



TEXAS
Department of Family
and Protective Services

Foster Parent Resources Study

September 2020

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Introduction

As required in Section 2 of Senate Bill 355, 86th Texas Legislature, the Department of Family and Protective Services (DFPS) shall, “conduct a study to evaluate whether the Department provides foster parents with adequate resources to ensure that foster parents are able to comply with all the regulations relating to providing care for a child in the conservatorship of the department”.

DFPS was required to prepare and submit to the legislature a written report containing the results of the study and any recommendations for legislative or other action by September 1, 2020.

Background

Child-placing agencies (CPA) licensed in the state of Texas to provide foster care services are responsible for screening, verifying, training, and monitoring foster homes based on [*Minimum Standards for Child-Placing Agencies*](#) as per Texas Residential Child Care Licensing guidelines. Some foster homes are verified directly by DFPS as an independent child-placing agency while other foster homes are verified by private child-placing agencies and provide contracted services. DFPS verified foster homes account for 7 percent of all foster homes, while private agency foster homes make up the remaining 93 percent of total foster homes in Texas (*DFPS Data Warehouse Report fad_09*). Each child placing agency may implement their own policies that extend above the requirements outlined in *Minimum Standards*. However, all CPAs are required to abide by *Minimum Standards* and private agencies adhere to the DFPS residential contract.

Resources for foster parents can come from a variety of sources including DFPS, other state agencies, child-placing agencies, child welfare boards, and community organizations. Resources for foster parents vary by location of residence, the child-placing agency that verified the home, and child’s level of needs. Although all child-placing agencies must follow *Minimum Standards*, agencies have flexibility on their internal policy, which may provide a greater wealth of resources depending on the agency.

Survey Development and Administration

DFPS conducted a survey to better understand the resources that foster parents in Texas need to ensure they can comply with all the regulations relating to providing care for children in foster care. The findings of this survey are described in this report. The intent of the survey was to gather information about specific resources that may be available to verified foster parents and whether they were able to access resources when needed during the prior 12 months. Foster parents were also provided with an opportunity to provide feedback about the resources that are most useful in helping to meet the needs of children in their care, reflect on the ways their case manager, foster home developer or FAD worker can best support them, and give open ended comments about the resources necessary to support foster parents.

The survey was designed during Fall 2019 and Winter 2020, using an iterative approach to incorporate input from foster and adoption subject matter experts at DFPS, external stakeholders, and foster parents. To fully engage with critical stakeholders around the state, DFPS solicited feedback from foster parents and other attendees of the 2019 Texas Foster Family Association Annual Conference about their resource needs. Additionally, DFPS reviewed a draft survey developed by Building Future Families, an advocacy group for foster and adoptive parents in Texas, that was designed to assess foster parent needs. Feedback from these sources was incorporated into the survey, which was then piloted with five foster parents. The pilot survey testers provided feedback about wording and usability of the survey.

Postcards with a link to an online survey were sent to 10,621 active foster families in the state on March 18, 2020. A separate survey link was shared with DFPS contracted child-placing agencies, Texas Alliance for Child and Family Services, Building Future Families, and the Texas Network of Youth Services for distribution to foster parent email lists. Notices and reminders for the survey were sent out to the above organizations in addition to being posted on the DFPS Texas Adoption Resources Exchange Facebook page, DFPS Facebook page, and the Texas Foster Parent Association website. The survey was open for responses from March 18, 2020 to April 24, 2020.

About the Survey Respondents

During the data collection period, 1,811 foster parents completed the survey. Twenty-six respondents completed a Spanish version of the survey. Among all respondents, 46% were referred to the survey from the postcard mailer and 54% accessed the survey from a digital link shared by a DFPS partner.

The focus of this survey was on resource needs of verified foster parents who had a child placed with them in the previous 12 months. Forty-eight survey respondents were screened out because they were kinship caregivers who were not verified as foster parents and therefore would not have access to resources provided through a child-placing agency. Two survey respondents were screened out because they had relocated to a location outside of Texas. 133 respondents were screened out because they had not had a foster placement in the prior twelve months. An additional 168 surveys were removed due to incomplete responses. Therefore, 1,460 surveys were ultimately used in this analysis, response rate of 13.7%.

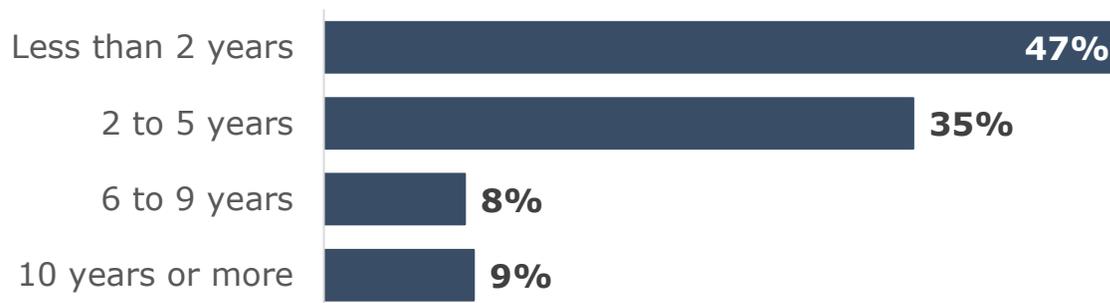
Foster parents were asked a series of questions to ascertain information about their location, demographics, and experiences as foster parents.

Table 1. Information About Survey Respondents Foster Parent Statuses (N = 1460)

Placement Recency	%
Currently has one or more placements	81%
Does not currently have placement(s) but has had one or more placements in the past year	19%
Kinship Status	%
Kinship caregiver who is a verified foster parent	12%
Not a kinship caregiver	88%
Verification	%
Foster parent verified by a child placing agency	85%
Foster parent verified by DFPS FAD	13%
Foster parent not sure	2%
Dual Foster-Adoption status	%
Foster parent verified to foster and adopt children	81%
Foster parent is verified to foster children	14%
Foster parent not sure	5%

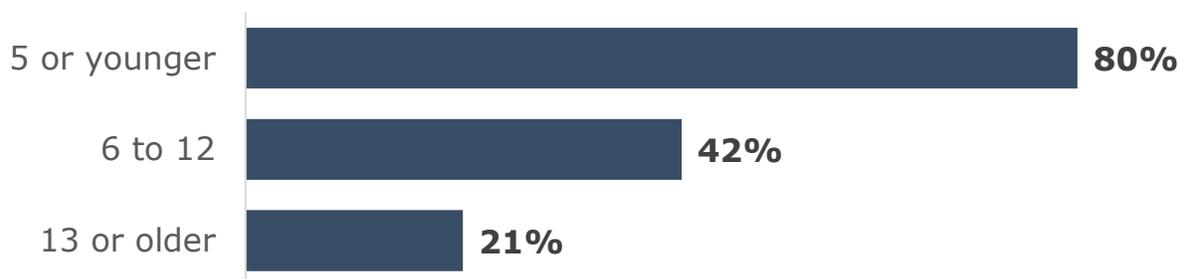
Most foster parents reported that they have been active as foster parents for less than 5 years, with nearly half (47%) reporting that they have been foster parents for less than two years.

Figure 1. Length of Time Respondents Have Been Active as Foster Parents (N = 1460)



Most foster parents reported caring for a child under the age of 5 in the last year (80%), though significant portions of foster parents reported caring for children aged 5 to 12, and 13 or older.

Figure 2. Ages of Children Foster Parents Have Cared for in Past Year (N = 1460)



Survey respondents also provided demographic information.

Table 2. Survey Respondent Demographics (N = 1460)

Gender	%
Female	77%
Male	15%
Prefer to describe gender	1%
Did not answer	7%
Age	%
18 to 24 years old	1%
25 to 34 years old	20%
35 to 44 years old	35%
45 to 54 years old	23%
55 to 64 years old	12%
65 years old or older	3%
Did not answer	7%

Race	%
White	68%
Black or African American	14%
Asian	1%
Native American or American Indian	0%
Native Hawaiian or other Pacific Islander	0%
Two or more races	3%
Prefer to describe race	2%
Did not answer	12%
Hispanic Origin	%
Of Hispanic Origin	16%
Not of Hispanic Origin	72%
Did not answer	12%

Survey Findings

Resources that foster parents may potentially have access to were grouped into the following categories:

- Basic care of children;
- Health care needs of children, including care provided by doctors, mental health professionals (psychologists, psychiatrists, and counselors), and other health care providers;
- Educational and developmental needs of children;
- Normalcy needs of children. Normalcy means providing opportunities for children in foster care to have experiences similar to other children not in foster care, such as attending a sleep over, participating in after school sports or clubs, or obtaining a driver’s license;
- Supporting relationships between children and their biological families; and
- Supporting the needs of foster parents.

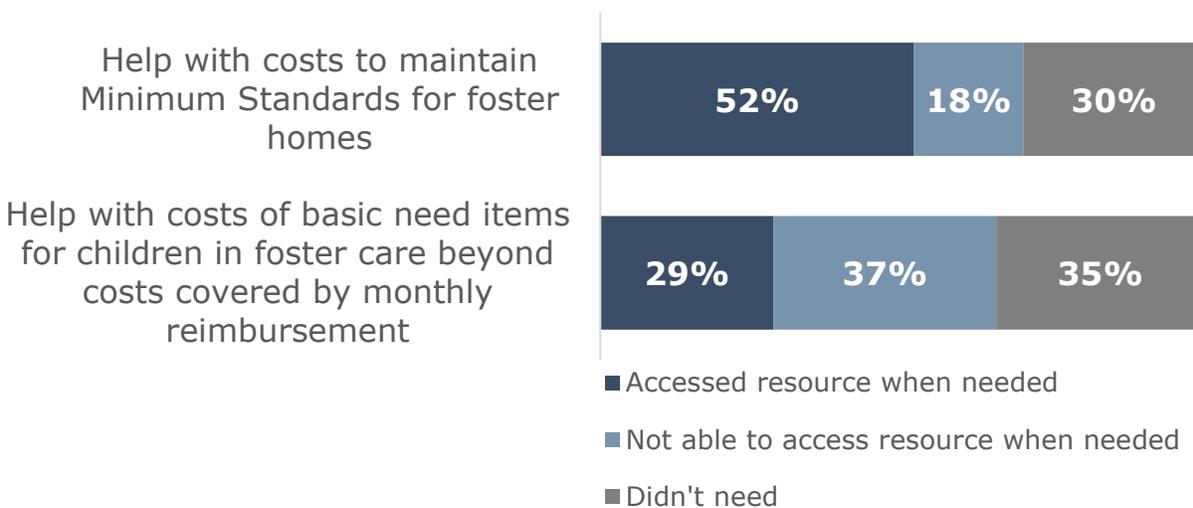
Survey respondents were prompted to consider the child or children they are caring for currently, or for whom they have cared for most recently if they did not have a current placement. For each resource, respondents indicated if they were able to access the resource when they needed it in the prior 12 months, were *not* able to access the resource when they needed it in the prior 12 months, or if they did not need the resource during the prior 12 months. The following sections summarize findings for each category of resources.

Resources for the Basic Care of Children

Foster parents receive monthly reimbursement payments to assist with basic care costs. As of September 1, 2017, the daily foster care reimbursement rates paid to foster parents is currently \$27.07 to \$92.43. These daily rates vary depending on a foster child’s individual needs and service level. Although DFPS provides concrete services and county child welfare boards can assist with some costs related to basic care, this additional reimbursement depends on available funding and varies by region and county. When a child is first placed in a foster home, DFPS Rainbow Rooms are also utilized to provide basic care items such as food, clothing, hygiene products, school supplies, and infant care items. Foster parents can also utilize the Women, Infants, and Children (WIC) Program for infant care resources. There is currently no funding for the reimbursement costs related to health inspections, fire inspections, FBI fingerprints, or pet vaccinations required during the verification process.

Foster parents were surveyed to determine if they were able to access basic care resources when they needed them.

Figure 3. Percent of Foster Parents Able to Access Resources for the Basic Care of Children in the Past 12 Months (N = 1460)



Most foster parents (52%) indicated that they successfully accessed help with costs related to meeting *Minimum Standards* for foster home, although almost 1 in 5 foster parents (18%) were not able to get this resource when needed. 29% of foster parents reported getting assistance with costs related to basic need items beyond those covered by the monthly reimbursement, while 37% were not able to access this resource.

Healthcare Resources

Health services for foster children are governed by [Medicaid STAR Healthcare](#), which offers a variety of services, support, and resources for foster children and their caregivers. STAR Health covers the full range of Medicaid benefits. Covered services must meet medical necessity and eligibility requirements. In addition to the Medicaid benefits, STAR Health provides a limited amount of 'typically used' medical supplies through a mail order program. Healthcare costs not covered by STAR Health program are usually paid by the foster family's child-placing agency, CPS regional funds, or by community resources such as county child welfare boards. This reimbursement depends on available funding and varies per region and county.

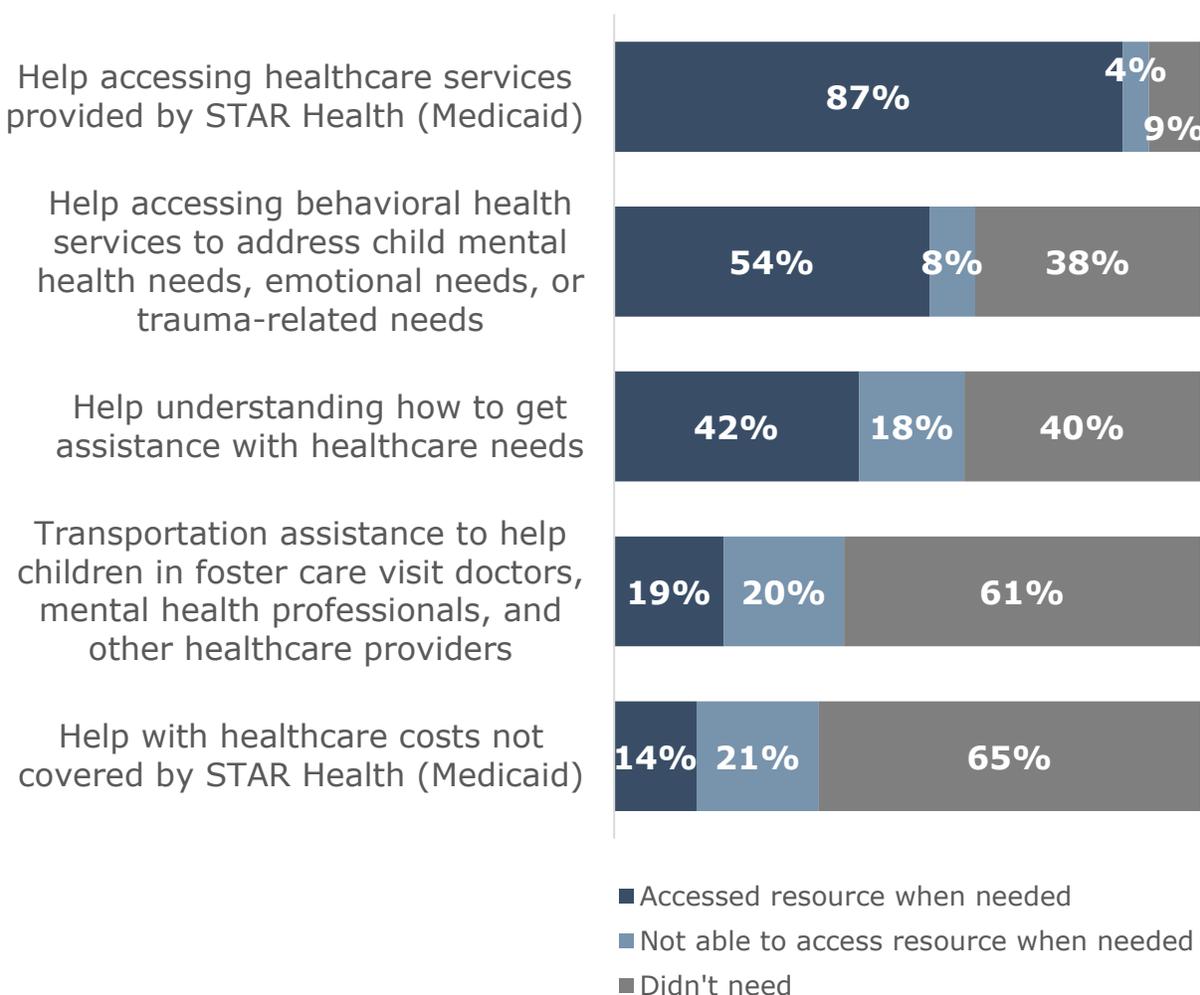
DFPS has specialized staff, who are available for consultation as needed and can assist with placement issues and service denials. DFPS Nurse Consultants are available to provide general medical information and education to caregivers during collaborative meetings, such as Family Team Meetings or Family Group Conferences. DFPS Well-Being Specialists are available as subject matter experts, who assist DFPS staff, Single Source Continuum Contractors (SSCCs), caregivers, child-placing agencies, and STAR Health in addressing basic and specialized behavioral and physical healthcare needs for children in all stages of service, including dental, vision, and pharmacy services. Well-Being Specialists coordinate and facilitate meetings for any child entering DFPS conservatorship or changing placements, who has specialized medical needs, for the purpose of ensuring the child's medical needs are met. Well-Being Specialists also participate in placement meetings with Star Health and Placement to troubleshoot barriers to placements for medically fragile youth. Well-Being Specialists also assist DFPS staff, Single Source Continuum Contractors (SSCCs), and caregivers in addressing any denial of services by Star Health, as well as assisting DFPS staff, Single Source Continuum Contractors (SSCCs), and caregivers in resolving medical billing issues.

The [Medicaid Transportation Program \(MTP\)](#) is available for foster parents and other caregivers for assistance with transportation, either by providing the transportation through contracted services, or directly with the caregiver through reimbursement for travel (gas, hotel and meals, as applicable). Non-emergent ambulance transportation is available for children unable to safely utilize other methods of transportation, and this is arranged through the child's physician and STAR Health. The STAR Health Service Coordinator/Manager can assist the caregiver with MTP or ambulance transportation as needed. In some instances, DFPS or the foster parent's child-placing agency may assist with transportation when the foster parent is unable to attend an appointment. However, DFPS does not have the staff capacity to provide transportation on a regular

basis. Child-placing agencies are required to assist with transportation to foster parents as part of the DFPS residential contract.

Foster parents were surveyed to determine if they were able to access these healthcare resources when they needed them.

Figure 4. Percent of Foster Parents Able to Access Resources for the Healthcare Needs of Children in the Past 12 Months (N = 1460)



Most foster parents (87%) noted they were able to access healthcare services through STAR health when needed, and a scant majority (54%) reported that they were able access behavioral health services. While 42% of foster parents reported that they got help understanding how to get assistance with their healthcare needs, almost 1 in 5 (18%) were not able to access this resource when needed.

Educational and Developmental Resources

DFPS has Regional Education Specialists, who serve as advocates, liaisons, and expert educational resources between local school districts, DFPS staff, Single Source Continuum Contractors (SSCCs), and foster parents in providing the best educational outcomes for children in DFPS conservatorship. DFPS/SSCC caseworkers, the foster parent's case manager, and DFPS Education Specialists can attend, assist, and advocate for children and foster parents during hearings and/or Admission, Review, & Dismissal (ARD) meetings and Individual Education Program (IEP) planning. The child's child welfare team can participate in these meetings and planning with the foster family. The Education Team at DFPS has also created a resource guide for caregivers to provide information for additional educational resources.

Although DFPS concrete services and county child welfare boards can assist with some costs related to education, assistance is dependent on available funding and varies per region and county. Most schools will waive cost or have special funding for children in the care of the state. Foster children qualify for free breakfast/lunch in public school, as well as, some scholarships to waive tuition fees and extra-curricular costs. Foster parents must request scholarships.

Local school districts have limited funding for summer school, extra-curricular activities, and other school related costs. Foster children, who are not yet school age, are eligible for Head Start classes/services to better prepare them for school. Foster parents working 40 hours or more outside the foster home qualify for federally funded Child Care Management Services (CCMS) daycare for children under 5 years of age and Summer daycare for school age children. STAR Health Medicaid also funds after school programs for foster children via the YMCA and the Boys and Girls Club.

Foster parents caring for older youth have support from a team of (PAL) Preparation for Adult Living Staff and transition teams to assist them with preparing foster youth for adulthood. Transitional Living Services, programs, and benefits help foster care youth and young adults make the transition to adulthood smoother and help them identify and achieve long-term education, career, and life goals. Transitional Living Services begin at age 14 and may continue until age 23. The DFPS Transitional Living Program offers Aging Out Seminars, Circles of Support Meetings, Transition Planning, and Extended Programs for older youth. College prep course tuition fees are waived via the Education Training Voucher (ETV) program. Fees for SAT and ACT testing are also waived.

Transportation to and from school is available to families living in the school district bus route. Due to Every Student Succeeds Act (ESSA), if the child is a ward of the state and is placed outside his/her school of origin, school districts together in collaboration with DFPS provide transportation to and from the school of origin. All other parties are only to assist temporarily until bus routes are established. DFPS Human Services Technicians, Conservatorship Caseworkers, and contracted foster agency workers are available to able to assist with occasional transportation related to educational events and activities, but DFPS does not have the staff capacity to provide transportation full time. Child-placing agencies are required to assist with transportation to foster parents as part of the DFPS residential contract.

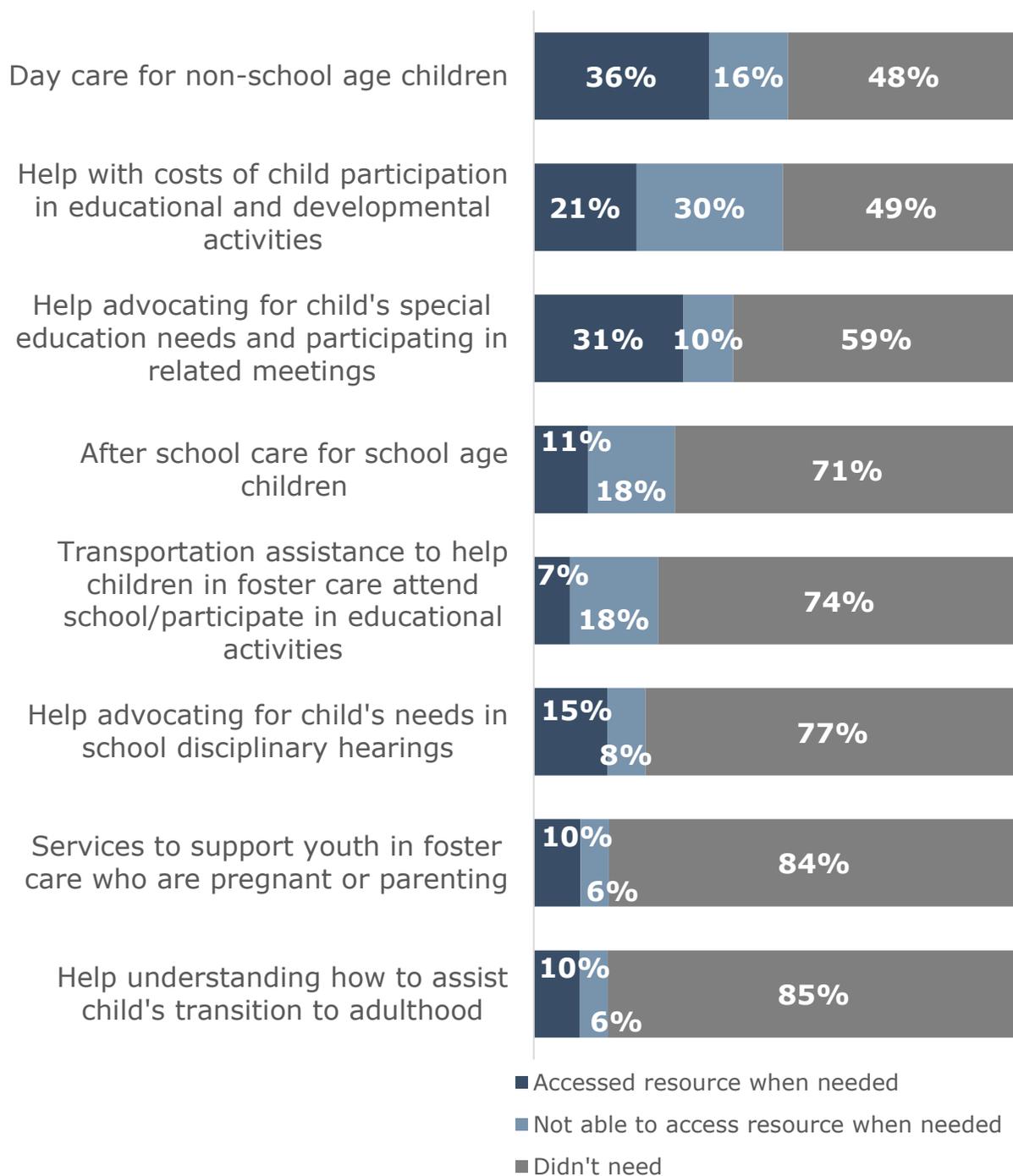
Some foster families are providing care for pregnant or parenting foster youth, but they are not alone. Pregnant or parenting foster youth are eligible to participate in multiple programs funded by the DFPS Prevention and Early Intervention Division.

The [HIP Program](#) (Helping through Intervention and Prevention) is a community block grant that provides in-home parent education using evidence-based or promising practice programs to foster youth who are pregnant or parenting. The programs are effective in increasing protective factors for families of children 0-5; designed to support healthy, nurturing, and safe homes for children; and ultimately promote positive outcomes for children and families.

[Texas Home Visiting](#) (THV) is a free, voluntary program through which early childhood and health professionals regularly visit the homes of pregnant women or families with children under the age of six and through the use of various evidence-based models support positive child health and development outcomes, increase family self-sufficiency and create communities where children and families can thrive. THV includes a broader set of funding that allows communities to select the model best suited for their community.

Foster parents were surveyed to determine if they were able access educational and developmental resources when they needed them.

Figure 5. Percent of Foster Parents Able to Access Resources for the Educational and Developmental Needs of Children in the Past 12 Months (N = 1460)



For most educational and developmental resources, foster parents indicated that they did not need these resources in the past year. This is likely due to the specialized nature

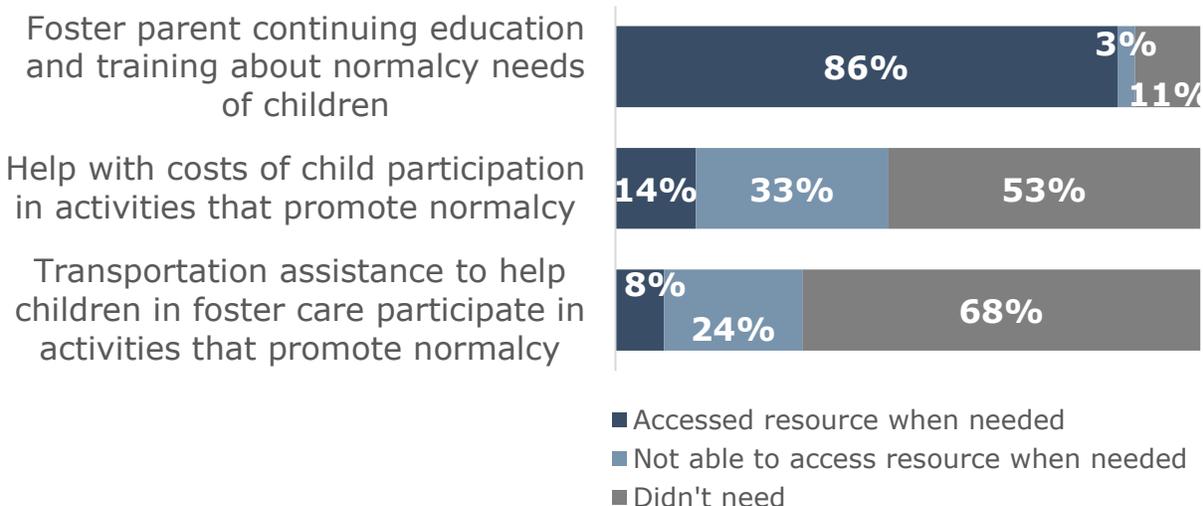
of these resources, and child needs that vary greatly by age. In terms of total need for resources (both met and unmet resource needs), foster parents were most likely to indicate needing day care for non-school age children and help with costs of child participation in educational and developmental activities.

Resources to Support Normalcy

In September 2014, Congress passed the "Preventing Sex Trafficking and Strengthening Families Act". This federal law was created to improve well-being and normalcy for children and youth in foster care by directing state child welfare agencies to facilitate age-appropriate experiences for children and youth in foster care. Normalcy supports the ability of a child in foster care to live as normal a life as possible, including engaging in childhood activities that are suitable for children of the same age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard. Foster parents complete two hours of Normalcy Training annually at no cost to the foster family. Although DFPS offers concrete services, county child welfare boards and local school districts can assist with some costs related to normalcy. Assistance is dependent on available funding and varies per region and county. DFPS Human Services Technicians, Conservatorship Caseworkers, and contracted foster agency workers are available to assist with occasional transportation related to normalcy, but DFPS does not have the staff capacity to provide transportation full time. Child-placing agencies are required to assist with transportation to foster parents as part of the DFPS residential contract.

Foster parents were surveyed to determine if they were able access resources to support the normalcy needs of children when they needed them.

Figure 6. Percent of Foster Parents Able to Access Resources for the Normalcy Needs of Children in the Past 12 Months (N = 1460)



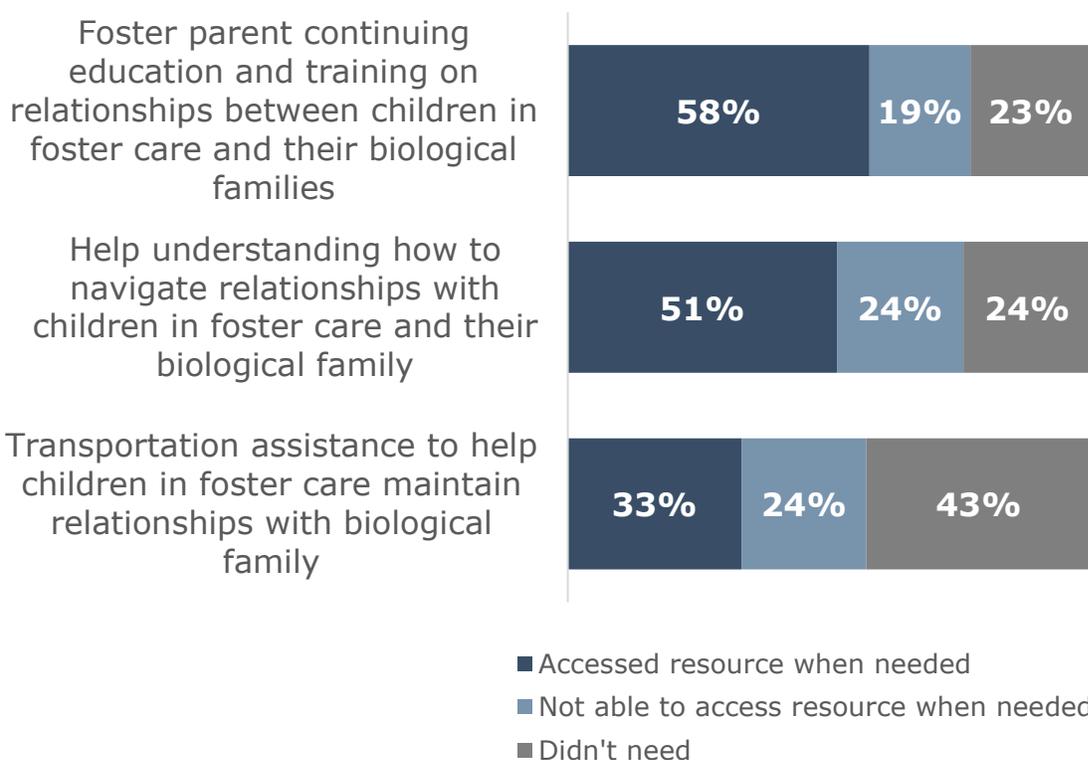
Most foster parents (86%) reported that they were provided with continuing education and training about the normalcy needs of children in the past year. A small number (14%) of foster parents were able to get help with costs of activities that promote normalcy, while a third of foster parents (33%) indicated needing help with this resource but being unable to access it. Similarly, only a small number of foster parents (8%) could get assistance with transportation to help children participate in activities that promote normalcy while a sizable portion (24%) reported an unmet need for this resource.

Resources to Support Relationships Between Children and Their Biological Families

Foster parents receive pre-service training regarding supporting relationships with birth families. Ongoing annual training is also available via DFPS, contracted child placing agencies, and foster parent associations. This pre-service training is provided at no cost to the family. DFPS Human Services Technicians and Conservatorship Caseworkers are available to assist with occasional transportation, but DFPS does not have the staff capacity to provide transportation full time. Child-placing agencies are required to assist with transportation to foster parents as part of the DFPS residential contract.

Foster parents were surveyed to determine if they were able access to resources to support relationships children and their birth families when they needed them.

Figure 7. Percent of Foster Parents Able to Access Resources to Support Relationship Between Children and Their Biological Families in the Past 12 Months (N = 1460)



Most foster parents indicated that they needed and received continuing education and training on the relationships between children and their biological families (58%) as well as help understanding and navigating relationships between children and their biological families (51%).

Resources to Support the Needs of Foster Parents

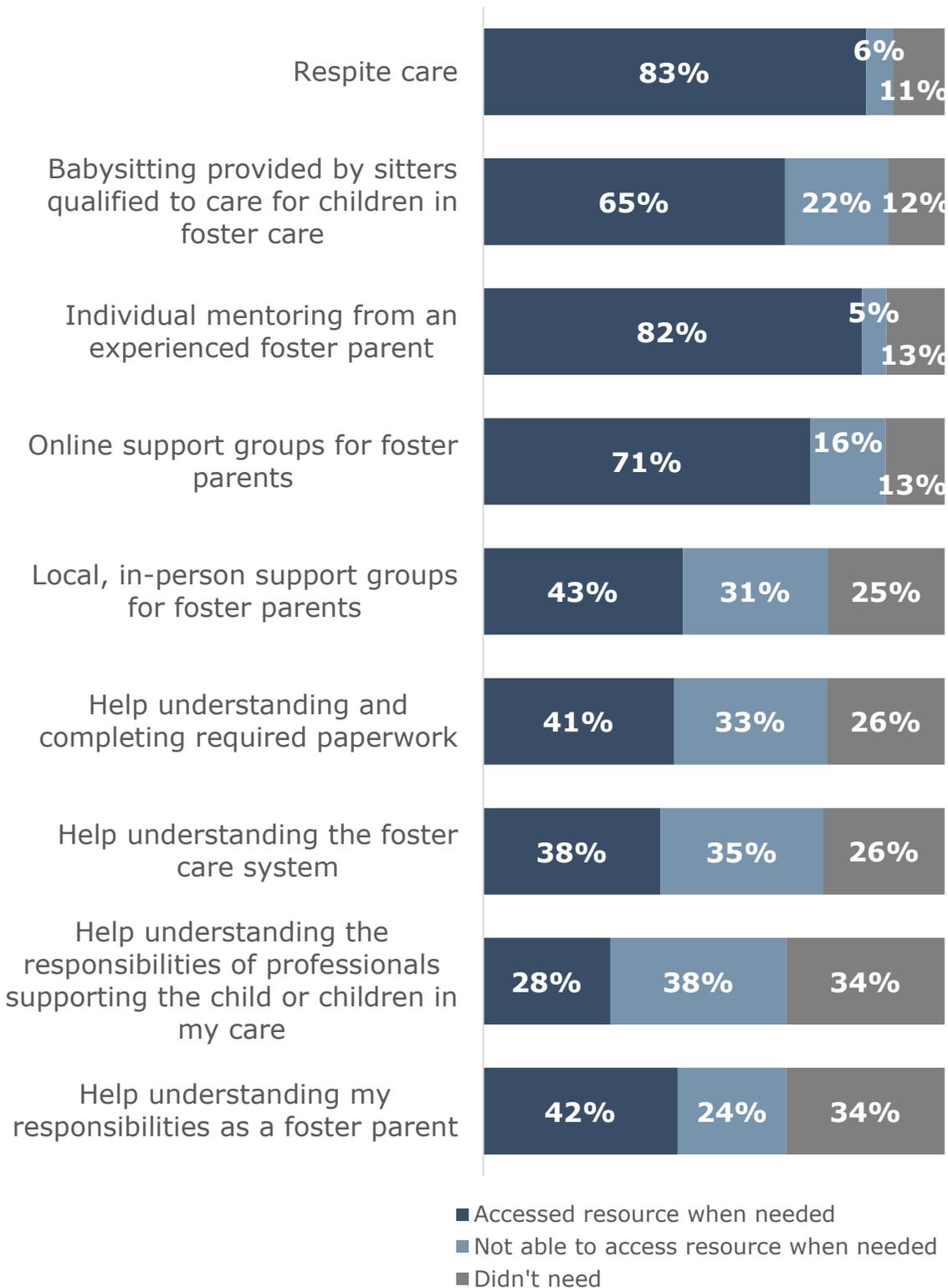
Prospective foster parents complete at maximum 35 hours of pre-service training as well as ongoing training. During pre-service training, foster parents participate in round table discussions with members of the child welfare team such as DFPS staff from all stages of service, a CASA advocate, attorney ad litem, and a veteran foster parent to better understand the role of everyone in the child welfare team. During the verification process, foster parents are encouraged to participate in local foster parent associations for group support, individual mentoring, and possible respite contacts. Before a foster home is verified, prospective foster parents are also asked to list any prospective babysitters/respite caregivers for background clearance and training. Some areas of the state have Babysitter Collaboration groups that offer childcare services to

foster parents. This collaboration allows foster parents from different child-placing agencies access to approved babysitters, expanding the available network for this resource. This collaboration program has been successful, and other areas have begun pilot programs, as well.

When a child is placed in a foster home, the child's caseworker reviews the placement paperwork and provides contact information for members of the child welfare team. The foster home's case manager also provides guidance, reviews placement paperwork and contact information provided by DFPS, and assists with any required forms, which are also reviewed during monthly and quarterly foster home visits. Foster parents are notified of periodic permanency planning meetings and upcoming court hearings.

Foster parents were surveyed to determine if they were able access resources for understanding their roles as foster parents and supporting their needs as caregivers when they needed them.

Figure 8. Percent of Foster Parents Able to Access Resources to Support Their Needs as Foster Parents in the Past 12 Months (N = 1460)



Across resources designed to support the needs of foster parents, survey respondents indicated a high level of need for these resources that were both met and unmet during the past year. Relatively few foster parents did not need these types of resources. Notably, many foster parents reported accessing support networks in the form of online support groups (71%) or individual mentoring from an experienced foster parent (82%). Additionally, 83% of foster parents reported that they successfully utilized respite care during the prior 12 months and 65% utilized babysitting provided by sitters qualified to care for children in foster care.

Summary of Met and Unmet Resource Needs

Across all categories, the top five resources that foster parents most commonly reported as successfully accessing when needed were:

- Help accessing healthcare services provided by STAR Health (Medicaid) (N = 1267);
- Foster parent continuing education and training about normalcy needs of children (N = 1253);
- Help understanding and completing required paperwork, such as documentation required when a child is placed, daily logs, medication logs, incident reports, etc. (N = 1211);
- Help understanding my responsibilities as a foster parent (N = 1198); and
- Help understanding the responsibilities of caseworkers, CASAs, attorneys, and other professionals supporting the child or children in my care (N = 1036).

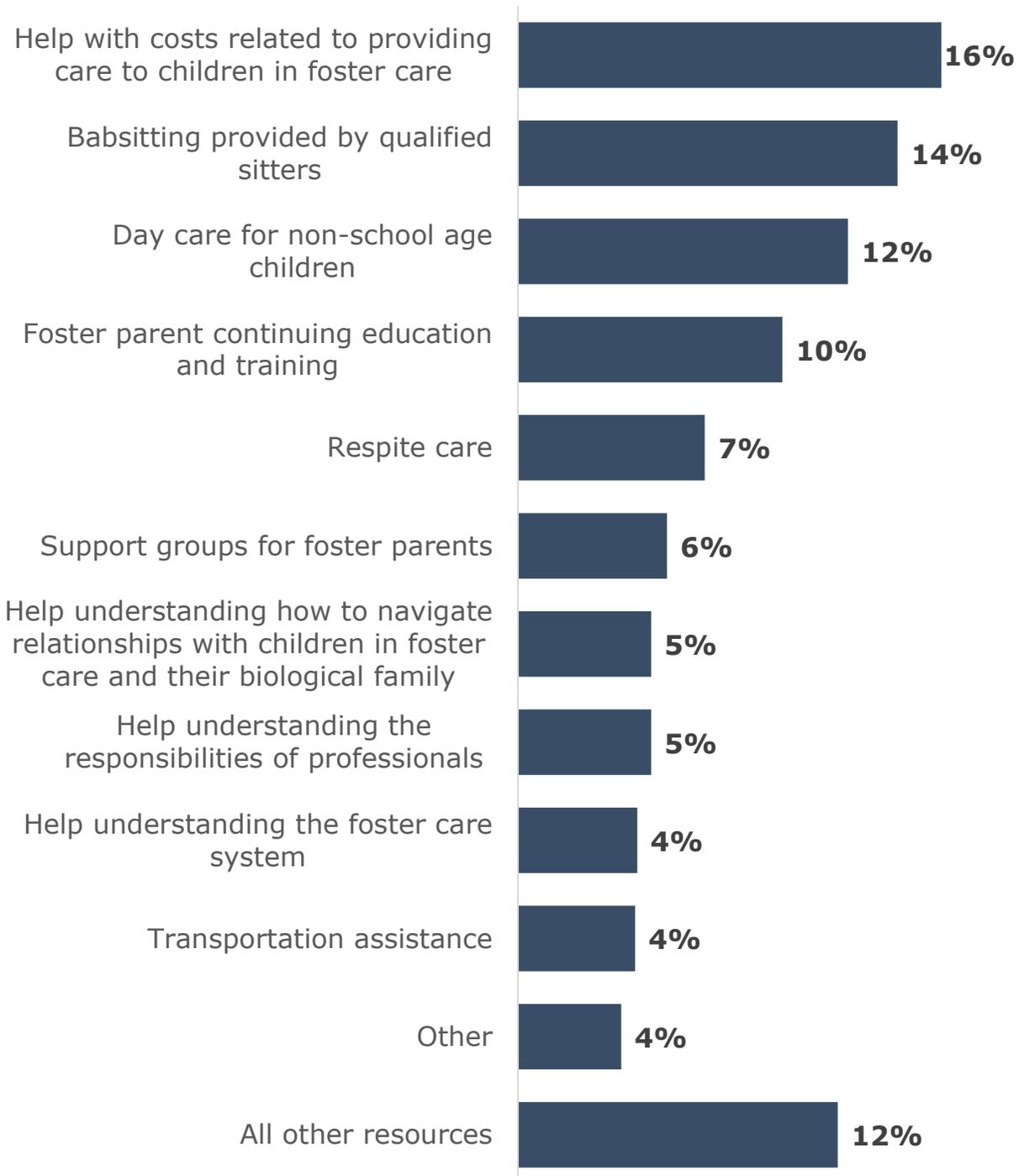
Many of these resources are contingent on a foster parent's ability to access help and knowledge of the professionals supporting the child or children in their care. High levels of met needs indicate that foster parents are often able to get guidance on and support from caseworkers and other professionals in the child welfare system.

Across all categories, the top five resources for which the greatest number of foster parents indicated an unmet need were:

- Individual mentoring from an experienced foster parent (N = 558);
- Help with costs to maintain Minimum Standards for foster homes such as pet vaccinations, obtaining car seats, home fire safety items, and fire and health inspections (N = 537);
- Babysitting provided by sitters qualified to care for children in foster care (N = 515);
- Local, in-person support groups for foster parents (N = 483); and

- Help with costs of child participation in activities that promote normalcy, such as funding to play sports, attend social events with friends, and obtain a driver's license (N = 480).

Figure 9. Most Important Resources for Meeting Minimum Standard (N = 1460)



Survey respondents were provided with an opportunity to give written comments about the best way for their case manager, home developer, or caseworker to support them. Many of the comments highlighted the critical importance of open, honest, and supportive communication with foster parents. Foster parents feel that they are best supported when their case manager, home developer, or caseworker proactively works with them to identify and address their needs and the needs of the children in their care. Many foster parents felt that their case manager, home developer, or caseworker has a key role to play in guiding families through the complicated and sometimes confusing process of fostering and connecting foster parents with other professionals in the system (such as with attorneys). Some comments highlighted that high turnover and high demands on their case manager, home developer, or caseworker can present challenges in getting the support foster parents need.

“The staff's ability to provide support both emotionally and physically while navigating all the moving parts of the child's case can make the process enjoyable or miserable. Their ability to do this changes the entire experience of fostering, no matter how challenging any other factors of the child and situation.” – Foster Parent

“Responding in a timely manner to emails or requests, communicating in advance when there are changes to schedules such as visits, court, etc. and being understanding and having realistic expectations to what I can do as a foster parent when there are several children in the home” – Foster parent

“Tell us we're doing a great job when you see a child thriving. Our lives as foster parents are continually being assessed and evaluated. But it is VERY rare that we hear encouragement. We're absolutely for the children, but what better way for a parent to give great love to a child than to hear every once in a while- you're doing a great job. Keep it up! We see you pouring your life and love out. “ – Foster parent

Conclusion

While there are a variety of resources available, foster parents are not always accessing some of these resources. It is possible that these foster parents are not utilizing available resources because they are ineligible for specific resources, lack specific resources in their area, or are unaware of existing resources. The survey response data analysis is useful in determining which areas foster parents require the most assistance. This provides DFPS and SSCCs a clearer picture of the areas to target in working towards improving accessibility or providing more support services to foster parents.

Based on the participants' reported unmet needs, DFPS, SSCCs, and child-placing agencies should focus on increasing Babysitter Collaboration groups and expanding pilot programs as well as recruiting more respite care homes to provide foster parents access to qualified caregivers. DFPS, SSCCs, and child-placing agencies should also consider introducing foster parent mentors during pre-service training and work in partnership with local foster parent organizations to increase their membership so that new foster families have support from experienced foster parents. Because foster parents reported frequent and open communication as a way to improve support, DFPS and the SSCCs can work with internal staff and external stakeholders on foster parent's reported support needs, providing them with information on how to best support foster families to meet the needs of the children in their care. Lastly, DFPS, SSCCs, and child-placing agencies should inform foster parents of federal, state, and community funding when available.

To ensure DFPS partner agencies and organizations are aware of foster parents' reported needs and access to resources, DFPS will disseminate findings to external stakeholders and discuss with the Committee on Advancing Residential Practices (CARP). The Committee on Advancing Residential Practices (CARP) meets quarterly and provides stakeholders with an opportunity to give input on agency policy focusing on enhancements to the systems that support enhanced safety, permanency, and well-being for children. Through a collaborative approach, DFPS will work with partners to improve support to foster parents with the goal of improving outcomes for children in DFPS care.