



## FOSTER PARENTING IN KANSAS

The voices behind foster home closures and lessons to be learned

## Table of Contents

Table of Contents .....	1
Highlights and Key Findings .....	2
Introduction .....	5
Brief overview of the foster care system in Kansas .....	5
Current snapshot .....	5
KDCA survey introductory questions .....	7
Training .....	10
Communication.....	13
Communication before placement.....	13
Communication during placement .....	15
Respect.....	16
Lack of communication .....	16
Lack of professional courtesy.....	17
Support .....	18
Respite .....	19
Community resources .....	19
Childcare .....	20
Mental Health .....	21
Agency Support.....	21
Recommendations .....	23
General Recommendations .....	23
• Training .....	24
• Communication.....	24
• Respect.....	24
• Support.....	24
Appendix A: Preliminary Foster Parent Survey Report.....	25
Appendix B: References .....	40

## Highlights and Key Findings

### Highlights

Between July 2019 and June 2022, there were 2,534 licenses for family foster homes that closed. During this same time frame, approximately 2,000 new licenses were granted, leaving an approximate deficit of 500 foster homes. In September of 2022 the Joint Committee on Child Welfare System Oversight tasked the Kansas Division of the Child Advocate (KDCA) with reaching out to the closed homes in an effort to determine the causes for these closures.



KDCA drafted a survey to be completed online and sent it to all former foster parents with available e-mail addresses. Efforts were also made to reach those families without e-mail addresses. KDCA received a total of 609 responses to the online survey and provided a preliminary report to the Joint Committee on Child Welfare System Oversight during their November 2022 meeting. *(See Appendix A for copy of KDCA's Preliminary Progress Update.)*

### Key Preliminary Findings Shared in November 2022

- ❖ 63.87% of respondents closed after less than 3 years.
- ❖ 15.1% of respondents were licensed for more than 6 years.
- ❖ 48.8% of responses cited “lack of agency support” as a reason for closure.
- ❖ Respondents were asked what contributed to the closure of their license.
  - Nearly half of all responses included themes of unresolved conflict or a lack of agency support.
  - 35% cited an inability or unwillingness to continue fostering.
  - 34% reported closing due to the child in their home achieving permanency.
- ❖ Families licensed between 3 and 9 years had the most positive responses.
  - They were more likely to agree with statements about being treated with dignity or respect, and they were more likely to disagree with statements about retaliation.
- ❖ Families licensed 9+ years had more negative responses than any other group.
  - They were more likely to disagree with statements about being treated with dignity or respect, and they were more likely to agree with statements about retaliation.

Over half of the online respondents provided consent to a follow-up phone call, and KDCA worked to contact these individuals. These conversations added further voice and humanity to the initial data compilation. The report that follows provides KDCA's key findings from the initial online survey and follow-up phone calls.

## Key Findings

### ■ Training

A majority of the foster parents surveyed reported that they found their initial training adequate. However, many reported a need for additional training after becoming fully licensed and accepting their first placement. Former foster parents reported a need for trainings focused on supporting children with increased mental health needs and older youth with externalizing behaviors.

### ■ Communication

Respondents cited communication issues as a large part of their struggles in the provision of foster care. While respondents described some concerns regarding communication with case managers and other professionals, their primary communication issue centered around the information provided to them prior to placement. Multiple former foster parents expressed concern that placement staff withheld information about children in an effort to secure a placement. While this is possible and likely happened in a number of cases, KDCA found that it is also possible that case management staff was unaware of the needs of children recently referred to foster care.

### ■ Respect

Survey responses, follow-up interviews, and research all highlight a strong desire by foster parents to be respected as professional members of the case planning team. Former foster parents felt that their suggestions, concerns, or opinions were not taken seriously, and that case management staff viewed them as glorified babysitters. Respondents wanted to feel included in the decision-making process for the children in their home.

### ■ Support

A large percentage of the issues described by respondents could be tied to a lack of agency support or available community supports. The most commonly cited needs were for respite, childcare, and mental health services. Respondents also spoke about a lack of support from case management staff due in part to frequent turnover or high caseloads.

## Recommendations

In lieu of providing formal recommendations, KDCA concludes this report with suggestions for further research by DCF and the contracting agencies. These suggestions seek to serve as a starting point for all stakeholders into the investigation of possible program and policy additions, changes, or creations, building capacity and better supporting our foster families and the children they serve.



## About the Kansas Division of the Child Advocate

The Division of the Child Advocate (KDCA) is tasked with addressing concerns voiced about our Kansas child welfare system, completing an impartial, independent review of child welfare policies, procedures, and practices, including an independent investigation and evaluation of concerns voiced by children, families, and other concerned citizens.

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This report is intended to promote the best possible management of public resources, to highlight the complexity of our child welfare system, bring voice to our foster families, and to build on system improvements that promote child and family wellbeing. Copies may be obtained from [www.childadvocate.ks.gov/reports](http://www.childadvocate.ks.gov/reports).

We sincerely appreciate the courtesies and cooperation extended by the Department for Children and Families, Kansas Department for Health and Environment, and the Children's Alliance and networking partners. A special appreciation extended to the former foster families surveyed, their insight is greatly respected to guide future best practices that honor foster families and the children they care for and love.



## Introduction

Kansas averaged 6,931 children in out of home placement during fiscal years 2020, 2021, and 2022. Between 2020 and 2022 an average of 50.38%<sup>1</sup> of children were placed in traditional family foster homes. During that same period, Kansas sustained a net loss of approximately 500 licensed family foster homes. This net loss was highlighted as a concerning trend during the September 2022 Joint Committee on Child Welfare System Oversight hearing.

According to data recently released, the United States lost an average of 6.35% of their foster homes between 2021 and 2022,<sup>2</sup> however, Kansas lost more than double the national average during the same period. Foster parent retention has been correlated with placement stability for youth in foster care.<sup>3</sup> Like many states, Kansas has experienced difficulties in meeting goals for foster youth placement stability and is currently under a settlement agreement, with placement stability for youth in care being one of the key performance measures.<sup>4</sup>

## Brief overview of the foster care system in Kansas

In 1998 Kansas moved to a privatized foster care system. Currently only two states, Kansas and Florida, are 100% privatized for the provision of foster care.<sup>5</sup> Under Kansas' system, reports of abuse and neglect are investigated by the Department for Children and Families (DCF). If a child is placed into state's custody, DCF makes a referral to one of four Child Welfare Case Management Providers (CMP). The decision as to which CMP to refer to is based on the location of the child's removal. The state is divided into eight catchment areas, each with a single CMP serving the area. Grant contracts are designed to last four years with the option to renew for four additional twelve-month periods. DCF has released a new Request for Proposal (RFP), which contractors have the ability to bid on. RFP submissions are due the end of June 2023 with a new grant cycle to begin July 2024.<sup>6</sup>

While CMP's are tasked with serving the child and family as they work toward reunification or other permanency goals, Child Placing Agencies (CPA) are tasked with providing support to foster families. These agencies sponsor the foster home license and work to help the family obtain the foster license and maintain compliance with licensing regulations. There are currently 16 Child Placing Agencies in the state.

## Current snapshot

As of April 30, 2023, there are 2,367 licensed foster homes in Kansas. The percentage of homes currently licensed in each region or area mirrors the percentage of homes that closed in each region or area between 2019 and 2022. This information is provided in the tables that follow.

## FOSTER PARENTING IN KANSAS

Region	Percentage of Closures	Percentage of Licensed homes
Kansas City Region	26.77%	20.64%
Wichita Region	22.94%	32.81%
NW Region	12.24%	10.34%
SW Region	11.84%	11.83%
NE Region	10.94%	11.02%
SE Region	15.27%	13.35%

\*Closure data from KDCA's 2022 survey; Licensed home data provided by DCF Licensing.

Area	Percentage of Closures	Percentage of Licensed homes
Area 1	10.07%	9.96%
Area 2	14.02%	12.21%
Area 3	10.94%	11.02%
Area 4	15.28%	13.35%
Area 5	9.12%	5.85%
Area 6	17.65%	14.79%
Area 7	16.78%	25.99%
Area 8	6.16%	6.82%

\*Closure data from KDCA's 2022 survey; Licensed home data provided by DCF Licensing.

It is considered best practice to place children in foster homes as close to their home community as possible. Placement close to home can ease the struggles of transition, reduce trauma, and aid in the scheduling of parent-child visits. The 2022 Legislative Post Audit (LPA) <sup>7</sup> found that Kansas likely has sufficient capacity for youth in care; however, these homes are not always in the child's community. Their audit shows that 39 counties were at, above, or close to capacity for youth in care.

Area	Counties at Full/Over Capacity	Percent of Counties in Area	Percent of Counties at Full/Over Capacity
Area 1	13	28.26%	54.17%
Area 2	5	26.32%	20.83%
Area 4	1	6.25%	4.17%
Area 5	1	33.33%	4.17%
Area 8	4	44.44%	16.67%

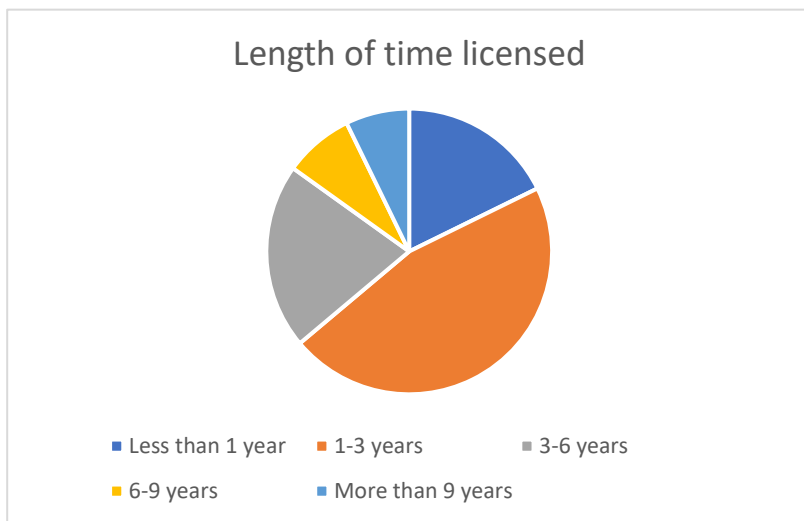
\*Information from the 2022 LPA audit. LPA compared the number of children in the county in foster care to the number of licensed foster placements in the county.

The LPA audit also showed that while the state appears to have sufficient capacity, there may not be enough foster homes to care for children with complex physical, emotional, and behavioral needs. Because foster home qualities are not consistently tracked across the state, it is impossible to determine

the number of foster homes able to take youth with complex needs. Meanwhile, youth with a disability represented 70% of the youth with 3+ moves in 12 months.<sup>8</sup>

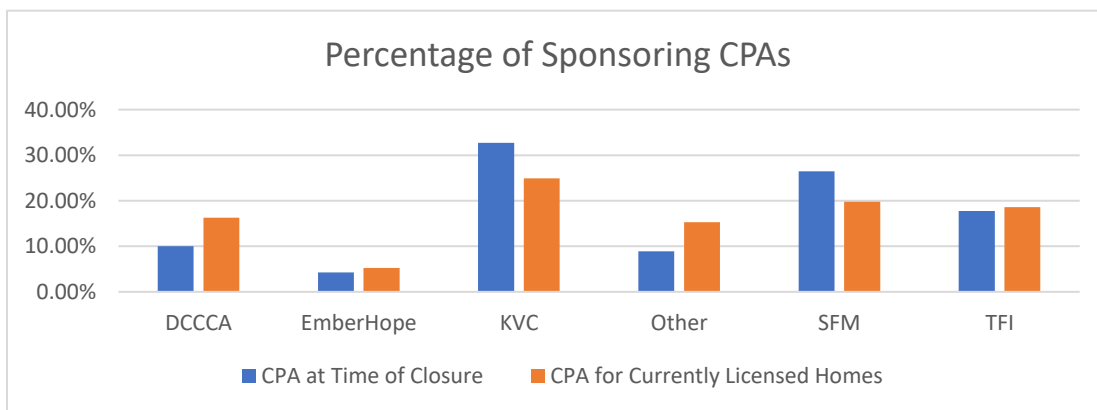
### KDCA survey introductory questions

Responses highlight concerns of retention, capacity, and stability



The survey conducted by KDCA in October 2022 began with asking former foster families basic questions about the number of years they had been licensed, when their license closed, and which CPA sponsored their foster home license at the time of closure. Nearly 85% of respondents had been licensed for six or fewer years, with those licensed between one and three years making up the largest group.

Nearly 80% of all currently licensed foster homes are sponsored by 4 of the 16 CPA providers. Likewise, the same four providers were listed as the sponsoring agency for most of the foster homes that closed during the review period.





The survey asked respondents about their license capacity and the children they accepted for placement. When a foster home is licensed, the family can select the ages and number of children they wish to be licensed. This decision is made based on factors specific to the family and licensing regulations. Of the homes surveyed by KDCA, over half reported holding a license that would allow them to accept placement of teenage children.

Meanwhile, youth aged 13-18 face the most challenges in placement stability in Kansas, composing 61% of the youth experiencing three or more moves in 12 months, making the loss of these homes more significant.<sup>8</sup>



Families also select how many children, up to four, they would like to be licensed. This decision is based on a variety of factors specific to the family but is also determined by regulatory factors such as room size, ages, and genders of children. Licensing regulations state that families cannot be licensed to have more than six children under age 16 in the home.<sup>9</sup> This number includes biological, adopted, and foster children. Therefore, a family with four biological/adopted children would not be licensed for more than two children regardless of the number or size of bedrooms in the home. (For more information see Kansas Laws and

“Since I finalized my daughter’s adoption, I had six permanent kids under age 16. Even though I had taken up to 9 on an exception, that was not permitted with the permanency happening. We were sad to close and wanted to keep fostering.”

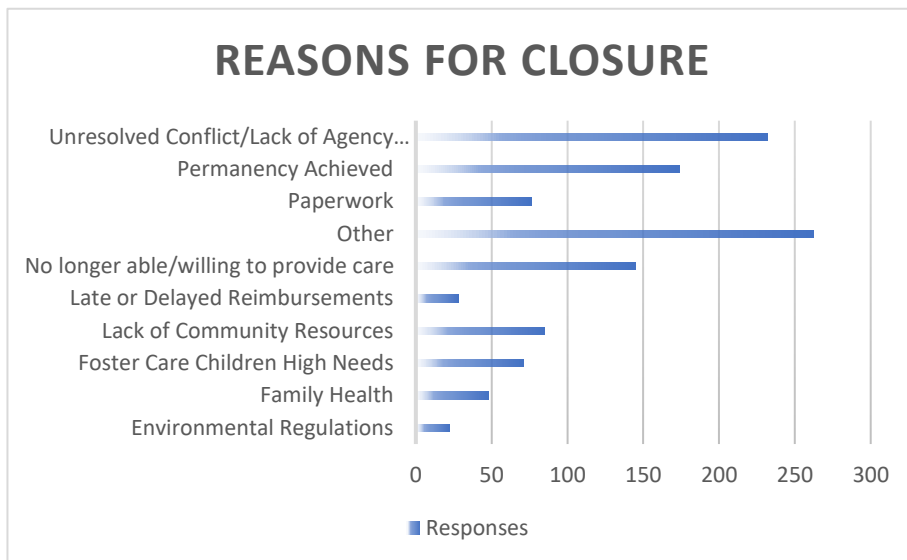
Regulations for Licensing Family Foster Homes for Children).<sup>9</sup> Several respondents indicated that they would have maintained their license after finalizing an adoption; however, this regulation prevented them from doing so.

“...the current policy (to our understanding) forbids larger families from practicing foster care, which is nonsensical.”

Respondents to the survey were equally divided across the options as to whether they were licensed for one, two, three, or four children.

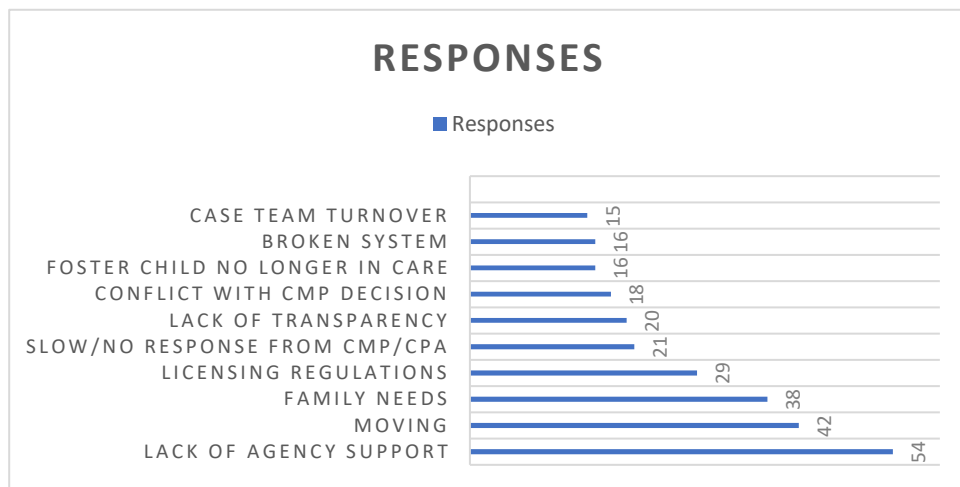
The remaining KDCA survey questions were intended to provide insight as to the respondents’ overall experience fostering and what factors contributed to their decision to close the license.

Respondents were asked to select any of the applicable reasons for the closure of their license. Thirty-eight percent (38%) of respondents identified a lack of agency support as a reason they are no longer providing foster care.



Forty-three percent (43%) of respondents selected “Other” as at least one of the reasons for the closure of their foster license.

These respondents were then invited to provide an open-ended response. The top ten most common themes are displayed here.



Former foster parents had the opportunity to provide additional open-ended responses during the survey. Responses to the survey and follow-up interviews revealed four primary themes: training, communication, respect, and support.

## Training

What is required, and is it enough?

To become a licensed foster home in Kansas, families are required to complete a pre-service training approved by the agency. Currently, the state contracts with Children's Alliance to provide this pre-service training. Children's Alliance utilizes the MAPP (Model Approach to Partnerships in Parenting) Licensing Curriculum for pre-service training. This curriculum includes pre-service trainings designed for relatives and traditional foster homes.<sup>10</sup>

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*In the class you'll learn more about how to partner with birth parents and the agency to provide trust-based care for a child who has experienced abuse or neglect.*

*From Children's Alliance website.*

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Each of the programs are designed to be a comprehensive preparation for fostering. The trainer, family, and licensing worker collaborate to help families decide if fostering is the right choice for them and how best to develop the skills needed for the role. The training seeks to ensure that potential foster and adoptive parents have the ability to meet goals ranging from knowing themselves and the children, to working in partnership, understanding trauma and loss, and assessing impact. Over the course of several meetings with a trainer and licensing worker, families are led through an array of activities to help them learn about themselves and the varied needs of children in foster care. There are numerous guided discussions regarding the impact of trauma on children and their behaviors, as well as the need for foster parents to work with removal caregiver to model positive parenting and support reunification.<sup>10</sup>

After families are licensed, they are required to complete eight hours of continuing education annually.

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*K.A.R. 28-4-806(b) In-service training. Each licensee shall obtain at least eight clock-hours of training in each licensing year, including at least two clock-hours obtained through participation in group training, including workshops, conferences, and academic coursework.<sup>9</sup>*

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The only specification regarding these trainings is that at least two hours must be in a group setting.<sup>9</sup> The remaining six hours can be completed through pre-recorded webinars, reading a book, or taking an online course. There are no requirements as to the topics covered during these trainings, beyond the need for them to be applicable to fostering or child development.

What respondents had to say:

“I believe that there should have been more and better training. The same topics were always the focus of the trainings. Never really in depth on any subject.”

“Very little training and support on how to deal with emotional issues! Just told they would have them but no real guidance on how to deal with them.”

“Behaviors in foster kids are very high. We need more in-depth training to be offered for after we have kids in the home and know what behaviors we are dealing with.”

“I could write a book. Among the most important is that more support, resources, and trauma training are very needed.”

“Maybe they should work more on training parents to handle children with high behavioral and not use the excuse they have trauma. Teach how to handle them.”

## Training Needs

In-service training leaves foster families wanting more

Survey responses indicate that most foster parents found their initial training adequate; however, many reported a need for additional training after becoming fully licensed and accepting their first placement. Several respondents stated that they would have benefited from individualized training-resources to help with the children placed in their home.

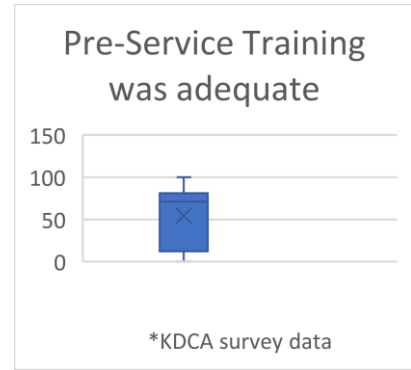
These results differ slightly from the 2022 LPA report which found that the majority of foster parents in their survey were satisfied with the training available.<sup>7</sup> This difference can likely be attributed to the differences in survey samples. The LPA report surveyed current foster families, while KDCA received responses from families that were no longer providing foster care.

A number of families that responded to KDCA felt that they would have benefited from advanced training on how to support children with severe emotional or behavioral needs. These results mirrored a 2018 study which also found that a majority of foster parents want training to deal with youth behaviors, trauma, and agency expectations of foster parents.<sup>11</sup>

Research has shown that foster parents who receive in-service training on specific topics are more likely to continue fostering than those who receive little to no in-service training.<sup>12</sup>

KDCA reviewed policies from other states. Regarding foster parent in-service training, several states require foster parents to work with their licensing worker to develop a training plan for each certification period.

For example, Missouri requires newly licensed foster parents to complete 24 hours of specific trainings during the first two years of licensure. These trainings cover a range of topics including caring for older youth, psychotropic medications, laws, policies, and procedures related to child welfare, and the importance of sibling placements. These 24 hours count toward the 30 hours of in-service training required for re-certification every other year. In addition to the required trainings for newly licensed foster homes, families create a Professional Family Development Plan upon licensure and prior to each renewal. This document is reviewed quarterly



with the licensing worker and helps the family to assess their present level of competencies and create educational goals for training during the next two-year period.<sup>13</sup>

Ohio requires that foster homes complete a minimum of 30 training hours during each two-year certification period. These trainings are required to be in accordance with the family's written needs assessment and continuing training plan.<sup>14</sup>

Children's Alliance of Kansas hosts the foster parent in-service training calendar for the state. Their June 2023 training calendar includes 43 different in-service trainings covering a wide variety of topics. Many of these trainings are scheduled to be held virtually, allowing foster parents to attend from anywhere across the state. In consideration of KDCA survey responses, although trainings are readily available and include diverse topics, it appears that foster parents would benefit from facilitated assistance to find, select, and enroll in trainings that meet the specific needs of their family and the children in their home.

## Communication

Issues are present at all stages and in a variety of ways

KDCA survey responses cited communication issues as a substantial factor in their struggles with the provision of foster care. These responses mirror results reported in the March 2022 Performance Audit completed by the Legislative Post Audit Committee.<sup>7</sup> Respondents to the KDCA survey provided various accounts of their communication struggles. These experiences were primarily differentiated by whether they occurred prior to placement or while the child was placed in the home.

### Communication before placement

Approximately 5% of KDCA survey responses included comments regarding a lack of transparency about the children's needs or behaviors prior to placement. These responses highlight a variety of concerns regarding children's behaviors and needs and the placement process. Some respondent statements indicate a need for additional training to help foster parents understand the types of behaviors that may develop after a child is placed in foster care.

Other responses highlight the lack of information that CMPs receive about children at the time of referral to foster care. When a child is placed into the custody of the Secretary of DCF, Prevention

and Protection Services (PPS) staff complete the PPS 5110A and submit it to the area CMP.<sup>15</sup> This document contains demographic information about the child and family along with their reason for removal from home. The instructions provided for the document give limited direction regarding any additional information that should be provided to the CMP. DCF staff are instructed to provide a brief description about why the child is being referred for placement, including safety or risk concerns, the status of the investigation, and any concerns which are still being investigated. Section six of the document requires the DCF staff to indicate the special needs of the child by checking any of 14 different boxes and providing an explanation. It is unclear how often this section is completed accurately and thoroughly by DCF or reviewed by CMP placement staff.

Research completed by the University of Kansas<sup>16</sup> shows that matching foster youth needs with foster home preferences and qualities can reduce time to permanency, while Casey Family Programs lists matching youth needs to foster home qualities as a key strategy to improve placement stability.<sup>17</sup>

In a 2017 audit the LPA found that case management providers were not sharing detailed information about foster homes with each other in order to improve placement matching for youth in care. In

“We felt that the placing agency were less than honest about the level of child's needs. This was done to get them a placement asap, however it would lead to a child having a history that was more than we were able to care for.

An example was our last child that we were told had no severe acting out or mental health issues. After a few weeks she started telling us about her experiences in JDC (Juvenile Detention) for everything from aggravated battery to assault on a LEO. Also later discovered she had been placed in inpatient mental health treatment multiple times.

This is getting a child a bed quickly; however, it is setting up both the parents and juvenile for failure.”

response to this finding, DCF introduced the CareMatch database in October 2019. The database contains information on all foster homes in the state and is intended to match children and placements based on location, child characteristics, and placement preferences. In their 2022 audit, the LPA found that case management staff do not utilize the CareMatch system consistently, preferring to use their own systems, knowledge, and discretion to select placement options for children.<sup>7</sup> Because of this, the LPA concluded that case management staff may unknowingly be ignoring placements that are a better fit for children, increasing the likelihood of placement moves. KDCA notes that the use of multiple systems and databases, in conjunction with possibly ignoring best placement matches in favor of internal options, likely plays a key role in poor, lacking, or miscommunication regarding a child's needs.

"The lack of communication on behaviors and the lack of availability for questions was difficult. Our case manager was so busy we felt bad for bothering with additional questions. We also felt like we couldn't ask questions when there was a placement option."

"We had a child with younger siblings that she was very bonded to, and we offered to discuss taking placement of them. The worker responded, "absolutely not, she's not safe around younger children." We had younger biological children at the time this child was placed."

Several KDCA survey respondents shared concerns of negligence by the CMP or placing agency with regard to providing information about a child before placement. These former foster parents stated that they believed the case team or placing agency intentionally withheld information regarding a child's behaviors or needs in an effort to secure a placement for the child. If this is occurring intentionally, then not only are such actions potentially leaving the CMP liable for ethical or licensing

violations, but more so it creates probable trauma and safety risks for the child, as well as the foster family.

The American Academy of Child and Adolescent Psychiatry (AACAP) and the Child Welfare League of America (CWLA) recommend that children receive mental health and substance use screenings within 24 hours of their placement in state's custody. These screenings should be followed by a comprehensive mental health and substance use assessment within 60 days of out of home placement.<sup>18</sup> DCF policy is currently in line with a portion of the AACAP/CWLA policy statement.

Policy 5030 requires children to be assessed within 20 days of referral; however, there is no policy to require screenings within 24 hours.<sup>15</sup> These initial screenings could provide the placing staff and potential foster parents with vital information to help determine whether a potential placement is a good fit for the child.

"Child was not given counseling, psychiatric evaluation, or a health check before coming into my care. After in my care, these things were nearly impossible to be given clearance on. It took WAY TOO LONG and was WAY TOO DIFFICULT."

### Communication during placement

Communication break downs continued after children were placed with a number of KDCA survey respondents reporting that they often struggled to receive return calls or updated information from CMP staff. Former foster parents also reported missed monthly visits and struggles to get necessary services for the children in the home.

Surveys and interviews also indicated former foster parents had concerns about the communication between other professionals involved in the child's case. These experiences included foster parents being asked to share the same information with multiple people, or foster parents being used as the messenger to transmit information from one professional to the removal family or another professional or as the resident historian.

“The most difficult part was getting ahold of case managers; they are overworked and overwhelmed.”

Respondents acknowledged large caseloads and frequent turnover of staff as possible reasons for these communication challenges. This is an issue that KDCA has noted in case specific investigations and continues to follow.

KDCA survey results further mirror the LPA audit completed in 2022. The audit surveyed current foster parents where nearly 30% of the respondents reported that case management staff missed at least one monthly worker-child visit.<sup>7</sup> Case management officials, staff, and stakeholders reported that high caseloads, worker turnover, emergencies, miscommunication, and scheduling conflicts were the cause for these missed visits.

“[CPA] was overall great and supportive. There was one incident in particular that was frustrating .... [and] made our decision to close easy. A child was placed with us [and CMP] only made contact with us one time during the time the child was placed with us, and that was to draw up a Christmas list for the child. Nothing else. No communication otherwise. I attempted to contact them on the only number I had (the emergency contact number) multiple times, with no answer. I had an email address that would only be answered if our case worker sent an email to them and only occasionally.”



## Respect

Foster parents want to be treated as professionals and part of the team.

Another overarching theme among KDCA survey respondents was the lack of respect former foster parents felt from professionals. Many respondents believed that their opinions or recommendations regarding the children placed in their home were often ignored despite the foster parent spending a considerable amount of time with the children. These former foster families did not feel valued as a member of the professional case planning teams.

“Foster families need to be considered as part of the team and their opinions valued as they are the ones spending the majority of time with the youth. Foster families' schedules need to be valued, they can't just drop everything for workers, they also have to take care of their own families.”

Interviews with former foster parents shed additional light on this issue and provided two probable bases for their impressions of disrespect.

## Lack of communication

There are times when the various members of a child's case planning team may disagree about which course of action is in the child's best interest. It may be that the therapist and case team disagree or that the foster parent disagrees with the Guardian ad Litem. In these instances, it is imperative that the CMP staff utilize their education and training alongside the input of experts to determine what is in the child's best interest. Based on various interviews, there were instances where the CMP chose a course different from the one recommended by the foster parent, yet there was little to no discussion between the CMP and foster parent providing the decision-making process and the reasons for the particular course. Without this discussion, the foster parent was left feeling that their input had been ignored, and that they are not seen as a professional member of the team. Such conversations may be difficult, especially for unseasoned case management professionals.

“The case worker from our first placement would not communicate what was happening and treated us like babysitters who were not invested in the child. We were willing to do whatever the plan was but were never told the plan even during a case plan meeting.”

Support from more experienced staff and supervisors is vital to provide newer case managers with the confidence and skill necessary to have challenging discussions in a professional manner.

### Lack of professional courtesy

Several respondents provided examples of a lack of respect for their schedules, routines, and other family needs. These responses ranged from missed visits by CMP staff without notice to last minute requests or demands to multiple unreturned phone calls and e-mails regarding service needs for a child in the home. These former foster parents reported feeling as though they were treated like babysitters, only responsible for feeding, clothing, and sheltering the children placed in their home.

“Case workers, DCF and sometimes judges have no regard for our thoughts and experiences on the case. We are JUST babysitting in their eyes. But foster parents are the ones that wake up in the middle of the night when kids are sick, having a nightmare and telling us about their trauma. We get them up, feed them, get them to school, help with homework, feed them dinner, and make sure they feel loved and safe each night. We take them to every appointment under the sun to help their physical, mental, and emotional needs. We make sure they take their meds and vitamins. We deal with days of emotions after a visit. Yet we are usually not allowed to speak in court, or we have to remain neutral on court forms even though we want to say how proud we are of the parents’ achievements or how disappointed we are that we have to watch a child cry for days [because] parents didn’t show up.

How disrespected we feel when case workers tell us we don’t have to show up for court and then won’t tell us [about] an update on the case [because] it’s not our place to know so we go to every single court case [because] that’s the only way we will know things that will affect the child in our homes.”

Research has frequently shown the need for foster parents to feel valued, respected, and part of the team. Geiger et al found that foster parents felt supported when professionals listened to them, advocated for the children and the foster family, and actively included foster parents in case planning decisions.<sup>19</sup> Another study found that the most important factor for foster parent retention was the relationship the foster parents had to the child welfare system.<sup>12</sup>

Kansas has taken a vital step forward to acknowledge and value foster parents and kinship caregivers as professionals in the 2023 passage of House Bill 2024 and the Representative Gail Finney Memorial Foster Care Bill of Rights to, “...be treated by the Kansas Department for Children and Families and other child welfare system stakeholders with dignity, respect, and trust as a primary provider of care and support and a member of the professional team caring for a child in the custody of the secretary.”<sup>20</sup>

## Support

It takes a village.

The old adage, “it takes a village to raise a child” is only further emphasized as former foster parents share about the needs of the children in their home and their family. Being a foster parent is of great

responsibility that comes without ease. Youth enter foster care with histories of trauma and can display challenging behaviors and/or mental health needs.

There have been several studies showing that youth in foster care utilize healthcare at a higher rate than the general population, are on more psychotropic medications than peers not in foster care and exposed to more traumatic experiences earlier in life.<sup>21 22 23</sup> This

research lends credence that foster parents may

encounter parental challenges that other caregivers may not share. In the report from the Kansas Legislative Post Audit, some foster parents reported difficulties in accessing services to meet the needs, including behavioral and emotional needs, for the children in their home.<sup>7</sup>

“I was not adequately prepared for how difficult, life changing, and isolating it is to have a difficult placement. They tell you it’s hard, but they do not tell you how lonely you will feel. [They should have a] whole class dedicated to what to do when you feel this way or resources available.”

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*Case management staff, DCF officials, and foster parents reported insurance creating obstacles for getting a child services. Children in foster care are given Medicaid cards. Physical, mental, and behavioral services for the child must occur at a provider that accepts Medicaid. However, case management staff respondents reported obstacles with providers accepting Medicaid for services for children in foster care. DCF officials told us this was especially a problem in rural parts of the state, where the Medicaid payments and time of reimbursements means private providers can’t afford to take Medicaid.<sup>7</sup>*

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Over a third of the responses KDCA received from former foster parents, indicated that either a lack of agency support or a lack of community resources, contributed to the closure of their foster license. For clarity and specification, KDCA separated concerns regarding support into three categories: respite, community support, and agency support. It should be noted that substantial overlap exists between these three categories.

## Respite

In Kansas, respite care is “the temporary care of a child in foster care in a family foster home other than the family foster home in which the child is placed. This term shall not include any activity that is solely for the purpose of socialization of a child in foster care.”<sup>24</sup>

“We had a very tough preteen long term placement; it was our first (and only) long term placement. We repeatedly asked for 1 weekend/month respite. We were told to “check on Facebook” for another family to provide respite for us. We got ZERO support finding respite.”

Survey respondents reported receiving very little support from CMPs and CPAs when arranging formal respite, and some were told to seek resources through foster parent groups on Facebook. Responses indicated that some parts of the state have well connected groups of foster parents that can provide respite for each other. However, in many areas, especially rural and frontier communities, families struggle to find this same support.

Various studies have shown a positive correlation between the feelings of a foster parent, their level of stress and their use of respite. Respite has also been found to improve placement stability and fewer out-of-home placements for children.<sup>25</sup>

DCF has increased support in providing respite care to families by granting licensed foster homes and relative placements two paid respite days a month. Previously, when a child went to a respite home payment was only provided to the respite caregiver. Under the current placement standards, both the foster parent and the respite caregiver receive the child’s daily rate up to two days each month.<sup>24</sup> Foster parents can utilize respite care as much as they are able to locate and/or need a month; however, will only receive compensation for two. The financial obligations of caring for a child does not cease with the child being out of the home for a weekend; therefore, the support of two paid respite days a month increases the likelihood that foster parents will utilize respite when it can be found.

*Respite breaks are absolutely necessary to help parents stay energized, focused, and remain committed to parenting children with challenging needs. It is amazing how a small break away from daily tasks or a week off in the summer can help parents regenerate, forget about the trials of parenting, and be reminded of the love that brought them together in the first place.<sup>25</sup>*

## Community resources

Survey and interview responses highlighted a number of community resources that are needed to improve foster parenting in Kansas. Of these, childcare and mental health services were the most frequently mentioned.

## Childcare

Access to childcare is not an issue specific to foster parents or Kansas. A 2023 study by Council for a Strong America found that more than half of all US residents live in an area where there are more than 3 children under age 5 for every licensed childcare spot.<sup>26</sup> In Kansas the situation is just as challenging. Child Care Aware of Eastern Kansas estimates that there are just over 150,000 children in need of childcare while only approximately 74,000 spots are available.<sup>27</sup>

“Finding childcare is very difficult. Requiring DCF certified childcare is discriminatory against foster children and foster parents. Childcare providers are not incentivized to take foster children and often times foster children have more needs from the provider. The added requirements the provider has to take to be certified is not worth it, they tell me.”

Recognizing these concerns and their impact on a number of areas, the Kansas Early Childhood Transition Task Force was created in January of 2023.<sup>28</sup> The task force works toward the mission of creating a framework for a state agency that will consolidate initiatives and funding for

early childhood programming.<sup>29</sup>

Access to childcare is only part of foster families’ struggles to obtain childcare for the children in their home. Cost is another source of burden. The subsidy that foster families receive for the children placed in their home is not intended to cover the costs of childcare; therefore, DCF has long provided a system of reimbursement for childcare costs.

In 2018 DCF changed this reimbursement system. Payments are now made directly from DCF and placed on an Electronic Benefits (EBT) card. Families then use the EBT card to pay the childcare provider. While these changes increased the amount of childcare that is typically covered, they created other barriers for families. In order to accept the EBT card for payment, the childcare provider must complete an application process with DCF and meet additional regulatory requirements beyond traditionally licensed providers.

Many of the former foster parents KDCA surveyed stated that their providers found these additional requirements cost prohibitive, especially given the low reimbursement rates. A different survey of 90 current foster parents, completed by the Kansas Caregivers Support Network, found that only 30% of respondents were able to find a childcare provider that accepts the DCF reimbursement rate.<sup>30</sup> Other current foster parents stated that the process to get approved for the EBT card was lengthy, leaving them paying for childcare out of pocket while awaiting approval.

Finally, there were former foster parents who cited their inability to have both a home daycare license and a family foster home license as their reason for closing. These individuals expressed frustration at this policy and stated that childcare providers are often trained in issues that would make them better foster parents. A number of states allow individuals to hold both licenses with some additional requirements.<sup>31 32 33 34</sup>

“They should allow us to do daycare also. Stay at home mom and make income. It is hard to get daycare for foster kids especially babies. Shortage of daycares.”

Some states, including Missouri, Oklahoma, Colorado, and Michigan have policies that set out specific capacity limitations for families that hold both a foster and home daycare license. Missouri and Oklahoma also place restrictions on childcare subsidies that foster parents can receive for children placed in their home.<sup>30 35 32 33</sup>

### Mental Health

A common concern found throughout KDCA’s survey responses, were barriers and struggles families reported in meeting even basic mental health needs for children placed in their home. This included long wait lists for provider openings, obtaining the necessary paperwork and authorizations or even a lack of any services within their surrounding area.

“Kids are coming into care with higher needs. Mental health for the kids needs more funding to meet the needs.”

A report by Mental Health America looked at 15 measures regarding the prevalence of mental illness and access to care for adults and youth across all 50 states and the District of

Columbia. Kansas is ranked the lowest, 51/51, in overall care.<sup>36</sup> The indicators that had the largest effect on the Overall Ranking for Kansas were Youth with Substance Use Disorder in the Past Year (9.05%, ranked 51), Adults with Any Mental Illness (26.02%, ranked 48) and Adults with Serious Thoughts of Suicide (6.44%, ranked 48).<sup>36</sup> Workforce availability to provide mental health care, found nationally there is 1 mental health provider for every 350 people while Kansas has an average of 1 provider for every 470 people.<sup>36</sup> Kansas has 63 counties, 60% of the state, that are considered to have a shortage of health professionals.<sup>37 38</sup>

“The support was just not there when we had needs for behavioral support or expedited mental health support. Calls were not answered in a timely fashion, resulting in inadequate services to the children and frustration to us as foster parents.”

### Agency Support

Many of the concerns expressed by former foster parents included experiences of high turnover, unreturned phone calls, and requirements for foster parents to provide services they didn’t feel qualified. Families reported reaching out to case management staff about concerning behaviors and asking for support or advice on how to handle issues in the home.

“When a family and foster child needs support for a child with mental health concerns ... there needs to be immediate action taken. Not months of ignoring it or not returning calls.”

Respondents stated that calls were either unreturned or very little advice or solutions were offered. Several individuals expressed concern that staff did not have adequate training or

knowledge about children who have experienced trauma and how to support them through challenging behaviors.

Other foster parents were asked to provide transportation and supervision for parent-child visits. These foster parents did not always feel prepared to supervise the visits and did not fully understand what they were watching for or supposed to report to the case manager. One respondent stated they were told visits would not occur if the foster parent did not provide the supervision.

“I was asked several times to supervise the visits because they had something else to do. I did not feel trained to do this.”

“The best interests of the children weren’t considered until I advocated for them as far as visitation with bio [parents] went. We were 5 hours away as we were able to keep the siblings together, and the visits initially were 1 hour long. Drivers would cancel due to the long transport, and we took the children to [visits] on our own time to ensure they saw their parents.”

Multiple respondents stated that they originally began fostering because they wanted to support

“In PSMAPP class it is encouraged that bio and foster parents form a relationship to work what is best for the family. However, during the actual placement, it is DISCOURAGED.

Case workers etc. frown upon relationships or communication between bio parents and foster parents.

We, however, were in it to give parents a chance at learning how to be a parent. In many situations the bio parent had no one to teach and no one to model parenting for them.

We have beautiful stories of working together with parents, but it was HIGHLY discouraged by case workers.”

reunification. They were excited by the MAPP training that taught them how to be a parenting role-model and partner with the removal caregiver to work toward reunification. These individuals reported that this was not always supported by the case management staff. They indicated that staff did not encourage contact between the foster parent and removal caregiver, and in some cases, staff openly discouraged communication.

Finally, several respondents expressed the isolation they felt as foster parents. Many of the parenting challenges that they experience are unique to foster parenting and can be difficult to discuss with individuals who have never provided similar care. These individuals

spoke of a need for support groups and peer mentor programs. They reported that there are some limited groups that meet in-person or work virtually through social media; however, these options were not always accessible. Research has shown a strong correlation between peer support and foster parent retention.<sup>12 39</sup>

## Recommendations

Through the survey and follow-up phone interviews, KDCA amassed information about why Kansas families discontinued fostering between 2019 and 2022. The concerns expressed by former foster parents are wide ranging and have a plethora of possible causes and corrections. KDCA has looked to other state policies, research, and in-state assessments to aid in the creation of policy and practice changes to improve the issues outlined. We offer beginning suggestions below to assist the various stakeholders initiating the process toward change.

### General Recommendations

- KDCA recommends the state investigate the implementation of a survey program for current foster parents to elicit feedback before families close their license. There are a number of instruments that have been researched. These include the Treatment Foster Parent Satisfaction Survey (TFP-SS), the Family Support Scale (FSS), and the Turnover Intention Questionnaire (TIQ).  
40 41 42

The TFP-SS was developed to measure satisfaction among treatment foster parents. It can be utilized to assess foster parent attitudes about their role, efficacy, training quality, and staff support. The FSS was developed to measure the sources of social support available to families raising children. It is not specific to foster parents; however, it assesses aspects important to foster parent retention. The TIQ is a three-item questionnaire that can help rate a family's intention to continue fostering.<sup>41</sup>

- To aid with the state's capacity concerns, KDCA recommends the state review licensing restrictions on the number of children residing in a foster home and criteria for exceptions. DCF is encouraged to explore the policies in other states that allow for larger families to maintain a foster license.
- To further improve foster home and daycare capacity, KDCA recommends the state review the restrictions that prevent individuals from holding both a license for in-home daycare and foster care.
- Several respondents noted breakdowns in communication between themselves and removal caregivers. Icebreaker meetings were implemented statewide in 2019 in an effort to improve communication between families. KDCA recommends that the state review existing policies to further encourage the facilitation of Icebreaker meetings. These changes could include changes to when or how frequently meetings are offered, especially in situations where the initial invitation was declined.



- Training
  - KDCA recommends the state explore the implementation of a requirement for foster parents and CPA staff to develop a training plan for each certification period.
- Communication
  - KDCA recommends the state consider the use of brief screening tools to be completed within 24 hours of a child's placement in foster care.
- Respect
  - KDCA supports the passing and enactment of House Bill 2024, specifically provisions of the Representative Gail Finney Memorial Foster Care Bill of Rights. The former foster parents that KDCA surveyed closed their licenses before HB 2024 was passed; however, many of the same provisions in the bill had already been in DCF Policy.

KDCA recommends DCF and contract agencies provide extensive overview, training and ongoing support and supervision to ensure foster parents and kinship providers are “treated by the Kansas department for children and families and other child welfare system stakeholders with dignity, respect and trust as a primary provider of care and support and a member of the professional team caring for a child in the custody of the secretary.”<sup>20</sup>
- Support
  - KDCA recommends the state explore a respite specific license for families that do not wish to provide long term care. While this license could require the same home safety standards and background checks, it may allow for different pre-service training or capacity regulations compared to a traditional foster home license. DCF is encouraged to review other state policies that allow for this specific licensure.

Appendix A: Preliminary Foster Parent Survey Report

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# Former Foster Family Survey

Preliminary Progress Update -  
November 2022

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**Kansas Division of the Child  
Advocate**

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## Table of Contents

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<b>2</b>	<b>Introduction</b>
<b>3</b>	<b>Timeline</b>
<b>4</b>	<b>Key Preliminary Findings</b>
<b>5</b>	<b>Closures by Region and Area</b>
<b>6</b>	<b>Survey Questions &amp; Responses</b>
<b>14</b>	<b>Next Steps</b>
<b>14</b>	<b>Acknowledgments</b>

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## Introduction

During the September 2022 Joint Committee on Child Welfare System Oversight meeting, testimony was provided that Kansas had experienced a net loss of approximately 500 foster homes.

Like many states, Kansas has experienced difficulties in meeting goals for Foster Youth Placement Stability. Kansas is also currently under a settlement agreement, with placement stability for youth in care being one of the key performance measures.

The Division of the Child Advocate (KDCA) is tasked with addressing concerns voiced about our Kansas child welfare systems, completing an impartial, independent review of child welfare policies, procedures, and practices, including an independent investigation and evaluation of concerns voiced by children, families, and other concerned citizens.

Because of these concerns, the Kansas Joint Committee on Child Welfare System Oversight requested information on why homes are closing and how Kansas can better support foster families. KDCA assisted in this process by conducting a survey of all foster homes that closed between July 2019 and June 30, 2022 where the contact information was available.

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## Timeline

Below is a brief overview of the steps KDCA took.

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### September 23 - October 4

KDCA met with DCF and Children's Alliance to discuss survey needs. KDCA received a list of 2,534 foster licenses that were closed between June 2019 and June 2022.

KDCA drafted a survey to gather data around the questions raised and concerns voiced.

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### October 4 - October 17

KDCA e-mailed the survey link to 2,394 e-mail addresses. An additional 130 letters were mailed to homes that did not have a phone number or e-mail address provided.

A total of 609 responses were received.

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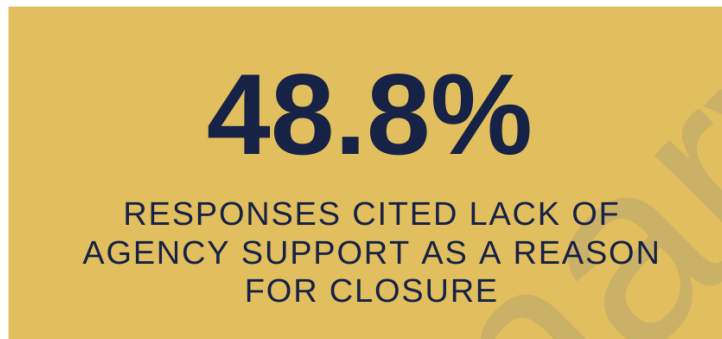
### October 18 and Beyond

305 respondents provided consent and agreed to participate in a follow-up phone call.

KDCA has begun initiating calls to gather additional feedback and qualitative input.

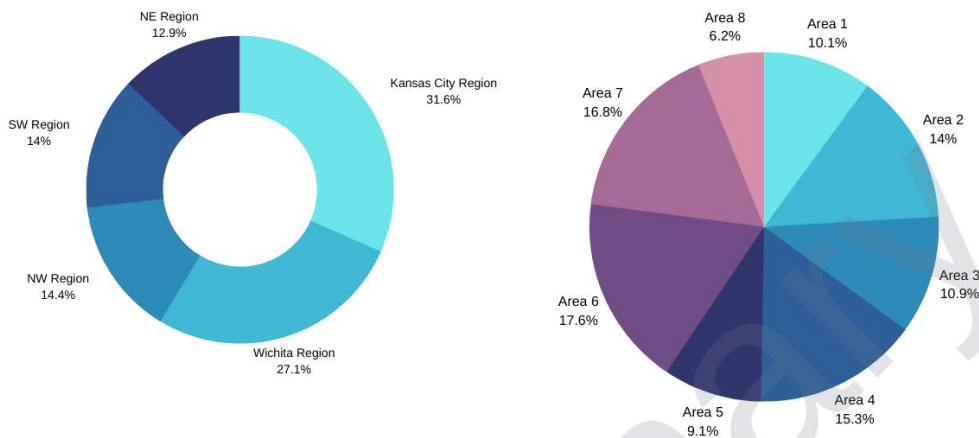
## Key Preliminary Findings

- 63.87% of respondents closed after less than 3 years.
- 15.1% of respondents were licensed for more than 6 years.

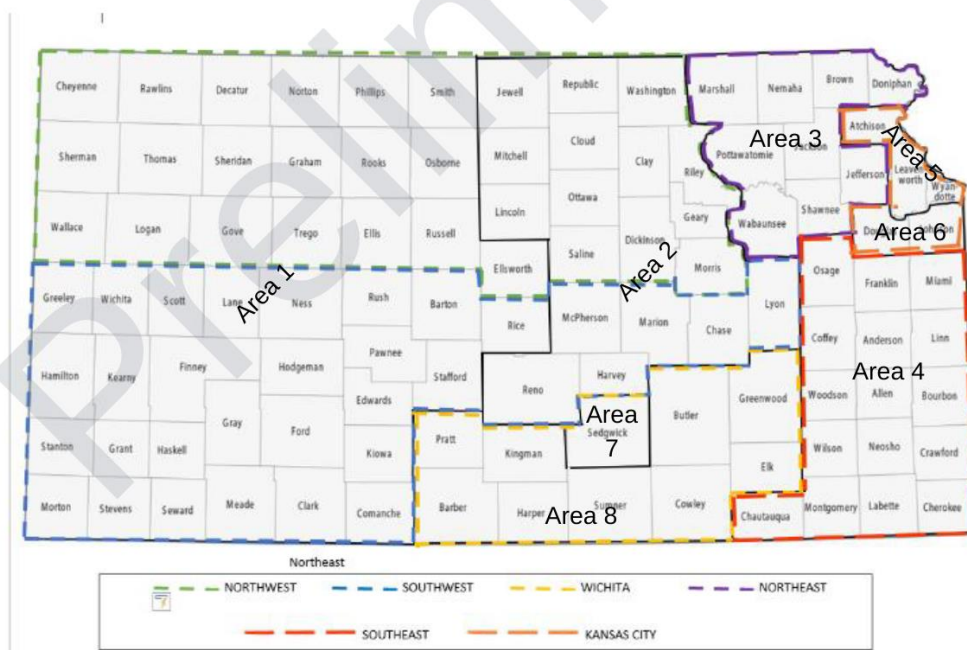


- **Respondents were asked what contributed to the closure of their license.**
  - Nearly half of all responses included themes of unresolved conflict or a lack of agency support.
  - 35% cited an inability or unwillingness to continue fostering.
  - 34% reported closing due to the child in their home achieving permanency.
- **Families licensed between 3 and 9 years had the most positive responses.**
  - They were more likely to agree with statements about being treated with dignity or respect, and they were more likely to disagree with statements about retaliation.
- **Families licensed 9+ years had more negative responses than any other group.**
  - They were more likely to disagree with statements about being treated with dignity or respect, and they were more likely to agree with statements about retaliation.

## Closures by Region & Area

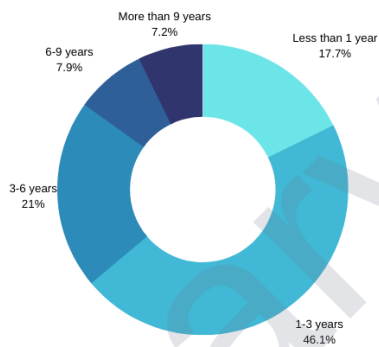


## DCF Regions and Areas



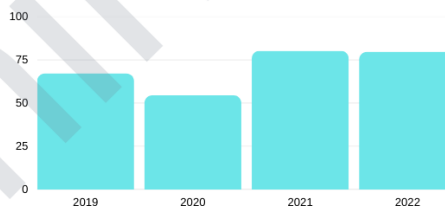
## Survey Questions & Responses

- **Q1: How long were you licensed as a Kansas Foster Family - 609 Responded.**



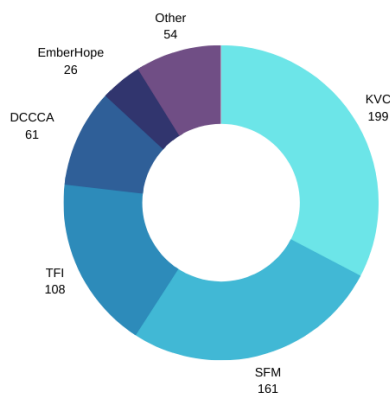
- **Q2: In what month and year did your Kansas foster license close? - 609 Responded.**

- Responses did not produce easily quantifiable data.
- The graph to the right shows the average closures per month based on data provided by DCF Licensing.



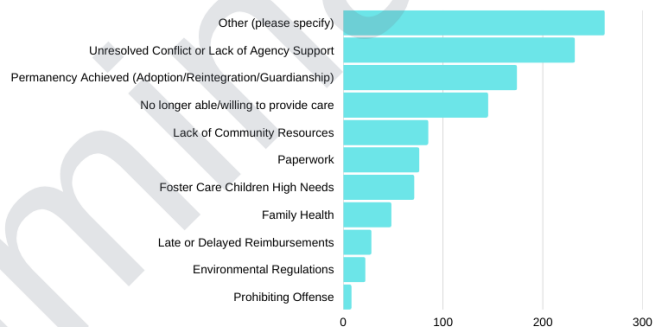
- **Q3: At the time of closure, which Child Placing Agency (CPA) sponsored your license? - 609 Responded.**

- Other Category:
  - Restoration Family Services (13)
  - Cornerstones of Care (9)
  - CALM (8)
  - Wichita Children's Home (8)
  - Holy Family (3)
  - KCSL (3)
  - O'Connell Children's Shelter (2)
  - Salvation Army (2)
  - Eckerd Connects (1)
  - High Plains Mental Health (1)
  - JJA (1)

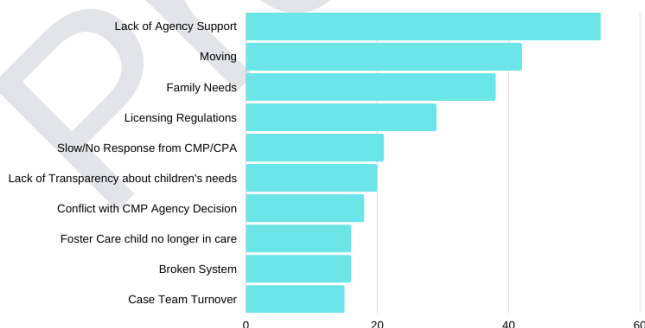




- **Q4: During the time that you were licensed, were you sponsored by any other Child Placing Agency(ies)? (Select any that apply). - 241 Responded.**
  - **Nearly 33% (199) of all respondents identified changing sponsoring agencies during the time they were licensed.**
    - The remaining responses to this question stated they were not licensed by any other CPA.
  - **KDCA staff will utilize follow-up calls to learn more about these changes in sponsorship.**
- **Q5: What contributed to the closure of your Kansas Foster Family license? (Select any that apply) - 609 Responded.**

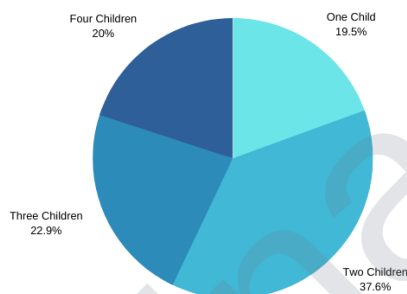


- **Q5: 262 respondents selected "Other" and provided an open-ended comment. The top 10 most common themes are identified below.**



**Q6: What was your license capacity? - 573 Responded.**

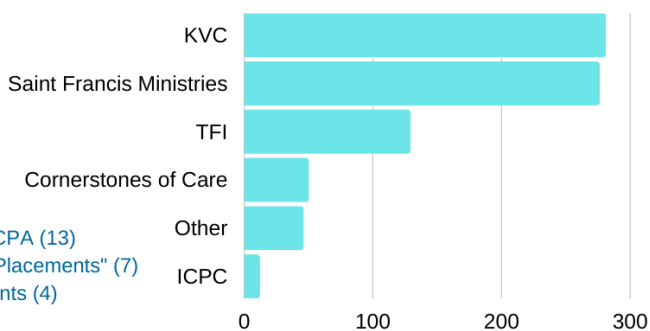
- o **Age Range Information**
  - 191 homes were licensed from birth to 18.
  - 61 homes were licensed for only children under age 5.
  - 294 homes had a license which included school-age children (ages 5 or older).
  - 182 homes had a license which included teenage children.
- o **License capacity:**



**Q7: How many children were placed in your home during the course of your licensure? - 573 Responded.**

- o Respondents were asked to differentiate between the following:
  - Long-Term Placements (Avg of 5 children/home)
  - Respite (Avg of 6 children/respondent)
  - One-Night Placements (Avg of 2 children/home)
  - Short-Term Placements (Avg of 2 children/home)
- o **KDCA staff will utilize follow-up calls to learn more about the factors that contributed to these numbers.**

**Q8: From which Case Management Providers (CMP) did you accept placements? (Select any that apply) - 573 Responded.**



- o **Other Category:**
  - o Individuals who listed their CPA (13)
  - o Individuals who stated "No Placements" (7)
  - o IDD/Mental Health Placements (4)
  - o PPC/JJA Placements (4)

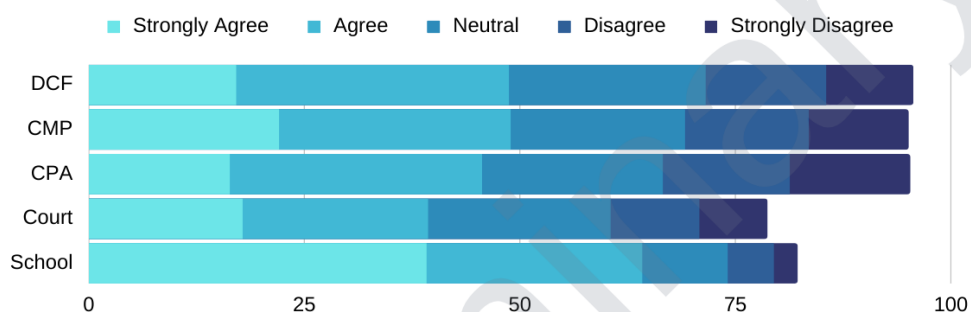
- **Q9: The initial training I received adequately prepared me to foster the child(ren) placed in my home. - 544 Responded.**
  - The average answer was 61.82 on a scale of 1-100.
  - 50% of responses were between 41 and 85.
  
- **Q10: I felt included and valued as a member of the team that provided care and planning for a foster child placed in my home. - 544 Responded.**
  - The average answer was 49.96 on a scale of 1-100.
  - 50% of responses were between 25 and 76.
  
- **Q11: As a former Kansas Foster Family, I felt that my race, culture, and identity were honored and respected by child welfare professionals. - 544 Responded.**
  - The average answer was 79.38 on a scale from 1-100.
  - 75% of responses were above 65.
  
- **Q12: Regarding your response to question 11, please feel free to provide details of your experiences as a Kansas Foster Family around race, culture, and identity. - 165 Responded.**
  - 46.67% of individuals who chose to answer, stated that they had no negative experiences around issues of race, culture, and identity.

**Questions 13, 14, and 15 asked respondents about their agreement with various statements regarding 5 systems within Child Welfare.**

- The Department for Children and Families (DCF)
- The Case Management Provider (CMP)
- The Child Placing Agency (CPA)
- The Court
- The School System

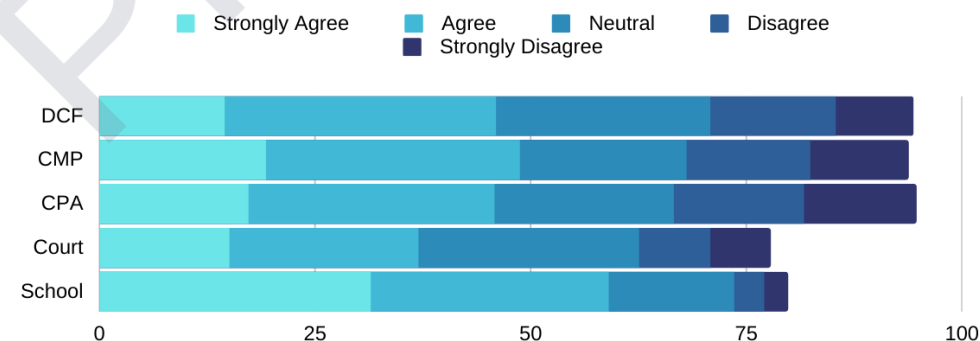
• **Q13: When I interacted with child welfare systems, I was treated with dignity, respect, and trust. – 544 Responded.**

- Across the 5 systems, an average of 47.06% of respondents agreed or strongly agreed.
  - Families licensed 6-9 years were most likely to agree or strongly agree across the 5 systems.
- Across the 5 systems, an average of 22.63% of respondents disagreed or strongly disagreed.
  - Families licensed 9+ years were most likely to disagree or strongly disagree across the 5 systems.



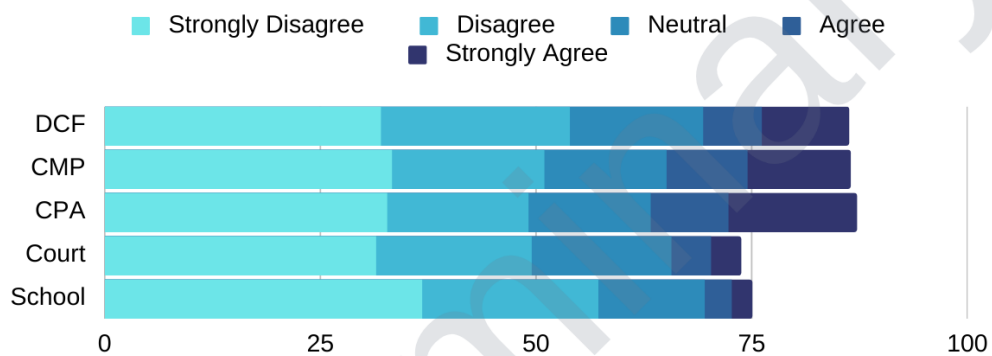
• **Q14: The child welfare systems showed respect for my family values and routines– 544 Responded.**

- Across the 5 systems, an average of 47.45% of respondents agreed or strongly agreed.
  - Families licensed 6-9 years were most likely to agree or strongly agree across the 5 systems.
- Across the 5 systems, an average of 20.61% of respondents disagreed or strongly disagreed.
  - Families licensed 9+ years were most likely to disagree or strongly disagree across the 5 systems.



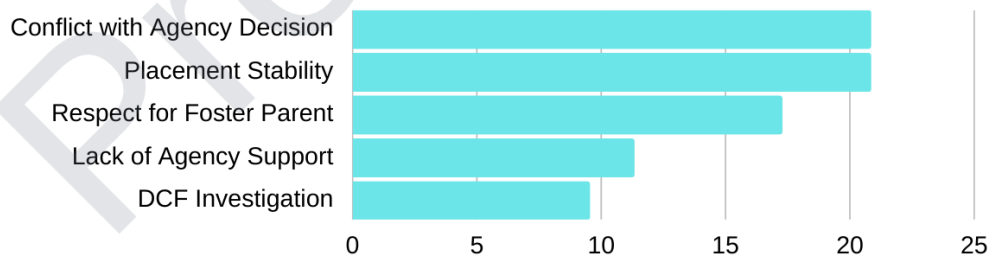
• **Q15: I have felt retaliated against by a child welfare system.– 544 Responded.**

- **Across the 5 systems, an average of 49.6% of respondents disagreed or strongly disagreed.**
  - Families licensed 3-6 years were most likely to disagree or strongly disagree across the 5 systems.
- **Across the 5 systems, an average of 18.72% of respondents agreed or strongly agreed.**
  - Families licensed 9+ years were most likely to agree or strongly agree across the 5 systems.

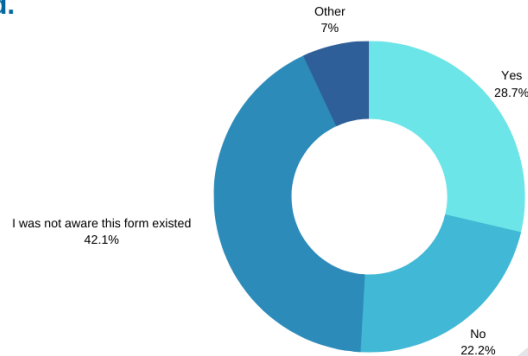


• **Q16: If you have felt retaliated against by a child welfare system, please feel free to provide specific details of your experience. - 168 Responded.**

- **The top 5 most common themes are identified below.**



- **Q17: Did you utilize the Foster Parent Court Report Form? - 544 Responded.**



**Questions 18, 19, and 20 provided respondents with the opportunity to offer additional open ended comments.**

- KDCA is continuing to work to categorize the responses received.
- Following each question are a few quotes from respondents.

- **Q18: Is there anything you feel KDCA should know about your experience as a former Kansas Foster Family that was not covered in this survey? - 383 Responded.**

*In PSMAPP class it is encouraged that bio/foster parent form a relationship to work what is best for the family. However during the actual placement it is DISCOURAGED. We however, were in it to give parents a chance at learning how to be a parent. In many situations the bio parent had no one to model parenting for them. We have beautiful stories of working together with parents, but it was HIGHLY discouraged by case workers.*

*It was incredibly challenging to receive any support from Case workers (not at fault to them due to their sheer case load and inability to serve so many families).*

- **Q19: As a Kansas Foster Parent, what do you identify as the strengths in the child welfare systems? - 339 Responded.**

*I think the plan to provide parents with strategies to prevent removal are good. The MAPP classes are well instructed and have useful information in them.*

*We encountered many individuals that truly had a heart for helping children. They also wanted to be a good support system for our family.*

*The basic structure for a good system is there, but the way many policies are implemented and decisions are made often lacks common sense and the ability to see the whole picture. There are individuals within the system who do have these qualities, but not enough of them, and they are not respected enough or listened to by those in charge.*

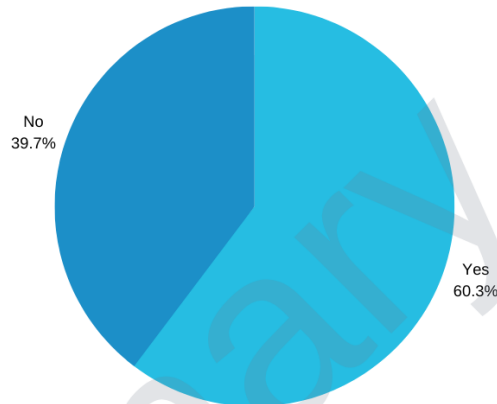
- **Q20: How can foster parenting be improved? - 403 Responded.**

*Employee retention for the workers and family. A list of resources that could help foster families ie - churches that offer a few hours of respite, sports scholarships, Foster parent group meetings WITH childcare. More help and assistance for foster families struggling.*

*Provide adequate support and reasonable case loads to case workers enabling them to better serve their families. Encourage transparency from the placing agency and ensure children placed within homes met the foster families criteria as set out in MAPPs. Help us help you.*

*We want respect, to be heard and to feel like we are part of the team. Not like a babysitter. Case workers see a child one hour a month (if that) and maybe during weekly visits...GALS rarely meet the child...and DCF never sees the child unless allegations come up, yet these people are making life long altering decisions for these kids without our input or the child's.*

- **Q21: Would you consent to a follow-up phone call from KDCA regarding your survey responses? - 506 Responded.**



## Next Steps

- **KDCA has begun initiating follow-up calls to respondents that provided consent and contact details.**
  - Once complete, KDCA intends to work with various stakeholders and draft a report with recommendations.

## Acknowledgements

KDCA would like to thank the following organizations or individuals for their contributions and support in this project.

- The Department for Children and Families
- Children's Alliance
- Cornerstones of Care
- DCCCA
- KVC
- Saint Francis Ministries
- TFI

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[www.childadvocate.ks.gov](http://www.childadvocate.ks.gov) | [ChildAdvocate@ks.gov](mailto:ChildAdvocate@ks.gov) | [@childadvocateKS](https://twitter.com/childadvocateKS)



## Appendix B: References

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