis, and development of performance measures to track recruitment.

In an effort to understand foster caregiver recruitment and capacity in Ohio, The Ohio Department of Job and Family Services, in partnership with the Ohio Children's Alliance, distributed a statewide survey in fall 2022 to 13,500 current and former foster caregivers in Ohio. The survey asked respondents to share what encouraged them to begin fostering, the support they received or wished they had received, and the barriers they encountered while fostering. Ohio Children's Alliance received 2,310 voluntary responses representing every county in Ohio. This report provides a detailed description of foster caregivers' responses.

The primary objectives of this evaluation include:

1. Identification of factors that encouraged and motivated current and former foster caregivers to begin fostering.
2. Developing an understanding of current foster caregivers' capacity to provide care, with the goal of increasing retention rates.
3. Identifying the challenges encountered by foster caregivers.
4. Identifying needed supports among current and prospective foster caregivers.

Key Findings

Current and former foster caregivers indicated that another foster/adoptive parent was the most frequent source of encouragement to begin fostering and cited a desire to give back as the most common motivation.

Communication was a frequent source of frustration among current and former foster caregivers. Some areas where lack of communication was highlighted included: the time it took to receive a placement, the lack of information about the child's background, not being fully informed about a child's case, and while with the public and private foster care agency and county staff.

Current and former foster caregivers shared that they did feel supported. However, they identified specific support gaps related to: child care challenges, additional training to increase confidence when caring for higher needs children and teens, and assistance with developing relationships with biological parents.

Introduction

Previous evaluations of foster care systems have highlighted agencies' successes as well as challenges in need of attention. Some of the challenges of the foster care system include difficulty placing teens and children with high needs¹, unfavorable portrayals of the foster care system in the media¹, and a lack of indicators to evaluate recruitment success^{1,2}. Additional barriers include the responsiveness of caseworkers and lengthy licensing processes². Recommendations to address these issues include: the addition of performance measures to track recruitment and retention; frequent, regular contact between caregivers and caseworkers; and organizing peer support systems to address issues like isolation and access to support services².

Other suggestions to bolster retention in foster care systems include providing respite care, improving training, and communicating appreciation for foster caregivers². Respite care is viewed as critical to prevent burn out, and shifting the responsibility to find respite care from foster caregivers to a built-in standard of practice by the foster care system is recommended². While foster caregivers are provided with training, improving this education to better equip foster caregivers to manage difficult behaviors can aid in burnout prevention². Finally, simple acts of appreciation, like acknowledging the work foster caregivers do, have been shown to keep foster caregivers engaged for longer periods of time².

The Ohio Department of Job and Family Services, in partnership with the Ohio Children's Alliance (the Alliance), Ohio's Resource and Referral Hubs, and Adopt America Network, are working to increase the number of qualified resource families (foster and kinship) and adoptive families in the state. Each partner is committed to working with all public and private agencies statewide. The campaign builds on the current It Takes Heart Ohio™ campaign, launched in 2019, to increase awareness and address the statewide shortage of available resource families.

To understand recruitment, retention, and capacity of the Ohio foster care system, the "Foster Parent Survey" was distributed to current and former foster caregivers in Ohio over a span of five years from 2018 to 2022. We sent the survey to families who had active certifications during that five year span. Closed and open-ended questions were designed to identify effective recruitment and retention strategies, assess the capacity of foster caregivers, and identify areas in need of improvement. Current and former foster caregivers shared their overall experiences, motivations, greatest rewards, challenges, and supports they received or needed.

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2. Developing an understanding of current foster caregivers' capacity to provide care, with the goal of increasing retention rates.
3. Identifying the challenges encountered by foster caregivers.
4. Identifying needed supports among current and prospective foster caregivers.

1 Department of Health and Human Services Office of Inspector General. Recruiting Foster Parents. May 2002. OEI-07-00-00600.

2 Casey Family Programs. Effective practices in foster parent recruitment, infrastructure, and retention. December 2014.

Methods

A cross-sectional survey was distributed to current and former foster caregivers in the state of Ohio in fall 2022. Respondents completed the surveys online using SurveyMonkey or in writing and returned them via mail with prepaid postage. Those returned via mail were entered into Survey Monkey by The Ohio Children's Alliance employees. If more than one licensed adult resided in the home, demographics were completed separately for each adult (Adult A and Adult B), with the remaining questions to be completed jointly by the household.

Open-ended responses were evaluated sequentially, first by categorizing responses and, second, through thematic analysis. To create response categories, a sample of 100 random open-ended responses from each question were reviewed. The random responses were also used to generate a coding scheme for the thematic analysis. Following the creation of response categories, all open-ended responses were reviewed and placed in the appropriate category. If the open-ended response contained more than one idea, the response was placed in multiple categories. Responses that did not fit into a category were labeled "Not categorized." All responses labeled "Not categorized" were reviewed a second time to eliminate responses such as "NA," "no answer," "none," etc. The remaining uncategorized responses were re-evaluated, and new categories were added when necessary. Open-ended responses with more complex content were categorized as "For further analysis" and analyzed using the thematic coding scheme. The thematic coding process allowed for the identification of stand-alone ideas or themes that supported the quantitative content of each question.

Descriptive statistics are presented for all respondents and stratified by foster status (current and former) for all questions asked in the survey. To further understand differences that may exist in responses, select questions are presented by the number of years foster caregivers were certified to provide care and by race/ethnicity. Questions stratified by years certified and race/ethnicity are referenced throughout sections of this report, and the tables are included at the end of the report as appendices.

All quantitative data analysis and cleaning were done using R Studio. Thematic coding was completed using NVivo Qualitative Software (QSR International Pty Ltd., 2022).

The results of this report are organized into sections based on the order in which the questions were asked in the survey. A summary of the responses to each question are presented in tables found throughout the report or included as appendices. The first section of the report includes respondents' demographics, geographic information, length of time they were certified, and the capacity they could provide for foster care. The analysis below summarizes the voluntary responses of the survey respondents only and do not represent the view points of all current and former foster caregivers in the state of Ohio.

Demographics and Foster Care Capacity

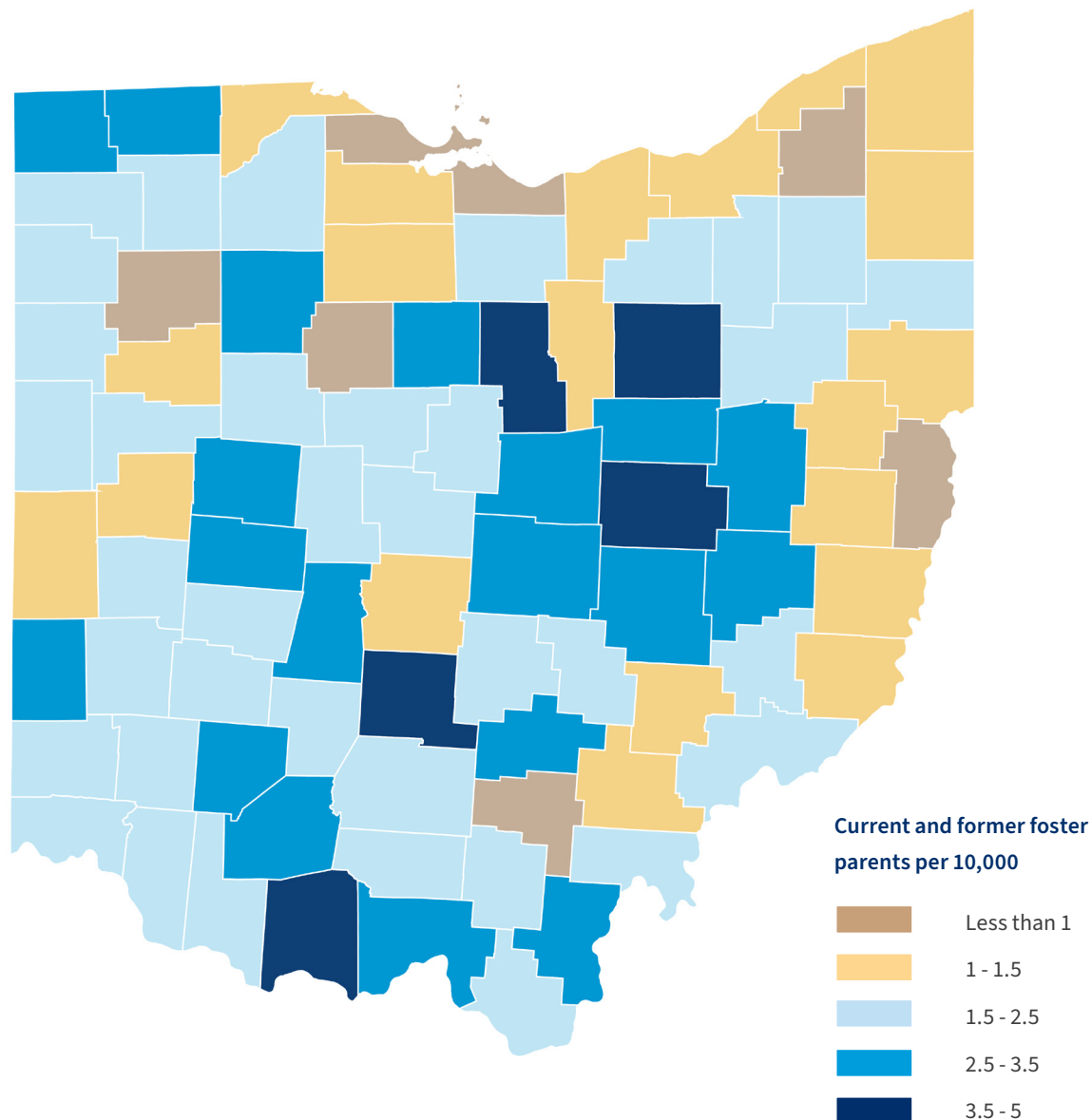
A total of 2,310 responses contained complete survey data for analysis. Demographic data are presented for Adult A (Table 1) and Adult B (Appendix 1). Current foster caregivers represented 70.5% of respondents identified as licensed Adult A. The majority were White (78.8%), nearly half (48.1%) were 55 years of age or older, and almost three-quarters (71.3%) were married or in a domestic partnership. More than two-thirds (68%) had a college degree (Associate, Bachelor's, Master's, or Doctorate), just over half were employed full-time (51.3%) and reported a household income between \$50,000-\$125,000 (50.8%).

Table 1. Demographic characteristics of licensed Adult A.

	Total (N=2310)		Total (N=2310)		Total (N=2310)
Foster Status		Martial Status		Household Income	
Current	1629 (70.5%)	Single, never married	310 (13.4%)	Under \$25,000	145 (6.3%)
Former	681 (29.5%)	Married or domestic partnership	1646 (71.3%)	\$25,000-50,000	398 (17.2%)
Race		Widowed	87 (3.8%)	\$50,000-75,000	460 (19.9%)
Asian American	7 (0.3%)	Divorced	243 (10.5%)	\$75,000-100,000	448 (19.4%)
Black or African American	375 (16.2%)	Separated	24 (1.0%)	\$100,000-125,000	265 (11.5%)
Hispanic or Latino	30 (1.3%)	Highest Education Completed		\$125,000-150,000	190 (8.2%)
Multiple Races	43 (1.9%)	Less than high school	14 (0.6%)	\$150,000-175,000	86 (3.7%)
Native American or Alaskan Native	9 (0.4%)	High school diploma/GED	270 (11.7%)	\$175,000-200,000	67 (2.9%)
No Response	21 (0.9%)	Some college, no degree	299 (12.9%)	\$200,000-225,000	53 (2.3%)
Pacific Islander	4 (0.2%)	Trade/technical/vocational training	115 (5.0%)	\$225,000-250,000	17 (0.7%)
White	1821 (78.8%)	Associate Degree	279 (12.1%)	\$250,000+	57 (2.5%)
Age		Bachelor's Degree	677 (29.3%)	Prefer not to answer	124 (5.4%)
18-24 years old	14 (0.6%)	Master's Degree	527 (22.8%)	Employment Status	
25-34 years old	418 (18.1%)	Doctorate Degree	87 (3.8%)	Part-time	231 (10.0%)
35-44 years old	768 (33.2%)	Prefer not to answer	14 (0.6%)	Full-time	1185 (51.3%)
45-54 years old	551 (23.9%)			Self-employed	165 (7.1%)
55+ years	559 (24.2%)			Out of work and looking for work	8 (0.3%)
				Out of work and NOT currently looking for work	14 (0.6%)
				Stay-at-home caregiver	430 (18.6%)
				Disabled, unable to work	37 (1.6%)

At least one current or former foster parent responded to the survey from each county in Ohio. Counties with greater population (Cuyahoga, Franklin, Hamilton, and Montgomery) had a greater number of overall respondents (Appendix 2). Adjusting the number of responses by population size (responses per 10,000 residents) provides an opportunity to visualize the rates of responses across all counties, taking into account the different population sizes of each county (Figure 1). When adjusted for population, Adams, Coshocton, Pickaway, Richland, and Wayne counties had the highest rate of survey respondents.

Figure 1. Current and former foster caregivers' responses per 10,000 residents by county in Ohio.



Among both current and former foster caregivers responding to the survey, the majority were certified for five years or less (65.2%), while nearly one-fifth (18.8%) were certified for ten or more years (Table 2). A greater percentage of current foster caregivers were treatment certified when compared to former foster caregivers (56.4% vs. 45.1%). Each category of years certified was similar among current and former foster caregivers.

Table 2. Describes the number of years respondents were certified, and the number of respondents with a treatment certification by foster parent status.

		Current (N=1629)			Former (N=681)
Years Certified			Years Certified		
1 - 2		548 (33.6%)	1 - 2		225 (33.0%)
3 - 5		497 (30.5%)	3 - 5		235 (34.5%)
6 - 9		273 (16.8%)	6 - 9		97 (14.2%)
10 - 15		131 (8.0%)	10 - 15		61 (9.0%)
15+		180 (11.0%)	15+		63 (9.3%)
Treatment Certified			Treatment Certified		
No		711 (43.6%)	No		374 (54.9%)
Yes		918 (56.4%)	Yes		307 (45.1%)

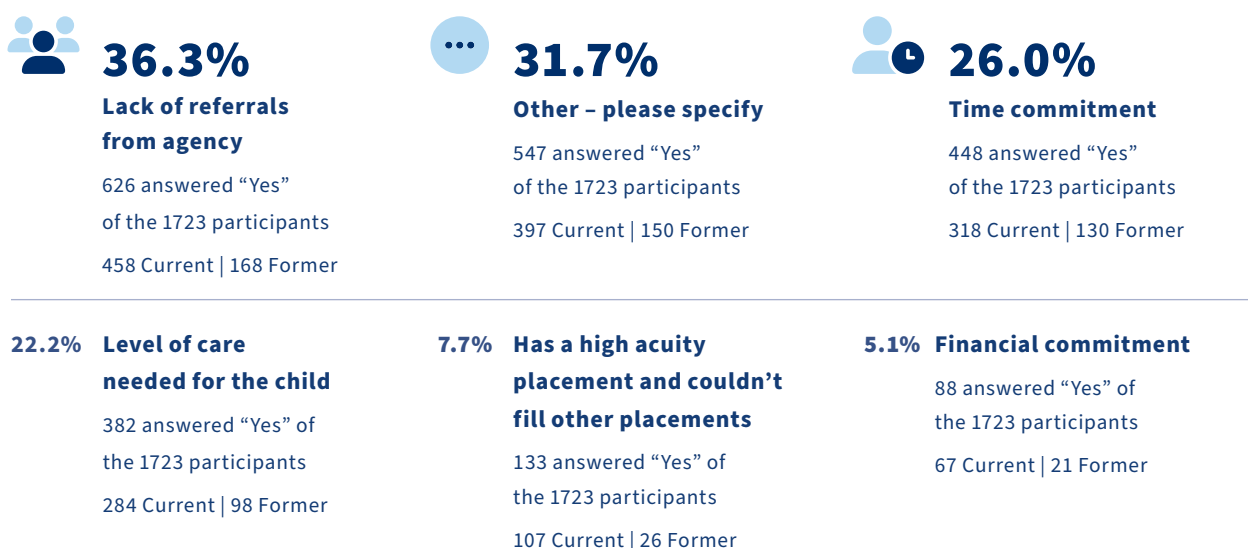
Number of placements a family was certified to care for was similar among current and former foster caregivers (Table 3). When assessing how frequently placements were at capacity by foster status, there was little difference between current and former foster caregivers responding that their home was never at capacity (25.8% vs. 24.1%), but a greater percentage of former foster caregivers (31.1%) reported they were always at capacity compared to current foster caregivers (23.0%, see Table 3). When stratified by the number of years the family was certified, respondents who had been certified for 1-5 years generally had lower placement capacity compared to respondents who had been certified for ten or more years (Appendix 3). More recently certified (1-2 years) foster caregivers reported their home was never at capacity (n=270, 34.9%) compared to foster caregivers certified for 15+ years (n=17, 7%).

Table 3. The number of placements respondents were certified to provide and how frequently home was at capacity by foster status.

		Current (N=1629)			Former (N=681)			Current (N=1629)			Former (N=681)
Number of placements certified to provide			Number of placements certified to provide			How often home was at capacity			How often home was at capacity		
1		147 (9.0%)	1		89 (13.1%)	Always		375 (23.0%)	Always		212 (31.1%)
2		493 (30.3%)	2		236 (34.7%)	Sometimes		833 (51.1%)	Sometimes		305 (44.8%)
3		436 (26.8%)	3		154 (22.6%)	Never		421 (25.8%)	Never		164 (24.1%)
4		263 (16.1%)	4		118 (17.3%)						
5+		286 (17.6%)	5+		80 (11.7%)						
Missing		4 (0.2%)	Missing		4 (0.6%)						

It is important to recognize that the reasons why a home was not at capacity at any given time is very nuanced and depended greatly on the evolving configuration of the home. Respondents who reported that their home was sometimes or never at capacity were asked to share the reason why they were not at capacity (Table 4). Lack of referrals from agency (36.3%) was the primary reason reported, followed by other (31.7%), time commitment (26.0%), and level of care needed for the child (22.2%), with very little difference between current and former foster caregivers. When the reasons placements were not at capacity were examined by years certified, there were differences related to time commitment, with those who were certified longer reporting this was an issue less frequently than those with a shorter duration of certification (Appendix 4). Other differences between the number of years certified and the reasons placements were not at capacity were noted for: lack of referrals from agency, level of care needed for the child, and had a high acuity placement and couldn't take other placements. But, there was not an identified trend related to shorter or longer duration of certification (Appendix 4).

Table 4. Reasons placements were not at capacity among respondents who answered “Sometimes” or “Never” when asked how often their home was full, by foster care status.



Note: To view full data, please see Table 4 in the appendix.

Respondents were provided the opportunity to share open-ended answers regarding why their home was not at capacity (Table 5). The timeline associated with placements, age-related concerns, and providing respite-only care were the most frequently reported open-ended responses. There were slight differences between current and former caregivers' responses regarding the timeline of placements (9.8% vs. 12.3%) and providing respite-only care (8.6% vs. 3.9%). Age-related concerns were reported by a similar percentage of current and former foster caregivers. Providing respite-only care was reported more frequently among current (8.6%) than former (3.9%) foster caregivers.

Table 5. Open-ended responses describing why placements were “Sometimes” or “Never” at capacity, by foster care status.

	Current (N=429)	Former (N=155)	Total (N=584)
Answer			
Timeline of placements	42 (9.8%)	19 (12.3%)	61 (10.4%)
Age related	31 (7.2%)	12 (7.7%)	43 (7.4%)
<i>N's reflect number of responses, not number of respondents.</i>			

Table 5. Cont.




	Current (N=429)	Former (N=155)	Total (N=584)
Respite only	37 (8.6%)	6 (3.9%)	43 (7.4%)
Took a break	29 (6.8%)	8 (5.2%)	37 (6.3%)
Lack of referrals from agency	24 (5.6%)	8 (5.2%)	32 (5.5%)
One and done/focus on one	15 (3.5%)	15 (9.7%)	30 (5.1%)
Time commitment	19 (4.4%)	11 (7.1%)	30 (5.1%)
Level of care needed for the child	22 (5.1%)	6 (3.9%)	28 (4.8%)
Sibling groups	21 (4.9%)	6 (3.9%)	27 (4.6%)
Do not want all home full	17 (4.0%)	9 (5.8%)	26 (4.5%)
Intent was to adopt	8 (1.9%)	9 (5.8%)	17 (2.9%)
Just starting	13 (3.0%)	4 (2.6%)	17 (2.9%)
Financial commitment	7 (1.6%)	0 (0%)	7 (1.2%)
Had a high acuity placement and couldn't fill any other placements	6 (1.4%)	0 (0%)	6 (1.0%)
Stress	3 (0.7%)	1 (0.6%)	4 (0.7%)
Children not getting along	2 (0.5%)	1 (0.6%)	3 (0.5%)
Renovation	3 (0.7%)	0 (0%)	3 (0.5%)
Misinformation	1 (0.2%)	0 (0%)	1 (0.2%)
For further analysis	40 (9.3%)	14 (9.0%)	54 (9.2%)
Not categorized	89 (20.7%)	26 (16.8%)	115 (19.7%)
<i>N's reflect number of responses, not number of respondents.</i>			

Open-ended responses expanded upon the reasons why respondents' homes were not always at capacity and included: difficulty connecting with their caseworker, the potential placements were not a good match for their family, and a lack of assistance with child care. The lack of available child care was consistent among respondents and the reason some foster caregivers were unable to accept placements, as one respondent stated, "[We] could not find approved 'child care' to care for placed children. All daycares in the area were full. [The] county did not help find child care so I could not take the child in my home." Additional reasons why homes were not always at capacity included: foster caregivers only providing respite care, a desire to have breaks between placements, and a need to make sure each placement was a good fit with their family. One foster parent shared their current situation regarding not having a full home: "We are raising our own family in the meantime, and we've had two babies since we got licensed, so we need to take a break at times. We are open for respites more than we are for placements at this time."

Fostering Motivation

To gain an understanding of why respondents decided to begin fostering, they were asked to identify what encouraged them to become foster caregivers from a list of provided answers (Table 6). There was little difference in responses provided between current and former foster caregivers, with the most frequently selected responses among both groups being encouragement from another foster/adoptive parent (42.2%); churches – bulletins, newsletters, websites (13.9%); and a child in my extended family/network needed a placement (12.9%). When the reasons were examined by race/ethnicity (Appendix 5), there were a few notable differences. Black or African American respondents more frequently (48.8%) reported they were encouraged by another foster/adoptive parent compared to respondents who were White (41.1%) or those included in the all other races category (38.3%). Additionally, White respondents more frequently reported churches as a form of encouragement compared to the two other race/ethnicity groups, while Black or African American respondents more frequently reported a child in their extended family/network needed a placement as a form of encouragement compared to the two other race/ethnicity groups.

Table 6. Reasons current and former foster caregivers were encouraged to become foster caregivers, by foster care status.

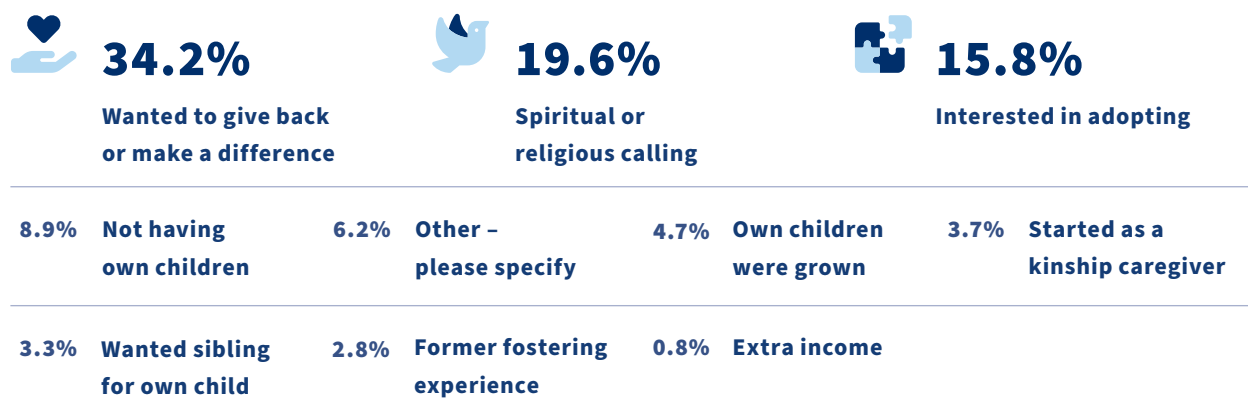
 42.2% Another foster/adoptive parent 975 answered “Yes” of the 2310 participants 709 Current 266 Former	 39.9% Other – please specify 921 answered “Yes” of the 2310 participants 644 Current 277 Former	 13.9% Churches – bulletins, newsletters, websites 321 answered “Yes” of the 2310 participants 218 Current 103 Former
12.9% A child in my extended family/network needed a placement 299 answered “Yes” of the 2310 participants 207 Current 92 Former	6.6% Professional/ social networks 153 answered “Yes” of the 2310 participants 108 Current 45 Former	6.1% Social media – ads, groups, various platforms 141 answered “Yes” of the 2310 participants 106 Current 35 Former
5.7% County/agency staff or website 132 answered “Yes” of the 2310 participants 85 Current 47 Former	5.0% Local news media – television, radio 116 answered “Yes” of the 2310 participants 71 Current 45 Former	4.1% Mailers/flyers/print advertising/yard signs/billboards 95 answered “Yes” of the 2310 participants 70 Current 25 Former
1.3% Schools – newsletters, media, websites 37 answered “Yes” of the 2310 participants 31 Current 6 Former	1.1% Community event 25 answered “Yes” of the 2310 participants 21 Current 4 Former	1.0% Booth at festival or fair 24 answered “Yes” of the 2310 participants 18 Current 6 Former

Note: To view full data, please see Table 6 in the appendix.

Open-ended responses describing what encouraged current and former foster caregivers to begin fostering are summarized in Appendix 6. The top three other responses were categorized as: help out/make a difference (15.4%), spiritual or religious calling (11.2%), and the desire to adopt (9.8%). To help out/make a difference was more frequently reported among former foster caregivers (17.5%) compared to current foster caregivers (13.5%), as was the desire to adopt (13.3% vs 8.1%).

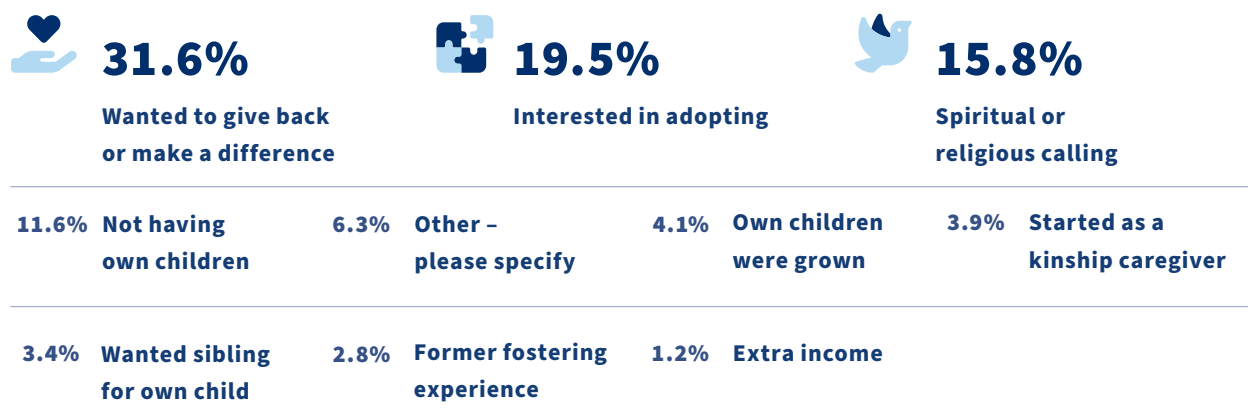
The thematic analysis of the open-ended responses also suggested that foster caregivers were intrinsically motivated to help in their community. While some respondents chose fostering and adoption as a way to build their family, many others acted on an internal desire to give back. Whether it was to “pay it forward” like this respondent suggested: “I was a teen mom. I wanted to give back to [organization] and my family and my community,” or because of the need they saw in their community as shared by a respondent who explained that “growing up in a community with very disrupted family dynamics,” they were drawn into fostering as a way to help out. Current and former foster caregivers also shared their motivation to begin fostering by ranking their top three selections from a provided list (Tables 7 and 8). The top choice, based on the weighted score for both current and former parents, was a desire to give back or make a difference. Among current foster caregivers, the second highest-ranked response was spiritual or religious calling, and their third highest-ranked response was an interest in adopting. Former foster caregivers identified the same two additional motivators but ranked them in different order. Their second ranked response was an interest in adopting, and a spiritual or religious calling was their third ranked response. Both current and former foster caregivers ranked “extra income” last among all possible options provided.

Table 7. Motivation to begin fostering among current foster caregivers.



Note: To view full data, please see Table 7 in the appendix.

Table 8. Motivation to begin fostering among former foster caregivers.



Note: To view full data, please see Table 8 in the appendix.

Current and former foster caregivers also provided open-ended answers regarding their motivation to begin fostering (Table 9). Similar to the weighted responses (Tables 7 and 8), the open-ended responses that were categorized as “a desire to give back or make a difference” were reported most frequently (21%). The second and third most frequently reported categories of open-ended responses were that they love children and reasons related to their personal history, respectively. Responses categorized as personal history included: those with a connection to foster care either through being in foster care themselves, experiencing a family member being in foster care, or having a partner with experience in foster care.

Table 9. Open-ended responses regarding motivation to begin fostering, by foster care status.

	Current (N=279)	Former (N=116)	Total (N=395)
Answer			
Wanted to give back or make a difference	61 (21.9%)	22 (19.0%)	83 (21.0%)
Love children	34 (12.2%)	10 (8.6%)	44 (11.1%)
Personal history	31 (11.1%)	12 (10.3%)	43 (10.9%)
Another foster parent/someone close	25 (9.0%)	12 (10.3%)	37 (9.4%)
Family/friend in need	18 (6.5%)	14 (12.1%)	32 (8.1%)
Address a need	21 (7.5%)	8 (6.9%)	29 (7.3%)
For further analysis	23 (8.2%)	15 (12.9%)	38 (9.6%)
Not categorized	23 (8.2%)	10 (8.6%)	33 (8.4%)
<i>N's reflect number of responses, not number of respondents.</i>			

The open-ended responses to what motivated foster caregivers to begin fostering followed a pattern similar to what they shared when responding to what encouraged them. Some were motivated by what they saw happening in their communities, as shared by this respondent: “[the] opioid epidemic [creates] needs for children to have a safe place.” Others wanted their own children to understand the importance of helping out, like this respondent: “to teach my children to gain perspective and to help the community when able.” Others reflected on their own desire to not be a passive participant in their community, like the respondent who stated, “These kids exist. Refusing to be part of it doesn’t make the issue disappear.” The deeper motivations of many foster caregivers were summarized by this respondent:

“ **These kids exist. Refusing to be part of it doesn’t make the issue disappear.** ”

“ Love for children and understand that our future literally depends on their future success; Desire to balance the scales by focusing on fostering to support reunification in a time when our peers were only interested in fostering to adopt; Personal desire/drive to do our part to help combat systemic inequities by providing support to families and children disproportionately impacted by the system.

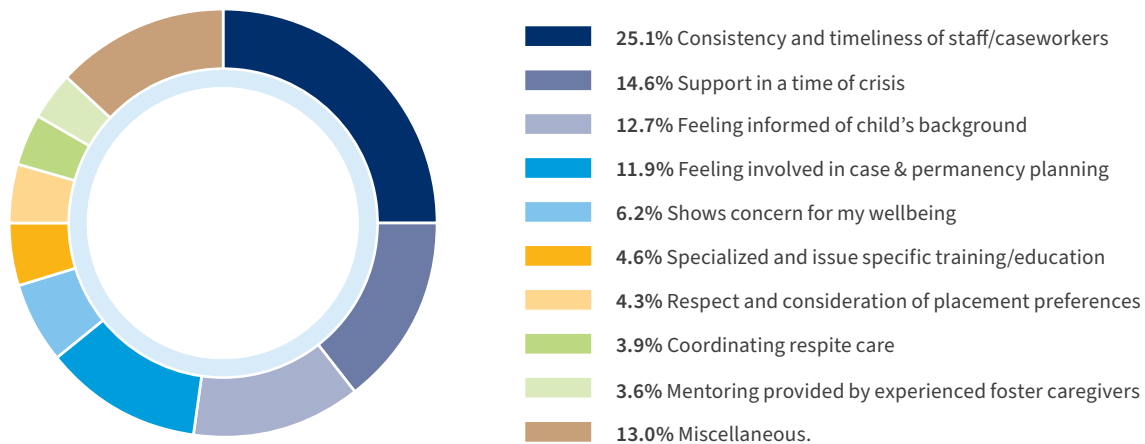
Important Forms of Fostering Support

To develop an understanding of what current and former foster caregivers viewed as “important supports” to a successful fostering experience, respondents were asked to rank what they felt were the most important forms of support (Table 10 & 11). The top four ranked responses were similar among current and former foster caregivers; however, the order of the

rankings differed. Both groups ranked “consistency and timeliness of staff/caseworkers” as the most important support, significantly higher than any of the other options. Current foster caregivers identified support in a time of crisis, feeling informed of the child’s background, and feeling involved in case and permanency planning as their second, third, and fourth most important supports (Table 10), compared to former foster caregivers who ranked feeling informed of the child’s background, support in a time of crisis, and feeling involved in case and permanency planning as their second, third, and fourth most important supports (Table 11).

Table 10. Responses to the most important supports to ensure success among current foster caregivers.

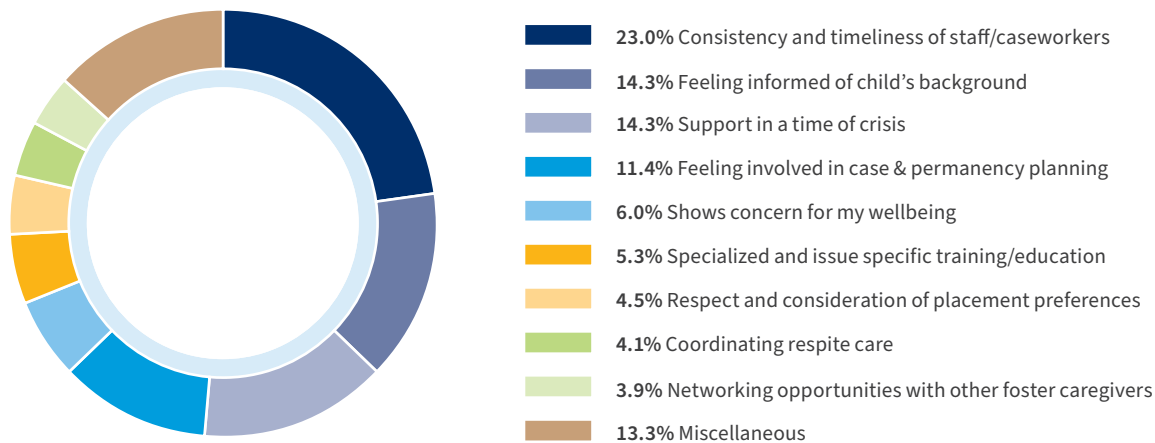
Note: To view full data, please see Table 10 in the appendix.



This includes all responses that were less than 3.5%, such as “Networking opportunities with other foster caregivers,” “Other” (open-ended responses), “Support with understanding of agency policy and documentation,” “Incentives, supportive funding, tokens of appreciation,” and “Method for contact outside of business hours.”

Table 11. Responses to the most important supports to ensure success among former foster caregivers.

Note: To view full data, please see Table 11 in the appendix.



This includes all responses that were less than 3.8%, such as “Mentoring provided by experienced foster caregivers,” “Other” (open-ended responses), “Support with understanding of agency policy and documentation,” “Method of contact outside of business hours,” and “incentives, supportive funding, tokens of appreciation.”

Open-ended responses from current and former foster caregivers also suggested that consistency and timeliness of staff/caseworkers was the most important support to ensure success (Table 12). Although the number of responses was limited, current foster caregivers suggested being treated with respect was more important when compared to former foster caregivers (6.4% vs 1.3%), while former foster caregivers suggested that feeling informed of the child's background was more important to them compared to current foster caregivers (9.1% vs 2.9%).

Table 12. Open-ended responses regarding the most important supports to ensure success, by foster care status.

	Current (N=173)	Former (N=77)	Total (N=250)
Answer			
Consistency and timelines of staff/caseworkers	21 (12.1%)	11 (14.3%)	32 (12.8%)
Daycare/respice	19 (11.0%)	9 (11.7%)	28 (11.2%)
Being treated with respect	11 (6.4%)	1 (1.3%)	12 (4.8%)
Feeling informed of child's background	5 (2.9%)	7 (9.1%)	12 (4.8%)
Transportation	9 (5.2%)	2 (2.6%)	11 (4.4%)
Incentives, support funding, tokens of appreciation	9 (5.2%)	4 (5.2%)	13 (5.2%)
Support in a time of crisis	7 (4.0%)	3 (3.9%)	10 (4.0%)
Family support	8 (4.6%)	1 (1.3%)	9 (3.6%)
Shows concern for my wellbeing	6 (3.5%)	3 (3.9%)	9 (3.6%)
Planning – feeling heard & valued by agency/caseworker	3 (1.7%)	2 (2.6%)	5 (2.0%)
Prioritizing child's needs	5 (2.9%)	0 (0.0%)	5 (2.0%)
Behavioral health	3 (1.7%)	1 (1.3%)	4 (1.6%)
Feeling involved in case & permanency planning	2 (1.2%)	2 (2.6%)	4 (1.6%)
Education	2 (1.2%)	1 (1.3%)	3 (1.2%)
Networking opportunities with other foster caregivers	2 (1.2%)	1 (1.3%)	3 (1.2%)
Biological Family	2 (1.2%)	0 (0.0%)	2 (0.8%)
Support with understanding of agency policy and documentation	1 (0.6%)	1 (1.3%)	2 (0.8%)
<i>N's reflect number of responses, not number of respondents.</i>			

Table 12. Cont.

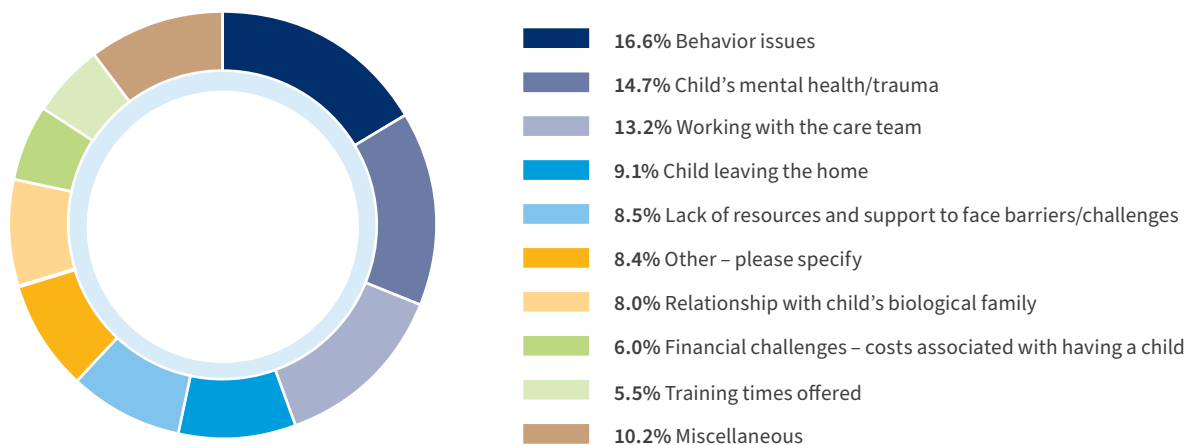
	Current (N=173)	Former (N=77)	Total (N=250)
Title 20	2 (1.2%)	0 (0.0%)	2 (0.8%)
Coordinating respite care	0 (0.0%)	2 (2.6%)	2 (0.8%)
Mentoring provided by experienced foster caregivers	1 (0.6%)	0 (0.0%)	1 (0.4%)
Specialized and issue specific training/education	1 (0.6%)	0 (0.0%)	1 (0.4%)
For further analysis	21 (12.1%)	8 (10.4%)	29 (11.6%)
Not categorized	33 (19.1%)	18 (23.4%)	51 (20.4%)
<i>N's reflect number of responses, not number of respondents.</i>			

Foster Caregivers' Greatest Challenges

The final area that respondents were asked to rank was the greatest challenges they experienced as foster caregivers (Tables 13 and 14). The top three greatest challenges were ranked identically across both current and former foster caregivers. They were, in order: behavior issues, child's mental health/trauma, and working with the care team. Additionally, training and costs associated with foster care ranked in the bottom half of the greatest challenges experienced among current and former foster caregivers. We discuss financial challenges in more detail in the Summary of Findings.

Table 13. Greatest challenges experienced by current foster caregivers.

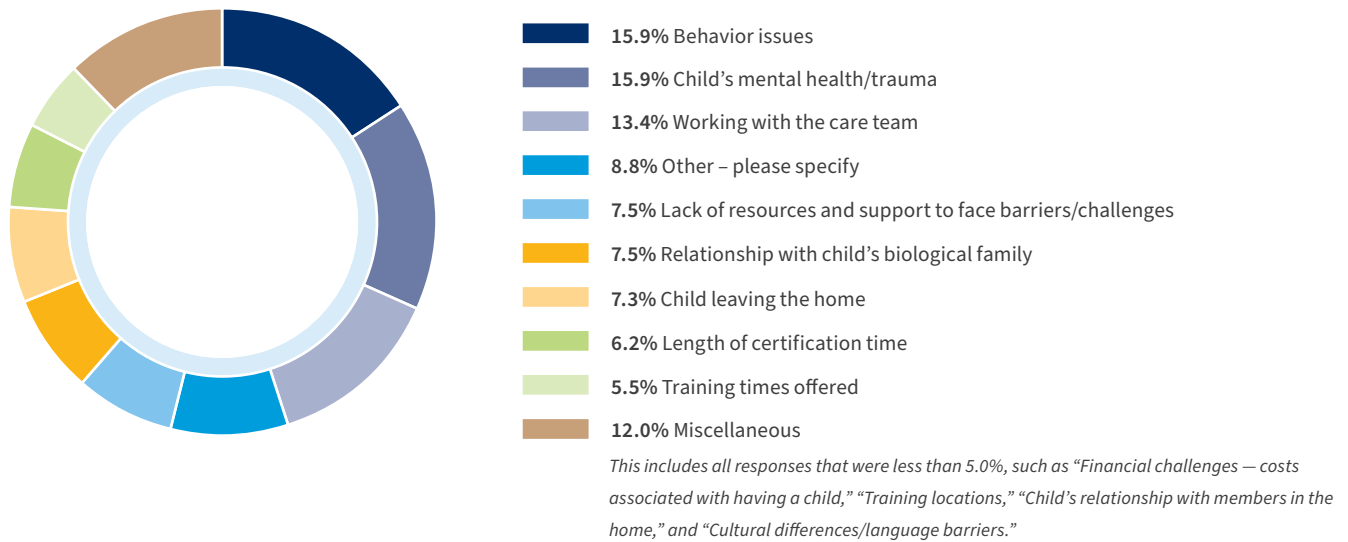
Note: To view full data, please see Table 13 in the appendix.



This includes all responses that were less than 5.0%, such as "Length of certification time," "Training locations," "Child's relationship with members in the home," and "Cultural differences/language barriers."

Table 14. Greatest challenges experienced by former foster caregivers.

Note: To view full data, please see Table 14 in the appendix.



Analysis of the open-ended responses regarding the greatest challenges reinforced that working with the care team was a universal challenge among both current and former foster caregivers (Table 15). Logistics and child care were the second and third most frequent open-ended responses, respectively. Challenges related to logistics (reported by 12.4% of respondents) included: attending medical or other appointments with the foster child, paperwork, time spent in training, and travel time. Current foster caregivers more frequently identified court systems/agencies and lack of information as challenges when compared to former foster caregivers.

Table 15. Open-ended responses describing the greatest challenges experienced by foster parent status.

	Current (N=335)	Former (N=147)	Total (N=482)
Answer			
Working with the care team (county, court, agency, community providers)	66 (19.7%)	28 (19.0%)	94 (19.5%)
Logistics	43 (12.8%)	17 (11.6%)	60 (12.4%)
Child care	35 (10.4%)	11 (7.5%)	46 (9.5%)
Court systems/agencies	16 (4.8%)	2 (1.4%)	18 (3.7%)
Child leaving the home (reunification, adoption, moving placements, etc.)	11 (3.3%)	6 (4.1%)	17 (3.5%)
Lack of information	15 (4.5%)	2 (1.4%)	17 (3.5%)
Lack of resources and support to face barriers/challenges	11 (5.3%)	3 (2.0%)	14 (2.9%)
<i>N's reflect number of responses, not number of respondents.</i>			

Table 15. Cont.

	Current (N=335)	Former (N=147)	Total (N=482)
Respite care providers	11 (5.3%)	2 (1.4%)	13 (2.7%)
Financial challenges – costs associated with having a child	9 (2.7%)	3 (2.0%)	12 (2.5%)
Medical	9 (2.7%)	1 (0.7%)	10 (2.1%)
Child's behavior	7 (2.1%)	1 (0.7%)	8 (1.7%)
Training times offered	4 (1.2%)	3 (2.0%)	7 (1.5%)
Child's mental health/trauma	1 (0.3%)	4 (2.7%)	5 (1.0%)
Child's relationship with members in the home	2 (0.6%)	2 (1.4%)	4 (0.8%)
Biological parent	2 (0.6%)	1 (0.7%)	3 (0.6%)
Length of certification time	2 (0.6%)	1 (0.7%)	3 (0.6%)
Racism	1 (0.3%)	2 (1.4%)	3 (0.6%)
Adjusting to foster placement	1 (0.3%)	1 (0.7%)	2 (0.4%)
Behavior issues (violent/aggressive, sexually acting out, self-harm)	1 (0.3%)	0 (0.0%)	1 (0.2%)
Training locations	1 (0.3%)	0 (0.0%)	1 (0.2%)
Cultural differences/ language barriers	0 (0.0%)	1 (0.7%)	1 (0.2%)
For further analysis	17 (5.1%)	11 (7.5%)	28 (5.8%)
Not categorized	70 (20.9%)	45 (30.6%)	115 (23.9%)
<i>N's reflect number of responses, not number of respondents.</i>			

Overall Foster Caregiver Experience

Current and former foster caregivers were asked a series of questions to gather information about their overall experience while fostering. These questions included topics such as: communication about the certification process, decisions made about the children under their care, expectations, training times and content, support services, the amount of time involved being a foster parent, and whether they felt their foster placements were well matched with their families. To view the full question data, please see Table 16 in the appendix.

A very high percentage of current (94.1%) and former (92.8%) foster caregivers responded that they felt that the certification process was clearly communicated with them. Answers were similar among current and former foster caregivers on most questions asked, with the greatest difference occurring when asked about support services provided. Nearly 70% of current foster caregivers said they were offered support services to help meet their needs compared to

60.6% of former foster caregivers. Just over half of current and former foster caregivers indicated that they were consistently informed about case decisions and other issues affecting the children in their care.

Current and former foster caregivers reported similar frequencies to questions about their overall experience while fostering when the results were stratified by the length of time they were certified (Appendix 7). The exception to this was when respondents were asked about a clear understanding of time to placement, where the percentage of respondents answering “yes” increased with time certified from 70.1% among those certified 1-2 years to 83.5% among those certified 15+ years. A similar relationship was noted for responses to the question about being consistently informed about decisions, with a greater percentage of those certified 15+ years (63.4%) confirming they felt informed about decisions (Appendix 7).

94% of respondents agree that the certification process was communicated clearly.

Thematic analysis of the open-ended responses regarding current and former foster caregivers’ experiences revealed several themes for each question asked. Generally, respondents shared that the certification process was clear to them, as stated here: “Excellent communication and moved the entire process along easily.” The main themes that emerged about the certification process were related to the amount of time involved, consistency, and communication.

Respondents generally agreed that the process was communicated clearly, but the amount of time involved was not what was expected. Here a respondent shared their assessment of the certification process: “They made it very clear; it was just different when involved.” Other respondents said that “(training) took much longer and (was) very tedious,” and some felt like steps involved in the certification process were left out. Another source of frustration related to certification was specific to recertification, as shared here: “... the continuing certification was an ever-changing beast.” Another respondent expressed they were pleased with a reduction in the amount of required continuing education: “Really glad the ongoing training hours were reduced.”

68% of respondents said that the training to become certified provided a realistic vision of fostering.

When discussing whether the information provided gave a realistic vision of fostering, respondents’ answers touched on several topics including: the impact of different agencies, what they learned about biological parents, how even the best training cannot substitute for real life experience, issues regarding mental health and trauma, and feeling unprepared. Respondents consistently reported that their experience was often influenced by the agency or agencies they worked with. One respondent summarized this sentiment: “Depends on who or what caseworker you are assigned to. Need to be more consistent.” Another respondent suggested they didn’t know what to expect because their caseworker did not provide them with any information about the fostering experience.

Some respondents shared the training was useful and informative, while others suggested it was not a substitute for learning firsthand. Respondents felt the training was basic or surface level, as one stated, “The training is so basic. Needs to be way more in-depth training/case examples, etc.” The two most common themes regarding training were a need for more trauma training and training focused on the specific behavioral or medical issues of the child they were fostering.

Interacting with biological parents was brought up by many respondents. Some hoped for more information on how to cultivate stronger relationships with biological parents so they could work together as a team towards reunification, while others highlighted issues with biological parents they did not expect. Some of these issues related to the time spent working around the schedules of biological parents or issues that came up with foster children following a visit.

One respondent mentioned a lack of information regarding how to interact with biological parents, “specifically how the relationship between bio family and foster family would be handled.” This was echoed by another respondent: “Never focused on real interactions with bio[logical] parents and how taxing this could be.”

A common theme among current and former foster caregivers was that there is no replacement for experience. Respondents suggested including experienced foster caregivers as part of the training process, so they could provide their real-life experiences with those just getting started in fostering. They understood that this may not prepare them for what they might experience, but the number of respondents asking for this addition warrants consideration. While some offered praise for the training, they understood it could not address everything, as expressed by this respondent: “...but in fairness, I’m not sure anything could truly prepare you.” The most common response was summarized by this respondent: “You don’t really know what it’s going to be like until the child is in the home.” Respondents mentioned one specific area that could be addressed better in training: the trauma and mental health issues of some foster children. Many expressed a lack of understanding of these issues, as one respondent stated, “I would’ve loved more conversation around foster parent experiences/child trauma behaviors.”

Some respondents shared they were unprepared for things like an increased strain on finances, the increased need to get children to various appointments, and a lack of communication with caseworkers. One respondent shared that their perception of what to expect differed from their actual experience: “I don’t think foster caregivers are actually told what is expected of them. It’s all made to seem so fair and child oriented.” Another respondent shared that connecting with other foster caregivers helped them fill some of the gaps in the training, suggesting that the addition of a foster parent mentoring program could supplement the existing training. Finally, several respondents shared they felt supported during the certification process, but that support disappeared after they were certified. One respondent stated, “They do not prepare you for the lack of help after certification.”

82% of respondents indicated that trainings were offered at convenient times.

83% of respondents shared that the training offered was sufficient to meet their needs.

When discussing the convenience of trainings, the topics that were mentioned most often were: child care challenges, online training, the options provided, and recertification. One of the most common issues referenced by respondents was related to child care. One respondent offered a succinct summary of this problem: “Hard to find child care for bio children and extra difficult to find child care for foster children.” Many respondents shared that online training helped to ease the burden of child care by eliminating the need to find care for their foster or biological children while completing the training at home.

Most respondents welcomed the shift from in-person to online training, as one respondent put it: “Online classes are a game changer!” Another respondent shared that online training made it possible for them to begin fostering: “We got certified during covid with virtual classes; if we had to do face to face, we wouldn’t be certified yet due to our family schedule with 2 adults and 2 bio-kids.” It should be noted that online training was not universally supported, as shared by this respondent: “online was okay, but I prefer in person.” This suggested that training should be offered both in-person and online. Foster caregivers also mentioned that they were provided options to attend training on different days and at different times. One respondent stated, “We had choices with our agency.”

A common burden expressed by respondents when discussing training was related to recertification. Respondents shared that work schedules, children's schedules, and a lack of child care made recertification more difficult. One respondent suggested:

“ Training hours for recertification seem like too many. It is difficult to fit that many training hours in for each caregiver in our home, while caring for foster children. For recertifying, I would think the training hours could be cut in half.

Respondents also alluded to recertification training options being less convenient than the initial certification, with fewer options available through online training and fewer day/time scheduling options.

73% of respondents shared that they had a clear understanding of the time it would take to receive placement.

When asked about their understanding of the time it would take to receive a placement, the respondents' open-ended replies suggested that this topic was somewhat of an unknown. While some respondents suggested that “This was not explained well at all,” others shared, “We were advised the placement times vary based on our criteria.” Some respondents suggested the varied lengths of time were agency dependent, and that they were unprepared for the length of the time gaps between placements.

87% of caregivers indicated that they felt their family was well-matched with placements.

When discussing whether their family was well matched with a placement, respondents frequently discussed a lack of communication and information about the child, differing expectations regarding the gender or age of the child, and the specific needs of a placement. Some respondents shared that they were not fully informed about a child's needs or behavior prior to accepting placement: “Our first placement (only) has a higher trauma level than was shared with us at the time of placement.” In instances like this, the placement often did not match well with the foster family. Another respondent shared an insightful suggestion for navigating placements:

“ As a foster parent you never know what child is best for your home. It's a trial-and-error situation. My agency has been great with helping navigate that. You come into foster parenting thinking one thing despite your training then later learn that you have to make adjustments. At the end of the day as long as you have the child's best interest at hand and the right support team you can learn and make the necessary adjustments to be a successful foster parent.

Some respondents also shared that they had a different expectation than that of their agency, as shared by this respondent: “Said only girls. Set an age limit, was pressured to take older children and to take boys. Every time I took someone under pressure, it did not work.” Others reported not being treatment-certified, but being placed with higher needs children anyway, such as the respondent who said, “Our second placement was medically fragile, and we were absolutely not trained for the amount of care she needed.”

One respondent shared a scenario in which the placements they were given had specific needs that they were unable to address:

“ At the beginning there were girls placed with us, in which we had to advocate on their behalf that we were not the right placement for them. Not because we, being same sex couple, couldn’t give them all the love and support in the world, but just because of our physical presence. They desperately needed a female in the home, so she can give them a guided hand to help them through the emotions of what they had been through.

70% of caregivers indicated that support services were sufficient to meet their needs.

Respondents provided suggestions related to support services focusing on: access, needs related to a specific placement, child care, and transportation. Several respondents shared that they had access to services in their area, but it was often difficult to get children enrolled. This was especially true for counseling, as shared by this respondent, “Children needed counseling and the process took too long to get started then too inconsistent.” Other respondents suggested that in addition to counseling services for foster children, the foster caregivers themselves could also benefit from trauma counseling. Help with transportation was another support service that foster caregivers felt they could benefit from, specifically transportation related to: medical appointments, visits with the biological family, and school if the child was enrolled in a different district.

52% of respondents indicated that they were consistently informed about decisions regarding the children in their care.

Responses related to feeling informed about decisions varied widely among respondents, from those who felt, “I was always included” to those who suggested, “communication was poor top down.” The disparity in communication was summarized well by a respondent who stated, “We’ve taken children from different counties. Some are better than others about working with foster families.” The overall sentiment was that from agency to agency, county to county, and caseworker to caseworker, the amount of information communicated to foster caregivers depended on who they were working with.

Reason for Not Continuing to Foster

All respondents were asked to share their main reason for deciding to stop fostering or speculate on what that reason would be if they were still fostering at the time. Aside from “other”, the most frequently reported responses among current and former foster caregivers were: adoption, burnout, and lack of support by agency (Table 17). A greater percentage of former foster caregivers (27.0%) reported adoption as their main reason compared to current foster caregivers (14.4%). Current foster caregivers (17.4%) more frequently identified burnout as a main reason compared to former foster caregivers (7.6%). Licensure requirements/documentation did not rank highly as a reason to stop fostering.

Table 17. Responses describing what was (or would be) your main reason for deciding not to continue fostering, by foster care status.

		Current (N=1629)			Former (N=681)
Reason			Reason		
Burnout		284 (17.4%)	Adoption		182 (27.0%)
Lack of support by agency		237 (14.5%)	Lack of support by agency		68 (10.0%)
Adoption		234 (14.4%)	Focus on own family/children		77 (11.3%)
Focus on own family/children		170 (10.4%)	Change in family circumstances		60 (8.8%)
Change in family circumstances		156 (9.6%)	Burnout		52 (7.6%)
Health		120 (7.4%)	Licensure requirements/documentation		32 (4.7%)
Licensure requirements/documentation		49 (3.0%)	Health		19 (2.8%)
End of relative placement		13 (0.8%)	Involuntary closure		7 (1.0%)
Involuntary closure		11 (0.7%)	End of relative placement		5 (0.7%)
Other (please specify)		355 (21.8%)	Other (please specify)		177 (26.0%)

There were some differences in the reasons to stop fostering when responses were stratified by the length of time foster caregivers were certified (Appendix 8). Foster caregivers certified for shorter periods of time (1-2 years, 21.6%) more frequently reported adoption as the main reason to stop compared to foster caregivers certified for longer periods of time (15+ years, 4.9%). Health, as a reason to discontinue fostering, increased in frequency with a longer duration of certification. Lack of support by agency was consistent across the different time periods of certification, with 13.2% of all respondents reporting it as a main reason to stop. When evaluated by race/ethnicity, White respondents more frequently (19.7%) reported adoption as a reason to stop. The category that included all other races/ethnicities more frequently (20.6%) reported lack of support by agency as a reason to stop, and Black or African American respondents more frequently (15.5%) reported health as a reason to stop (Appendix 9).

Foster caregivers were also given the opportunity to write in responses describing what was or would be their main reason to stop fostering. Open-ended responses reported most frequently were: lack of support by agency (12.5%), burnout (8.8%), lack of trust in agency (8.4%), and to focus on own family/children (8.1%) (Appendix 10). Open-ended responses were similar among current and former foster caregivers. Behavior issues (1.9%), reunification (1.9%), and biological parents (0.4%) were reported infrequently as reasons to stop fostering among both current and former foster caregivers.

While many respondents shared that frustration with the foster system would be a potential reason for them to stop fostering, others shared that “time” was or would be the ultimate deciding factor. Responses detailing complicated schedules, transportation, and too many appointments were shared frequently. This respondent shared how the amount of time spent away from their children could influence their decision to stop fostering:

“ Our main reason to leave would be the amount of time spent away from family, running from visit to appointment to evaluation to therapy etc. Family is the most important thing to us. That includes our bonus family members but we do have to make sure our time is spent nurturing the people in our home and not just “seeking therapies.”

Rewards Experienced while Fostering

Current and former foster caregivers were asked to share, in their own words, the greatest rewards they experienced while fostering. These open-ended responses are categorized in Table 18. Feeling like they made a difference was the greatest reward reported by both current and former foster caregivers (27.3%), followed by providing loving care (13.6%), and helping kids in need (12.4%). Responses were similar across all categories by foster status, except for adoption. Similar to the results reported in Table 17 (covering reasons to discontinue fostering), former foster caregivers (17.4%) more frequently reported adoption as their greatest reward when compared to current foster caregivers (7.3%).

Table 18. The greatest rewards experienced while fostering, by foster care status.

	Current (N=2050)		Former (N=838)
Answer		Answer	
Make a difference	606 (29.6%)	Make a difference	183 (21.8%)
Providing loving care	294 (14.3%)	Adoption	146 (17.4%)
Helping kids in need	247 (12.0%)	Helping kids in need	112 (13.4%)
Relationships	228 (11.1%)	Providing loving care	100 (11.9%)
Stability	168 (8.2%)	Relationships	91 (10.9%)
Adoption	149 (7.3%)	Stability	58 (6.9%)
Reunification	88 (4.3%)	Self-betterment	25 (3.0%)
Biological Family	83 (4.0%)	Reunification	22 (2.6%)
Self-betterment	37 (1.8%)	Biological Family	18 (2.1%)
Giving back	16 (0.8%)	Giving back	11 (1.3%)
Giving	4 (0.2%)	Giving	1 (0.1%)
For further analysis	50 (2.4%)	For further analysis	22 (2.6%)
Not categorized	80 (3.9%)	Not categorized	49 (5.8%)
<i>Note: N's reflect number of responses not number of respondent.</i>		<i>Note: N's reflect number of responses not number of respondent.</i>	

Additional analysis of the open-ended responses expanded upon the desire of foster caregivers to make a difference in their community and provide safe and loving homes. This respondent shared their desire to support reunification:

“ Getting to know the families and helping them work towards reunification was the best part of our foster care journey. When reunification wasn’t possible, I was able to maintain connection so they could get updates and see their kids grow up. Kin raising bio siblings of my adopted kids have become extended family. My support network is made almost entirely of adoptive and foster families. These are the people who understand my children’s struggles and step in to support as needed.

Another respondent shared the importance of “Making a difference in the life of a child. Modeling what a loving family is like. Watching them experience new things for the first time.” The importance of providing new experiences was also highlighted by this respondent:

“ Exposing children to new experiences. Even older children can have firsts! Experiences open the door to new opportunities and broaden children’s dream potential. Showing kids from hard places that they can dream big and make things happen is awesome. Helping children heal. Whether that is from physical or emotional wounds. Having a former foster placement call and tell me that the time spent in my home was some of the best in their life!

Finally, the sentiment of many of the respondents is summarized by one who stated, “My foster children were absolute gifts. The joy they brought to my life can never be replaced or taken away.”

Improvements in Fostering Experience

The final questions of the survey asked respondents to reflect on their time as foster caregivers and provide feedback on topics that could have improved their fostering experience. These topics included support services that were not offered, things they wish they knew prior to becoming a foster parent, what would make them more comfortable accepting a higher needs child, and what would make them more comfortable accepting a teen. Former foster caregivers were asked to share what may have changed their minds to continue fostering.

When asked to identify support services they felt they needed, but were not offered, current and former foster caregivers had similar responses. They both identified more local services as the most important support needed (Table 19). Examples of local supports mentioned by foster caregivers included: transportation, improved access to caseworkers in times of crisis, and assistance getting foster children access to the services they need. Current and former foster caregivers also noted a lack of access to therapy for foster children. One foster parent summarized their struggle with access to therapy stating, “I think that services are offered but the time it takes to get these services into place can be a bit challenging.”

Other respondents mentioned the need for help connecting with the biological parents of foster children. One respondent requested “an agency supported way of connecting with the extended bio(logical) family. Support and workers have suggested I reach out independently, but this feels awkward to me specifically since my foster son is an infant.” This was reiterated in the response from another foster parent who mentioned a need for help with “being able to navigate birth family relationships.”

Another respondent had a slightly different suggestion for supports that were needed that did not focus on foster children, but rather on the biological parents of foster children:

“ More support for biological parents to overcome their challenges and reunify with their kid(s). Fostering occurs because of struggling adults, not kids. Our efforts should be more focused on supporting their needs, which are substantial. Specifically, if funding was available for more streamlined mental health, addiction, legal, job, and housing services, reunification would occur more often and sooner.

Table 19. What support services do you feel you needed but were not offered, by foster care status.



25.8%

Local Support

385 answered of the
1491 responses
262 Current | 123 Former



16.4%

Therapy

244 answered of the
1491 responses
172 Current | 72 Former



12.5%

Training

186 answered of the
1491 responses
126 Current | 80 Former

9.7% Daycare

145 answered of the
1491 participants
103 Current | 42 Former

9.7% Respite care

144 answered of the
1491 participants
91 Current | 53 Former

8.4% Financial assistance in the form of reimbursement

125 answered of the
1491 participants
86 Current | 39 Former

7.3% Transportation

109 answered of the
1491 responses
77 Current | 32 Former

4.2% Support group

62 answered of the
1491 responses
45 Current | 17 Former

2.7% Mentorship

41 answered of the
1491 responses
31 Current | 10 Former

2.3% Awareness of services

35 answered of the
1491 responses
25 Current | 10 Former

1.0% Medications for behavioral health

15 answered of the
1491 responses
8 Current | 7 Former

Note: To view full data, please see Table 19 in the appendix.

Again, when describing what they wished they knew before becoming foster caregivers, current and former foster caregivers agreed. The three most common responses included: the role of biological parents (23.2%), the difficulty saying goodbye (21.5%), and the impact of trauma on foster children (20.3%) (Table 20). One respondent made a suggestion not captured in Table 20: “If I had known how many kids needed foster care I would have started fostering earlier.” This comment may be helpful when considering future recruitment efforts and suggests that it is important to continue sharing the existing need for additional foster caregivers.

One foster parent shared that they wished they had known how important it was to create a network of foster caregivers:



The importance of developing your own community of foster caregivers. There is a loneliness in fostering. People don’t understand the things you go through unless they have, or are, living the same experience. They can’t comprehend the things we have to do or can’t do because the foster system is incredibly unimaginable at times that unless you are in it you can’t believe it.

Similarly, several respondents mentioned they were surprised about the strain that fostering put on their relationships with family and friends who were not involved in foster care. This idea is summarized by one respondent who stated, “It would put surprising strain on some relationships w/ family and friends who just don’t understand and were surprisingly unsupportive.”

Finally, when discussing support needs, one common theme was related to issues with communication. The two most prominent concerns related to communication were a lack of information about foster children and a lack of communication between caseworkers and foster caregivers. One respondent noted that “agency workers don’t communicate with county workers and vice versa. I felt like I had to communicate everything from county to agency and vice versa.” When describing issues related to information regarding the child’s background, one respondent shared:

“ (Knowing) that there would not be full disclosure by anyone about the true needs of a child. There wasn’t a single situation where we knew essential information up front. It was a disservice to the kiddos and often left us scrambling to get support and help once things were found out after placement.

Table 20. What is one thing you wish you knew before becoming a foster parent, by foster care status.

	Current (N=357)	Former (N=155)	Total (N=512)
Answer			
Role of biological parents	77 (21.6%)	42 (27.1%)	119 (23.2%)
Difficulty saying goodbye	85 (23.8%)	25 (16.1%)	110 (21.5%)
Impact of trauma	74 (20.7%)	30 (19.4%)	104 (20.3%)
Rights	40 (11.2%)	17 (11.0%)	57 (11.1%)
Behavioral issues	32 (9.0%)	23 (14.8%)	55 (10.7%)
Impact on finances	34 (9.5%)	13 (8.4%)	47 (9.2%)
Issues with child care	15 (4.2%)	5 (3.2%)	20 (3.9%)
<i>Note: N's reflect number of responses not number of respondent.</i>			

The most common responses regarding foster caregivers’ comfort in caring for high needs foster children were: caseworker communication/support (21.8%), training or education (21.8%), child care support (20.9%), and siblings (19.0%, see Table 21). Responses related to “siblings” included: not having additional siblings in the home, having siblings that were more mature and helpful, or ensuring the child would be a good fit with the siblings already in the home. Other respondents identified a lack of specific training topics—corresponding directly with the higher level of care needed for the foster placement. If such training was provided, it would help them feel more comfortable in such scenarios. Some respondents also suggest they were given placements with a higher level of need than they were aware of or comfortable with that led to very difficult situations.

Table 21. What would make you comfortable accepting placement of children/youth who have a higher level of need, by foster care status.

	Current (N=357)	Former (N=155)	Total (N=512)
Answer			
Caseworker communication/support	131 (20.4%)	64 (25.2%)	195 (21.8%)
Training or education	133 (20.7%)	62 (24.4%)	195 (21.8%)
Child care support	151 (23.5%)	36 (14.2%)	187 (20.9%)
Siblings	119 (18.5%)	51 (20.1%)	170 (19.0%)
Medical support	56 (8.7%)	20 (7.9%)	76 (8.5%)
Experience	52 (8.1%)	21 (8.3%)	73 (8.4%)
<i>Note: N's reflect number of responses not number of respondent.</i>			

When considering comfort with accepting placement of a teen, the two most frequent factors were: having own children grown or out of the house (35.6%) and being fully informed of the foster child's background/history (25.9%, see Table 22). Here are two responses that identify needed services and supports that might help them feel more comfortable with a teen placement:

- “ I just want communication, their history, what their triggers are, and what their past rules, strengths, and trouble have been.
- “ Increased daily stipend, mental health wellness specialists, case management communication, and membership access to local community center or recreation center.

Another respondent stated, “I want to help teens. But there are no resources. Asked for mentoring, none. Asked for respite, no one wants teens. Very discouraging.” This summation complements the categorical data presented in Table 22, where 14.8% of respondents indicated that support was an important factor for them when considering accepting the placement of a teen. The level of support needed while caring for a teen was also appreciated by other foster caregivers, as this respondent shared, “Having parented 11 of our children through their teen years, I have great appreciation for all families who foster teens. The need for support for those families and those teens should be a priority!!”

Table 22. What would make you comfortable accepting placement of a teen, by foster care status.

	Current (N=577)	Former (N=229)	Total (N=806)
Answer			
Having own children grown/out of house	207 (35.9%)	80 (34.9%)	287 (35.6%)
Background/history	147 (25.5%)	62 (27.1%)	209 (25.9%)
Support	85 (14.7%)	34 (14.8%)	119 (14.8%)
<i>Note: N's reflect number of responses not number of respondent.</i>			

Table 22. Cont.

	Current (N=577)	Former (N=229)	Total (N=806)
From own family	38 (6.6%)	8 (3.5%)	46 (5.7%)
Meeting before placement	36 (6.2%)	9 (3.9%)	45 (5.6%)
Communication	16 (2.8%)	11 (4.8%)	27 (3.3%)
Extra funds	22 (3.8%)	5 (2.2%)	27 (3.3%)
Therapy available	11 (1.9%)	14 (6.1%)	25 (3.1%)
Anger management	15 (2.6%)	6 (2.6%)	21 (2.6%)
<i>Note: N's reflect number of responses not number of respondent.</i>			

Former foster caregivers were asked to share what could have been done to change their mind about continuing to foster. The two most frequent responses were availability/space (28.8%) and support of agency (28.3%, see Table 23). In addition to these two factors, several respondents shared their perspectives on how the foster system is functioning, with one responded sharing, “We are considering not renewing because we feel that justice is not being done for these children. The decisions being made are not in the best interest of the children and this makes it extremely difficult as a caregiver...” Another participant with a similar viewpoint shared:

“ Make the system more focused on the children. In our experience there has been tremendous focus on bio(logical) parent drug recovery services and truly lacking support for the children. Ex: A child we had in our home waited over 1 year to be connected with a consistent counselor. Bio(logical) parent constantly received resources such as counseling and support at seemingly the drop of a hat.

Former foster caregivers (15.9%) also mentioned the need for easier licensing renewal/recertification, which could make it easier to continue fostering (Table 23). One foster parent described the recertification timeline as too long: “Re-certification is too much- too long, too many hours.” Another noted that “the amount of time certification takes each year is excessive. I agree (that) new parents to process need (to be) checked but some documents/processes could be waived for the more established foster homes.”

Table 23. What, if anything, could have been done to change your mind about continuing to foster, former foster caregivers only.

		Former (N=364)
Answer		
Availability/space	105 (28.8%)	
Support of agency	103 (28.3%)	
Easier licensing renewal/recertification	58 (15.9%)	
<i>Note: N's reflect number of responses not number of respondent.</i>		

		Former (N=364)
County support	38 (1.4%)	
Biological children	29 (8.0%)	
More financial help	23 (6.3%)	
Family counseling	8 (2.2%)	
<i>Note: N's reflect number of responses not number of respondent.</i>		

One respondent offered a few suggestions that could have helped changed their mind: “Prevent burnout. Orchestrate respite for foster caregivers. Respite that allows the children to meet the other foster parent(s). Provide self-care opportunities such as dinner while the caseworkers watch the child(ren). Support groups for caregivers in various cities.” Other respondents echoed the importance of respite care, support of caseworkers, and a connection with other foster caregivers.

In addition to more practical suggestions like help with child care and simplifying the licensing/recertification process, some foster caregivers explained that a simple nod of gratitude could go a long way. One respondent shared, “Thankfulness expressed more frequently [and] genuinely for what we do. We kind of feel very disposable like ongoing gratitude and care is lost because other people will just sign up get trained and take over when we quit.” This suggestion was supported by another foster parent who stated, “Foster caregivers often feel unappreciated, devalued and strictly act as babysitters for child(ren), but recently I received a service award for the care I provide for each placement. It was special to feel noticed and appreciated. This was the first time I felt proud being a foster parent.” Understanding that these simple acts of gratitude matter to foster caregivers could translate into easily implemented changes to help retain foster caregivers who are providing safe, loving homes to children.

Summary of Findings

Lack of access to child care and a lack of referrals were common reasons cited by current and former foster caregivers regarding why their home was not always at capacity. Access to child care was referenced throughout the survey as a limitation, and it was a specific reason foster caregivers were unable to accept new foster placements. Since many foster caregivers work full time, addressing the lack of available child care is a critical issue for the foster care system. Lack of referrals was the most frequent reason given for homes not being at capacity and mentioned frequently as a reason for frustration.

Respondents noted that other experienced foster parents were the greatest source of encouragement to begin fostering. Retention of current foster caregivers and providing them with opportunities to network and share their experiences with potential foster caregivers should be a top priority.

The most frequently shared motivation to begin fostering was a desire to give back. While this is not a tangible idea that can be leveraged to recruit future foster caregivers, ensuring that current foster caregivers have a positive fostering experience can help open doors for their peers (who may have similar values) to begin fostering.

Respondents also mentioned several times that they were motivated to begin fostering in order to teach their children empathy and the importance of helping their community when they are able to. Promotion of this message to potential foster caregivers may provide a way to reach more community members who have a desire to help and to share those values with their children.

Current and former foster caregivers identified the greatest challenge as working with the care team. Considerable effort should be made to eliminate inconsistencies, improve communication, and support the development of trusting relationships between foster caregivers and all members of the care team.

Many of the issues raised by respondents were rooted in consistency and timeliness when working with counties and agencies. Timeliness was brought up in relation to certification, placements, and access to services. Consistency was related to differences in the fostering process between different agencies/counties and among support workers in the same agency/county. These issues could potentially be addressed by ensuring systematic processes and timelines are implemented across Ohio. While the human element will always be a part of the process, a systematic approach could help reduce the influence of individuals on the functioning of the system.

Communication was brought up repeatedly by respondents. Key issues related to communication included:

- **Communication regarding a foster placement's background.** Foster caregivers often reported feeling they were not fully informed regarding known behavioral and/or medical needs of a placement. This led foster caregivers to develop a lack of trust in the foster care system. They struggled with placements that did not work or were more complex than they were certified to handle.
- **Feeling “left in the dark” about what was happening with their case.** Although some respondents shared they felt very informed; many others felt like they were not. Some noted that they were given very little notice about: a foster child being reunified with biological parents, changes to appointment times or visit schedules, and what was happening in the court system with the foster child. Additionally, when they shared their opinions about a situation, they felt they were often disregarded.
- **Assistance developing communication with biological parents.** Respondents shared that, while they supported reunification, it was often difficult to establish communication with biological parents. Some respondents describing situations where their attempts to collaborate were not supported by the county or agency involved.

Respondents shared a willingness to foster higher needs children and teens if they felt they would receive adequate support. Many shared scenarios where they did not have adequate support with their current or past placements, and this gave them pause when considering their ability to take on placements that would require a greater level of care.

Financial needs were addressed throughout the survey. When asked why their home was sometimes or never at capacity, the financial commitment was the least selected reason. The desire for extra income was the least selected motivation to begin fostering among both current and former foster caregivers. Similarly, incentives, supportive funding, and tokens of appreciation were among the lowest ranked support measures selected by current and former foster caregivers. These responses suggest that financial reimbursements and compensation are not often motivating factors for most foster caregivers. However, the financial challenges and costs associated with having a child was frequently selected by current and former foster caregivers as a barrier, though it did not rank in the top five challenges for either group. While financial barriers are often a challenge for foster parents, they are not significant enough to reduce a family's motivation to begin or continue fostering.

Current and former foster caregivers discussed a lack of gratitude they felt from the foster care system. They shared that some interactions they had with caseworkers or county and agency personnel made them feel like they were replaceable. These negative feelings, if shared with potential foster caregivers, could hinder future recruitment and retention of foster caregivers. Conversely, some respondents explained that, after receiving acknowledgment of their service, they felt an even deeper connection to fostering.

When discussing training, respondents raised several issues including:

- **A desire to hear more firsthand experiences from current or former foster caregivers.** While many felt the training provided them with useful information, they expressed a desire to learn more about real world experiences from those who have been there before.
- **More specific training for higher needs children.** It is likely impossible to touch on every behavioral or medical situation foster caregivers may experience during training, but identification and referral to outside training or assistance available to meet their needs should be provided. Respondents also asked for an increased focus on trauma training.
- **Additional training on how to navigate the relationship with biological parents.** Much of this was mentioned in key takeaways above. This is an important training topic that respondents thought was left out.
- **Continue/expand online training options.** Online training was viewed by most, but not all, as a big improvement. Not only did online training provide increased flexibility for current foster caregivers, it also allowed some foster caregivers (who would not have been able to complete the training in person) to begin fostering. An additional benefit of online training was a reduced need to find child care for foster and biological children.

While reflecting on their experience as foster caregivers, a very high percentage (~94%) suggested the certification process was clearly communicated to them. Even though some shared contrary experiences, the model used to communicate the certification process could provide a way forward when discussing other components of the foster care system including: time to placement, access to support, and the relationship with the care team.

The results of the survey suggest a longer time spent fostering may lead to a better understanding of how the system functions. This was evident when examining respondents' understanding of time to placement and whether they felt they received consistent information from the care team; those who had been certified longer expressed a greater understanding. While this may be related to changes in administration of the foster care experienced by more recently certified foster caregivers, it could also lend support for including more experienced foster caregivers in the training process to share their personal experiences.

Contrary to the state goal of reunification, former foster caregivers identified adoption as a primary motivation to begin fostering, as did those who had been certified for shorter periods of time. Adoption was also identified as one of the greatest rewards among former foster caregivers.

Finally, creating a network of foster caregivers across Ohio could provide a significant benefit to the system as a whole. Respondents expressed a desire to learn from those with previous experience and those with experience shared lessons they had learned along the way, outside of formalized training. An intentionally developed support system with an emphasis on mentorship and improvement of the system may lead to buy-in and expansion of the number of available foster caregivers.

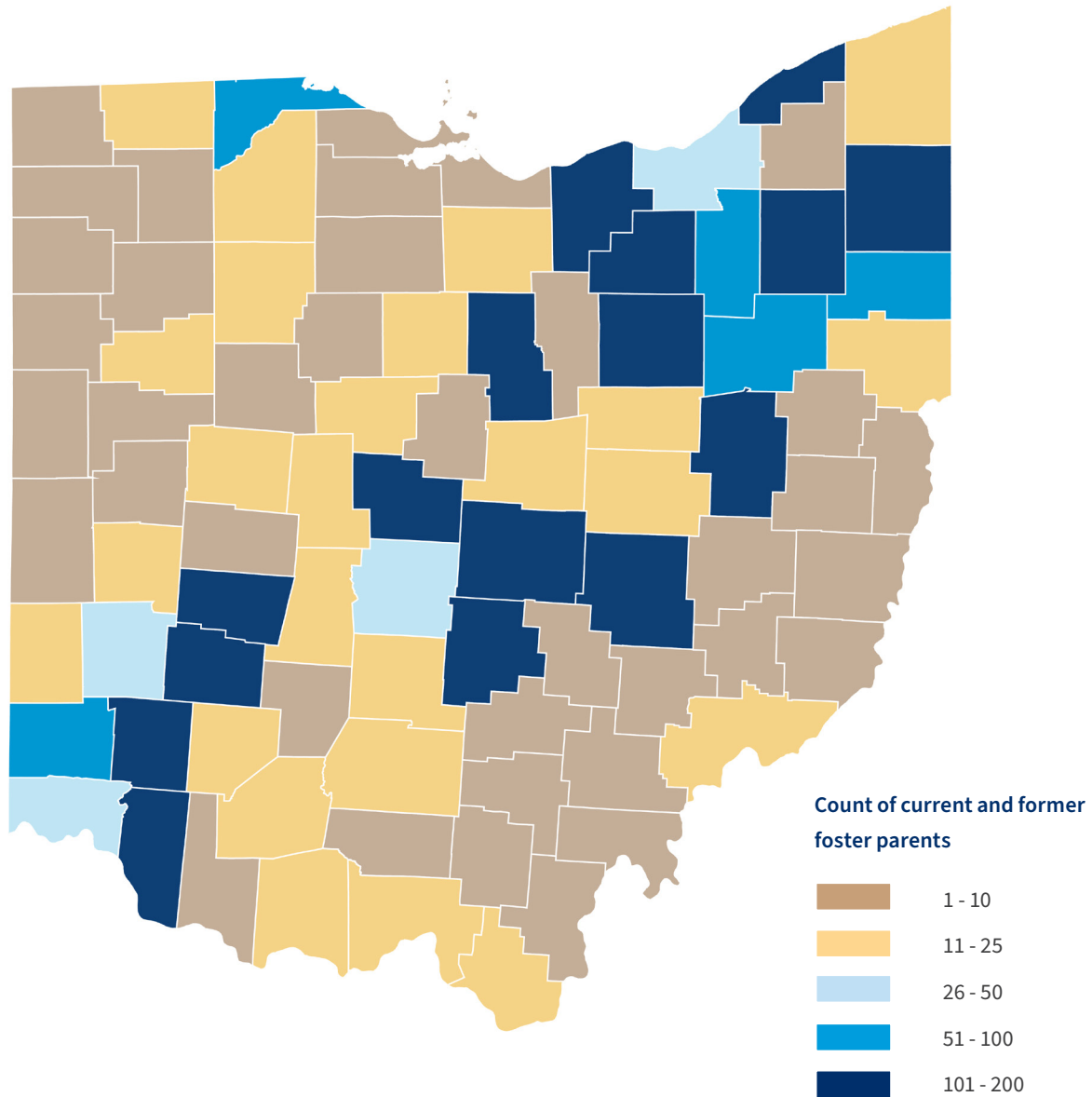
Appendices

Appendix 1. Demographic characteristics of licensed Adult B.

	Total (N=1510)
Foster Status	
Current	1101 (73.3%)
Former	401 (26.7%)
Race	
Asian American	9 (0.6%)
Black or African American	113 (7.5%)
Hispanic or Latino	28 (1.9%)
Multiple Races	14 (0.9%)
Native American or Alaskan Native	5 (0.3%)
No Response	8 (0.5%)
Pacific Islander	1 (0.1%)
White	1324 (88.1%)
Marital Status	
Single, never married	24 (1.6%)
Married or domestic partnership	1464 (97.5%)
Widowed	4 (0.3%)
Divorced	9 (0.6%)
Separated	1 (0.1%)

	Total (N=1510)
Highest Education Completed	
Less than high school	52 (3.5%)
High school diploma/GED	234 (15.6%)
Some college, no degree	210 (14.0%)
Trade/technical/vocational training	135 (9.0%)
Associate Degree	147 (9.8%)
Bachelor's Degree	438 (29.2%)
Master's Degree	223 (14.8%)
Doctorate Degree	56 (3.7%)
Prefer not to Answer	7 (0.5%)
Employment Status	
Part-time	64 (4.3%)
Full-time	1063 (70.8%)
Self-employed	111 (7.4%)
Out of work and looking for work	3 (0.2%)
Out of work and NOT currently looking for work	2 (0.1%)
Stay-at-home caregiver	137 (9.1%)
Retired	105 (7.0%)
Disabled, unable to work	17 (1.1%)

Appendix 2. Total number of responses submitted by county
in Ohio.



Appendix 3. The number of placements respondents were certified to provide and how frequently homes were at capacity, by number of years certified.

	1 - 2 Years (N=773)	3 - 5 Years (N=737)	6 - 9 Years (N=370)	10 - 15 Years (N=192)	15+ Years (N=243)	Total (N=2310)
Number of placements certified to provide						
1	124 (16.0%)	67 (9.2%)	22 (5.9%)	15 (7.8%)	8 (3.3%)	236 (10.2%)
2	313 (40.5%)	239 (32.7%)	100 (27.0%)	34 (17.7%)	43 (17.7%)	729 (31.6%)
3	207 (26.8%)	197 (26.9%)	95 (25.7%)	41 (21.4%)	50 (20.6%)	590 (25.5%)
4	87 (11.3%)	109 (14.9%)	77 (20.8%)	53 (27.6%)	55 (22.6%)	381 (16.5%)
5+	40 (5.2%)	114 (15.6%)	76 (20.5%)	49 (25.5%)	87 (35.8%)	366 (15.8%)
Missing	2 (0.3%)	6 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (0.3%)
How often home was at full capacity						
Always	204 (26.4%)	174 (23.8%)	87 (23.5%)	46 (24.0%)	76 (31.3%)	587 (25.4%)
Sometimes	299 (38.7%)	352 (48.1%)	218 (58.9%)	119 (62.0%)	150 (61.7%)	1138 (49.3%)
Never	270 (34.9%)	206 (28.1%)	65 (17.6%)	27 (14.1%)	17 (7.0%)	285 (25.3%)

Appendix 4. Reasons placements were not at capacity among respondents who answered “Sometimes” or “Never” when asked how often their home was full, by number of years certified.

	1 - 2 Years (N=569)	3 - 5 Years (N=558)	6 - 9 Years (N=283)	10 - 15 Years (N=146)	15+ Years (N=167)	Total (N=1723)
Lack of referrals from agency						
No	360 (63.3%)	354 (63.4%)	181 (64.0%)	103 (70.5%)	99 (59.3%)	1097 (63.7%)
Yes	209 (36.7%)	204 (36.6%)	102 (36.0%)	43 (29.5%)	68 (40.7%)	626 (36.3%)
Other – please specify						
No	364 (64.0%)	387 (69.4%)	214 (75.6%)	102 (69.9%)	109 (65.3%)	1176 (68.3%)
Yes	205 (36.0%)	171 (30.6%)	69 (24.4%)	44 (30.1%)	58 (34.7%)	547 (31.7%)
Time commitment						
No	422 (74.2%)	401 (71.9%)	194 (68.6%)	120 (82.2%)	138 (82.6%)	1275 (74.0%)
Yes	147 (25.8%)	157 (28.1%)	89 (31.4%)	26 (17.8%)	29 (17.4%)	448 (26.0%)
Level of care needed for the child						
No	465 (81.7%)	429 (76.9%)	210 (74.2%)	106 (72.6%)	131 (78.4%)	1341 (77.8%)
Yes	104 (18.3%)	129 (23.1%)	73 (25.8%)	40 (27.4%)	36 (21.6%)	382 (22.2%)
Had a high acuity placement and couldn't fill other placements						
No	540 (94.9%)	507 (90.9%)	259 (91.5%)	127 (87.0%)	157 (94.0%)	1590 (92.3%)
Yes	29 (5.1%)	51 (9.1%)	24 (8.5%)	19 (13.0%)	10 (6.0%)	133 (7.7%)
Financial commitment						
No	535 (94.0%)	529 (94.8%)	269 (95.1%)	142 (97.3%)	160 (95.8%)	1635 (94.9%)
Yes	34 (6.0%)	29 (5.2%)	14 (4.9%)	4 (2.7%)	7 (4.2%)	88 (5.1%)

Appendix 5. Reasons current and former foster caregivers were encouraged to become foster caregivers, by race/ethnicity.

	All Other Races (N=107)	Black or African American (N=375)	White (N=1821)	Total (N=2303)
Another foster/adoptive parent				
No	66 (61.7%)	192 (51.2%)	1073 (58.9%)	1331 (57.8%)
Yes	41 (38.3%)	183 (48.8%)	748 (41.1%)	972 (42.2%)
Other – please specify				
No	59 (55.1%)	253 (67.5%)	1071 (58.8%)	1383 (60.1%)
Yes	48 (44.9%)	122 (32.5%)	750 (41.2%)	920 (39.9%)
Churches – bulletins, newsletters, websites				
No	98 (91.6%)	343 (91.5%)	1541 (84.6%)	1982 (86.1%)
Yes	9 (8.4%)	32 (8.5%)	280 (15.4%)	321 (13.9%)
A child in my extended family/network needed a placement				
No	93 (86.9%)	302 (80.5%)	1612 (88.5%)	2007 (87.1%)
Yes	14 (13.1%)	73 (19.5%)	209 (11.5%)	296 (12.9%)
Professional/social networks				
No	102 (95.3%)	355 (94.7%)	1693 (93.0%)	2150 (93.4%)
Yes	5 (4.7%)	20 (5.3%)	128 (7.0%)	153 (6.6%)
Social media – ads, groups, various platforms				
No	105 (98.1%)	360 (96.0%)	1687 (93.2%)	2162 (93.9%)
Yes	2 (1.9%)	15 (4.0%)	124 (6.8%)	141 (6.1%)
County/agency staff or website				
No	103 (96.3%)	360 (96.0%)	1708 (93.8%)	2171 (94.3%)
Yes	4 (3.7%)	15 (4.0%)	113 (6.2%)	132 (5.7%)

Appendix 5. Cont.

	All Other Races (N=107)	Black or African Ameri- can (N=375)	White (N=1821)	Total (N=2303)
Local news media – television, radio				
No	103 (96.3%)	356 (94.9%)	1728 (94.9%)	2187 (95.0%)
Yes	4 (3.7%)	19 (5.1%)	93 (5.1%)	116 (5.0%)
Mailers/flyers/print advertising/yard signs/billboards				
No	107 (100%)	356 (94.9%)	1745 (95.8%)	2208 (95.9%)
Yes	0 (0.0%)	19 (5.1%)	76 (4.2%)	95 (4.1%)
Schools – newsletters, media, websites				
No	107 (100%)	364 (97.1%)	1795 (98.6%)	2266 (98.4%)
Yes	0 (0.0%)	11 (2.9%)	26 (1.4%)	37 (1.6%)
Community event				
No	106 (99.1%)	368 (98.1%)	1795 (98.6%)	2266 (98.4%)
Yes	1 (0.9%)	7 (1.9%)	26 (1.4%)	37 (1.6%)
Booth at festival or fair				
No	105 (98.1%)	368 (98.1%)	1806 (99.2%)	2279 (99.0%)
Yes	2 (1.9%)	7 (1.9%)	15 (0.8%)	24 (1.0%)

Appendix 6. Reasons current and former foster caregivers were encouraged to become foster caregivers, by foster status – open-ended responses.

	Current (N=667)	Former (N=285)	Total (N=952)
Answer			
Help out/make a difference	90 (13.5%)	50 (17.5%)	140 (14.7%)
Spiritual or religious calling	77 (11.5%)	28 (9.8%)	105 (11.0%)
Desire to adopt	54 (8.1%)	38 (13.3%)	92 (9.7%)
Someone close to me	59 (8.8%)	28 (9.8%)	87 (9.1%)
Always wanted to	55 (8.8%)	29 (9.8%)	76 (8.0%)
Own childhood	50 (7.5%)	18 (6.3%)	68 (7.1%)
Professional/social networks	38 (5.7%)	16 (5.6%)	54 (5.7%)
Could not have children	32 (4.8%)	12 (4.2%)	44 (4.6%)
Personal history/choice	29 (4.3%)	8 (2.8%)	37 (3.9%)
Love children	20 (3.0%)	6 (2.1%)	26 (2.7%)
County/agency staff or website	14 (2.1%)	6 (2.1%)	20 (2.1%)
A child in my extended family/ network needed a placement	13 (1.9%)	4 (1.4%)	17 (1.8%)
Previous experience	10 (1.5%)	6 (2.1%)	16 (1.7%)
Desire to be parent/start family	6 (0.9%)	9 (3.2%)	15 (1.6%)
TV/book/movie	6 (0.9%)	4 (1.4%)	10 (1.1%)
Grow/expand family	5 (0.7%)	4 (1.4%)	9 (0.9%)
Mailers/flyers/print advertising/yard signs/billboards	7 (1.0%)	1 (0.4%)	8 (0.8%)
Unable to have more children	6 (0.9%)	1 (0.4%)	7 (0.7%)
Was adopted	5 (0.7%)	1 (0.4%)	6 (0.6%)
Another foster/adoptive parent	4 (0.6%)	1 (0.4%)	5 (0.5%)
Churches – bulletins, newsletters, websites	4 (0.6%)	0 (0.0%)	4 (0.4%)
Local news media – television, radio	3 (0.4%)	1 (0.4%)	4 (0.4%)
<i>N's reflect number of responses, not number of respondents.</i>			

Appendix 6. Cont.

	Current (N=667)	Former (N=285)	Total (N=952)
Community event	2 (0.3%)	1 (0.4%)	3 (0.3%)
Difficulty/could not have children	2 (0.3%)	0 (0.0%)	2 (0.2%)
Social media – ads, groups, various platforms	1 (0.2%)	0 (0.0%)	1 (0.1%)
For further analysis	25 (3.7%)	6 (2.1%)	31 (3.3%)
Not categorized	50 (7.5%)	15 (5.3%)	65 (6.8%)
<i>N's reflect number of responses, not number of respondents.</i>			

Appendix 7. Responses to questions about the overall experience as a foster caregiver, by number years certified.

	1 - 2 Years (N=773)	3 - 5 Years (N=732)	6 - 9 Years (N=370)	10 - 15 Years (N=192)	15+ Years (N=243)	Total (N=2310)
Certification clearly communicated						
Both	2 (0.3%)	4 (0.5%)	2 (0.5%)	0 (0.0%)	2 (0.8%)	10 (0.4%)
No	64 (8.3%)	35 (4.8%)	16 (4.3%)	12 (6.3%)	8 (3.3%)	135 (5.8%)
Yes	707 (91.5%)	693 (94.7%)	352 (95.1%)	180 (93.8%)	233 (95.9%)	2165 (93.7%)
Family was well matched with child(ren)						
Both	15 (1.9%)	17 (2.3%)	8 (2.2%)	6 (3.1%)	14 (5.8%)	60 (2.6%)
No	116 (15.0%)	93 (12.7%)	35 (9.5%)	26 (13.5%)	22 (9.1%)	292 (12.6%)
Yes	642 (83.1%)	622 (85.0%)	327 (88.4%)	160 (83.3%)	207 (85.2%)	1958 (84.8%)
Offered training to meet needs						
Both	7 (0.9%)	11 (1.5%)	3 (0.8%)	2 (1.0%)	8 (3.3%)	31 (1.3%)
No	155 (20.1%)	130 (17.8%)	64 (17.3%)	32 (16.7%)	25 (10.3%)	406 (17.6%)
Yes	611 (79.0%)	591 (80.7%)	303 (81.9%)	158 (82.3%)	210 (86.4%)	1873 (81.1%)

Appendix 7. Cont.

	1 - 2 Years (N=773)	3 - 5 Years (N=732)	6 - 9 Years (N=370)	10 - 15 Years (N=192)	15+ Years (N=243)	Total (N=2310)
Trainings offered at convenient times						
Both	9 (1.2%)	9 (1.2%)	6 (1.6%)	0 (0.0%)	6 (2.5%)	30 (1.3%)
No	127 (16.4%)	153 (20.9%)	65 (17.6%)	39 (20.3%)	30 (16.5%)	424 (18.4%)
Yes	637 (82.4%)	570 (77.9%)	299 (80.8%)	153 (79.6%)	197 (81.1%)	1856 (80.3%)
Clear understanding of time to placement						
Both	8 (1.0%)	8 (1.1%)	3 (0.8%)	2 (1.0%)	7 (2.9%)	28 (1.2%)
No	223 (28.8%)	204 (27.9%)	89 (24.1%)	45 (23.4%)	33 (13.6%)	594 (25.7%)
Yes	542 (70.1%)	520 (71.0%)	278 (75.1%)	145 (75.5%)	203 (83.5%)	1688 (71.1%)
Information provided realistic expectation						
Both	14 (1.8%)	16 (2.2%)	3 (0.8%)	5 (2.6%)	3 (1.2%)	41 (1.8%)
No	224 (29.0%)	236 (32.2%)	120 (32.4%)	62 (32.3%)	67 (27.6%)	709 (30.7%)
Yes	535 (69.2%)	480 (65.6%)	247 (66.8%)	125 (65.1%)	173 (71.2%)	1560 (67.5%)
Offered support services						
Both	22 (2.8%)	23 (3.1%)	9 (2.4%)	9 (4.7%)	10 (4.1%)	73 (3.2%)
No	236 (30.5%)	236 (32.2%)	115 (31.1%)	51 (26.6%)	53 (21.8%)	681 (29.9%)
Yes	515 (66.6%)	473 (64.6%)	246 (66.5%)	132 (68.8%)	180 (74.1%)	1546 (66.9%)
Consistently informed about decisions						
Both	20 (2.6%)	12 (1.6%)	11 (3.0%)	13 (6.8%)	7 (2.9%)	63 (2.7%)
No	364 (47.1%)	368 (50.3%)	158 (42.7%)	77 (40.1%)	82 (33.7%)	1049 (45.4%)
Yes	389 (50.3%)	352 (48.1%)	201 (54.3%)	102 (53.1%)	154 (63.4%)	1198 (51.9%)

Appendix 8. Responses describing what was or would be the main reason for deciding not to continue fostering, by number years certified.

	1 - 2 Years (N=773)	3 - 5 Years (N=732)	6 - 9 Years (N=370)	10 - 15 Years (N=192)	15+ Years (N=243)	Total (N=2310)
Reason						
Other – please specify	163 (21.1%)	131 (17.9%)	90 (24.3%)	63 (32.8%)	85 (35.0%)	252 (23.0%)
Adoption	167 (21.6%)	162 (22.1%)	65 (17.6%)	12 (6.3%)	12 (4.9%)	418 (18.1%)
Burnout	94 (12.2%)	113 (15.4%)	64 (17.3%)	35 (18.2%)	30 (12.3%)	336 (14.5%)
Lack of support by agency	105 (13.6%)	103 (14.1%)	47 (12.7%)	18 (9.4%)	32 (13.2%)	305 (13.2%)
Focus on own family/children	76 (9.8%)	94 (12.8%)	41 (11.1%)	22 (11.5%)	14 (5.8%)	247 (10.7%)
Change in family circumstances	86 (11.1%)	69 (9.4%)	31 (8.4%)	15 (7.8%)	15 (6.2%)	216 (9.4%)
Health	32 (4.1%)	27 (3.7%)	18 (4.9%)	19 (9.9%)	43 (17.7%)	139 (6.0%)
Licensure requirements/ documentation	34 (4.4%)	23 (3.1%)	8 (2.2%)	19 (9.9%)	43 (17.7%)	139 (6.0%)
End of relative placement	10 (1.3%)	5 (0.7%)	3 (0.8%)	0 (0.0%)	0 (0.0%)	18 (0.8%)
Involuntary closure	6 (0.8%)	5 (0.7%)	3 (0.8%)	2 (1.0%)	2 (0.8%)	18 (0.8%)

Appendix 9. Reason to stop fostering, by race/ethnicity.

	All Other Races (N=107)	Black or African American (N=375)	White (N=1821)	Total (N=2303)
Reason				
Other – please specify	28 (26.2%)	96 (25.6%)	406 (22.3%)	530 (23.0%)
Adoption	15 (14.0%)	44 (11.7%)	359 (19.7%)	418 (18.2%)
Burnout	9 (8.4%)	57 (15.2%)	270 (14.8%)	336 (14.6%)
Lack of support by agency	22 (20.6%)	58 (15.5%)	224 (12.3%)	304 (13.2%)
Focus on own family/children	14 (13.1%)	17 (4.5%)	214 (11.8%)	245 (10.6%)
Change in family circumstances	5 (4.7%)	28 (7.5%)	182 (10.0%)	215 (9.3%)
Health	8 (7.5%)	58 (15.5%)	72 (4.0%)	138 (6.0%)
Licensure requirements/documentation	3 (2.8%)	9 (2.4%)	69 (3.8%)	81 (6.0%)
End of relative placement	2 (1.9%)	4 (1.1%)	12 (0.7%)	18 (0.8%)
Involuntary closure	1 (0.9%)	4 (1.1%)	13 (0.7%)	18 (0.8%)

Appendix 10. Open-ended responses describing what was or would be the main reason for deciding not to continue fostering, by foster care status.

	Current (N=667)	Former (N=285)	Total (N=952)
Answer			
Lack of support by agency	67 (12.9%)	31 (11.9%)	98 (12.5%)
Burnout	49 (9.4%)	20 (7.7%)	69 (8.8%)
Lack of trust in agency	43 (8.3%)	23 (8.8%)	66 (8.4%)
Focus on own family/children	37 (7.1%)	26 (10.0%)	63 (8.1%)
Adoption	36 (6.9%)	22 (8.4%)	58 (7.4%)
Licensure requirements/documentation	29 (5.6%)	19 (7.3%)	48 (6.1%)
Health	31 (6.0%)	14 (5.4%)	45 (5.8%)
Change in family circumstances	25 (4.8%)	14 (5.4%)	39 (5.0%)
Age	24 (4.6%)	10 (3.8%)	34 (4.3%)
Lack of space	18 (3.5%)	10 (3.8%)	28 (3.6%)
Finances	17 (3.3%)	7 (2.7%)	24 (3.1%)
Behavioral issues	5 (1.0%)	10 (3.8%)	15 (1.9%)
Reunification	10 (1.9%)	5 (1.9%)	15 (1.9%)
Involuntary closure	5 (1.0%)	3 (1.1%)	8 (1.0%)
Saying goodbye	4 (0.8%)	4 (1.5%)	8 (1.0%)
Biological parents	0 (0.0%)	3 (1.1%)	3 (0.4%)
End of relative placement	1 (0.2%)	1 (0.4%)	2 (0.3%)
For further analysis	28 (5.4%)	12 (4.6%)	40 (5.1%)
Not categorized	92 (17.7%)	27 (10.3%)	119 (15.2%)
<i>N's reflect number of responses, not number of respondents.</i>			

Table 7. Motivation to begin fostering among current foster caregivers.

	First Choice	Second Choice	Third Choice	*Weighted Score
Motivation				
Wanted to give back or make a difference	680 (41.7%)	504 (30.9%)	299 (18.4%)	3347.0
Spiritual or religious calling	395 (24.2%)	263 (16.1%)	205 (12.6%)	1916.0
Interested in adopting	169 (10.4%)	312 (19.2%)	413 (25.4%)	1544.0
Not having own children	145 (8.9%)	169 (9.8%)	112 (6.9%)	867.0
Other – please specify	48 (2.9%)	96 (5.9%)	271 (6.0%)	607.0
Own children were grown	40 (2.5%)	112 (6.9%)	112 (6.9%)	456.0
Started as a kinship caregiver	80 (4.9%)	43 (2.6%)	34 (2.1%)	360.0
Wanted sibling for own child	44 (2.7%)	62 (3.8%)	65 (4.0%)	321.0
Former fostering experience	28 (1.7%)	66 (4.1%)	57 (3.5%)	273.0
Extra income	0 (0.0%)	11 (0.7%)	61 (3.7%)	83.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 8. Motivation to begin fostering among former foster caregivers.

	First Choice	Second Choice	Third Choice	*Weighted Score
Motivation				
Wanted to give back or make a difference	263 (38.6%)	182 (26.7%)	140 (20.6%)	1293.0
Interested in adopting	118 (17.3%)	131 (19.2%)	179 (26.3%)	795.0
Spiritual or religious calling	108 (15.9%)	115 (16.9%)	91 (13.4%)	645.0
Not having own children	88 (12.9%)	82 (12.0%)	44 (6.5%)	472.0
Other – please specify	16 (2.3%)	43 (6.3%)	122 (17.9%)	256.0
Own children were grown	11 (1.6%)	52 (7.6%)	32 (4.7%)	169.0
Started as a kinship caregiver	42 (6.2%)	11 (1.6%)	10 (1.5%)	158.0
Wanted sibling for own child	18 (2.6%)	31 (4.6%)	21 (3.1%)	137.0
Former fostering experience	15 (2.2%)	26 (3.8%)	17 (2.5%)	114.0
Extra income	2 (0.3%)	8 (1.2%)	25 (3.7%)	47.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 10. Responses to the most important supports to ensure success among current foster caregivers.

	First Choice	Second Choice	Third Choice	*Weighted Score
Support				
Consistency and timeliness of staff/ caseworkers (communication, home visits, etc.)	585 (35.9%)	254 (15.6%)	189 (11.6%)	2452.0
Support in a time of crisis	224 (13.8%)	294 (18.0%)	163 (10.0%)	1423.0
Feeling informed of child's background	193 (11.8%)	244 (15.0%)	176 (10.8%)	1243.0
Feeling involved in case & permanency planning	179 (11.0%)	215 (13.2%)	199 (12.2%)	1166.0
Shows concern for my wellbeing	87 (5.3%)	102 (6.3%)	140 (8.6%)	605.0
Specialized and issue specific training/ education	54 (3.3%)	92 (5.6%)	108 (6.6%)	454.0
Respect and consideration of placement preferences (ex. children placed outside of original age, race, gender criteria)	67 (4.1%)	67 (4.1%)	87 (5.3%)	422.0
Coordinating respite care	39 (2.4%)	85 (5.2%)	96 (5.9%)	383.0
Mentoring provided by experiences foster caregivers	55 (3.4%)	60 (3.7%)	68 (4.2%)	353.0
Networking opportunities with other foster caregivers	42 (2.6%)	52 (3.2%)	91 (5.6%)	321.0
Other – please specify	48 (2.9%)	32 (2.0%)	75 (4.6%)	283.0
Support with understanding of agency policy and documentation	24 (1.5%)	49 (3.0%)	83 (5.1%)	253.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 10. Cont.

	First Choice	Second Choice	Third Choice	*Weighted Score
Incentives, supportive funding, tokens of appreciation	22 (1.4%)	44 (2.7%)	96 (5.9%)	250.0
Method for contact outside of business hours	10 (0.6%)	39 (2.4%)	58 (3.6%)	166.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 11. Responses to the most important supports to ensure success among former foster caregivers.

	First Choice	Second Choice	Third Choice	*Weighted Score
Support				
Consistency and timeliness of staff/caseworkers (communication, home visits, etc.)	217 (31.9%)	101 (14.8%)	85 (12.5%)	938.0
Feeling informed of child's background	97 (14.2%)	106 (15.6%)	83 (12.5%)	586.0
Support in a time of crisis	107 (15.7%)	103 (15.1%)	57 (8.4%)	584.0
Feeling involved in case & permanency planning	65 (9.5%)	93 (13.7%)	84 (12.3%)	465.0
Shows concern for my wellbeing	28 (4.1%)	56 (8.2%)	49 (7.2%)	245.0
Specialized and issue specific training/education	34 (5.0%)	32 (4.7%)	49 (7.2%)	215.0
Respect and consideration of placement preferences (ex. children placed outside of original age, race, gender criteria)	26 (3.8%)	33 (4.8%)	40 (5.9%)	184.0
Coordinating respite care	21 (3.1%)	35 (5.1%)	36 (5.3%)	169.0
Networking opportunities with other foster caregivers	17 (2.5%)	39 (5.7%)	29 (4.3%)	158.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 11. Cont.

	First Choice	Second Choice	Third Choice	*Weighted Score
Mentoring provided by experiences foster caregivers	22 (3.2%)	27 (4.0%)	36 (5.3%)	156.0
Other – please specify below	21 (3.1%)	19 (2.9%)	28 (4.1%)	129.0
Support with understanding of agency policy and documentation	11 (1.6%)	12 (1.8%)	46 (6.8%)	103.0
Method for contact outside of business hours	7 (1.0%)	19 (2.8%)	26 (3.8%)	85.0
Incentives, supportive funding, tokens of appreciation	8 (1.2%)	6 (0.9%)	33 (4.8%)	69.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 13. Greatest challenges experienced by current foster caregivers.

	First Choice	Second Choice	Third Choice	*Weighted Score
Greatest Challenge				
Behavior issues (violent/aggressive, sexually acting out, self-harm)	310 (19.0%)	272 (16.7%)	150 (9.2%)	1624.0
Child's mental health/trauma	258 (15.8%)	256 (15.7%)	146 (9.0%)	1432.0
Working with the care team (county, court, agency, community providers, etc.)	239 (14.7%)	190 (11.7%)	196 (12.0%)	1293.0
Child leaving the home (reunification, adoption, movie placements, etc.)	141 (8.7%)	145 (8.9%)	173 (10.6%)	886.0
Lack of resources and support to face barriers/challenges	105 (6.4%)	161 (9.9%)	191 (11.7%)	828.0
Other – please specify below	113 (8.2%)	106 (6.5%)	206 (12.6%)	817.0
Relationship with child's biological family	98 (6.0%)	163 (10.0%)	159 (9.8%)	779.0
Financial challenges – costs associated with having a child	110 (6.8%)	74 (4.5%)	105 (6.4%)	583.0
Training times offered	94 (5.8%)	84 (5.2%)	85 (5.2%)	535.0
Lengths of certification time	67 (4.1%)	67 (4.1%)	67 (4.1%)	402.0
Training locations	46 (2.8%)	37 (2.3%)	57 (3.5%)	269.0
Child's relationship with members in the home	21 (1.3%)	59 (3.6%)	80 (4.9%)	261.0
Cultural differences/language barriers	7 (0.4%)	15 (0.9%)	14 (0.9%)	65.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 14. Greatest challenges experienced by former foster caregivers

	First Choice	Second Choice	Third Choice	*Weighted Score
Greatest Challenge				
Behavior issues (violent/aggressive, sexually acting out, self-harm)	112 (16.4%)	127 (18.6%)	60 (8.8%)	650.0
Child's mental health/trauma	132 (19.4%)	96 (14.1%)	62 (9.1%)	650.0
Working with the care team (county, court, agency, community providers, etc.)	114 (16.7%)	65 (9.5%)	75 (11.0%)	547.0
Other – please specify below	56 (8.2%)	53 (7.8%)	85 (12.5%)	359.0
Lack of resources and support to face barriers/challenges	27 (4.0%)	68 (10.0%)	91 (13.4%)	308.0
Relationship with child's biological family	48 (7.0%)	51 (7.5%)	61 (9.0%)	307.0
Child leaving the home (reunification, adoption, moving placements, etc.)	45 (6.6%)	55 (8.1%)	52 (7.6%)	297.0
Length of certification time	38 (5.6%)	41 (6.0%)	59 (8.7%)	255.0
Training times offered	33 (4.8%)	40 (5.9%)	44 (6.5%)	223.0
Financial challenges – costs associated with having a child	28 (4.1%)	28 (4.1%)	24 (3.5%)	164.0
Training locations	28 (3.1%)	27 (4.0%)	26 (3.8%)	164.0
Child's relationship with members in the home	17 (2.5%)	27 (3.0%)	36 (5.3%)	141.0
Cultural differences/ language barriers	3 (0.4%)	3 (0.4%)	6 (0.9%)	21.0
* Note: Weighted total = 1st choice *3 + 2nd choice *2 + 3rd choice *1.				

Table 16. Responses to questions about the overall experience as a foster parent, by foster care status.

	Current (N=1629)	Former (N=681)	Total (N=2310)
Certification clearly communicated			
Both	5 (0.3%)	5 (0.7%)	10 (0.4%)
No	91 (5.6%)	44 (6.5%)	135 (5.8%)
Yes	1533 (94.1%)	632 (92.8%)	2165 (93.7%)
Family was well matched with child(ren)			
Both	40 (2.5%)	20 (2.9%)	60 (2.6%)
No	179 (11.0%)	113 (16.6%)	292 (12.6%)
Yes	1410 (86.6%)	548 (80.5%)	1958 (84.8%)
Offered training to meet needs			
Both	16 (1.0%)	15 (2.2%)	31 (1.3%)
No	258 (15.8%)	148 (21.7%)	406 (17.6%)
Yes	1355 (82.2%)	518 (76.1%)	1873 (81.1%)
Trainings offered at convenient times			
Both	21 (1.3%)	9 (1.3%)	30 (1.3%)
No	280 (17.2%)	144 (21.1%)	424 (18.4%)
Yes	1328 (81.5%)	528 (77.5%)	1856 (80.3%)
Clear understanding of time to placement			
Both	21 (1.3%)	7 (1.0%)	28 (1.2%)
No	419 (25.7%)	175 (25.7%)	594 (25.7%)
Yes	1189 (73.0%)	499 (73.3%)	1688 (73.1%)
Information provided realistic expectation			
Both	30 (1.8%)	11 (1.6%)	41 (1.8%)
No	486 (29.8%)	223 (32.7%)	709 (30.7%)
Yes	1113 (68.3%)	447 (65.5%)	1560 (67.5%)

Table 16. Cont.

	Current (N=1629)	Former (N=681)	Total (N=2310)
Offered support services			
Both	39 (2.4%)	34 (5.0%)	73 (3.2%)
No	457 (28.1%)	234 (23.4%)	691 (29.9%)
Yes	1133 (69.6%)	413 (60.6%)	1546 (66.9%)
Consistently informed about decisions			
Both	47 (2.9%)	16 (2.3%)	63 (2.7%)
No	737 (45.2%)	312 (45.8%)	1049 (45.4%)
Yes	845 (51.9%)	353 (51.8%)	1198 (51.9%)

Table 19. What support services do you feel you needed but were not offered, by foster care status.

	Current (N=1026)	Former (N=465)	Total (N=1491)
Answer			
Local support	262 (25.5%)	123 (26.5%)	385 (25.8%)
Therapy	172 (16.8%)	72 (15.5%)	244 (16.4%)
Training	126 (12.3%)	60 (12.9%)	186 (12.5%)
Respite care	91 (8.9%)	53 (11.4%)	144 (9.7%)
Daycare	103 (10.0%)	41 (9.0%)	145 (9.7%)
Financial assistance in the form of reimbursement	86 (8.4%)	39 (8.4%)	125 (8.4%)
Transportation	77 (7.5%)	32 (6.9%)	109 (7.3%)
Support group	45 (4.4%)	17 (3.7%)	62 (4.2%)
Mentorship	31 (3.0%)	10 (2.2%)	41 (2.7%)
Awareness of services	25 (2.4%)	10 (2.2%)	35 (2.3%)
Medications for behavioral health	8 (0.8%)	7 (1.5%)	15 (1.0%)
<i>Note: N's reflect number of responses not number of respondent.</i>			