

The logo features the text "Alliance CaRES" centered within a light blue circle. The circle is defined by two concentric teal-colored lines. The word "Alliance" is in a dark blue, sans-serif font, while "CaRES" is in a teal, sans-serif font.

# Alliance CaRES

QUARTERLY REPORT 2022  
SECOND QUARTER

# SUMMARY

The Alliance CaRES team walks alongside caregivers at all points of their journey: from inquiring about licensure, to achieving it, from the first time a child is placed in their home, to the ongoing joys and challenges of caring for children in their homes. CaRES offers a variety of individual and group supports and connections, as well as connections to the high-quality, skill-building training for which the Alliance is known.

This report is our chance to share updates on the CaRES program's scope and the impact of the program including successes, challenges, recommendations, and details of our support to caregivers during Quarter 2 2022.

The CaRES program's support is based on the engagement strategy developed with DCYF to provide individual outreach to caregivers and prospective caregivers at specific points. In addition, we offer topic-based support groups including 21 facilitated discussion topics across a wide variety of subjects (see Appendix). We also host innovative special events, and community-based support groups, with remote and in-person options, often with community partners.

The CaRES program team is thrilled to have completed the second quarter of our second year running a program that makes a difference to caregivers across the state. By offering genuine and robust support opportunities, we impact caregiver satisfaction and retention, and improve outcomes for children in care. We see our small steps leading to big changes and we are grateful to all the partners, stakeholders, and team members who are helping guide and inform our work.



# Alliance CaRES

## 2nd Quarter Snapshot

### Notable Achievements

Across the state, **1,660** caregivers received supportive contacts from CaRES program staff.



**278** caregivers participated in community events, special events, and drop-in groups.



**208** caregivers participated in topic-based support groups with training.



**4 new Mentors** were hired. They increase the team's kinship experience, statewide DCYF expertise, and local connections in critical regions.



New welcome packets were designed to be visually appealing and packed with resources.



\*See appendix A for a detailed list of the Alliance CaRES program elements that led to these achievements.

# NOTABLE ACHIEVEMENTS

Across the state, over **892** licensed caregivers, kinship caregivers, and caregivers with their first placement received individualized contacts this quarter from CaRES program staff as part of our engagement strategy. In addition, **461** more supportive contacts (individual emails and calls) were made in the quarter. As part of our prospective caregiver engagement strategy, over **161** prospective caregivers in high-removal zip codes and with kinship care inquiries received contacts this quarter, with an additional **146** prospective foster parent support contacts made.



**847** welcome emails were sent this quarter by the CaRES team to prospective caregivers providing guidance and offering resources.

**Alliance**  
**CaRES**

*Si desea leer este mensaje en español [haga clic aquí](#).*

Hello!

We're so happy to hear you're thinking about joining the community of caregivers across Washington. Foster parents can make all the difference in the lives of children and families in need of support by providing temporary or "for now" parenting. People like you are central to providing stability to the 5,500 children on average who enter care every year until they can safely return home.<sup>1</sup>





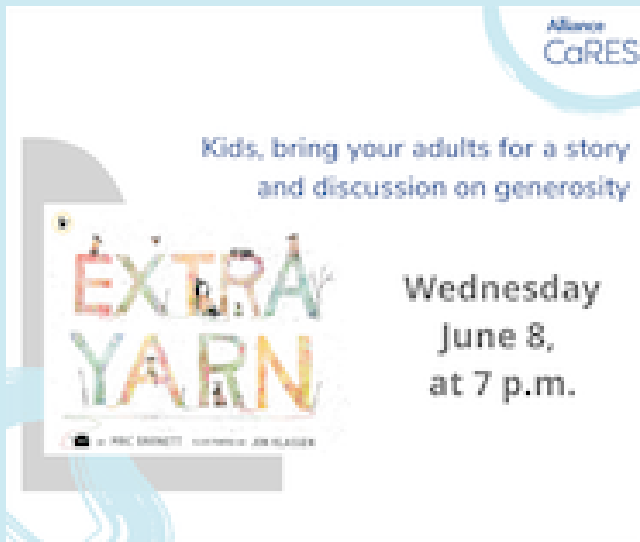
# NOTABLE ACHIEVEMENTS CONTINUED

**208** caregivers have participated in CaRES' topic-based support groups this quarter. CaRES now offers **21** different supportive facilitated discussion groups on a range of topics. These include book clubs, and focused topics to meet specific caregiver needs. Some examples are shown below. A complete list with descriptions is included later in the report.



# NOTABLE ACHIEVEMENTS CONTINUED

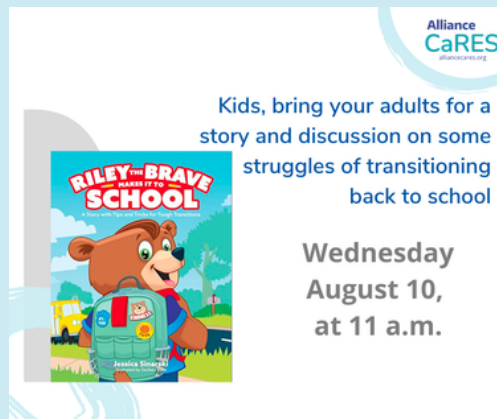
In addition, **278** caregivers have participated in CaRES' other support groups (which are not for training credit) this quarter. These include community events (both in-person and remote), special events, and drop-in groups.



# NOTABLE ACHIEVEMENTS CONTINUED

## Book Clubs

The Book Club portion of the program continues to grow, now with four books: "Dancing With a Porcupine," "The Connected Child", "The Connected Parent", and "Trying Differently Rather Than Harder". These groups are consistently well attended and are now considered a flagship of our program.



## Story Time

CaRES launched one of our favorite special events, Story Time, in the 3rd quarter of 2021. It was successful enough that we have continued to offer it monthly. This quarter we had **24** participants in total, including 10 adults and 14 children. This live event features activities around a book read by a CaRES Mentor who facilitates conversation between children and their caregivers. The books chosen offer social-emotional learnings, and stories that hold additional benefits for children in care. The program is a great opportunity for caregivers to see in real-time the benefits of reading together to build attachment and help guide challenging conversations.



# NOTABLE ACHIEVEMENTS CONTINUED

## **In-Person Connections**

CaRES responded to ongoing caregiver requests for in-person connections with an expanded summer series of Park Plays Dates along with new Caregiver Coffee meet ups, and local support groups. In-person caregiver connections were held in **13** cities representing every region. There were 3 options in region 1 and 4 option in region 2 to ensure that caregivers throughout those large regions had options near them. Along with the CaRES facilitated caregiver connections, we partnered with local organizations such as Embrace WA, FPAWS, Foster Champs, and United Indians of All Tribes on **17** other local events.

## **Expanding our program**

This quarter we hired 4 new Mentors increasing the team to 13 Mentors throughout the state. 3 of the 4 new Mentors have lived experiences as kinship caregivers, the 4th has extensive experience as a caregiver, mentor, and DCYF partner. We are eager to expand our caregivers touch-points and community-based connections for caregivers. The additions to our mentor team improves our statewide presence and representation for the caregiving community.



# NOTEWORTHY CHALLENGES

## **Caregiver Dissatisfaction with DCYF**

Across the state, we continue to see low caregiver morale and hear many reports of challenging communication between workers and caregivers. We have been reporting trends and specific incidents that need DCYF intervention to DCYF directly in order to facilitate resolutions and build awareness of trends.

## **Desire for in-person connection but lack of attendance**

Another challenge is that while we continue to receive requests for in-person connection opportunities for caregivers, those we have offered have often not been well attended — even by the very people who requested them. We continue to experiment with various options for in-person support. We offered in-person connection in thirteen locations during the second quarter with mixed results. Given the challenges with securing safe, affordable meeting spaces, we have continued to focus on outdoor options, which were on hold for the winter, and remote options, accessible to all across the state. However, despite the low attendance and challenges with meeting spaces, we continue to develop relationships with local organizations and partners to expand our in-person options beyond the summer park playdates.



# NOTEWORTHY CHALLENGES CONTINUED

## **Low Social Media Engagement**

Veteran caregivers report wanting access to unmoderated online forums that existed under the previous contract but CaRES is unable to provide such opportunities responsibly without jeopardizing confidentiality requirements. This continues to generate disappointment from some veteran caregivers. During the second quarter, we developed a Mentor social media engagement policy that allows Mentors to provide CaRES resources or answer questions on non-CaRES social media forums. Mentors are able to answer questions, offer support, and direct caregivers to resources which is already improving caregivers' awareness and engagement with the program.

## **Under utilized FIRST Line**

The CaRES team received only 7 individual FIRST program calls this quarter, which led to 2 additional follow up calls to support caregivers undergoing an investigation this quarter. The FIRST Program has not been a well-utilized element of the program. While the caregivers who call do sometimes appreciate clarity on the investigation process, they continue to request that need be met through information provided at the time of an investigation by the department. Some callers are looking for advocacy help for disputing with DCYF. CaRES does not provide this service and we direct caregivers to Constituent Relations.





# TRENDS

Prospective caregivers have reported high levels of satisfaction and relief in finding that CaRES can offer assistance in navigating the licensing process, which they report is confusing and daunting.

New caregivers are enthusiastic about the challenges and rewards of caregiving. They are eager to participate in topic-based support groups and have been providing very positive feedback about the program. We are seeing ever-increasing engagement with the Mentors as new caregivers build trusting relationships with their local Mentors. However, many times new caregivers are contacting their Mentor with placements challenges such a missing or inaccurate paperwork, high behavioral needs, and feelings of pressure to take poor-fit placements. Mentors provide clarification on appropriate expectations for placement information and the importance of refusing a poor fit placement with the goal of preventing disruptions and early caregiver burnout.

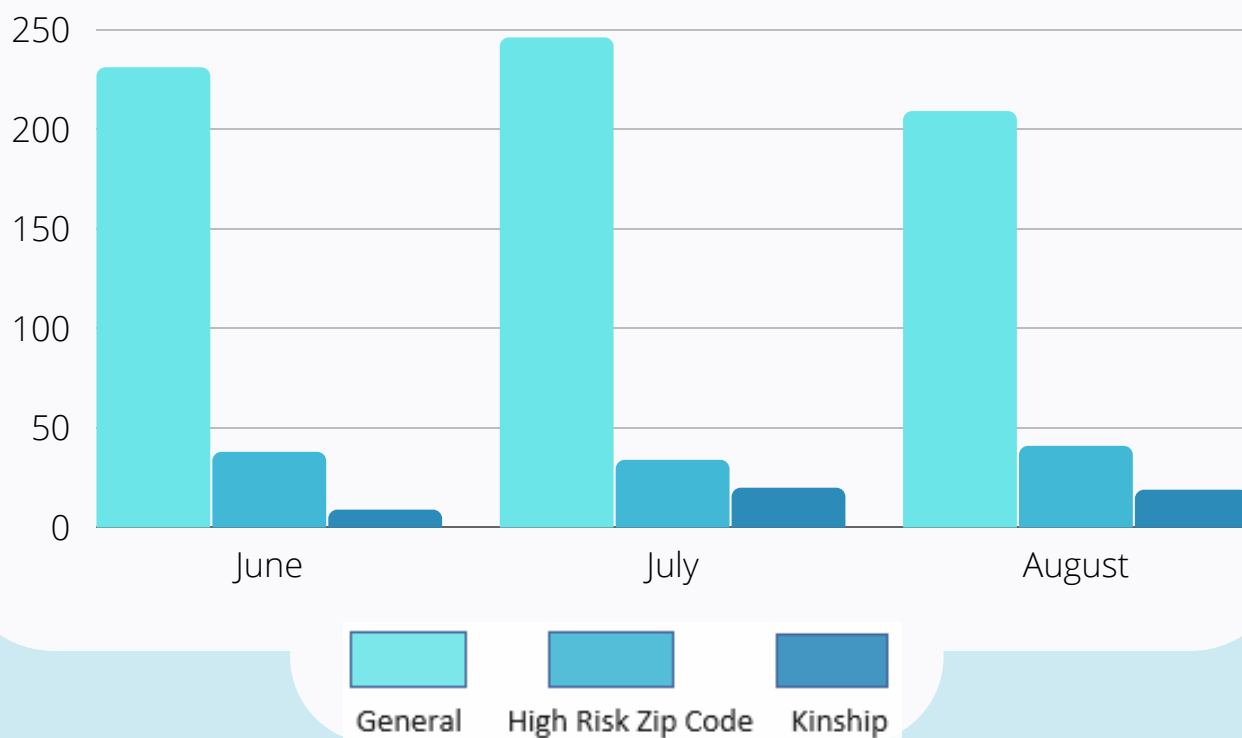
Veteran caregivers are the most challenging for CaRES staff to reach. Those who do connect are reporting high levels of frustration with DCYF. Their distress is concerningly high and CaRES staff are having frequent conversations with caregivers who report planning to quit. The majority of complaints can be traced back to lack of effective communication between workers and caregivers. We are working to gain trust and provide useful support so that caregivers feel refreshed and ready to continue fostering.

Kinship caregivers have been very responsive to outreach. They are expressing gratitude at the connection to resources and local support, and especially relief at learning about non-needy TANF and information about how to navigate the system.



# PROSPECTIVE CAREGIVER ENGAGEMENT

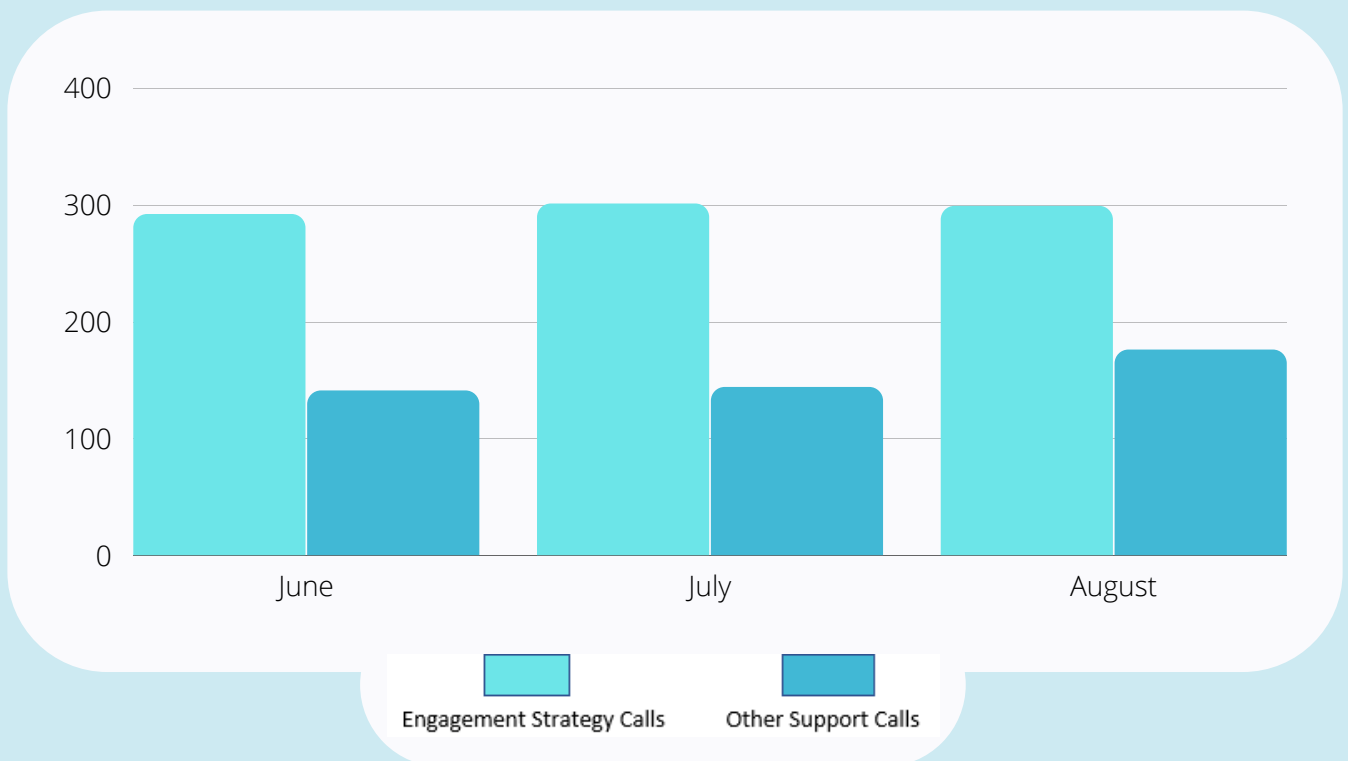
During the second quarter, a total of **847** prospective foster parents received a welcome email detailing next steps. Of those, **686** received a general welcome email, while **161** (113 from high removal ZIP code areas and **48** who identified as prospective kinship caregivers) received emails as well as a personal phone call in the first quarter. There were an additional **146** supportive contacts to prospective caregivers in the second quarter.



# CURRENT CAREGIVER ENGAGEMENT

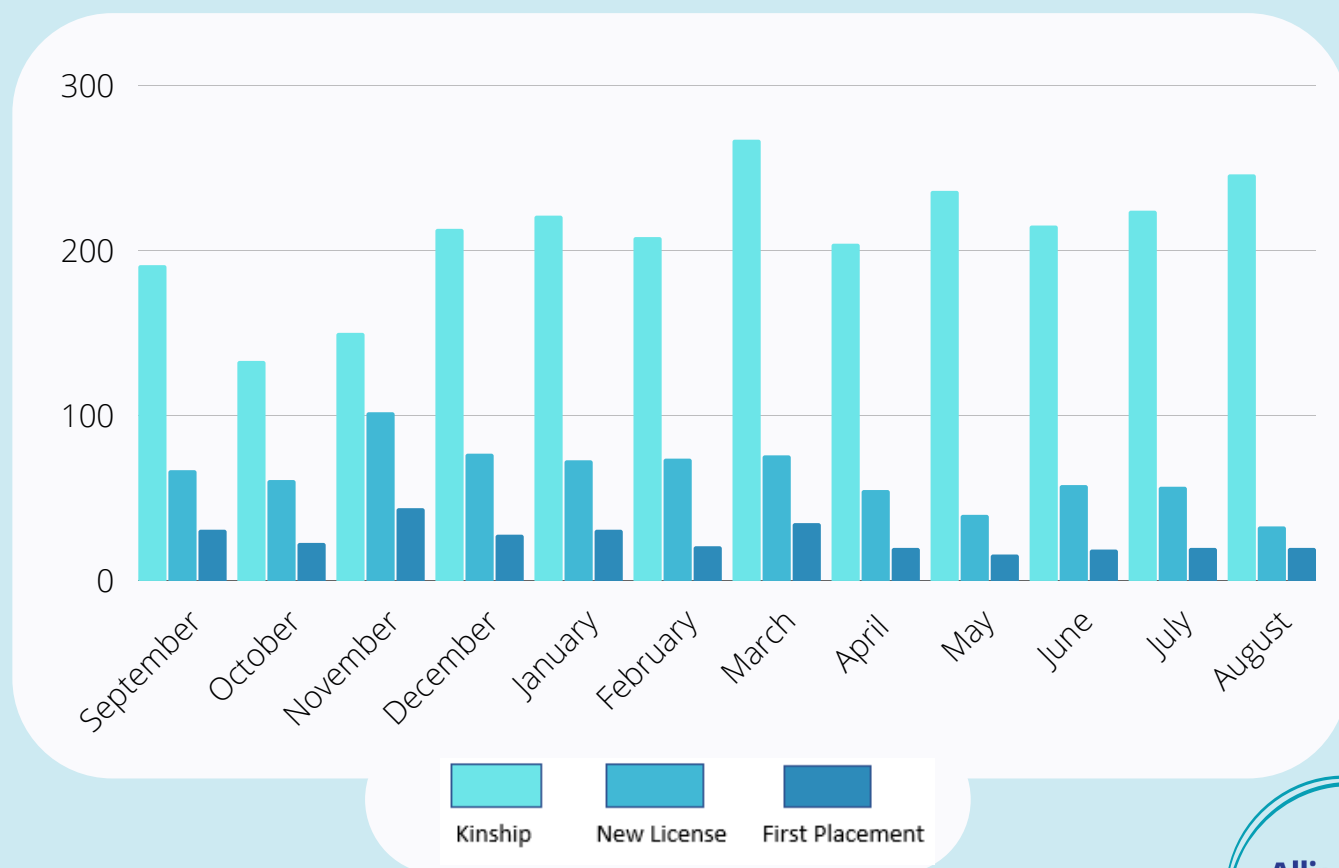
Over the last quarter, a total of **892** calls based on our caregiver engagement strategy occurred (to newly licensed caregivers, caregivers with their first placement, and kinship caregivers).

We think it is important to highlight that there have also been **461** additional contacts (individual emails, calls, and texts) to support current caregivers in the last quarter (including calls to caregivers at six months post licensure). These contacts show that we are successfully building ongoing relationships with caregivers so that they call back for more support when issues arise. These contacts are one way we measure our program's success.



# CURRENT CAREGIVER ENGAGEMENT CONTINUED

Over the last quarter, a total of **892** individuals received calls as they had a kinship placement, were newly licensed, or had a first placement. Of those calls, **77%** were to kinship caregivers, **17%** were to newly licensed caregivers, and **7%** were to caregivers with their first placement. Contacts with kinship caregivers remain slightly higher this quarter than in previous quarters. Contacts with both newly licensed caregivers and caregivers with a first placement have gone down slightly this quarter. This is likely due to the decision made by DCYF to have the CaRES team focus the engagement strategy on state foster home placements only. Per DCYF, the CaRES team is no longer contacting caregivers labeled as private agency foster care homes.



# CURRENT CAREGIVER ENGAGEMENT SUCCESS STORIES

Every month we report on examples of caregiver support by sharing comments, testimonials, notes from Mentor calls, or examples. Here are a few from this quarter to illustrate the impact of our Mentors' support.

- The following are pulled from Mentors' notes describing successful calls:
  - *"Spoke with A who has custody of her niece. Her sister is the mother and she is currently in treatment but has a history of relapse. A is interested in being licensed as a foster parent and said she has applied to be a foster parent. Talked to her about that process and about Adoption Support, etc. Advised her to call again if she had more questions or concerns. She is currently applying for a TANF grant."* (A kinship contact)
  - *"Had a long conversation with T. She said the timing could not be more perfect. She had lots of questions which included: placement paperwork (which she did not receive until this past Monday), visitation, getting licensed, TANF, etc. I let her know I will be sending her an email today with some further information and she is welcome to contact me anytime."* (A kinship contact)



# CURRENT CAREGIVER ENGAGEMENT SUCCESS STORIES, CONTINUED

- The following are pulled from Mentors' notes describing successful calls:
  - *"She has 2 children, has no contact with her bio family of origin and herself grew up in foster care. She is wondering/worried about requirement to have one reference from family. I encouraged her to talk with her licensor since she has a very good reason not to be able to have that reference." (A prelicensure contact)*
  - *"Had a very long conversation with A. She has 2 young children placed with her recently and is concerned that they were brought to her sick, without being told. She had lots of questions regarding new foster parents/new parents (as she has no children), local supports, local help with things around the house such as assembling a crib (gave her Lovebox info for the local group), Alliance trainings and support, support groups, and local mentors (besides myself-also looking for those with young children)..." (A first placement contact)*
  - *"Spoke with S who told me that he received a call the first day he was licensed and said 'no' because he wasn't expecting a call that soon. We laughed about it because he took a placement the next day with an 8 year old boy who is a sibling of the child they called about the day before. First, he wanted me to make sure I told everyone how much he appreciated the classes and how good they were. They started out to just be adoptive parents but decided to foster during that process. S's mother was a foster parent in TX for 25 years so he is very familiar with foster children although he said it is WAY different when you are the person responsible for the child's welfare. He said he would be calling again for sure." (A newly licensed contact)*





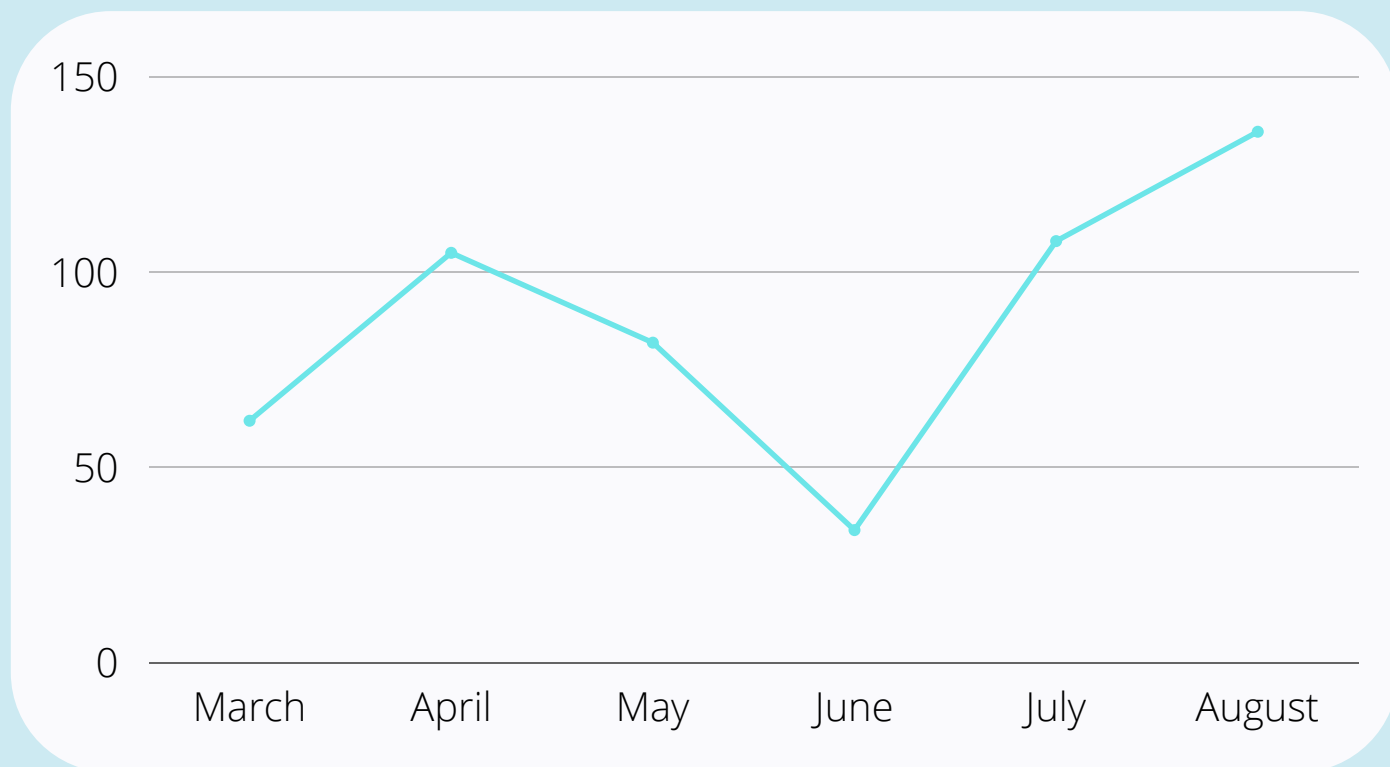
# CURRENT CAREGIVER ENGAGEMENT SUCCESS STORIES, CONTINUED

- The following are pulled from Mentors' notes describing successful calls, continued:
  - *Things have been going well for A. and D., they have had 8-year-old boy for several months, he is part of a sibling group of five. They have connected with the other siblings' foster homes, have celebrated birthdays together, movie nights etc. Kids are about to reunify which she feels good about but it's a bit 'bittersweet.' Only hiccup in their experience so far has been trouble getting an invoice for respite care they did -- she was able to resolve it after going to the supervisor and the supervisor's supervisor." (A 6 month contact)*
  - *"R. is an unlicensed suitable other caregiver for an 11 year old girl. There seems to be some question as to the permanency plan for the youth in her care. Youth has her own attorney. I encouraged open and frequent communication between youth and attorney and explained the difference roles of child's attorney and child's CASA. I answered questions about RGAP vs adoption. R. reported that she has completed online CCT and CPR. I encouraged her to begin the application and gave a general overview of the licensing process." (A worker referral contact)*



# CURRENT CAREGIVER ENGAGEMENT COMMUNITY MENTORSHIP GROUPS

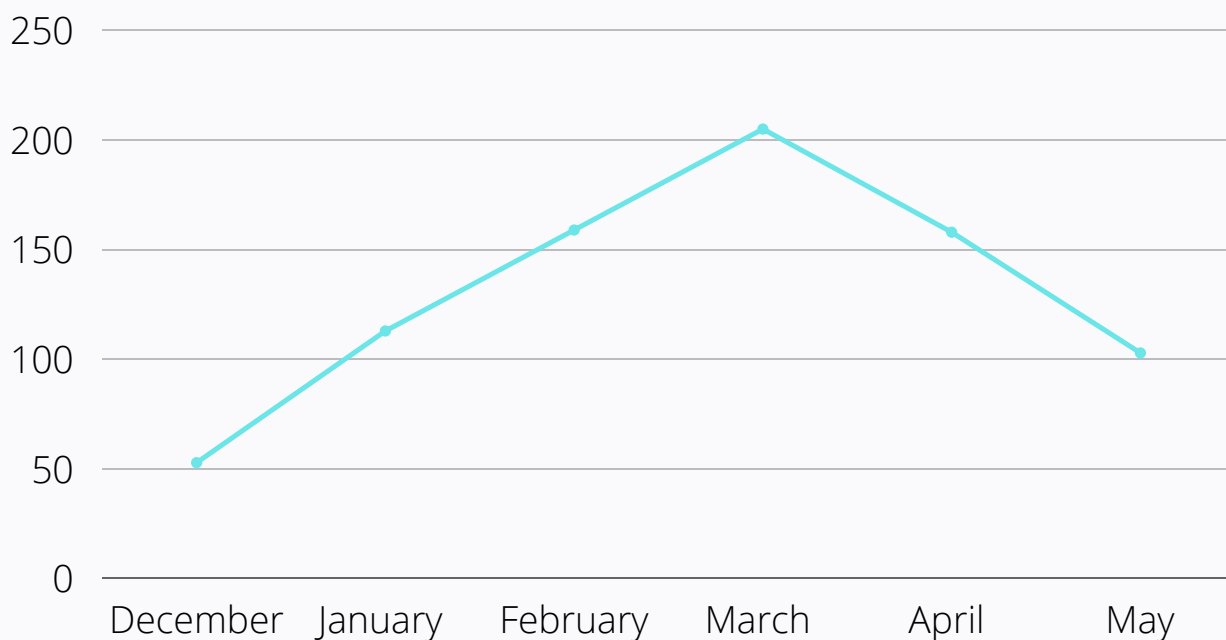
Over the last quarter CaRES has offered on average **18** Community Mentorship Groups per month, including Drop-In Discussion Groups, In-person Support Groups and Park Play Dates, Online Support Groups, and the Story Time. This quarter, Community Groups were attended by a total of **278** people, which is slightly higher than last quarter's attendance. Some of our park play dates in July and August had good attendance, which likely explains the slightly higher numbers after a June slowdown as summer started. We continue to experiment with options in this category of support to see what caregivers will respond to.



# CURRENT CAREGIVER ENGAGEMENT

## SUPPORTIVE FACILITATED DISCUSSION GROUPS

Over the last quarter CaRES has, on average, offered **27** Supportive Facilitated Discussion Groups (SFDGs) per month, covering a range of topics. In the last quarter support groups were attended by a total of **208** people. (As a reminder, these are not necessarily **208** unique participants as caregivers may take multiple sessions of a group or engage with multiple groups.) As we seek to provide groups that resonate with caregivers, we have trimmed our offerings a little over the summer, from an average of **36** groups a month to an average of **27**. Attendance has also shifted downward, which is likely partially due to the expected summer slowdown.



\*See appendix B for a detailed list of the current Supportive Facilitated Discussion Groups.



# CURRENT CAREGIVER ENGAGEMENT

## TESTIMONIALS FROM SUPPORTIVE FACILITATED DISCUSSION GROUPS

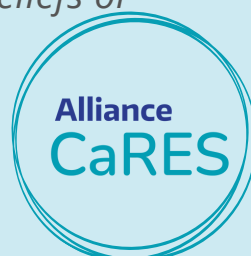
**The response from attendees has been extremely positive.**

Attendees were asked, "What aspects of the support group were the most useful for you?" Comments included:

- *Hearing other people's stories that highlight the fact that I'm not the only one to struggle with parenting. It's easy to fall into the idea that no one else has as hard of a time with things as you do.*
- *Fantastic Facilitation! [Facilitator] gave space for everyone to share and allowed for difficult moments while validating us but also keeping us focused on strategies for moving through them so we didn't get stuck in an emotional place. I always left with hope in my heart.*
- *Being approachable and be mindful of your child's chronological age and their developmental age.*
- *Easy to talk to/with instructor.*
- *The tools given to assist in current and future challenges with my children.*
- *My ability to understand different types of gender identity, expression, sexual orientation and how to support the LGBTQIA+ community.*
- *[Facilitator] was very direct and honest with [their] approach while still honoring the thoughts and feelings of everyone in the group.*

When asked to share their thoughts about the accessibility, equity, and inclusion of the support group they attended, comments included:

- *[Facilitator] really honored our cultural differences and intersections, while also reminding us what we had in common as a community.*
- *It was super Queer positive and I didn't feel judged or shamed for my beliefs or opinions.*



# CURRENT CAREGIVER ENGAGEMENT

## TESTIMONIALS FROM SUPPORTIVE FACILITATED DISCUSSION GROUPS, CONTINUED

When asked to share their thoughts about the accessibility, equity, and inclusion of the support group they attended, comments included (continued):

- *Everyone was kind and respectful of each others backgrounds and experiences.*
- *There was a variety of people in the class and I enjoyed hearing from everyone.*
- *[Trainer] was the most inclusive trainer I've had to date...informational but also spoke with passion.*

Attendees this quarter were also asked what improvements could be made to the support group they attended, and comments included:

- *I can't think of ways to improve the group. It was done very well.*
- *Make a way to easily exchange connections with other caregivers.*
- *Having in-person training.*
- *It works and love that we can come back. Maybe an ongoing group that we could attend at random.*
- *More than 2 sessions. Maybe move to a monthly model after the initial 2 sessions.*
- *Increase group sizes? I'd like to have more connections with other caregivers.*
- *It'd be great if the instructors muted all participants because there is background noise that is distracting.*
- *The sign up process was hard because it didn't list the times.*



# CURRENT CAREGIVER ENGAGEMENT

## TESTIMONIALS FROM SUPPORTIVE FACILITATED DISCUSSION GROUPS, CONTINUED

Attendees were also invited to share their thoughts about CaRES more generally. Comments included:

- *We are so grateful for the hard work and heart work you all do. It must be so hard and we just want to remind you that you are changing lives, and also deserve support and rest.*
- *This program is fantastic. I appreciate all of the resources and support as I navigate the foster care system. I feel more confident in my abilities after reading and learning the many resources available.*
- *Seems nice, would like groups for parents and siblings or even extended family of foster parents as well as bio/adopted kids of foster parents.*
- *Please provide classes for kids who are "siblings" to the foster child. My kids would greatly benefit to training on becoming siblings to a foster child.*
- *Was a great experience and enjoyed the openness to be able to share and be given that safe place to share.*





# LOOKING AHEAD

In the third quarter of our second year, the CaRES program will continue to expand and grow. Elements we look forward to introducing in the next quarter include:

- Growing our in-person presence across the state with the addition of new CaRES Community Connectors, local caregivers who facilitate in-person groups, events, and community partnership.
- Increasing representation of diverse voices and cultures among our offerings in order to provide more effective support for all caregivers. Including two new supportive facilitated discussion groups: the first Spanish-speaking only Supportive Facilitated Discussion group and one focused on helping caregivers build skills to support the culture of Native American children in their home.
- Continuing to publicize CaRES so that all caregivers and DCYF staff are aware of the program
- Building and expanding upon the successes of the program through the diverse skills and experiences of our growing CaRES staff.



# APPENDIX A:

## PROGRAM ELEMENTS

The CaRES Program is made up of seven elements:

### 1) Support through the licensure process:

Prospective caregivers can find the licensure process confusing and intimidating. CaRES staff call all prospective kinship caregivers for individual support. CaRES staff also call all those who inquire about foster care who live within the top 25 highest removal ZIP codes. We also offer weekly virtual lunchtime sessions to answer frequent questions around paperwork and the licensing process, as well as "While You Wait" support groups for those who are preparing to welcome their first placed child.

### 2) Support at key points:

CaRES Mentors reach out to all caregivers at those moments when we know support is most needed, including at the time of licensure, at the time of first placement of a child into a home, kinship placements, and six months after licensure. These calls provide community resources, advice, and emotional support to build an ongoing connection.

### 3) Support during investigations:

Through the FIRST program, CaRES offers neutral, confidential support for caregivers with an allegation or licensing violation. We offer information about what to expect during the investigation process, and a listening ear during a challenging time.

### 4) Different kinds of support groups:

CaRES offers online topic-based support groups for facilitated discussion, problem solving with other caregivers, and training credit. Community-based mentorship groups offer the opportunity for local supportive connections with other caregivers. Drop-In groups are online informal weekly ongoing groups that give caregivers the chance to connect as the need arises. We also offer special events, which vary.



# PROGRAM ELEMENTS

## Program Elements Continued:

### 5) Supportive resources and training:

We offer a wealth of resources through Facebook, Instagram, and the CaRES website. We also connect caregivers to free and extensive training and coaching opportunities through the Alliance for Child Welfare Excellence.

### 6) Anytime support:

While caregivers are doing the important work of supporting children and families, we are here to support the caregivers. CaRES is working to build even more availability to provide empathetic, experienced support. We measure this success in the calls that come from caregivers reaching out directly to Mentors for ongoing support, to get additional questions answered, and for advice. We are seeing these calls increase!

### 7) Special events:

CaRES aims to reach caregivers at every level of need and interest. Beyond the six core program elements, we also offer special events that build awareness of CaRES support or connects caregiver around unique areas of interest. Special events are sometimes statewide, like our PRIDE event, Single Parent Drop-in Discussion, and Storytime. Other times, special events are in-person like our partnership on the TBRI Hope for the Journey Conference and DCYF We Are Family Day. Special events give caregivers the opportunity to connect with CaRES and fellow caregivers outside of traditional or formal program elements. They are a unique way CaRES is caring for the caregivers.

### Vision Statement

We believe caregivers thrive when **connected** to each other, practical resources, and the broader community.



# APPENDIX B:

## SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS

### SELF-CARE

**Who Is Taking Care of the Caregiver?:** This group will engage in conversations around how to make sure you see how valuable your contribution is, as well as also how demanding it can be. You can talk about challenges you're facing when thinking about self-care, because real life does sometimes make it hard to prioritize. You'll work toward developing an action plan that takes into account your unique circumstances and proactively addresses things that might derail your self-supporting activities.

**Boundaries As Self-Care:** This group is an extension of the supportive facilitated discussion group "Who Is Taking Care of the Caregiver?" In this group, you will engage in conversations around how to make sure you see how setting and keeping healthy boundaries allows you to continue doing the valuable work you do while protecting your important relationships. You can talk about challenges you're facing when thinking about boundaries, because real life sometimes makes it hard to say no or hold to your priorities. You'll work toward developing an action plan that proactively addresses things that might make it hard to maintain your identified healthy boundaries.

**Grief and Loss in Your Foster Care Journey:** As a caregiver for a child in the foster care system, grief and loss are an inherent part of your journey. You may be grieving a placement that isn't going as expected or hoped. Even as you celebrate a child's return home or to an adoptive placement, your family may be experiencing the loss of the child. We will talk about the realities of grief and loss, and share strategies for walking through the grieving process. You will engage in discussions about how to experience loss and yet continue to provide a loving environment for children placed with you in the future.

### CONSIDERING ADOPTION

**Foster-to-Adopt Journey:** As a prospective adoptive foster parent, your journey from placement to adoptions is different from other adoption experiences. The goal of concurrent planning leads to unique challenges and beautiful opportunities. During the three sessions, you will consider some of the challenges of the foster-to-adopt process and develop strategies to help you fulfil your role in the adoption triad.



# SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

## BOOK CLUBS

**The Connected Child:** The CaRES team will be leading a group through reading and discussion of “The Connected Child,” by Karyn Purvis. “The Connected Child” lays out the foundational principles for Trust Based Relational Intervention (TBRI), a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children. Discussion at the five weekly book club meetings will dive into what TBRI is, and discussion will include a look at new strategies for building connection and managing behaviors.

**The Connected Parent:** “The Connected Parent” by Karyn Purvis and Lisa Qualls is the focus of this book club. Discussion will review TBRI principles and dive into practical parenting applications and real life strategies for understanding attachment, teaching respect, understanding sensory needs, adapting strategies for teens, and taking care of yourself.

**Dancing with a Porcupine:** The CaRES team leads you through a reading and discussion of “Dancing with a Porcupine” by Jennie Owens. This book shares the compelling story of the author’s struggle to save her own life while caring for three children she and her husband adopted from foster care. In three sessions across six weeks, you will discuss themes including: self-care; trauma-informed care; expectations and hurt feelings; compassion fatigue; and balancing real life with the outside pressure to look like you are doing it all well.

**Trying Differently Rather Than Harder: Fetal Alcohol Spectrum Disorders:** The CaRES team leads you through a reading and discussion of “Trying Differently Rather Than Harder: Fetal Alcohol Spectrum Disorders” by Diane Malbin. This book is a readable, narrative discussion of the neurobehavioral approach to working with children and youth with FASD. The book focuses on understanding behaviors differently through case studies and examples of how FASD impacts everyday life. During four sessions, you will be discussing themes including: adaptations, common challenges, cognitive changes and strategies to address them, working with memory disruptions, and talking about FASD in a supportive informative manner.



# SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

## PARENTING

**Littlest Lives and Their Big Needs – Parenting 0 to 2:** The earliest years are among the most critical to a child’s long-term development. Children under 2 who are in foster care often require supports and approaches that are not so typical for their peers. You will talk through their needs, develop strategies to address those needs, and identify the resources available to help you support the littlest lives in care. You will also be able to build community with other caregivers of kids under 2 to share resources, experiences and problem-solving strategies.

**Parenting Teens:** This facilitated discussion group is a continuation of the seven-part “Parenting Teens” webinar. This group will continue to explore strategies for parenting teens with a history of trauma, developing healthy and supportive relationships with your teen, nurturing their identity, and understanding their challenging behaviors. You’ll work with other parents of teens to develop an action plan that takes into account your and your teen’s unique circumstances and proactively addresses the challenges you face.

**Parenting in the Digital Age:** Ready access to smart phones, tables, and computers has created a whole new world of challenges for caregivers. Youth do not need to leave their bedrooms be introduced to risky situations. During this supportive discussion group, you will talk with fellow caregivers about the challenges of parenting in the digital age, learn some warning signs of when a child’s internet usage has become unsafe, and practice having a conversation about internet safety with your pre-teen or teen. We will also discuss basic internet programs, apps, geo tracking data, dangers in sharing pictures, videos, and personal information online.





# SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

## **PARENTING, Continued**

**Caring for Drug Impacted Infants and Children:** In this group, we will share experiences, resources, and best practices for caring for infants and children who have been exposed to chemicals in utero. We will discuss signs of withdrawal; what works best in caring for an impacted infant including therapeutic handling techniques and share parenting experiences. We will also discuss issues, behaviors, interventions, effective parenting techniques, and resources for the children in your care.

**Practical Parenting Skills for Caregivers:** It isn't always easy to meet the complex needs of a child while navigating a new parental role. Foster parenting calls for a trauma-informed, mindful, and positive response to a wide variety of behaviors. You will work with fellow caregivers to develop practical parenting strategies that are trauma-informed, appropriate for the child, and suited to your home.

**Fostering While Parenting, Supporting Our Biological and Adopted Children:** When you have children who live at home with you, becoming a foster parent also means becoming a foster family. Growing up with foster siblings comes with unique challenges but there are strategies you can use to help your bio and adopted kids adapt and thrive!

During both sessions of this supportive facilitated discussion, you will collaborate with fellow caregivers to identify some of the unique challenges bio and adopted kids face, consider the impact fostering may have on your children, and share strategies you can use to nurture strength and resilience as a family unit.

**Using Storytime for Connection and Support:** Reading with your children can do much more than support their academic growth! During this supportive facilitated discussion caregivers will discuss strategies they can use before, during, and after reading to build social-emotional learning with the children in their care. Caregivers will also collaborate to identify techniques they can use to increase attachment with their child through reading and story time. Whether it is picture books, a chapter book or a series, reading with the children in your home can lead to deeper attachment and improved social-emotional skills!



# SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

## NAVIGATING THE SYSTEM

Wellness Resource Wednesday: Dive into health topics with local experts to best support children in care. We're excited to announce an amazing new group focused on building your awareness of wellness resources that can support you and the children in your care.

Wellness Resource Wednesdays is a free drop-in group meeting 6:30-8 p.m. on the third Wednesday of the month. In partnership with UW Harborview and Coordinated Care, these sessions will offer opportunities to learn directly from expert doctors and connect with caregivers sharing your experiences. The meetings start with a 45-minute presentation by Harborview doctors and conclude with 45 minutes of Q&A around services of CaRES, Coordinated Care and Harborview. The medical topics were selected based on common areas foster parents would like more support around, and training credit will be available. On alternating months, sessions will be a chance to simply share perspectives and resources around navigating health systems as a caregiver.

While You Wait, Fostering Considerations: You've thought long and hard about what it means for you to be a foster parent. While you wait for your license or first placement to arrive, this facilitated discussion will help you consider some of the needs in the fostering community and how you are suited to meet them. You'll work toward developing parameters for accepting your first placements to promote a good fit for both you and child(ren) in your care.

Fostering as Part of a Team: As a caregiver for a child in the foster care system, you are part of a parenting team. The courts, the social worker, CASA, GAL, medical team, therapists and the child's biological family all have a role to play. Knowing what your role is and how to partner with the other members of the child's team improves the child's care, your experience as a foster parent, and the long-term outcomes of the placement. During this group, we will talk about who the members of the team are and their roles, and identify ways to promote positive relationships with them. This will include a look at how to support family time and partnership with the biological/first family, and understanding the role of DCYF staff and how to positively partner for success.



# SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

## **NAVIGATING THE SYSTEM, Continued**

**Navigating Fostering as an LGBTQIA+ Caregiver:** As an LGBTQIA+ caregiver have you felt that your Sexual Orientation, Gender Identity and Expression (SOGIE) impacts your fostering journey? In this supportive facilitated discussion group, you will get a chance to talk with other LGBTQIA+ kinship and foster caregivers about their experiences and share your own. As a group, you will talk about useful tools and techniques for navigating common issues and use these to develop strategies specifically for your family. This single session facilitated discussion is specifically for kinship and foster caregivers who identify as LGBTQIA+ caring for children with any SOGIE.

## **SUPPORTING YOUTH & CHILDREN'S IDENTITIES**

**Supporting LGBTQIA+ Youth in Foster Care:** Understanding your child's identity is critical to providing them the care and support they need to navigate the development years. Children with an LGBTQIA+ identity may need additional support as they navigate social and cultural factors. In this supportive facilitated discussion group, you will have an opportunity to talk through LGBTQIA+ terminology and identify concrete tools you can use to support a child's LGBTQIA+ identity. During the sessions, you can ask questions about support resources, share ways you have supported a child in your care, and hear how other caregivers have navigated situations related to a child's LGBTQIA+ identity.

**Fostering Across Race, Ethnicity and Culture:** Welcoming a child into your home, even temporarily, means accepting and affirming their whole selves. When a child has a different racial, ethnic, or cultural background than yours, it can be challenging to know the best ways to properly care for their unique physical, spiritual, and cultural needs. During this facilitated discussion, caregivers will share their racial, ethnic, or cultural perspective and develop strategies for meeting the needs of a child who has a different background or perspective. Facilitated by caregivers with lived experience in transracial and multi-cultural caregiving, this group aims to discuss the full scope of multi-racial, ethnic, and cultural foster families.

