

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 2023
FOURTH QUARTER

SUMMARY

The Alliance CaRES team walks alongside caregivers at all points of their journey: with kin receiving unexpected placement of a child, with prospective foster parents inquiring about licensure until the first time a child is placed in their home, and through the ongoing joys and challenges of caring for children and partnering with their families and the child welfare team. CaRES offers a variety of individual and group supports and connections, including the engaging, skill-building training for which the Alliance is known.

This report is our chance to share updates on the CaRES program's scope and impact including successes, challenges, recommendations, and details of our support to caregivers during Quarter 4 of 2022-2023.

The CaRES program's support provides individual outreach to caregivers and prospective caregivers at specific points. In addition, we offer topic-based discussion support groups across a wide variety of subjects (see Appendix B). We also host innovative special events and community-based support groups with remote and in-person options, and partner with community organizations who support caregivers.

The CaRES team is proud to run 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 are grateful to all the partners, stakeholders, and team members who are helping guide and inform our work. Our small steps lead to big changes.

Alliance CaRES

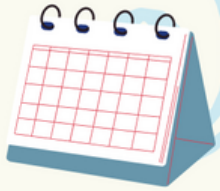
4th Quarter Snapshot

Notable Achievements

Across the state, **1,260** current caregivers received supportive contacts from CaRES program staff.



401 caregivers participated in special events.



190 caregivers participated in topic-based support groups with training.



181 inquiring prospective caregivers received individual supportive contacts.



There were **29** in-person opportunities representing every region in the state.



CARES

PROGRAM ELEMENTS

The Alliance CaRES Program is made up of six elements, listed below and detailed in Appendix A. Each section of this report details the relevant successes, challenges, trends, and data, as well as sharing quotes and stories from the CaRES Program.

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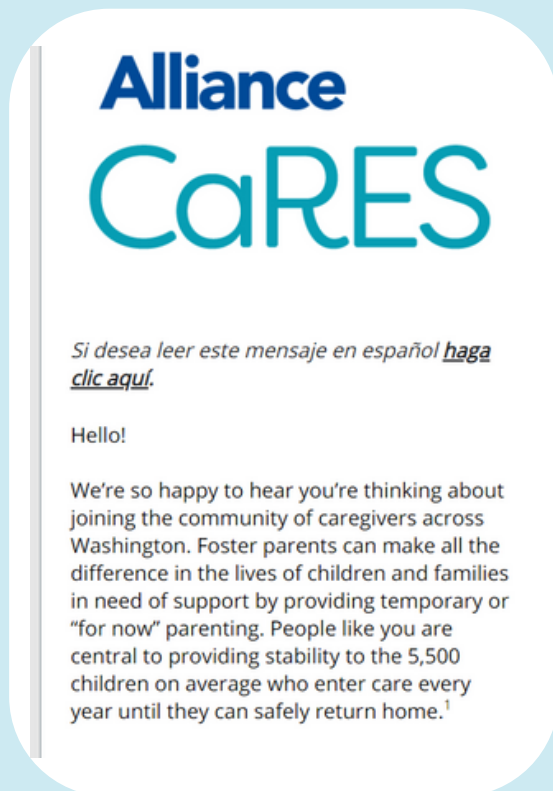


1) SUPPORT THROUGH THE LICENSURE PROCESS

Prospective caregivers can find the licensure process confusing and intimidating. We send clarifying information to all those who inquire about licensure. 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 offer virtual weekly lunchtime sessions to answer frequent questions around the licensing process, a monthly evening session focused on kinship licensing, as well as a "While You Wait" support group for those who are preparing to welcome their first placed child.



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



SUPPORT THROUGH THE LICENSURE PROCESS CONTINUED

During the fourth quarter, a total of **584** prospective foster parents received a welcome email detailing next steps. Of those, **494** received a general welcome email, while **90** (**56** from high removal ZIP code areas and **34** who identified as prospective kinship caregivers) received emails as well as a personal phone call. These individual contacts were based on our contracted engagement requirements. There were an additional **91** supportive contacts to prospective caregivers this quarter.

The following is an example of the type of support a prelicensure call provides:

"Spoke to W. at length, she is a special education teacher who has worked with medically-fragile children, and that is her interest in fostering. She told me about her experience working in schools with medically-fragile youth, as well as her lived experience of foster care as a child. She was also a foster parent many years ago. Discussed the need for foster parents in her area. She had received pre-licensure email and was concerned about having to wait until March to get licensed. We discussed CPA's as an option, she would prefer to get licensed with the state but may go CPA route. Emailed info about Region 1 CPA's and encouraged her to reach out with any other questions."



SUPPORT THROUGH THE LICENSURE PROCESS CONTINUED

TRENDS, CHALLENGES, AND RECOMMENDATIONS

Licensure for Prospective Kin

We are receiving increasing inquiries from relatives who have heard that a child related to them may be entering care. The potential caregivers want to get licensed so they can be considered as a placement option but are not eligible for KCT without a placement already in place. We are hearing requests for KCT and child-specific license options for potential placements.

Kinship Caregivers Needing More Information About Reunification

Kinship caregivers are either uninformed or misinformed about the reunification process. Some kin do not want to be licensed because they believe reunification is imminent while others are shocked when the child is returned home within a matter of weeks. We recommend requiring the session of KCT around understanding the system, as well as the creation of DCYF handouts to be given at the time of placement.

The Licensing Pause and Messaging

Prospective caregivers expressed confusion and concern about the licensing pause. We frequently heard questions about whether the state 'really wanted' foster parents. We worked to reassure those who inquired about the need for new homes.

Licensing Confusion

Prospective caregivers have reported high levels of relief in finding that CaRES can offer assistance in navigating the licensing process, which they report is confusing and daunting. Most questions are around requirements that might make a caregiver ineligible, the steps of the process, and pursuing adoption.



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. We work to ensure that caregivers will build an ongoing connection with their local Mentor so they have someone to call as issues arise.



Over the last quarter, the CaRES Mentors called a total of **612** newly licensed caregivers, those with their first placement, and kinship caregivers, per our engagement strategy. Of those calls, 88% were to kinship caregivers, 7% were to newly licensed caregivers, and 5% were to caregivers with their first placement.



We think it is important to highlight that there have also been **648** additional contacts (individual emails, calls, and texts) to support current caregivers in the last quarter (including calls to caregivers at six months and one year 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.



SUPPORT AT KEY POINTS CONTINUED

KINSHIP SUCCESS STORIES

Every month we report on examples of our caregiver support by sharing comments, testimonials, notes from Mentor calls, and 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 kinship support calls:

- *"Lengthy call from E., she has placement of 16-month-old relative. Discussed trauma and toddlers. Reassured her that many of the behaviors she is seeing are common in toddlers in care. One thing that happens occasionally is baby tries to hit her head on the floor. No marks or bruises but I did recommend she let SW and pediatrician know. She said she is always with the baby and can intervene. Emailed links to Caring for Children Who Have Experienced Trauma training and Littlest Lives SFDG."*
- *"Long chat with T. about placement of her little brother in her care and what resources she could access if she chooses to. At this time she believes that it is just going to be a 60 day placement, but she agreed that she might need assistance if it lasted longer. She said "thank you to the Cares program for checking in on me, that feels good."*
- *"Spoke to F. who is caring for 18 month old and almost 3 yr old relative kiddos. These kiddos have moved homes between relatives quite a bit. I encouraged this family to reapply for TANF [and shared] info on RGAP and adoption support requirements. F. reports they need help with Christmas gifts for the kiddos, social worker said the department would furnish 1-2 presents for each kiddo. I reached out to Embrace WA with this family's permission."*



SUPPORT AT KEY POINTS CONTINUED

FOSTER PARENT SUCCESS STORIES

The following are pulled from Mentors' notes describing successful first placement, newly licensed, 6 month post-licensure, and referral calls to foster parents:

- *"T., called [back]. We had a very long conversation about what she can expect on her journey towards adoption (they hope to adopt out of foster care). She had a lot of really good questions. Follow up email sent with placement desk info and links to While You Wait training." (A newly licensed contact)*
- *"Spoke with E. for awhile. She was placed with two children and since she was only licensed for one child they did an over capacity. She said she was very excited because they told her it was a long term placement and then they moved them the very next day to a kinship placement. She is worried that she won't hear anything for awhile." (A first placement contact)*
- *"Called and introduced myself to the caregiver and explained how we can be a resources. Caregiver is interested in the support groups and I informed her that I would send her a text with the next time we meet and information on the alliance as well, so she understands what we do to assist. E. stated she would like to attend the Spanish speaking virtual support groups. Informed I would f/u with info." (A Spanish-speaking community referral)*
- *"Everything is going well. She has had 2 placements for a few months each and said that it was great and she loved having them. She wishes she had a placement currently, so we talked about the email list with placement, after hours, respite, and also talking to placement about any kids in the group homes that might be a good fit for her home. Also talked about the Prosser support group, which she has gone to a few times and loved it. Let her know to reach out if she needs anything." (6 month contact)*



SUPPORT AT KEY POINTS CONTINUED

TRENDS, CHALLENGES, AND RECOMMENDATIONS

Caregiver Dissatisfaction, Confusion, and Need for More Information

Across the state, caregiver morale is extremely low. We hear many reports of challenging communication between workers and caregivers including increasing reports from caregivers who are unable to get responses to significant requests related to the child's medical or educational needs. Caregivers request a single point person in each region for urgent matters when they are not reaching the child's worker. We have been reporting trends and specific incidents that need DCYF intervention to DCYF directly in order to facilitate resolutions and build awareness of caregiver challenges. In addition, we continue to get many reports from kin caregivers that they do not know who to reach out to for questions that arise related to the case. They often express confusion with the number of people who are involved in the case. We recommend increasing clarity for kin around contact points through the use of printed cards they can post in their homes.

Placement Challenges

Dissatisfaction with the system is influenced by significant placement challenges for both kinship and foster caregivers. Caregivers are reporting feeling pressed into taking placements that are not good fits with their circumstances or skills. This is contributing to instability and disruptions for the youth and burnout for the caregivers. Additionally, kinship families report feeling unprepared and unsupported when taking a relative placement. They express frustration with inadequate resources for material goods, transportation, and childcare and concern that when they voice needs children will be removed from their care. Kin caregivers are requesting that children come to placement with carseats, diapers, supplies, and an automatic enrollment in TANF.

Data Challenges for Kinship Contacts

We are seeing significant problems with DCYF's kinship caregiver data that allows our Mentors to contact kin to offer support. This quarter about a third of the DCYF provided kin phone numbers and email addresses were incorrect or missing. In those cases, we mail a welcome packet via USPS but kinship caregivers rarely contact CaRES as a result of these. Many kinship caregivers express gratitude for the support and resources CaRES offers and incorrect contact information is a barrier to providing support to those kinship caregivers. We are eager to find more accurate data from DCYF.



3) DIFFERENT TYPES OF SUPPORT GROUPS

CaRES now offers **26** online topic-based support groups for facilitated discussion and problem solving with other caregivers. These confer training credit and are listed in Appendix B. Community-based groups offer the opportunity for state-wide connections with caregivers with shared experiences and local in-person supportive connections with other caregivers. Some of these include trainings for credit, depending on the interest of the group. Our community-based groups include "walk and talks", coffee meet-ups, park playdates, and more. Our drop-In groups are online informal groups that give caregivers the chance to connect as the need arises around topics like caregiving as a single parent.



DIFFERENT TYPES OF SUPPORT GROUPS CONTINUED

SUPPORTIVE FACILITATED DISCUSSION GROUPS

Over the last quarter CaRES offered **72** Supportive Facilitated Discussion Groups (SFDGs) covering a range of topics. In the last quarter support groups were attended by a total of **190** people. (As a reminder, these are not necessarily **190** unique participants as caregivers may take multiple sessions of a group or engage with multiple groups.)



DIFFERENT TYPES OF SUPPORT GROUPS CONTINUED

FEEDBACK FROM SUPPORTIVE FACILITATED DISCUSSION GROUPS

The response from attendees has been extremely positive with an average overall satisfaction rating of 4.7 out of 5 on the evaluation surveys this quarter. Participants said they would recommend the group to others at 4.6 out of 5 and rated the online format as a 4.8 out of 5. When asked what was most useful about the support group they attended, comments included:

- *Hearing other perspectives and talking things through with experienced caregivers. (Shared by 5 participants.)*
- *Our different circumstances and experience levels made an interesting discussion; I learned a lot. (Shared by 3 participants.)*
- *Positive feedback, encouragement and regard to participants. It was an open, safe environment to explore topics. (Shared by 2 participants.)*
- *Hearing [facilitator's] lived experiences of being a parent with biological children in the foster system.*
- *[Facilitator's] experience shines through; I feel like I learned from everything she said...we learned so much through osmosis. What an inspiration!*
- *It was a relaxed environment, felt comfortable sharing and asking questions.*
- *The sharing of resources and ideas. I also liked how each week just focused on 1 chapter of the book.*
- *There were great examples of lived experiences shared. Also, the book has a ton of incredible content.*



DIFFERENT TYPES OF SUPPORT GROUPS CONTINUED

FEEDBACK 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:

- *The book used was also available in an audio version for those needing to listen to it rather than read it.*
- *Additional education about possible cultural and ethnic impacts would be useful. We could explore historical variances that may exist.*
- *I sincerely appreciate the online format. I am able to participate at the level I'm comfortable at, and attend more trainings because of it.*

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

- *More structure to the curriculum.*
- *Maybe consider giving an executive summary after every class.*
- *Having more discussion groups or in a book club format.*

When asked to share their thoughts about CaRES in general, caregiver responses included:

- *I appreciate all the information and classes that are available.*
- *I am heartened by the effort & skill put towards this vital part of our evolution as a species. Thank you for creating a community.*
- *This is a good resource. I do miss in person gatherings, but ZOOM is a nice option for busy lives.*
- *I like the opportunities for trainings provided.*
- *I am so far impressed. Everyone is so helpful and kind.*

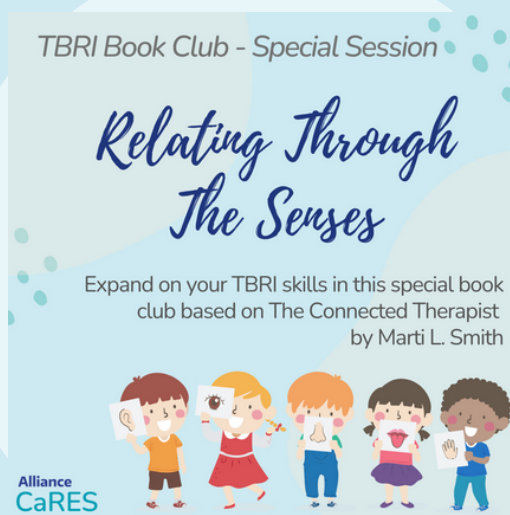


DIFFERENT TYPES OF SUPPORT GROUPS CONTINUED

SUPPORTIVE FACILITATED DISCUSSION GROUPS: BOOK CLUBS

The Book Club portion of the program are consistently well attended and are now considered a flagship of our program. The options continue to grow, now with five books: "Dancing With a Porcupine," "FASD: Trying Differently Rather Than Harder," "TBRI: The Connected Child", "TBRI: The Connected Parent," and the newly launched advanced book club, "TBRI: The Connected Therapist, Relating Through the Senses."

We were thrilled to not only expand the list of book club offerings but to add an advanced level group for caregivers who have completed the Alliance's TBRI series or both of CaRES' other TBRI book clubs. "TBRI: The Connected Therapist, Relating Through the Senses" uses sections of the book to guide a conversation about sensory challenges and needs while building a toolkit of sensory diet strategies to improve regulation and attachment.



DIFFERENT TYPES OF SUPPORT GROUPS

CONTINUED

COMMUNITY GROUPS

This quarter, Community Groups were attended by a total of **120** people with CaRES offering **22** groups across the state in **14** cities representing every region. There were multiple groups in Regions 1 and 2 to ensure that caregivers throughout those large regions had options near them.



Events this quarter around the state

Along with the Community Groups hosted by CaRES, we partnered with local organizations such as Skookum Kids, Compelled to Care, Wishing Well, and Foster the Harbor. Beyond the traditional support groups and park play dates, our Community Connectors have also hosted caregiver coffees and walk-and-talks. We look forward to adding more fun connection options in the coming months.



DIFFERENT TYPES OF SUPPORT GROUPS CONTINUED

DROP-IN DISCUSSION GROUPS

Drop-in Groups for communities with shared experiences: These unique drop-in groups are a place for caregivers across the state to connect with others who just "get it." Single caregivers, those who take medically complex placements, those who are focused on practicing the skills learned in TBRI classes, and people who are just beginning their caregiving journey have all expressed feelings of isolation. These tailored drop-in groups have been met with gratitude and engagement.



DIFFERENT TYPES OF SUPPORT GROUPS CONTINUED

TRENDS, CHALLENGES, AND RECOMMENDATIONS

Attendance Challenges

The CaRES team is struggling with attendance for our events. Despite ongoing requests for support groups that provide training hours, ways to connect, and in-person gatherings, we are not getting high attendance at the events we organize. Based on caregiver requests and marketing feedback, we have tried different types of activities, a wide variety of training topics, offering child care, providing food, and direct invitations from Mentors. Despite these diverse efforts we continue to see low turnout. We have been speaking to partner organizations and other community organizations who report the same response from caregivers to their events. We will continue offering both remote and in-person events but we believe the landscape has shifted dramatically in this post Covid time and in-person events do not have the pull they once did.



4) SPECIAL EVENTS

CaRES aims to reach caregivers at every level of need and interest. Beyond our varying support group offerings, we also have special events that build connections for caregivers around unique areas of interest. Special events are sometimes statewide, like Gentle Yoga for Caregivers or Storytime with crafts. Other times, special events are in-person like our partnership with the Wishing Well Foundation or multiple holiday events across the state. 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.

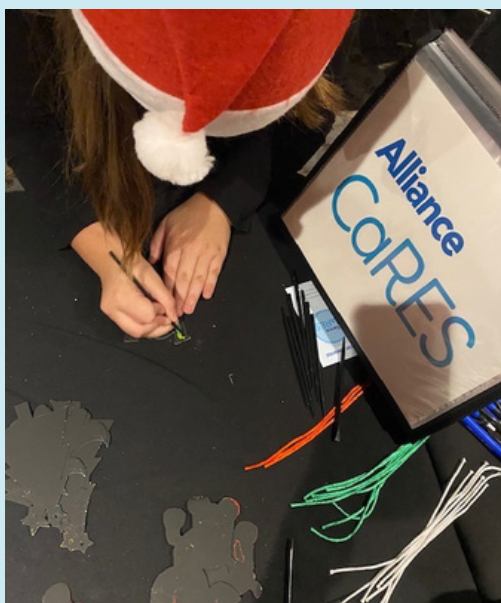


SPECIAL EVENTS CONTINUED

401 caregivers and children participated in CaRES' special events this quarter. Special events include in-person community events in partnership with other organizations, digital community events, and drop-in discussion groups.

During the fourth quarter, we were thrilled to partner with organizations across the state for in-person events such as Compelled to Care's gingerbread event, ice skating with Wishing Well, Region 5's caregiver appreciation event, Smokey Point Christmas event, and Foster the Harbor.

We relish the opportunity to meet caregivers and the children and youth in their homes, as well as build partnerships with their community organizations.



Youth enjoying the rainbow tag craft at a local event

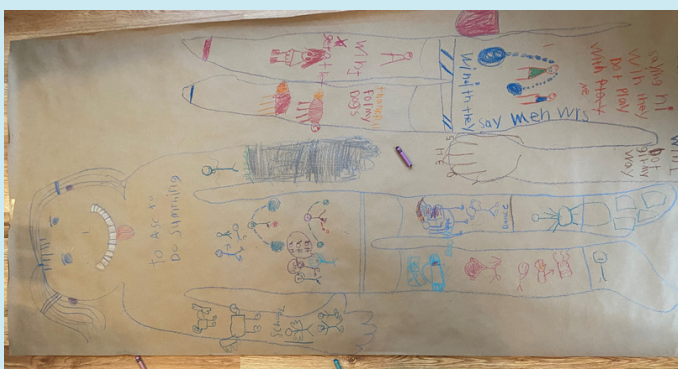


The CaRES table with crafts, hot cocoa card, and other free items.

SPECIAL EVENTS CONTINUED

CaRES also offers statewide special events. Two very popular special events this quarter were the Gentle Yoga for Caregivers and the Caregivers + Kids Activity and Story Hour. Gentle Yoga for Caregivers provided a relaxing practice guided by an Alliance trainer and certified yoga instructor. The practice included mindful movements that also followed the principles of trauma sensitive yoga. One participant had this to say about the special event:

"You know when we are raising littles, we don't often take the time for ourselves. Thank you SO much for this today <3."



One example of the beautiful silhouettes created during the activity



The craft supplies mailed to families for our Storytime event

Caregivers + Kids Activity and Story Hour included an engaging activity along with a discussion on how stories support emotional awareness. The event included a reading of "The Shape of Me and Other Stuff" by Dr. Seuss and "The Way I Feel" by Janan Cain. Each participating child drew a life-size silhouette to fill in with their feelings. The supplies for the silhouette were sent by mail to caregivers who RSVPed. One participant shared:

"My kids and I enjoyed the opportunity for a listening and play activity that helped us explore our feelings and emotions!"

SPECIAL EVENTS

CONTINUED

TRENDS, CHALLENGES, AND RECOMMENDATIONS

Special Events are a Highlight

Special events are frequently our most well-attended offerings. Caregivers express appreciation for the opportunity to try something new or engage with caregivers who have had similar experiences. We recognize the value of informal and creative options for caregiver connections and look forward to continuing expanding our special events. We are always looking for new ideas from caregivers and opportunities for partnership in the community.

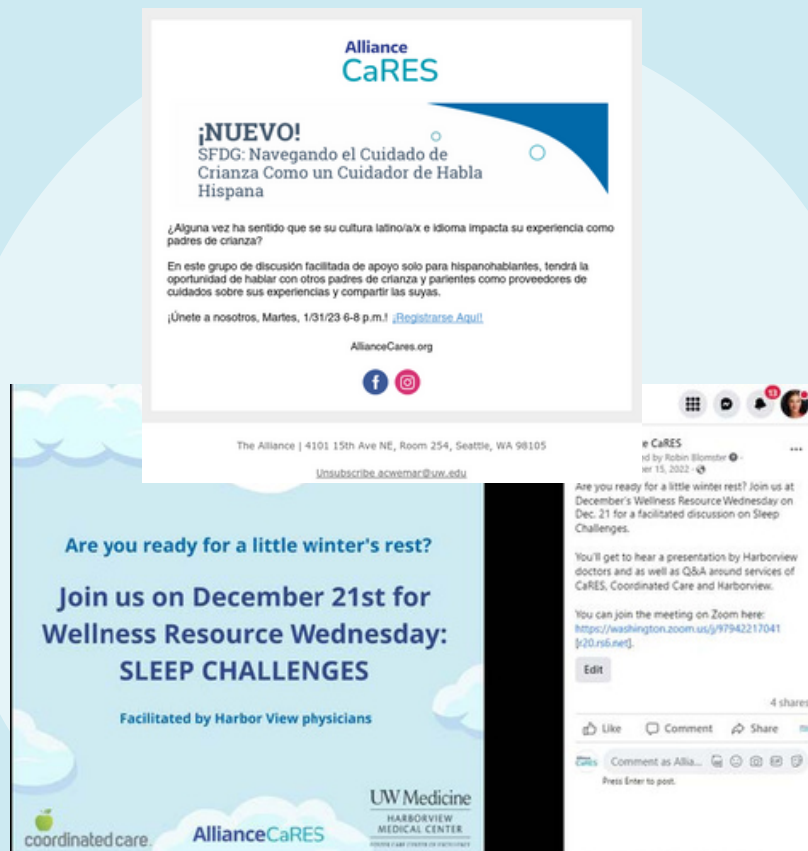
Regional Disparity in Appreciation Events

As CaRES partners with DCYF around caregiver appreciation events we are observing the differences between regions in terms of the time and budget allocated for caregiver appreciation events. We want to support DCYF's work to show caregivers how much they matter but the regional disparity is a challenge and is leading to caregivers in some regions feeling undervalued and unseen.



5) ANYTIME SUPPORT, INCLUDING RESOURCES AND TRAINING

We offer a wealth of resources through emails, Facebook, Instagram, and the CaRES website. We also connect caregivers to free and extensive training and coaching opportunities through the Alliance. While caregivers are doing the important work of supporting children and families, we are here to support the caregivers. Workers can refer caregivers who need mentorship and caregivers can reach out directly to Mentors for ongoing support, to get additional questions answered, and for advice. We are seeing these calls increase!



ANYTIME SUPPORT, INCLUDING RESOURCES AND TRAINING CONTINUED

TRENDS, CHALLENGES, AND RECOMMENDATIONS

Increasing Referrals as a Sign of Program Success

We continue to grow the number of referrals from workers seeking information about resources to support kinship and foster caregivers on their caseloads. Requests for resources and support came from across DCYF including social workers, adoptions, recruitment, and SAM among others. Requests also came from community partners such as community agencies, child placing agencies, and more. We are thrilled that people are turning to CaRES to support caregivers on their caseloads. We take the growing number of caregiver referrals and partnership contacts as an indication of our ability to be a resource for caregivers directly and indirectly. We continue developing resource partnership and grow awareness of CaRES supports.

Confusion and Lack of Awareness of CaRES

With the increasing number of referrals and caregiver inquiries for support, we have noticed a pattern of inquiries for caregivers who are already connected to CaRES supports. For example, a caregiver calls the main line to request support but spoke with their CaRES mentor just days before. Or a case worker refers a caregiver who has been in regular contact with their CaRES Mentor. While we are excited to provide an additional point of contact for complicated situations, we believe these overlaps in service are due to continued confusion about the CaRES program. We will continue to improve our messaging so that staff and caregivers not only see CaRES as a resource but are aware of the scope of our offerings.



6) SUPPORT DURING INVESTIGATIONS

FIRST PROGRAM

There were **7** FIRST calls made during the fourth quarter.

Event Date	Number of Calls	Reason for Call
1/5/2023	1	FIRST line, CPS investigation
1/31/2023	1	FIRST line, interview process support
2/2/2023	1	FIRST Line, Child Removal Support
2/2/2023	1	FIRST Line, Resources Support
2/10/2023	1	FIRST Line
2/12/2023	1	FIRST Line
2/22/2023	1	FIRST Line, Investigation Process

TRENDS, CHALLENGES, AND RECOMMENDATIONS

Under Utilization of FIRST Line

The CaRES team received only 7 initial FIRST program calls this quarter, and no additional follow-up calls from caregivers. The FIRST Program has not been a well-utilized element of the program, despite requiring staffing. It is more common for caregivers to reach out to a Mentor or CaRES staff member directly with questions. Some callers are looking for advocacy help for disputing with DCYF. CaRES does not provide this service and we direct caregivers to Constituent Relations. We also hear from caregivers that they would be interested in direct contact with DCYF to discuss their questions rather than speaking to CaRES staff.



LOOKING AHEAD

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

- Growing our in-person presence across the state through our team of CaRES Community Connectors and a new staff person in the role of Community Coordinator Eastern
- Identifying and responding to the critical caregiver connection points. The CaRES response may include additional supportive contacts, new support group topics, continued partnership with other community groups, and a growing in-person presence across the state.
- Growing CaRES communication reach and social media presence along with testing new events marketing through Facebook events and direct email campaigns.
- Building and expanding upon the successes of the program through increasing our culturally-focused special events and direct individual connections.



Vision Statement

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



APPENDIX A:

CARES

PROGRAM ELEMENTS

The CaRES Program is made up of six elements

1) Support through the licensure process:

Prospective caregivers can find the licensure process confusing and intimidating. We send clarifying information to all those who inquire about licensure. 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. We work to ensure that caregivers will build an ongoing connection with their local Mentor so they have someone to call as issues arise.

3) Different kinds of support groups:

CaRES now offers 26 online topic-based support groups for facilitated discussion and problem solving with other caregivers. These confer training credit. Community-based groups offer the opportunity for local in-person supportive connections with other caregivers. Some of these include trainings for credit, depending on the interest of the group. Our community-based groups include "walk and talks", coffee meet-ups, park playdates, a craft circle, and more. Our drop-in groups are online informal groups that give caregivers the chance to connect as the need arises.

4) Special events:

CaRES aims to reach caregivers at every level of need and interest. Beyond our standard offerings, we also offer special events around unique areas of interest. Special events are sometimes statewide, like our PRIDE event, Single Parent Drop-in Discussion, and Storytime with crafts or our Gntle Yoga for caregivers. 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.

5) Anytime support, including resources and training:

We offer a wealth of resources through emails, Facebook, Instagram, and the CaRES website. We also connect caregivers to free and extensive training and coaching opportunities through the Alliance. While caregivers are doing the important work of supporting children and families, we are here to support the caregivers. Workers can refer caregivers who need mentorship and caregivers can reach out directly to Mentors for ongoing support, to get additional questions answered, and for advice. We are seeing these calls increase!

6) 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.



APPENDIX B:

SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS

SELF-CARE

Self Care for Caregivers: 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. (Formerly "Who Is Taking Care of the Caregiver?")

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.

The Connected Therapist: Connecting through the senses: "This 3-week book club is an extension of the Trust Based Relational Intervention (TBRI) modules or the TBRI book clubs: The Connected Child and The Connected Parent. Based on selections from “The Connected Therapist” by Marti Smith, discussions during the three sessions will focus on understanding sensory processing challenges, developing sensory processing strategies, and the practical application of those strategies in everyday caregiving."

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

BOOK CLUBS, Continued

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.

PARENTING

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.

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.



SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

PARENTING, Continued

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.

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.



SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

BUILDING CONNECTIONS WITH CHILDREN & YOUTH

Caregiver Strategies for Holidays and Celebrations: Holidays and celebrations can be a time of family togetherness, but they can also be a time of stress and heightened expectations. It takes intentional planning to give the children in your care a wonderful experience that includes the things that make the holiday or celebration special for everyone. In this 2-hour supportive facilitated discussion, kinship and foster caregivers will talk with each other about ways to manage the expectations of the child, their family, and your family. You will also talk about how to plan ahead to minimize the emotional challenges that sometimes come with family celebrations. Lastly, you will have an opportunity to create a celebration action-plan that is specific to your family and the child in 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.

Education Resource Wednesday: Dive into education topics with local experts as they provide tools, resources, and support to help foster parents and kinship caregivers guide their youth to academic success. In partnership with Treehouse, the Department of Children, Youth and Families (DCYF), and the Office of Superintendent of Public Instruction (OSPI), these sessions will provide you with the opportunity to learn directly from educational experts and connect with foster parents and kinship caregivers by sharing your experiences. The meetings will start with a 45-minute presentation by Treehouse and OSPI and conclude with a 45-minute Q&A around services of CaRES, Treehouse and OSPI. The educational topics were selected based on common areas foster parents and kinship caregivers would like more support around, and training credit will be provided.



SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

NAVIGATING THE SYSTEM, Continued

While You Wait: 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.

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.



SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

NAVIGATING THE SYSTEM, Continued

Navegando el cuidado de Crianza Como un Cuidador de Habla Hispana: ¿Alguna vez ha sentido que su cultura latino/a/x e idioma impacta su experiencia como padre de crianza? En este grupo de discusión facilitada de apoyo solo para hispanohablantes, tendrá la oportunidad de hablar con otros padres de crianza y parientes como proveedores de cuidados sobre sus experiencias y compartir las suyas. Como grupo, hablarán sobre herramientas y técnicas útiles para navegar por los problemas comunes que enfrentan los cuidadores de habla hispana y utilizarlas para desarrollar estrategias específicamente para su familia.

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.



SUPPORTIVE FACILITATED DISCUSSION GROUP OFFERINGS CONTINUED

SUPPORTING YOUTH & CHILDREN'S IDENTITIES, Continued

Supporting the Culture of Native American Children in Your Care: Each of these 1-hour culturally focused sessions help caregivers of Native American children incorporate indigenous cultural elements into your home for the benefit of the child. Led by the Alliance CaRES Indian Child Welfare Act (ICWA) Specialist, these sessions will introduce the historical foundation of specific activities and why they are important in Native American culture. You will be introduced to embedded cultural aspects particular to Washington State Tribes, including appropriate attire and behavior during events and activities in the community. You will leave better prepared to integrate these activities into your home and role as a caregiver.