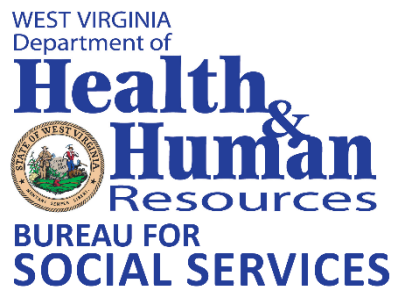




Foster Care Parent Caregivers in West Virginia

Supporting Children and Families in West Virginia 2023



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About this publication

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We would like to offer a special thank you to the parents who helped develop this survey and to those who responded.

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Introduction

In 2022, the West Virginia Department of Health and Human Resources (DHHR), Bureau for Social Services (BSS) partnered with staff and faculty from Marshall University to develop and conduct a survey with foster parents and caregivers in the state. The purpose of this survey was to examine experiences, supports, trainings, and services, as well as other strengths and needs of the parents and caregivers within the West Virginia (WV) child welfare system to discover opportunities to improve services to aid in the retention of foster parents and caregivers.

Many statewide agencies have been working diligently to recruit and train foster parents in WV to meet the growing need. However, little research has examined factors that may retain current foster, kinship including relative and fictive kin, and adoptive parents and caregivers. This report provides an opportunity for their voices to share areas of strength, opportunities to improve, and the effects of the child welfare system on their lives, the lives of their children, and their families. The foster parents and caregivers who replied to this survey are valued and an important part of the lives of the children in their care.

According to US Census estimates for 2021, there are around 351,606 youth ages 19 and younger in WV (Census, 2022). At the end of 2022, 6,153 youth in WV were involved in state foster care (DHHR, 2022) with additional children in kinship care or in the adoption process. Of the total youth in state foster care, 5,773 of these youth were a part of in-state foster care placement, and 380 were in out-of-state placement in December 2022 (WV DHHR, 2022). The West Virginia Supreme Court of Appeals reported 5,876 abuse and neglect cases and 2,355 new adoption cases filed in circuit civil court in 2021 (West Virginia Supreme Court of Appeals, 2022).

Additionally, Census estimates from 2021 also indicated that there were 16,757 grandparents raising grandchildren in their household without a parent present in WV (Census Bureau, 2021). This was an increase of 6,617 additional children being raised by grandparents without a parent since 2018. This large rise in the number of children in state care can be at least partly attributed to the increasing rates of individuals who have developed a substance use disorder.

Methods

The research team began this process by conducting a review of similar surveys from other states including reports from the Washington State Department of Children, Youth, & Families and the team's previous "Supporting Children and Families in West Virginia 2019-2020." After review of the various instruments from other states, the team chose to examine family needs and strengths around support, training, services and resources, and other areas, such as communication and interactions with groups within the child welfare system. The team worked with staff from the BSS in the development of the questions from the previous 2019-2020 report. After the questions were developed, the team piloted the survey with a small group of foster caregivers who provided feedback to finalize the questions. This study was approved by the Marshall University Social/Behavioral IRB under study number 1977332.

The anonymous survey was administered to participants online through the Qualtrics platform. Since there is limited data on the size of this population in WV, the team worked with staff from the BSS to gather a convenience sample of a wide array of parents and caregivers around the state. The BSS sent emails with links to the survey to parents in their system and worked with local private agencies to distribute to parents and caregivers. In addition, a snowball technique was used to send the survey through parents, caregivers, and various contacts around the state. There were 526 completed surveys on which this report is based.

Executive Summary

This 2023 survey was conducted with 526 foster care families, which includes relative and kinship caregivers. This process provided an opportunity for foster parents and caregivers to celebrate strengths and give voice to areas for improvement that could better support the children in their care. The survey findings are listed below, and further analysis of the data may highlight additional findings.

Key Findings

When respondents were asked to share any comments related to foster parents and caregivers in WV, their answers fell into the following four major themes: **more behavioral health services, better communication, increased financial support, and more training on or awareness of available resources.** Additional findings included a **need for more involved Guardians ad Litem (GALs)** and a **voice in the system for the children and caregivers.**

Support Needs

Parents and caregivers agreed that the child(ren) in their care have access to **paid child care** (60%) and **medical care (including dental)** (92%).

A little over half agreed that the child(ren) in their care have access to **behavioral and mental health care** (56%).

A little over half agreed that **reimbursement payments were made timely** (54%) and that they have access to **peer support** (53%).

Only 44% agreed that the **financial assistance they receive is adequate** to help provide for the child(ren) in their care. Only 31% find that the **support groups led by the child placing/foster care agency** are helpful, with 43% responding with neutral.

Training Needs

Participants agreed that they **received training that helps them meet the needs of the child(ren) in their home** (65%). Nearly 70% agreed that the training they received **explained the role of the people they would interact with in the foster care system**, as well as 80% agreed **the training prepared them to understand the foster care process.**

Participants stated **they were not aware of many of the resources** they were asked about in the survey and that people within the foster care system (such as case staff) had not informed them about these needed resources and would **appreciate more training on resources.**

Case and Communication Needs

Participants answered that 89% of child placing/foster care agency workers visited once a month. A little over half (51%) agreed that they were invited to Multidisciplinary Team meetings (MDTs).

Participants reported that 60% of **Guardians ad Litem (GALs) never visited.** They also reported that even for children of the appropriate age, **GAL interviews were not being conducted in the home** with children or the caregivers.

Participants stated that only 36% of DHHR child welfare/case workers visited the homes once a month.

When asked about **courts asking for the caregivers' input on cases**, 60% responded that they did not agree this occurred.

Service Needs

Some financial resources were highly accessed and utilized. Most had used the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (67%), mental/behavioral health services (63%), and clothing vouchers (73%) services.

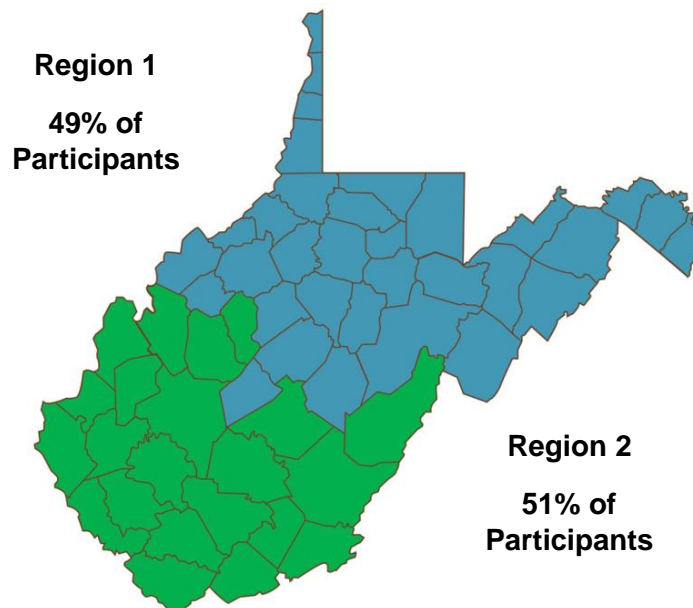
More financial resources are one area indicated as needed to support parents and children, particularly if they are fostering a teen. The top three selections for services needed to be more successful were **mental/behavioral health services** (43%), **clothing vouchers** (31%), and **Supplemental Nutrition Assistance Program (SNAP)** (31%).

Findings

Participants were asked several questions to better describe and understand the experiences of foster, kinship, and adoptive parents and caregivers in WV. The information is presented below in the graphs and tables. The percentages were rounded to whole numbers for data presentation.

Participant Demographics

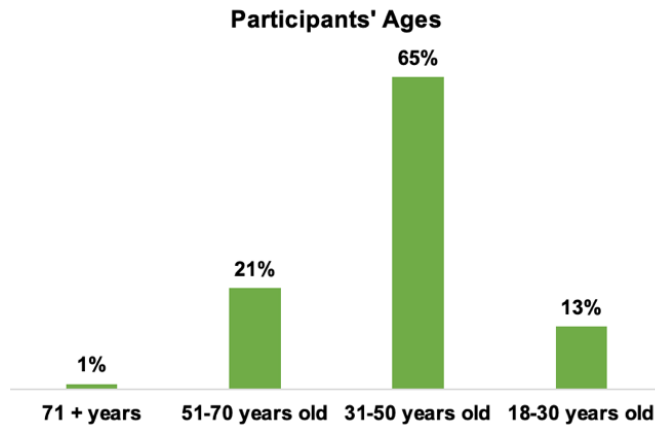
The BSS oversees and operates a number of programs that work to improve the well-being and safety of children, including fostering and adoption of WV children, and families. The BSS programs and services are divided into two regional areas, which are depicted in the map below, as well as participant demographics.



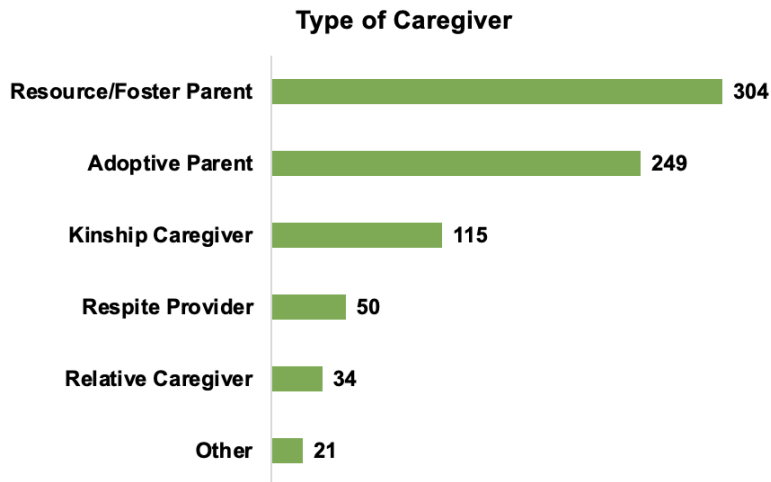
A little over half of the respondents reported living in Region 2 (51%) and 49% in Region 1. Less than 1% did not identify their county. There were 3 respondents who did not indicate a location (<1%).

The majority of respondents reported being White (91.03%). Individuals who preferred not to answer were 2.1%. Other race/ethnicities reported were: two or more races (3.05%), Black or African American (3.24%), Hispanic or Latino (0.38%), and Asian (.19%). Census data estimates for WV's population in 2022 were 93.1% White, 3.7% Black or African American, 2.0% two or more races, 1.9% Latino, .9% Asian, and .3% American Indian and Alaska Native.

Nearly two-thirds of respondents (65%) were between the ages of 31-50 years old; 21% were between 51-70 years old; 13% were between 18-30 years old; and just under 1% were 71 years or older.

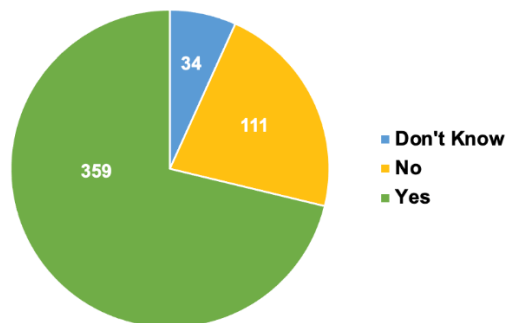


Participants were asked to provide information about their caregiver status. They were able to select more than one option if their status fell into multiple caregiver categories; 338 of the participants identified only one caregiver status, 140 identified two statuses, 40 identified three statuses, and 9 identified four statuses. Those who chose the other option typically included legal guardianship, individuals in the process of becoming foster or adoptive parents, and former foster parents.



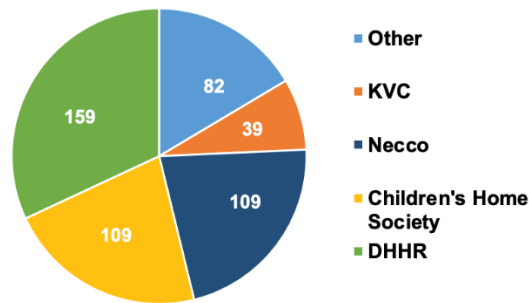
Over 70% of participants are currently certified or licensed to provide care to children, while 22% are not and an additional 7% indicated that they were unsure if they were, with many of those thinking their certification had expired or had not transferred from another state, and a few indicating that they had closed their homes. Some did express uncertainty regarding the process and requirements for certification.

I am currently licensed to provide care to a child or children in foster care.



Participants cared for foster children through a number of agencies within the state, most notably through the DHHR (32%), the Children’s Home Society (22%), and NECCO (22%), with other agencies rounding out the rest.

Represented Agencies

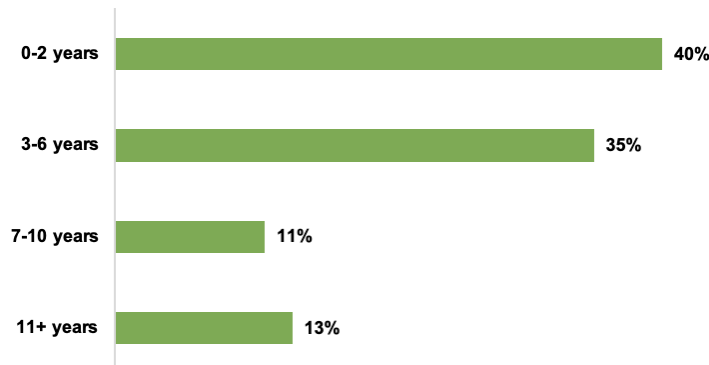


Caregiving Experiences

This section provides information on the level of experience of the parents and caregivers who responded to the survey.

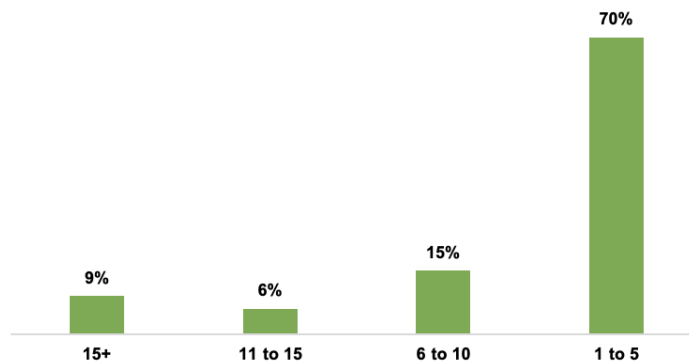
Most respondents were relatively new caregivers. Nearly 40% of the participants (207) had 2 or fewer years of caregiving experience, while approximately 35% (187) had between 3-6 years of caregiving experience. About 11% (60) had 7-10 years and 13% (70) had 11 or more years of caregiving experience.

Years of Caregiver Experience



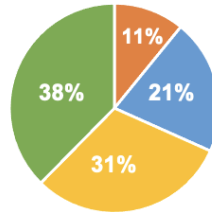
Approximately 70% of the caregivers (366) had provided care for between 1-5 children, 15% (82) had cared for between 6-10, 9% (46) had cared for more than 15, and 6% had cared for between 11-15 children.

Number of Foster Children Cared For by Participants



Participants indicated that they became foster parents to help children and families in need (38%), to adopt (31%), and by request of a family member (21%). The remaining 10% gave reasons that were more specific than these options or that involved a combination of these options.

What is the primary reason you chose to provide care for a child or children in foster care?



- Other
- I was asked to be kinship or relative placement
- To adopt
- To help families and children in need

In their own words, participants explained why they chose to provide foster care. Some of those statements are below.

"I chose to be a foster parent to help children and families in need."

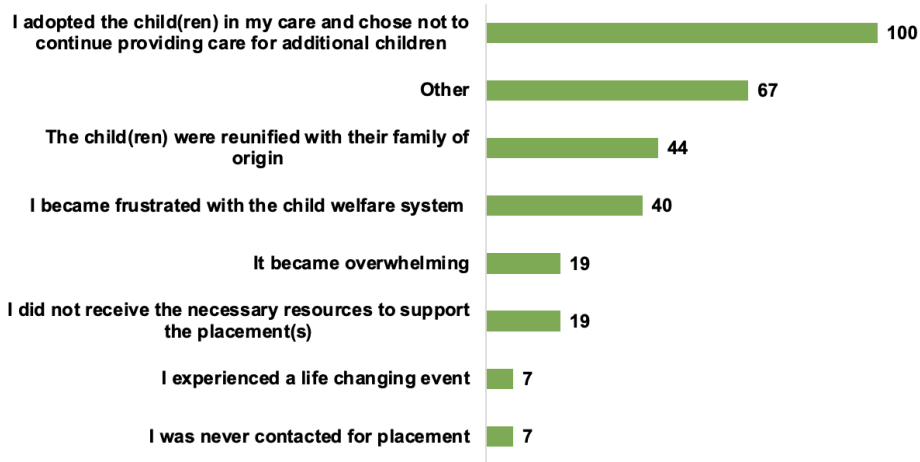
"I became a foster parent to support children during a difficult time. My primary goal is to care for children while their family receives the services they need to help them get to a better place to provide a loving and safe home."

"My husband and I were both foster kids. We want to change the system even if it is just a little at a time."

Some of the reasons for fostering are situational with grandchildren or children they know. One participant described fostering so that the child could graduate from her home high school. Others expressed hope in adopting or expanding their families. Others explained that children need loving and stable homes, so they would help to provide for that need.

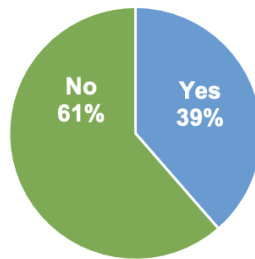
Approximately 43% of those who responded indicated that they had stopped providing foster care and they provided a range of reasons for this. The most common selected reason was because they had adopted the children in their care and had chosen to stop providing foster care services; other frequently selected reasons included reunification of their foster children with their families and frustration with the child welfare system. Some participants provided their own individual reasons, which fell into the above categories. However, some of these participants reported issues with training/certification, lack of social support and agency support, and life circumstances as other reasons that they have paused or ceased their foster care services.

If you are no longer providing care to a child or children in foster care, please indicate why.

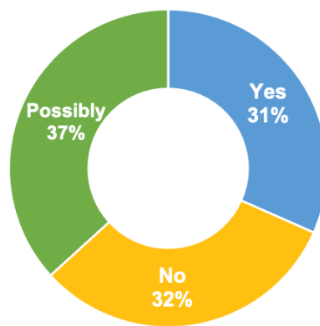


When asked if they had fostered a teenager, the majority of participants (61%) indicated they had not. When asked if they would consider fostering a teenager, there was a near equal distribution of caregivers who responded possibly (37%), yes (32%), and no (32%).

Have you ever fostered a teenager?



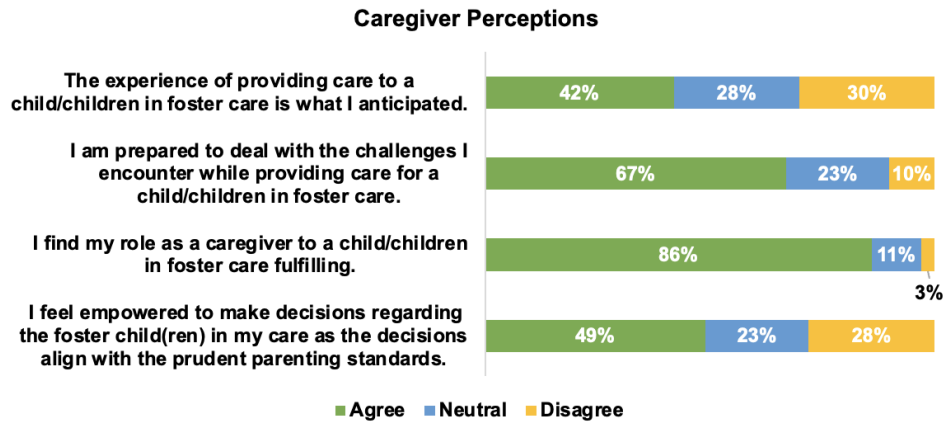
Would you consider fostering a teenager?



Participants provided a range of resources that would be necessary for them to consider fostering a teenager. Some of the most common responses included counseling/therapy for the teenager; support, respite, and/or therapy for the foster parent; training on technology, social media, and the general needs of teenagers; additional financial support for the teenagers' food, clothing, and activity needs; after-school support and activities; background information on the teenager; and transition/aging out support. Additionally, a number of respondents indicated that they would be more open to fostering a teenager when they themselves were older and/or when their current children were older. Some expressed concerns for safety for younger children and wanted to know the history of the child's needs before agreeing to foster.

Participants also expressed concerns for the future of teenagers aging out of the system. These concerns were for paying for college/secondary training, health insurance, and being overall prepared for life as an adult. In other questions in the survey, participants raised issues of the need for child care for older children when the caregiver isn't home.

The large majority of participants found their experiences as a caregiver to be rewarding (86%) and most feel prepared to deal with the challenges that they face as caregivers (67%). However, fewer than half report that the experience is what they expected (42%) or that they feel empowered to make the appropriate decisions for the children in their care (49%).



Participants were asked to identify the biggest challenge they have faced as a caregiver of children in foster care and several themes emerged: (1) communication, (2) lack of resources, services, and support, and (3) general frustrations with the system.

Communication: This was by far the most commonly reported challenge. Respondents indicated that it was often difficult to contact their agency workers, that it could be a long wait for a response, and that information was not always forthcoming. Related to this, many participants were frustrated with their lack of input regarding their foster children's case.

Lack of Resources, Services, and Support: Participants felt that there is a lack of financial support, parent training, and education on behavioral challenges. They also stated that it is difficult to find mental health services for their foster children, and that it is difficult to find and afford appropriate after-school care. Finally, several participants indicated a need for support groups and respite.

General Frustrations with the System: Participants expressed general frustration with the system itself, the speed through which cases progress, and how visits, communication, and transitions with the biological parents are handled.

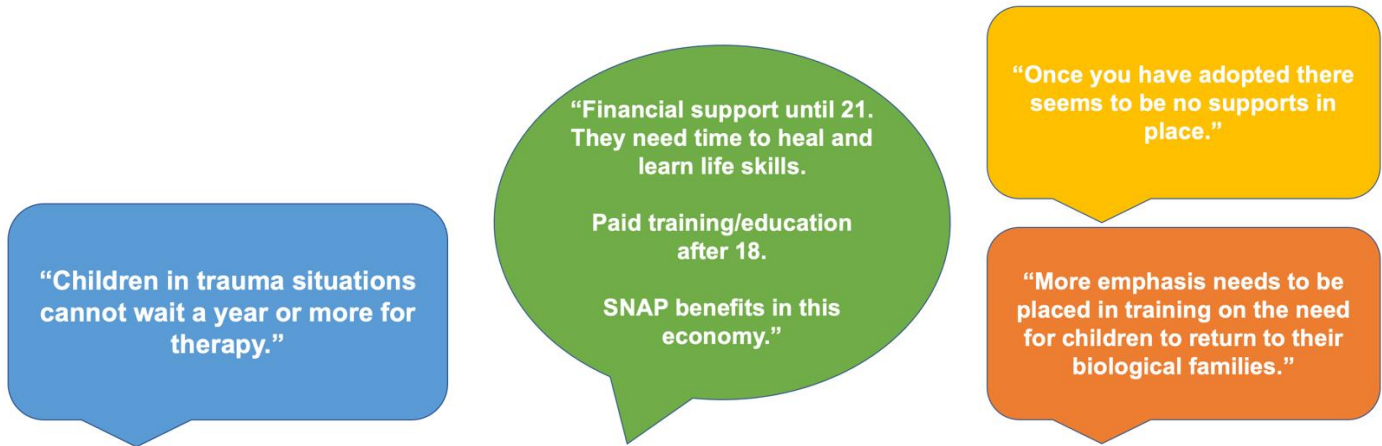
Several themes also emerged when participants were asked what would help caregivers be more successful. The more common themes here were (1) communication, (2) support, and (3) information.

Communication: Participants reported that they would be more effective caregivers if they could more easily communicate with their case workers and if they had a voice in their foster children's cases and care.

Support: Participants identified a number of areas of support that would benefit them as caregivers. The most common was the need for social support and respite care, with several participants suggesting support groups, support hotlines, and foster care coaches. Several indicated that it was hard to find respite providers, especially when needed for an emergency. Other needed areas of support included financial, mental health, educational, and medical. Parents also identified after-school childcare or daycare as barriers to positive caregiving experiences.

Information: Participants stated that more information about their children and their needs would be beneficial, as well as training and resources that would be specifically relevant to them.

When asked to identify important post-permanency supports for children and families, continued mental health care for children was by far the most reported need. Participants also identified needs for support groups and respite; financial support, particularly for childcare needs; continued communication with agencies; continued training and resources; counseling; and assistance with transitions into adulthood, such as vocational training, support for higher education, and life skills. Participants also suggested that guidance through the adoption or guardianship process is needed as well.

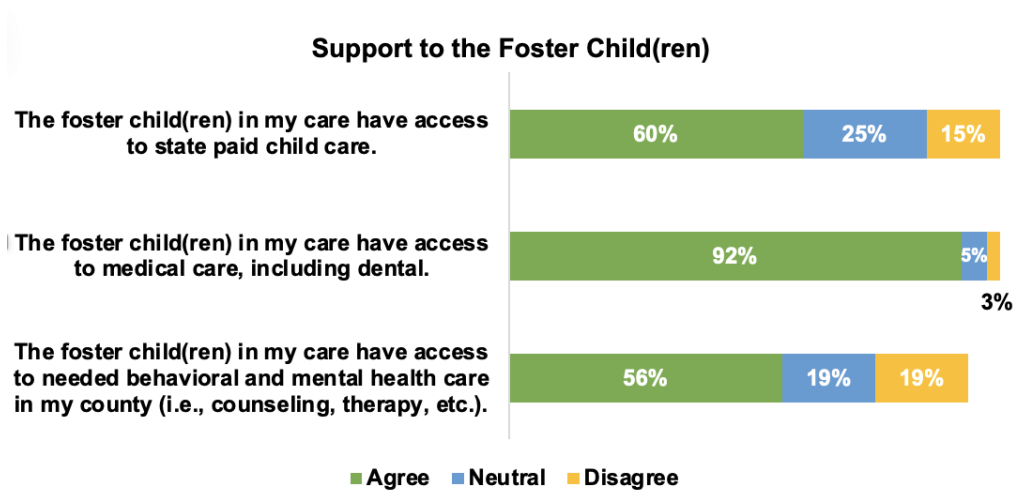


Participants were given the opportunity to provide any additional comments that they had, and there was a mix of positive and negative experiences. Many participants recognized the flaws in the system but had positive perceptions of their experiences within it. However, there were many concerns expressed regarding broken and corrupt systems, lack of resources and communication, and other challenges that they have faced. Some said they loved the kids but did not like how the foster parents were treated. As several participants stated, foster parenting is "not for the weak-hearted."

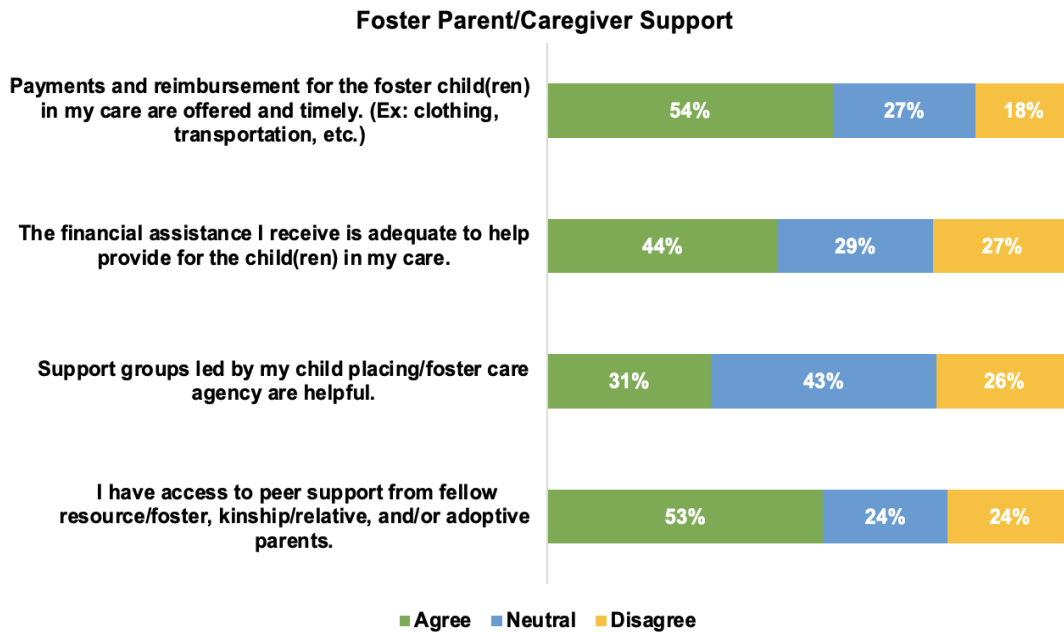


Support Needs

Most parents and caregivers agree that the foster child(ren) in their care have access to paid child care (60%), medical care (including dental) (92%), and behavioral and mental health care (56%).



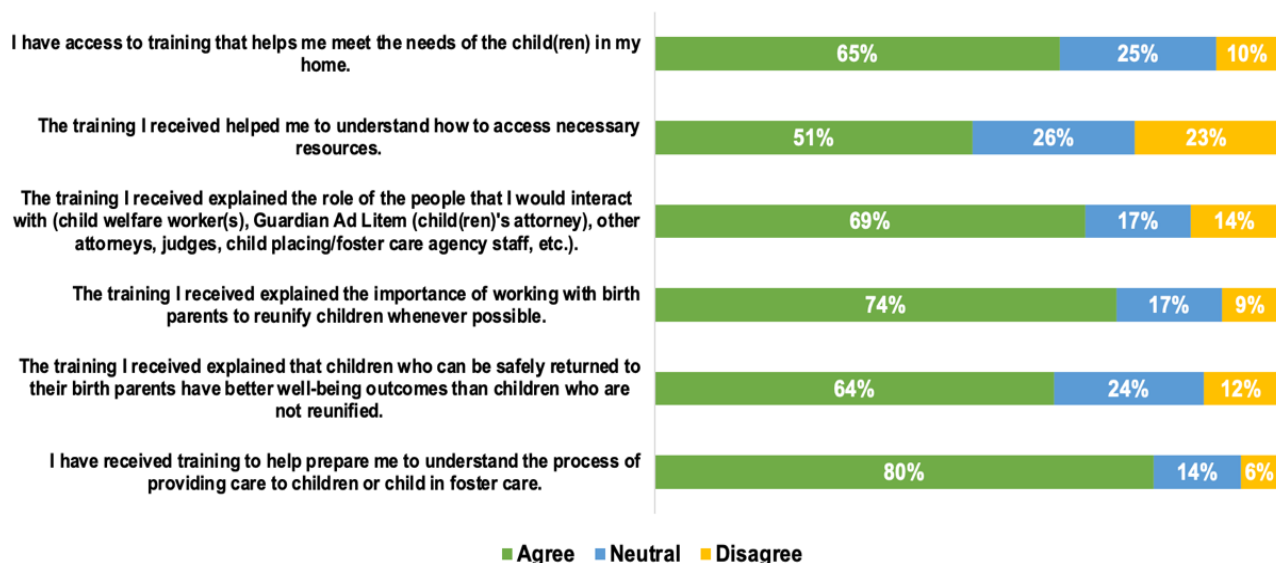
Most agree that the reimbursements to the parents and caregivers are timely (54%). However, only 44% agreed that the financial assistance they receive is adequate to help provide for the child(ren) in their care. Only 31% find that the support groups led by the child placing/foster care agency are helpful, with 43% responding with neutral. Over half feel that they have access to peer support (53%).



Training Needs

Most (65%) participants agree they received training that helps them meet the needs of the child(ren) in their home. Nearly 70% agreed that the training they received explained the role of the people they would interact with in the foster care system, as well as 80% agreed the training prepared them to understand the foster care process.

Training Needs



Participants were asked to share information on the most and least helpful trainings they have received. A list of trainings was generated from DHHR for parents and caregivers to choose from, and they could select multiple answers. Over half of those who responded selected PRIDE (55%) and over half selected Trauma (52%) as the most helpful trainings. However, participants also selected PRIDE (19%) and The Foster Care Legal Process (19%) as the two least helpful trainings.

What has been the most and least helpful training you have received through the WV child welfare system?				
Training	Most Helpful		Least Helpful	
	Number	Percent	Number	Percent
Advocacy	63	14%	24	7%
Attachment	92	21%	15	5%
Children with Special Needs	40	9%	22	7%
Core Issues in Adoption	26	6%	33	10%
Discipline	64	14%	27	8%
Managing Behaviors	126	28%	42	13%
Parenting Teens	32	7%	49	15%
PRIDE	245	55%	63	19%
Self-Care	49	11%	38	12%
The Adoption Legal Process	78	17%	48	15%
The Foster Care Legal Process	100	22%	61	19%
Transition with Teens	14	3%	44	14%
Trauma	232	52%	36	11%
Working with Birth Parents	54	12%	47	14%

Other	34	8%	50	15%
Did Not Answer	80		201	
Total Number of Participants	446		325	

Case & Communication Needs

Participants were asked about the frequency of visits from people in the foster system. They answered that 89% of child placing/foster care agency workers visited once a month and 36% of DHHR child welfare/case workers did. Participants reported that 60% of Guardians ad Litem (GALs) never visited. It's important to note that WV policy allows the BSS case worker to visit a child placed with a child placing agency home once every three months since the agency has their own case workers who are required to visit the children twice a month. Additionally, not all counties have the CASA program and not every case has a CASA worker appointed.

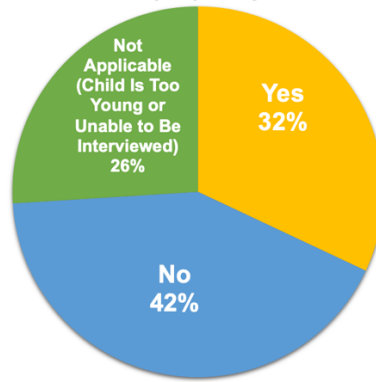
How often do the following individuals visit the child(ren) in your care?	DHHR Child Welfare/Case Worker	Child Placing/Foster Care Agency Worker (If Applicable)	Guardian ad Litem	CASA Volunteer	Other
Once a month	36%	89%	6%	16%	35%
Once every three months	25%	5%	10%	8%	4%
Once every six months	12%	2%	9%	2%	0%
Once every year	10%	2%	15%	7%	13%
Never	17%	3%	60%	67%	48%

When asked how often these individuals visit themselves or their spouse/partner, 85% responded that the child placing/foster care agency workers visit monthly and 30% responded the DHHR child welfare/case worker visit monthly. Over a quarter reported DHHR never visits them or their spouse/partner. Seventy percent reported GALs or CASA volunteers had never visited them or their spouse/partner. We note that CASA is not a statewide program, nor are they appointed in every case where they are available.

How often do the following individuals visit you/your spouse/your partner?	DHHR Child Welfare/Case Worker	Child Placing/Foster Care Agency Worker (If Applicable)	Guardian ad Litem	CASA Volunteer	Other
Once a month	30%	85%	7%	15%	27%
Once every three months	24%	6%	9%	7%	9%
Once every six months	8%	2%	7%	1%	5%
Once every year	10%	2%	10%	8%	5%
Never	26%	5%	70%	70%	55%

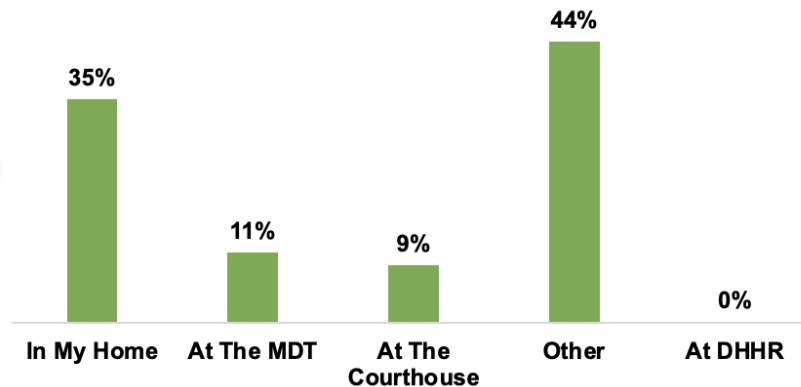
Contact between the child and the Guardian ad Litem (GAL) may be an issue. Less than a third reported that the Guardians ad Litem had interviewed the child(ren). Less than a third responded that the GAL had interviewed the child. If the child was too young or unable to be interviewed, 51% responded that the GAL had not interviewed the foster partner/caregiver. One comment included that GALs should be more involved and not only show up at MDT meetings or court.

The Guardian ad Litem Has Interviewed the Child(ren) in My Care



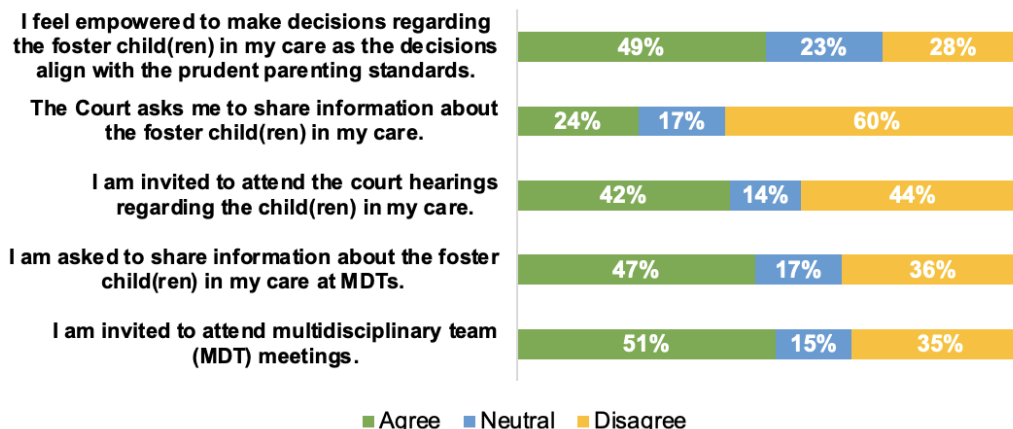
Respondents stated that the majority of the GAL interviews occur in their home (35%) or other places (44%) rather than at the MDT (11%), courthouse (9%), or DHHR (0%). For other places, responses included phone calls, FaceTime, virtually, and email. It is important to note that it is possible that interviews for the child(ren)'s underlying case may occur before the child is placed with the foster parent or occur without the foster parent knowing.

Where Did The Visits With The GAL Occur?



Nearly half of participants (49%) agreed that they felt empowered to make decisions about the day-to-day care of the child(ren) in their care. Participants indicated in their responses to several legal case communication questions that they are not as involved as they would like to be in the cases of children in their care. Sixty percent reported that the Court did not ask them to share information about the foster child(ren) in their care. Nearly 45% reported they were not invited to attend the court hearings in the case.

Legal Case Communication



Service Needs

Participants were asked to select from a list of services which services they had used for children in their care. They could select all services that applied. Most had used Women, Infants, and Children (WIC) (67%), mental/behavioral health services (63%), and clothing vouchers (73%). About half had used child care/day care services (47%).

I have used the following services for the child(ren) in my care.		
Services	Number	Percent
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	235	67%
Supplemental Nutrition Assistance Program (SNAP)	67	19%
Educational	113	32%
Social Security Income	17	5%
Food Assistance (Food Voucher from DHHR)	6	2%
Assessment Pathway Referral	1	<1%
Birth to Three	215	61%
Child Care/Day Care Services	163	47%
Therapy (Occupational, Physical, or Speech)	152	43%
Title XIX Waiver (IDD Waiver)	14	4%
Clothing Voucher	255	73%
Managed Care Organization (MCO/Aetna)	66	19%
Safe at Home/Wrap Around Services	32	9%
Children's Mobile Crisis Hotline or Services	16	5%
Respite	71	20%
Foster Care Ombudsman	50	14%
Legal Aid	19	5%
Mental/Behavioral Health Services	221	63%
Kinship Navigator	9	3%
Food Assistance (Food Pantry)	20	6%
Guardian ad Litem (GAL) Hotline	21	6%
Foster Closets/Resources Centers/Local Churches (Clothing, Safety Items, Infant Items, Furniture, Etc.)	86	25%
Children with Serious Emotional Disorders Waiver (CSED Waiver)	36	10%
Other	19	5%
Did Not Answer	106	
Total respondents	350	

Participants could select as many choices as they wanted to when asked about what resources would make them more successful as a caregiver. The top three selections were mental/behavioral health services (43%), clothing vouchers (31%), and Supplemental Nutrition Assistance Program (SNAP) (31%).

What resources would help you be more successful as a caregiver?		
Resources	Number	Percent of Participants
Women, Infants, and Children (WIC)	58	16%
Supplemental Nutrition Assistance Program (SNAP)	112	31%

Educational	104	29%
Social Security Income	21	6%
Food Assistance (Food Voucher from DHHR)	77	21%
Assessment Pathway Referral	23	6%
Birth to Three	40	11%
Child Care/Day Care Service	94	26%
Therapy (Occupational, Physical, or Speech)	67	19%
Title XIX Waiver (IDD Waiver)	16	4%
Clothing Vouchers	110	31%
Managed Care Organization (MCO/Aetna)	22	6%
Safe at Home/Wrap Around Services	45	13%
Children's Mobile Crisis Hotline or Services	31	9%
Respite	87	24%
Foster Care Ombudsman	50	14%
Legal Aid	57	16%
Mental/Behavioral Health Services	155	43%
Kinship Navigator	42	12%
Food Assistance (Food Pantry)	22	6%
Guardian ad Litem (GAL) Hotline	73	20%
Foster Closets/Resource Centers/Local Churches (Clothing, Safety Items, Infant Items, Furniture, Etc.)	63	18%
Children with Serious Emotional Disorders Waiver (CSED Waiver)	58	16%
Other	47	13%
Did Not Answer	166	
Total Participants Answering Question	360	

Several participants discussed the need for more options of stores that accept clothing vouchers. Child care for older children was also suggested by several participants. Some suggestions are provided below in their own words.

"As the child grows out of clothes or seasons change it would help a lot to get another clothing voucher. We get them one time and one time only."

"Car insurance for teens 16 and older provided by the state."

"Mental, behavioral health and occupational health services with providers who are informed on Neonatal Abstinence Syndrome (NAS) needs and treatments."

Lack of awareness of resources may be an issue. A number of participants stated that they were not aware of all of the resources in this list and that some of these they were just learning about from the survey.

Discussion and Recommendations

A total of 526 foster, kinship and adoptive parents and caregivers in West Virginia participated in this project. In response to a detailed questionnaire, it appears that most parents entered the role out of care and concern for children. Many took on this role for a certain child, to grow their family, or out of their own personal experiences with the system. Most recognize the positives in the system, but feel there is room for improvement, particularly for the children themselves. Most particularly, the concerns raised are for the long-term welfare of the children and especially as they age out of the system. They also want to be able to avail themselves of all the needed resources to improve children's lives and feel they are not always aware of all the services they could use.

They have concerns for their own roles. Specifically, they value being heard in the legal and child protective system but feel they are left out. They feel they have a unique voice that should be heard, and they desire to be active in the process and to advocate for children in their care.

In light of their observations and opinions, the following suggestions are offered. Further analysis of this survey data and with future parents and caregivers will need to be conducted to provide additional suggestions.

The role of foster, kinship and adoptive parents in the child welfare system is critical and should be valued and understood. These parents and caregivers play deliberate and productive roles and have important effects on the course of the development of the children in their care. It is important to differentiate these roles from other parents in the care system and to make sure that their role is appreciated and that their voice is appropriately heard in the decision-making process. As foster, kinship and adoptive parents and caregivers feel more valued, the quality of care improves, and children and families will have better outcomes.

Support Recommendations: The caregivers spoke extensively about the financial stresses of caring for children—from babies to teenagers. With the costs of food, clothing, and housing increasing, these concerns persist. Parents continue to report the need for increased funding in order to provide care for a teen. Moreover, because of the underlying concerns about financial resources, the concerns about timely reimbursements put further financial stress on caregiving families.

Training Recommendations: In addition to missing out on support services for their children and themselves, caregivers stated they would like additional training for themselves and staff on available resources. Communication on the available resources to foster and kinship children and their caregivers would help both the families and the resources to be best utilized. Caregivers spoke of agency staff not being aware of resources or not receiving appropriate training on those available services.

Case and Communication Recommendations: Concerns about the GAL system arose in this study, as well as the 2020-2021 one. Caregivers are consistently reporting that GALs are not involved with the children outside the courtroom and MDTs. To the extent GALs may not be regularly meeting with the child(ren) they represent, there could be concerns whether the GAL is able to represent the best interests of the child(ren). Caregivers also consistently reported a lack of communication across various other levels of the children's legal cases. A small communications work team, comprised of parents, DHHR and CPS staff, private agency staff, GALs, advocacy groups, and other key stakeholders, could be developed to discuss these communication barriers and develop plans to mitigate these communication issues. Outside facilitators may be helpful in leading these discussions. National groups may be able to provide assistance in sharing strategies. There may be technology that might be able to assist with this barrier.

Service Recommendations: In addition to training on available services, a centralized repository for service needs could help bridge the knowledge gap. Centralizing resource information into easy-to-access formats

and/or advertising the existence of these resources would help increase knowledge and the ease of access for the children and their caregivers. The development or purchase of an app that might help parents better navigate the child protective system, complete paperwork, connect with resources, join online support groups, and provide telehealth services might be one way to address this need.

Appendix 1: Survey Questions: WV Foster, Kinship, and Adoptive Parent Survey

1. What county do you live in? (list of counties in WV)
 2. My age is (select age range).
 3. What is your race/ethnicity (select group).
 4. I am a (select all that apply).
Relative Caregiver, Kinship Caregiver, Resource/Foster Parent, Adoptive Parent, Respite Provider, Other (please specify)
- Please note:** If you **do not** or **have not** provided care to a child or children in foster care, in a home setting, please stop and do not complete this survey.
Foster care means that the child has been taken into the custody of the Department of Health and Human Resources (DHHR).
5. I have _____ of experience (select group of years of experience).
 6. I have provided care to _____ children in foster care (select number of children).
 7. Have you ever fostered a teenager? (Yes/No)
 8. Would you consider fostering a teenager? (Yes/No/Possibly)
 9. What resources or additional support would you need to foster a teenager?
 10. I am currently certified/licensed to provide care to a child or children in foster care. (Yes/No/I do not know)
 11. I provide care to foster care through (select choice).
 12. What is the primary reason you chose to provide care for a child or children in foster care? (select)
To help families and children in need, I was asked to be kinship or relative placement, To adopt, Other
 13. If you are no longer providing care to a child or children in foster care, please indicate why. (Select all that apply.)
The child(ren) were reunified with their family of origin, I did not receive the necessary resources to support the placement(s), It became overwhelming, I experienced a life changing event. (Move, illness, loss of job, etc.), I was never contacted for placement, I became frustrated with the child welfare system, I adopted the child(ren) in my care, and chose not to continue providing care for additional children, Other, please specify, Not Applicable - I am still providing care.
 - 14.

	Agree	Neutral	Disagree
I have received training to help prepare me to understand the process of providing care to children or child in foster care.			
The training I received explained that children who can be safely returned to their birth parents have better well-being outcomes than children who are not reunified.			
The training I received explained the importance of working with birth parents to reunify children whenever possible.			
The training I received explained the role of the people that I would interact with (child welfare worker(s), Guardian Ad Litem (child(ren)'s attorney), other attorneys, judges, child placing/foster care agency staff, etc.).			
The training I received helped me to understand how to access necessary resources.			
I have access to training that helps me meet the needs of the child(ren) in my home.			

15. What has been the most helpful training topics that you have received? (Select all that apply)

Advocacy
Attachment
Children with Special Needs
Core Issues in Adoption
Discipline

Managing Behaviors
Parenting Teens
PRIDE
Self-Care
The Adoption Legal Process
The Foster Care Legal Process
Transition with Teens
Trauma
Working with Birth Parents
Other

16. What has been the least helpful training you have received? (Select all that apply)

Advocacy
Attachment
Children with Special Needs
Core Issues in Adoption
Discipline
Managing Behaviors
Parenting Teens
PRIDE
Self-Care
The Adoption Legal Process
The Foster Care Legal Process
Transition with Teens
Trauma
Working with Birth Parents
Other

17.

	Agree	Neutral	Disagree
The experience of providing care to a child/children in foster care is what I anticipated.			
I am prepared to deal with the challenges I encounter while providing care for a child/children in foster care.			
I find my role as a caregiver to a child/children in foster care fulfilling.			

18.

	Agree	Neutral	Disagree
I have access to peer support from fellow resource/foster, kinship/relative, and/or adoptive parents.			
Support groups led by my child placing/foster care agency are helpful.			
The financial assistance I receive is adequate to help provide for the child(ren) in my care.			
The foster child(ren) in my care have access to needed behavioral and mental health care in my county (i.e., counseling, therapy, etc.).			
The foster child(ren) in my care have access to medical care, including dental.			
Payments and reimbursement for the foster child(ren) in my care are			

offered and timely. (Ex: clothing, transportation, etc.)			
The foster child(ren) in my care have access to state paid child care.			

19. I have used the following services for the child(ren) in my care (select all that apply)

Women, Infants, and Children (WIC)
Supplemental Nutrition Assistance Program (SNAP)
Educational
Social Security Income
Food Assistance (Food Voucher from DHHR)
Assessment Pathway Referral
Birth to Three
Child Care/Day Care Services
Therapy (Occupational, Physical, or Speech)
Title XIX Waiver (IDD Waiver)
Clothing Voucher
Managed Care Organization (MCO/Aetna)
Safe at Home/Wrap Around Services
Children's Mobile Crisis Hotline or Services
Respite
Foster Care Ombudsman
Legal Aid
Mental/Behavioral Health Services
Kinship Navigator
Food Assistance (Food Pantry)
Guardian ad Litem (GAL) Hotline
Foster Closets/Resources Centers/Local Churches (Clothing, Safety Items, Infant Items, Furniture, Etc.)
Children with Serious Emotional Disorders Waiver (CSED Waiver)
Other

20. What resources would help you be more successful as a caregiver? (select all that apply)

Women, Infants, and Children (WIC)
Supplemental Nutrition Assistance Program (SNAP)
Educational
Social Security Income
Food Assistance (Food Voucher from DHHR)
Assessment Pathway Referral
Birth to Three
Child Care/Day Care Services
Therapy (Occupational, Physical, or Speech)
Title XIX Waiver (IDD Waiver)
Clothing Voucher
Managed Care Organization (MCO/Aetna)
Safe at Home/Wrap Around Services
Children's Mobile Crisis Hotline or Services
Respite
Foster Care Ombudsman

Legal Aid
Mental/Behavioral Health Services
Kinship Navigator
Food Assistance (Food Pantry)
Guardian ad Litem (GAL) Hotline
Foster Closets/Resources Centers/Local Churches (Clothing, Safety Items, Infant Items, Furniture, Etc.)
Children with Serious Emotional Disorders Waiver (CSED Waiver)
Other

21. The Guardian ad Litem (GAL) (child(ren)'s attorney) has interviewed the foster child(ren) in my care. (select yes, no, Not applicable--child is too young or unable to be interviewed)

22. If the child(ren) is/are too young or unable to be interviewed, did the GAL speak with you, the caregiver, about the child(ren)? (select yes, no)

23. Where did the visits with the GAL occur? (select In my home, At the DHHR office, At the MDT, At the courthouse, Other, please specify.)

24. How often do the following individuals visit the foster child(ren) in your care?

DHHR Child Welfare/Case Worker	Child Placing/Foster Care Agency Worker (If Applicable)	Guardian ad Litem	CASA Volunteer	Other
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Selections

Once a month
Once every three months
Once every six months
Once every year
Never

25. How often do the following individuals visit you/your spouse/your partner?

DHHR Child Welfare/Case Worker	Child Placing/Foster Care Agency Worker (If Applicable)	Guardian ad Litem	CASA Volunteer	Other
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Selections

Once a month
Once every three months
Once every six months
Once every year
Never

26.

	Agree	Neutral	Disagree
I am invited to attend multidisciplinary team (MDT) meetings.			
I am asked to share information about the foster child(ren) in my care at MDTs.			
I am invited to attend the court hearings regarding the child(ren) in my care.			
The Court asks me to share information about the foster child(ren) in			

my care.			
I feel empowered to make decisions regarding the foster child(ren) in my care as the decisions align with the prudent parenting standards.			

- 27. What is the biggest challenge you have faced as a caregiver of children in foster care?
- 28. What do you believe would help caregivers providing care to children in foster care be more successful?
- 29. What do you feel would be the most important post permanency (post adoption/legal guardianship) support for children and families?
- 30. Please share any additional comments relating to providing care for children in foster care.

Appendix 2: References

U.S. Census Bureau. (2022). Quick Facts, West Virginia.
<https://www.census.gov/quickfacts/fact/table/WV/PST045222>

U.S. Census Bureau. (2021). American Community Survey Five Year Estimates. Accessed at: US Census,
<https://data.census.gov/table?q=B10002&g=040XX00US54&tid=ACSDT1Y2021.B10002>

West Virginia Department of Health and Human Resources. (2022). Accessed at:
<https://data.wvkidscount.org/#/> *Note: Share of Medicaid-enrolled children (age 0- up to 18) who are enrolled with a foster rate code including those that are in the adoption process or have been adopted and still receiving Medicaid funded services as a result of their status. Includes Medicaid MCO and FFS only. Also, data is reported for county where the case is opened.*

West Virginia Department of Health and Human Resources. Foster Care Placements Report. (2022).
 Accessed at:
<https://dhhr.wv.gov/bss/reports/Documents/2023%20January%20Legislative%20Foster%20Care%20Placement%20Report.pdf>

West Virginia Supreme Court of Appeals Annual Statistical Report. (2022). Accessed at:
http://www.courtswv.gov/public-resources/press/Publications/2021_Statistical_Annual_Report.pdf *Note: This data includes only new cases filed. This does not capture the number of open adoption cases.*