Guam Foster Care Needs Assessment

Kathleen E. Kaminski

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Guam Foster Care Needs Assessment

A Master Creative Project

Submitted to the Faculty

of

American Public University

by

Kathleen Kaminski

In Partial Fulfillment of the

Requirements for the Degree

of

Masters of Public Administration

February, 2017

American Public University

Charles Town, WV
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DEDICATED

I dedicate this project to my parents Nancy and Larry Gebler, and my husband Michael Kaminski. Without their continued support throughout this process I would not have completed the program. I would also like to dedicate this to the foster parents of Guam, without their dedicated support and participation the child welfare system would not be able to provide loving homes for the children who are most in need.
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I wish to thank Dr. Christi Bartman, who has been instrumental in assisting with the IRB process and throughout the research and composition of this thesis project. Without her direction I would not have gotten through the process successfully. I would also like to thank the IRB board for helping to focus my research in a positive direction.

I have found the coursework throughout pursing my master’s degree in public administration to be helpful and stimulating. The foundation and knowledge the courses provided has proven valuable throughout this process and will continue to hold value in the future.
ABSTRACT OF THE THESIS

GUAM FOSTER CARE NEEDS ASSESSMENT

By

Kathleen E. Kaminski

American Public University System February 21, 2017

Charles Town, West Virginia
Professor Christi Bartman, Thesis Professor

Guam’s unique history and social makeup has created an environment for child protective services and foster care that is unlike any other place in the United States. The demographics of the island present an interesting challenge for the foster care system and large sibling groups are difficult (and often impossible) to place together. This study was created to survey current foster parents in the system and provide suggestions for improvements to the system. Though Guam has an unusual population, it appears that foster parents were interested in many of the same issues presented through similar studies in the United States. They made many suggestions on improvements that could be made to the system including: mandatory training, structured respite care, and more inclusion in decision making about the children in the system. This study then expanded on those suggestions with ideas from other states and programs and how they created better foster care systems.
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I. INTRODUCTION

Guam is a unique island that has very different challenges from the mainland United States. As a territory of the United States, it is still subject to many of the same standards as the rest of the US, but does not have all the resources necessary to provide the same services. In addition, the isolation of the island presents its own challenges when looking for specialists and other options for foster care. The foster care system in Guam has 27 licensed foster parents and 24 family foster placements currently serving over 145 foster children. There are also 2 shelters on the island that assist in placement when other options are not available. This study explores the unique background of Guam and how that impacts the foster care system, presents results from a survey of local foster parents, and provides suggestions on how to improve the current system.

Very little research has been dedicated to Guam specifically, and the unique challenges posed by the culture and immigrant populations to the foster care system. In addition, Guam has many cultural differences from the mainland US, including extended families living together and much closer family units. Families are often resistant or distrustful of mental health services, and prefer to deal with issues internally rather than call authorities for assistance. Studies of foster care systems in the mainland US have produced best practice measures that may or may not be appropriate for Guam and its unique issues. This needs assessment specific to Guam foster children, licensed foster parents, and family foster placements can be used to identify gaps or deficiencies in services, and suggestions for improvements to the system.
II. BACKGROUND

About Guam

The island of Guam is located at the southern tip of the Marianas islands archipelago and is located about two thirds of the way between Hawaii and the Philippines. Guam is a US territory and differs from the 50 US states in several ways. Guam is a Territory in a remote location with limited resources, and faces several unique challenges that impact the foster care systems. Guam has a history of imperialist governments controlling the people. It was controlled by Spain from 1866 until 1898 when Spain ceded Guam to the United States. It was captured by the Japanese during World War II and re-taken three years later by the United States. Guam was allowed to develop its own constitution and government and on August 1, 1950 and the new government was formed (Guam, 2012).

Guam is a melting pot of the Pacific with immigrants from many different backgrounds coming to the island regularly. The island is comprised of approximately 60,800 Chamorros (local indigenous people), 43,000 Filipinos, 11,200 Caucasians, 11,000 Chuukese (from the Federated States of Micronesia), 3,200 Koreans, and 14,400 other Pacific Islanders and Asian populations. Approximately 10 percent (16,000) of the population identifies as mixed ethnicity. These different cultures all bring their own languages and cultural practices to Guam, which can sometimes present issues for service providers as many of the immigrant populations do not speak English or understand US laws prior to coming to Guam. Figure 1 provides a makeup of the approximately 160,000 people living on the island of Guam.
It is important to note that Guam has a large military presence and approximately 12,000 military members and their families live on the Naval and Air Force bases located on Guam. In addition, the military employs thousands of contractors and recruits from off island for qualified professionals (Joint Region Marians, 2016). There are several large military bases on Guam that make up a large part of the island as shown in Figure 2 below. This has created conflict between the native Chamorro people and the military on several fronts, including environmental issues and the diminishing of farming and manufacturing industries. The infrastructure of the island, including roads, water, power, and other public services is struggling to handle the influx of military personnel and plans on the horizon to increase the military population by approximately 5,000 marines and their families is concerning to the community as the military already occupies 28% of the land on the island. This has caused additional struggles with the local population who state that the US military has not fully examined the impact that the buildup would have on the island and the natural resources (Letman, 2016).
The unemployment rate in 2014 for Guam was approximately 7.7 percent island-wide, compared to 5.4 percent for the rest of the United States. This was down from 8.4 percent unemployment rates recorded at the beginning of 2014. While the overall trend for unemployment and poverty rates have been gradually inching downward, these rates remain much higher for Guam than for the rest of the United States (Raymundo, 2015 p.1).

Guam has historically experienced limited resources and high levels of poverty. Nearly one-in-four households on Guam is below the poverty line, with approximately 2,512 households reporting no income at all, which creates a significant drain on the social service systems (Daleno, 2015 p.1). In addition, many families live in substandard homes which are not built up to code. These homes often do not have running water or electricity, and are built from materials
that do not hold up in the event of a typhoon or earthquake (which are common occurrences as Guam lies within the Pacific ‘ring of fire’ and ‘typhoon alley’). Many households have extended families living together in an effort to combine resources.

The birth rate on Guam and among the other Pacific Islands that make up Guam’s population is higher than that of the national average in the United States. While all have decreased over the years, the numbers still remain very high for many Pacific nations. The fertility rates are higher in Guam, Micronesia, and the Philippines compared to the United States as shown in Figure 3. In addition, the teen fertility rates remain high in Guam, and the Philippines (Knoema, 2016).

Figure 3 Crude Birth Rate Comparison of Guam, Surrounding Areas, and the U.S.

(Knoema, 2016).
Impacts on the Foster Care System

Poverty, unemployment and high birth rates all impact the foster care system and the ability to identify and recruit family and licensed foster home providers. Currently the Bureau of Social Services Administration has about 146 children in foster care in Guam. This often includes large sibling groups that are difficult to place all together. Foster care payments for children under the age of 11 are $711.24 per month, and $526.25 per month for children 11 and older. When compared to Hawaii, these rates are very similar (0-5 years $576, 6-11 years $650, and over 12 years $676). These rates went into effect in August of 2014 (Foster Care Basics, 2014).

However, an assessment from the GAO estimated that although Guam uses the same poverty rate standards as Hawaii, the cost of living is 25 percent higher in Guam than that experienced by people living in Hawaii (GAO, 2009). This essentially results in lower payments for families on Guam as the cost of living is so much higher. Foster care payments would need to be increased in Guam to keep up with the standards set by the rest of the country.

One of the major issues that contributes to the lack of foster placements are large families with many children. When these children are removed from a home it is usually almost impossible to keep sibling groups of more than 3 together due to the limitations of many foster parents. These large family units are more prevalent on Guam than in the mainland United States. Teen pregnancy is also more prevalent and can be an issue among teen foster children as well.

Personal communication with administrators at the Bureau of Social Services revealed that Guam has had a shortage of licensed foster care providers since the beginning of formal foster care in 1978 via executive order signed in December of 1972. This has resulted in the need to place foster youth in shelters that are often full. Unpaid family members are sometimes
able to fill the gaps caused by a lack of licensed foster care providers, but they often struggle with the new responsibility of additional children to parent, as well as the financial burden of paying for children’s needs with no stipend from Child Protective Services. In addition, foster parents are not provided with any training prior to receiving children that have been removed from their homes. This increases the chances that foster parents are not equipped to deal with behavioral issues that often go along with trauma and abuse. There are also few supports and services for foster children in Guam, and foster children with behavioral concerns or who are over the age of 10 are much more likely to spend an extended amount of time in a shelter or residential treatment facility rather than a family home.

Placement Options for Children in Care

With over 145 children in foster care and only 24 licensed foster placements (the licensed foster parents currently have capacity for 42 children and 2 spots for children needing care for 72 hours or less), the rest of the children must be placed with family or in a shelter. Too often, children end up staying in the shelters for long periods of time. These shelters are not designed to be a long term placement for children and issues with adjustment and behavior can occur when the children are in the shelter setting for too long. This is especially true for teens in the only teen shelter on the island, which is run by Sanctuary Incorporated. In addition, this shelter is also used for teens having behavioral issues and as an alternative placement to the juvenile detention facility (Department of Youth Affairs or DYA). This exposes teens who have been victims of abuse or neglect to additional stressors and behavioral issues that can result in increased behavioral issues in the teens removed from the home and potential mental health issues in the future.

It is also important to note that not all children in Sanctuary are involved with the child welfare system. Some of the time parents will sign them into Sanctuary voluntarily for a time.
out or as an alternative to detaining the child in the Department of Youth Affairs or DYA (a child detention facility). This means that many times the shelter is full and the 9 beds for males and 9 beds for females may not be available for children who have been removed from the home by CPS and need foster placement. There can then be an issue with placement as there are no current available beds in licensed foster care for children over the age of 11. The other children in the shelter run by Sanctuary can also pose a risk to the confidentiality of foster children. While the policy discussed with teens in the shelter is to not reveal who else stays there, it is oftentimes still revealed that foster children are placed in the shelter.

When placement at Sanctuary is not available, there are not many other options for teens who have been removed from the home, unless a family member who is deemed safe and stable can be identified by the child welfare worker. When this is not available, the Alee shelter will sometimes be able to take in a child who is not within the age range of normally accepted children. Alee shelter has 12 beds and is designed to take in children under the age of 11. Often, in an effort to keep large sibling groups together, Alee will be used by the welfare worker and they will take in children who are over the age of 11. As sibling groups on Guam tend to be larger, this shelter can fill up quickly. This is especially true among immigrants from the Federated States of Micronesia, the Philippines, Palau, and other pacific islands and nations, who may not have other family members available on Guam to help care for the children when they are removed from the home.

**Foster Parent Application Process**

The current standards for foster parent licensure were developed by the legislature in December of 1996 and signed by the Governor in January of 1997. A foster parent must be in good health, which is certified by a doctor. They must be financially independent and show this through submitting documents including employment verifications and a copy of the last check
stub, and a budget to include income and expenses. The application form is relatively simple and is only about one page, but must be accompanied with 3 character references and a foster parent autobiography form, which includes questions about how the applicant was raised, how they deal with their own children, and how they expect to handle behavior that the children in their care may exhibit. If the couple is married they must provide a marriage license and a Guam police and court clearance for every adult family member in the home (Guam Department of Public Health and Social Services, 2017).

The potential foster parent must also sign a release of information to allow the foster care certifying worker to obtain background checks from any additional states or islands they have resided on in the last 6 years. If the foster parent applicant is a member of the armed services, they must obtain a clearance from the military investigative agency that they belong to (Navy Criminal Investigative Services, Offices of Special investigation, etc.). There is also a social survey that is approximately 5 pages long that must accompany the application. The applicant(s) must have an appropriate house, which meets the building codes of Guam. The licensing social worker will also do an interview of the foster parents and assess their ability to take children into their home. They will also make a determination on how many children they will be licensed for (dependent on space available and bedrooms) and the quality of the home. All adult members of the household need to be interviewed by the CPS worker. Families must also have plans for meeting the children’s needs and childcare if the need arises (Guam Department of Public Health and Social Services, 2017).

After these documents are completed, a home assessment and interview will be conducted by the licensing worker. If the family has met all the criteria and has been deemed eligible, they will designate the age range of children they are willing to accept. In Guam foster
families are not allowed to have more than 6 children living in the home (including their own children), the worker will take this into account and determine the number of children they can take in. The space available is also taken into consideration. After the home assessment, the licensing worker will submit the license for approval, which takes about a week. After all these steps are completed, the foster parent can begin receiving placements. It is important to note that no training or orientation is required to become a foster parent on Guam.

III. LITERATURE REVIEW

The foster care population has increased across the country and in Guam specifically. We need to fully understand the motivations for people who become foster parents and the experiences that foster children have while in foster care. Guam is different from many other parts of the country due to its high poverty level, large immigrant populations, and cultural differences. It is also located in a very remote area in the middle of the Pacific Ocean. No research specific to Guam’s foster care system has been conducted, but through building on existing research of other state systems, along with knowledge of Guam, the specific needs of the foster care system of Guam can be identified and suggested actions can be implemented.

Foster Care Population in the United States

The foster care population in the United States has increased dramatically. According to the Administration of Children and Families Adoption and Foster Care Analysis Reporting System (AFCARS), there has been a continued increase over the past few years in the number of foster children throughout the country. In 2015, seventy-one percent of states reported increases in the number of children entering foster care as compared to 2014. One of the major contributing factors to the increase in children entering foster care appears to be parental substance abuse. From 2012 to 2015 there was a 13 percent increase of removals with substance
abuse as a contributing factor. Neglect as a reason for removal has also increased from 56.4 percent to 60.7 percent in this same time period. The Administration of Children Youth and Families (ACYF) has been working to improve reporting of parental drug use, which may also have contributed to the increase. In addition, several states have implemented mandatory removal for all children if a baby or mother tests positive for substances at the time of birth (Administration for Children & Families, 2016).

The ACYF conducted a study of child welfare directors in states that are experiencing the highest increases in the number of children in foster care. They found that rising substance abuse among parents is a contributing factor to the increase in foster care numbers. Opioid and methamphetamine use were considered the most debilitating and prevalent substance issues. Many times the recent trend in substance abuse is affecting entire families and neighborhoods. This makes placement with relatives not a viable option, and the need for licensed foster placement has increased as a result (Administration for Children & Families, 2016).

The number of children in care had decreased more than 20 percent between 2006 and 2012. However, that number is rising again and has increased 4.4 percent between 2014 and 2105. The number of children who have been adopted out of care has increased, however the amount of parental rights terminated has declined significantly while the numbers for children who have exited from care has remained fairly stagnant. This points to children staying in the system for longer periods of time without the option for adoption, resulting in children who end up growing too old to be in the ideal adoption age range. Although the overall numbers have still not reached those of the peak in 2006, the overall trend since 2012 is an increase in children in care and children served (Children’s Bureau, 2016 p. 1).
Children in Foster Care: Placement Options

Kinship care, or placing children in the care of a family member rather than in a non-relative home, has long been regarded as being less traumatic for the child than being placed in a shelter or with an unrelated foster parent. The assumption has been that the transition to kinship care minimizes adjustment difficulties, however little data has actually been collected on the subject. Normative beliefs seem to be driving this assumption and little research has been dedicated to studying the actual transition which may be highly traumatic for some children and not traumatic to others. However, children who are placed with relatives are more likely to have contact with their birth parents. This contact is less likely to be monitored by the child welfare system and is more likely to take place in a family environment and under less formal circumstances. This can make transitions easier, but also opens the door for some other problems. Sometimes it is difficult for family members providing foster placement to set boundaries with the birth parent and enforce the rules during visitation. While generally parental interaction is good, these informal interactions can provide an opportunity to continue abusing the child or trying to manipulate them to recant their allegations (Messing, 2006).

Kinship placements tend to be more stable than non-relative placements, meaning that they are less likely to move and have fewer subsequent placements. But this improvement dwindles after 3 years in placement and children are just as likely as non-relative placements to have a disruption in placement. As children in kinship care get older, they are more likely to have a disruption in placement and be placed into a non-relative placement. In addition, children in kinship care have lower rates of adoption, meaning that they are more likely to stay in the foster care system for a longer period of time. Children surveyed in one study reported that they feel less stigma when living with a relative placement. They also view the transition as less
difficult and had a broader sense of family, which was considered very important to them (Messing, 2006 p. 1).

Increases in the need for foster homes has been an issue throughout the nation. Some states have taken steps to try and explain this shortage and identify areas of improvement to the systems in order to recruit and retain foster parents. Florida has done a study on foster parents, foster children, and agency staff in an effort to identify ways to improve the system. They found that teens reported that some parents were dedicated to giving a good home and support to the children in need, however they also reported that the money paid to foster parents also played a major role in people choosing to foster or remaining foster parents (Mathiesen, Jarmon, & Clarke, 2001).

**Becoming a Foster Parent**

The criteria for becoming a licensed foster parent varies by state and sometimes by county within the state. For most agencies the foster parent must be at least 18 years of age, have a background check or police clearance, and be in good health. In addition, the criteria usually include items like having a stable relationship (if currently in a relationship), no major life changes in the past year, not being pregnant or waiting for adoption, being financially stable with suitable housing, and having a positive motivation. Families with more resources are more likely to start fostering (parenting skills, financial resources, college education, etc.). For example, a family who has experience with children and greater financial security is more likely to be able to handle the stresses of being a foster parent; whereas a family who does not have the financial security or experience with parenting may find it more difficult to take in additional children (De Maeyer, Vanderfaeillie, Vanschoonlandt, Robberechts, & Van Holen, 2014).

So if the need for foster parents is a nationwide issue, the question posed is what motivates someone to become a foster parent and how can we motivate more individuals and
families to become foster parents? Caregiving motives have always been scrutinized, especially among foster parents who have no familial ties to provide care. The attitudes and motives for applying to be a foster parent are important to consider when determining if someone is fit to become a foster parent. These motivations should be considered along with regulations and strict qualifications in order to determine whether or not a volunteer is able to become a licensed foster parent. Child welfare services are constantly judging, assessing and reviewing the quality of care provided (Doyle & Melville, 2013).

Three sets of motivations have been identified as reasons for becoming foster parents:

1. Child centered reasons (protecting children, service to children etc.),
2. How foster care affects the individual (fulfillment, being a parent, etc.),
3. How it affects the wider society (services to the community)

(De Mayer, et. al, 2014).

One survey completed in 2010 involving foster parents in Australia, asked about why foster parents chose to volunteer for this type of caregiving and none cited a need for income as a reason. However, many foster parents said that the allowance is important to household finances. Almost all said that the allowance was necessary to support the needs of the foster child. None of the foster parents stated that the allowance was too much or felt that they were overpaid. In fact, there was overwhelming support for increasing the allowance and many are also open to the idea of wages being provided to the foster parents. One foster parent did state that she applied thinking of it as a paid job, while another regarded fostering as a career choice, however many participants in the study did not list financial issues as a motivating factor. Most of the participants believed that foster parents should be paid, but that they were aware that the social expectation is that foster caring should be done on a volunteer basis. Even in the case of
the participant that described the work as a job or a career and the allowance as her pay, she stated first that she desired to care for children and spoke about the quality of care and activities for the children. She also cited high satisfaction from performing caregiving tasks. Most participants cited motivations such as love and altruism as the reason they chose to become foster parents. (Doyle, & Melville, 2013).

As a response to the shortage of foster homes, some faith-based organizations have begun efforts to recruit foster parents. It has been suggested that these faith-based groups recruit more foster parents who are altruistically and religiously motivated than other recruitment entities. Evidence suggests that religiously motivated foster parents score higher in the altruism category for motivation. This is important because altruistically motivated foster parents are more likely to stay on as foster parents for longer periods of time and are open to taking in children who have behavioral and medical challenges. Those who are altruistically motivated are more likely to be able to handle difficult behaviors and are more likely to have a greater commitment to fostering (Howell-Moroney, 2014).

**Foster Parents: Challenges**

Several challenges exist for foster care in general that Guam also faces. Foster parents have expressed that many times they are unacknowledged and disrespected while dealing with severe behavioral issues and medical concerns for their foster wards. This causes animosity within the foster care system and can increase the likelihood that the foster parent may burn out. Respecting foster parents as volunteers is constantly brought up in the literature as a major issue within most foster care systems. They also stated that crisis response from CPS social workers needs to be quick and make the foster parents and children feel supported (Doyle, & Melville, 2013).
Guam has a unique culture with a large number of immigrants from several different areas. Many times foster parents do not share the culture of the children removed from the home. The island is a host to many immigrants from other island communities including those from the Federated States of Micronesia, Palau and the Marshall Islands, all of whom are allowed to live without a visa on US soil as a result of the Compact of Free Association. In addition, many immigrants from the surrounding Pacific nations have chosen to call Guam home.

The local Chamorro people have been through significant changes and have experienced being a territory of Spain, Japan, and America. This has created a mix of cultures that incorporates both western and Asian views and values. All of this is also impacted by the large presence of the US military on island and the culture that brings to an area. This has caused some animosity among the local Chamorro residents as the military has taken over what are considered to be sacred lands and has also imposed US customs, regulations, and laws on the local people. The large military presence on the island also means that much of the population is mobile and not necessarily considered permanent residents of Guam. Many other factors cause people to move on and off the island including job opportunities, family in other countries or the mainland United States, education opportunities, health issues, and many others (Owen, 2010).

**Children in Foster Care: Challenges**

Children in the foster care system are more likely to experience severe behavioral and mental health challenges due to trauma they experienced prior to placement. Victims of adverse childhood experiences also showed higher rates of physical health issues and do not perform as well in school. Children with a history of trauma are at a much higher risk of developmental delays and lower cognitive functioning. They often have trouble developing healthy attachments and do not possess interpersonal skills or appropriate social behaviors. Studies have also shown
that certain traumatic experiences can lead to acting out later in adolescence and risky behavior including drug use, smoking, and sexual promiscuity (Fratto, 2016).

Another study focused on empowering youth in foster care and found that empowering youth when transitioning out of care is essential for successful transitions and healthy adjustments. The study found that empowerment of youth in foster care requires many agencies to come together and work as a team to create an environment in which the youth feels they are able to speak up about what they need and want during transition. In addition, the family and community surrounding the youth transitioning need to be involved and willing to collaborate. This type of self-determination builds on positive connections, interests, cultural norms and relationships. These connections are even more important to youth that are transitioning out of care to adulthood (Kaplan, Skolnik, & Turnbull, 2009).

A comparison of treatment foster care settings (specially trained foster placements for children with mental health or behavioral concerns) and residential treatment facilities shows that outcomes for children in treatment foster care are much better for behavioral concerns, risky behavior, and severe and persistent mental health diagnoses. Children in residential treatment facilities are more likely to be on psychotropic medication and are more likely than children in treatment foster care to be clinically diagnosed with anxiety and depression, and have a much more difficult time with expressing emotions properly and self-regulating (Baker, Kurland, Curtis, Alexander, & Papa-Lentini, 2007).

Foster children are likely to experience a number of different placements throughout the years. The research shows that the fewer placement changes a child experiences, the more likely they are to complete high school and the less likely they are to exhibit risky behavior. In addition, children that experience multiple placement changes are more likely to be diagnosed
with a psychiatric disorder later in life. Also, when children are linked to services while in foster care they are more likely to have positive outcomes later in life, and when placement changes are decreased these services are even more effective (Garcia, Pecora, Harachi, & Aisenberg, 2012).

Studies have found that cultural factors when combined with a child’s experience in foster care may contribute to the psychological adjustment to foster care placement. One study examined the psychological adjustment in foster children to being placed in dissimilar ethnic foster parent care. They found that the ethnic differences between foster parent and child contribute to depression and loneliness symptoms and that language barriers can contribute to conduct problems in the foster home. The study also linked dissimilar ethnic foster placements to negative effects on stress, self-esteem, self-regulation, and ability to adjust and handle new situations (Anderson & Linares, 2012).

**Studies in Foster Care**

The average number of months that a child stays in foster care in the United States is approximately 37, although this has fluctuated slightly over the years the average remains fairly stable but does change depending on the age group in care. Older children, over the age of 10, tend to stay in care much longer than younger children (average of 87 months). Not surprisingly, the youngest group, under 5, on average has a much lower length of stay (average of 18 months). A survey of children in the foster care system of Florida found that most children felt that foster parents wanted to provide good experiences for foster children, however many also felt that the parents went into foster care or stayed in foster care because they needed the money. Foster children were also aware of the fact that the stipend usually did not cover the costs of all of their needs and felt that the stipend should be increased. Many children stated that they did not receive enough attention from the Child Welfare staff and felt that this had an effect on retaining foster parents (Mathiesen, Jarmon, & Clarke, 2001).
Teens in the Florida study were very aware of how burned out foster parents were and felt that child welfare workers needed to provide better services and training to foster parents in an effort to retain them. Teens stated that they felt foster parents needed to be more appreciated and felt that more effort should be made to recognize foster parents in the community. They also stated that children should be able to meet foster parents prior to being placed, be provided access to a phone at all times so children feel safe and able to call to report problems, and if possible, siblings should be placed together. If siblings are not placed together they should have visits with each other and efforts need to be made to reduce identification of foster children at school. In addition, foster children stated that they would like to be involved in the recruitment process for foster parents (Mathiesen, Jarmon, & Clarke, 2001).

In 2015, Guam had over 145 children in the foster care system and only 24 licensed foster homes. The remainder of the children who could not be placed with family members are housed at shelters while workers attempt to find placement. Some children age out of the shelters or live there for several years prior to placement being obtained. In addition, sometimes large sibling groups need to be divided up among several foster homes with many large sibling groups ending up in the shelters for long periods of time (Rodriguez, 2015).

Very little information is available about foster care in Guam specifically. The data that is available about foster care points to cultural differences playing a major role in how children respond to foster care and how foster parents are recruited. Thus, it became apparent that a needs assessment on the foster care systems of Guam is essential to identifying ways to improve the foster care system, improve outcomes, and recruit and retain foster parents at a higher rate in order to meet the demands of the increasing number of foster children.
IV. PROCEDURE

This research project was designed to identify needs of children and foster families currently in the foster care system of Guam. The foster care system in Guam mirrors that of the mainland United States, but does not incorporate all of the best practices that are implemented in other states. In-person administered surveys of a selection of licensed foster parents and family foster placements was used to determine the needs of foster parents, assess how the system is (or is not) meeting those needs, and identify possible solutions to address areas where unmet needs were identified.

The goal of this project was to help lead to improved outcomes, less breakdown in placements, and increased capacity for foster care in Guam. The participants were a random sample of family foster care placements (11 total participants), a random sample of licensed foster placements (19 total participants). The two groups of samples were drawn independently and randomly selected.

Participant Eligibility and Recruitment

The participants had to be involved in the Guam foster care system as a foster parent within the territory of Guam. Participation was voluntary for all participants. All research participants spoke fluent English. The participants were randomly selected through the licensed foster placement listing and family foster placement listings provided by the Bureau of Social Services Administration. Each selected foster parent was contacted by telephone, and asked to participate in the study. They were provided with information about the purpose and voluntary nature of the study. If they agreed to an in-person interview, signed consent was obtained at the time of the interview. None of the participants chose to participate in the survey over the phone as they preferred to meet in person.
The study was introduced to each participant, and paper consent forms were reviewed and signed before starting the interview. Each consent form includes information about the purpose of the study, the voluntary and confidential nature of the interview, and potential risks and benefits to the participant.

There were no rewards or penalties for participation in this survey. Participants were assured that participation was completely voluntary and would not affect their compensation as foster parents or affect their status or benefits in the foster care system. Refusal to participate or answer a question was not penalized. If a participant was uncomfortable answering a question they could ask to stop the interview, move on to the next question, or stop participation. In addition, participants were informed during the initial phone call, through the consent form, and prior to starting the survey that their decision on whether or not to participate will not impact their benefits.

There were no direct benefits to the participants. The indirect benefits, however, may be substantial. The participants could potentially benefit from improvements to the system that will be implemented as a result of the needs survey. This study benefits the community as a whole by identifying areas of need in the foster care system and suggestions for improvements that could positively affect outcomes for children living in the system and the foster parents’ ability to provide quality care to children. It will also identify ways to increase capacity of foster homes, especially for teenagers and children with behavioral issues and disabilities. Another unforeseen benefit was that foster parents felt heard and had a voice in the improvement process for the foster care system.

Data Collected

After consent was obtained, respondents were asked to complete an interview that was estimated to average 15-30 minutes in length. Many of the interviews ran much longer than this
due to the amount of input the participants had. The researcher wrote the answers onto a paper questionnaire for each respondent, (which can be viewed in Appendix 4). No audio of video recordings was used for these interviews. Interviews were conducted in a private space, to ensure that the participant’s answers were kept confidential.

All PII (personally identifying information) was removed from the surveys prior to analysis, with each individual participant assigned a study ID number. The responses from all participants were combined and coded to provide qualitative data and suggestions on how to improve the system.

Only aggregate data was reported, in an effort to maintain confidentiality and decrease personal bias when evaluating and attempting to implement changes throughout the agency. Suggestions and results were reported by groups and role in the foster care system (licensed foster parent and family foster placement). Any potentially identifying comments were removed and not included in the final report.

Precautions Taken

Foster care participants can be considered as caring for a vulnerable population. The researcher that administered the interview holds a Bachelors of Social Work with extensive experience working child abuse and mental health issues. If at any time in the interview the foster parents disclosed issues of potential harm to the child or that children in their care are at risk of harming themselves or others the researcher would provide referrals to appropriate agencies/ providers. The interviewer was also a mandated reporter and required to report any evidence of abuse or neglect to Child Protective Services. The parents were informed of this safety plan and the mandated reporting guidelines in the consent documents (can be viewed in Appendix 3).
The safety plan in place included safeguards. If a participant appeared upset by the question, the interviewer would remind them that if they do not feel comfortable they do not need to answer the question and can end the interview at any time. If this was not successful and the participant does not calm down the interview should be ended. In addition, as stated above, if the participant exhibited symptoms of distress and the social worker administering the interview determined that there was any risk of harm to self or others, the appropriate referrals were generated. This safety plan was explained to the participant in the consent process.

V. SURVEY RESULTS

Participant data

The survey conducted included 19 of the 22 licensed foster parents who were approached about the survey, and 11 of the 22 family foster placements who were contacted. This is a response rate of 86 percent of the licensed foster parents and 50 percent for the family foster placements. Some individuals (including many of the family foster placements) chose not to participate due to time constraints or health issues when the interview was requested. It is important to note that the interviewer was unable to reach several of the family foster placements due to phone disconnections or unreturned messages. Originally the survey was intended to look at the two groups together as a whole, but due to the vastly different responses received it seemed important to examine them separately as well.

Table 1 below provides a summary of key survey results for the total sample and by group. The results by group are discussed in the following sections.

Figure 4 Survey Results

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Total Sample</th>
<th>Family Placement</th>
<th>Licensed Foster Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>11</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

23 | Page
<table>
<thead>
<tr>
<th>Average Years being foster parent in Guam</th>
<th>3.8 years (45 months)</th>
<th>2.5 years (29.5 months)</th>
<th>4.6 years (54.6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with foster care experience outside Guam</td>
<td>10 %</td>
<td>0 %</td>
<td>16 %</td>
</tr>
<tr>
<td>% receiving foster care payments</td>
<td>83 %</td>
<td>54 %</td>
<td>100 %</td>
</tr>
<tr>
<td>% indicating compensation is adequate</td>
<td>43 %</td>
<td>83 %</td>
<td>42 %</td>
</tr>
<tr>
<td>% accepting teenagers</td>
<td>53 %</td>
<td>45 %</td>
<td>57 %</td>
</tr>
<tr>
<td>% accepting children with physical or behavioral concerns</td>
<td>73 % (many specified only behavioral concerns and not physical)</td>
<td>73 %</td>
<td>74 %</td>
</tr>
<tr>
<td>% reported receiving training on parenting or foster parenting</td>
<td>33 %</td>
<td>0 %</td>
<td>53 % (most indicated it was through watching videos, and not formal training)</td>
</tr>
<tr>
<td>% wanting more opportunities for training</td>
<td>93 %</td>
<td>90 %</td>
<td>95 %</td>
</tr>
<tr>
<td>% reported good communication with social workers</td>
<td>70 %</td>
<td>82 %</td>
<td>63 %</td>
</tr>
</tbody>
</table>

**Family Foster Placement Responses**

Of the 11 family foster placements interviewed, only 6 are currently receiving foster payments to help pay for the care of the minors. Out of those receiving foster payments, all but one stated that it was enough to help cover the expenses. For those who do not receive foster payments all of them expressed that a difficult part of caring for the minors is the financial burden it puts on the family, especially when it comes to child care expenses. The shortest amount of time spent as a family foster parent was one month, while the longest was approximately 12 years. The average amount of time spent as a family foster parent was approximately 2.5 years.
Many of the family foster placements were a part of the extended family and took in grandchildren, nieces and nephews, or other relatives. A few of the placements were not related to the children at all, but were instead family friends and acquaintances who agreed to take in the children of neighbors or other people they knew from the community. Many of the family placements expressed that they felt they had good communication with the social workers, however many stated that the most difficult part about being a foster parent is dealing with the system and trying to work with the children’s parents. A few also expressed that they were disappointed when the social worker told the children that their parents were going to do something and they did not follow through on their commitments.

In addition to frustrations with the parents, a few foster placements expressed frustration with the system as they want to adopt the children and have not yet been able to do so after several years. In addition, some of the long-term placements stated that they would keep the children indefinitely, but need the foster care payments to be able to continue caring for them. Most of the family foster placements stated that they have good communication with social workers, but it is important to note that they are also significantly less likely to work with different social workers as the cases include only children from one family.

When asked what is the hardest thing about being a foster parent, a variety of responses were given. Many expressed being overwhelmed with the demands of foster parenting or having new children in the house. Many also stated that they feel like they are left to do many things on their own and would appreciate more help and guidance with things like applying for food stamps or other benefit programs. Many also expressed that they have good contact with their social workers, but feel that the workers should be checking up on the children more often. Another issue that came up is the fact that children in the system bounce back and forth between
biological parents for visitation and the foster parents. This can create issues with adjustment and confusion for the children when moving between the different routines and expectations of the two households.

None of the family foster parents indicated that they had training, and 10 out of the 11 interviewed stated that they felt they needed more training and would attend training opportunities if they are provided. Many stated that training opportunities will need to have child care provided and be at a time that is convenient for them and the family. The topics they are interested in included: dealing with teenagers, behavioral and mental health issues, navigating social service systems, comforting children, dealing with family, understanding trauma, the CPS system, Relaxation and stress management, talking to foster kids when things go wrong, and integration of new kids into family systems.

Other comments from family foster parents included frustration with the system taking too long to determine permanency and being too lenient on parents who have abused their children. Some foster parents also stated that at times they feel disrespected and not included in decisions about the children and plans to reunite. They also stated that they are not usually consulted when it comes to how the kids feel about returning home to their parents. Many also indicated that the caseworker needs to be clear with the children about the case (including the biological parent’s progress and where the case is headed in court) so they do not end up disappointed. They also suggested some coaching would be helpful on what to expect and how the system works. The family foster parents also stated that the attorneys who are supposed to be representing the children are not very responsive and do not check on the children.

**Suggestions from Family Foster Placements**

Almost all of the foster parents identified respite and transportation as areas for which they need additional services. Respite care or getting a break was a constant theme for both
family foster placements and licensed foster care providers. In addition, a few of the family foster placements dealing with teenagers stated that they would like to have a summer program during the day time that teaches life skills or transitioning into adulthood, as many have not developed those skills.

**Licensed Foster Parents Responses**

The licensed foster parents were more likely to participate in the study, and many have been foster parents for longer periods of time than the family foster placements. Many have also worked with several different case workers and children in their care throughout their tenure as foster parents. The licensed foster parents surveyed have been licensed for between 2 months and 30 years, with the average time of 4.6 years. Three of the licensed foster families surveyed stated that they have been foster parents in other states including Virginia, Alaska, Connecticut, and Maryland.

All of the foster parents receive payments when they have children in their care, however some of the foster parents interviewed did not currently have children in their care. Of the 19 foster parents surveyed when asked if they think that the foster payments are enough to cover the children’s needs only 8 replied that it was. The other 11 participants cited needs such as medical needs, child care, food, shoes, clothing, field trips, school costs, and other necessities like computers and internet service for school work that are not always covered by the payments they receive. Many of the respondents stated that the money for the teenagers is not enough, especially if they are involved in after school activities. A few foster parents also commented that without donations from places like Harvest House (a religious based foster care support network and donation center), the money would not be enough to support them in buying diapers, clothing, wipes, and baby food for younger children. One comment was that formula is very expensive on Guam and may need to be subsidized for infants placed in foster care.
Many foster parents stated that there are issues with the payments arriving on time and several foster parents had not been paid for several months at the time of this survey. In addition, some of the participants stated that they would continue as licensed foster parents even without payment because their financial situation is stable without the payments, but that the payments do help with expenses for the children. Another foster parent stated that when children are young she is able to get WIC benefits for them due to the low income in her household. This helps stretch the foster care payments, but stated that it could be difficult for parents who do not meet the WIC requirements. Another parent commented that if they were able to get food stamps for the foster children, it would be enough to cover their expenses for the foster children in their care.

Eleven of the 19 participants stated that they accept teenagers, and 14 accept children with special needs. Some stated that acceptance of teenagers or special needs children would depend on the teenager or the child with special needs and whether or not they fit into the family at this time. Many of the foster parents who currently have teens or kids with special needs originally refused to accept special needs children or teenagers, but then found a specific child that fit into their family well. A few of the participants stated that they felt CPS needed to push foster parents and ask them to take kids outside of the desired age range or with disabilities even if they originally stated that they did not want them. Foster parents can always say no to requests, but may be open to specific circumstances.

Many of the foster parents who care for children with special needs stated that the mental health issues are easier for them to take on, because there are supports available; and that children with physical disabilities can be more difficult to care for due to the accessibility of the home, the physical strain, and the amount of time needed to attend to the needs of the child.
They also stated that there seem to be less supports available to help with kids who have developmental delays and/or physical needs. A few of the foster parents currently working with children who have mental health needs stated that they would not be able to handle a child with a physical disability.

The participants who currently are fostering children with disabilities and/or mental health issues reported feeling more isolated and less supported than those who do not care for these special needs children. All foster parents stated that respite is needed on a regular basis, and foster parents of children with special needs reiterated this several times throughout the survey. They also stated that they would be more likely to take advantage of regularly scheduled respite care. Some reported concern that the case worker might think they could not handle the child if they requested respite care. All licensed foster parents focused heavily on respite care and support from CPS personnel as areas that need improvement.

Ten of the 19 licensed foster parents indicated that they had received training. Most said their training was in the form of videos provided by Harvest House (although this is not a formal training program). Four of the 19 participants obtained formal training in other states, where they had been licensed before becoming a foster parent in Guam. In addition, these participants stated that training was mandatory to become a foster parent, and that continuing education was required to maintain their licensure. A few of the parents have stated that they participated in Parent Resources for Information Development and Education (PRIDE) training program in other states. Others stated that they participated in training, but did not remember the name of it. Almost all of the parents who received in person training stated that it included role playing, parenting and child development information, and some cultural training.
A few of the participants who have been foster parents for many years with the system stated that they have paid out of pocket for training or have been presented with opportunities through off island trainers many years ago, but have not attended anything recently on island or off island. All of the foster parents reiterated that they would need the training to be scheduled at a convenient time with child care provided so they could attend. All of the licensed foster parents would like to see more opportunities for training and many even stated that they believe training should be required to get licensed to become a foster parent.

Twelve of the licensed foster parents reported good communication with their social workers. Many stated that things do not always move as fast as they would like, but that the caseworkers usually return their calls. Many said that responsiveness varied between workers and that some are very good at communicating, while others are not. Foster parents reported some complaints, including workers not checking on children or not addressing foster parent’s concerns. A few participants said they do not get return phone calls or emails when they send them, even if they are positive that the social worker received their communication.

**Suggestions from Licensed Foster Parents**

The licensed foster parents provided many more suggestions for improving the system. They recommended training as a requirement for foster parents, to include tools for other foster parents to use. This training could also be administered by another foster parent. In addition, orientation to the foster care system as well as a seminar on all the things needed for the application process was also suggested. The application requires clearances from several agencies and maps/directions on how to obtain these items would be helpful. Many of the newer foster parents stated that the application and information about the process was difficult to find online and it was unclear where they needed to go to start the process. Participants indicated that this may turn some people away from being foster parents or inquiring about the process.
Some of the foster parents stated that the recertification process should include less paperwork, and that the licensure term for foster parents should be three years rather than the current two-year term. They also suggested discounts for inspections, police and court clearances for those who are applying to be foster parents. Some participants stated that they feel more outreach efforts are necessary to reach potential foster parents. One participant also stated that more positive stories need to be shared about foster care to avoid the stigma, especially related to teens in foster care including more news and television coverage. They also stated that a Facebook page and someone to monitor the comments may help to recruit some people who are interested.

Participants also said the information they received upon being licensed was insufficient. They mentioned a lack of information about the process for placement, resources, training opportunities, foster care manuals, and answers to commonly asked questions. Foster parents reported that they often had to ask others or do their own internet research to get information about the system, ways to request and receive assistance, information about other agencies such as Harvest House that help foster families, how to apply for block grants to pay for child care, and how to tie into resources such as Big Brothers and Big Sister. This information should be given at the time of licensure and prior to any placements. Many also stated that more assistance through the process would create a situation where people were more likely to succeed. Mentorship of newer foster parents by people who have participated in the system for a while was presented as a way to connect new foster parents and ensure that they are not isolated.

Respite was a central theme for many licensed foster parents. Many said that even if they have been offered it in the past, respite care was not regularly scheduled and they had to actively request or seek out opportunities for respite. The participants felt that respite care should be
regularly scheduled and something that is considered a part of the program rather than a special support provided on an as-needed basis. Some participants were hesitant to ask for respite care, and expressed concern that the case worker might think they could not handle caring for the children in their care. A few participants reported that the caseworker was hesitant to help them when the foster parent requested help, and found that assistance was not available.

**Licensed Foster Parents and Reunification**

The licensed foster placements were more likely to be in favor of reunifying children with their families than family placements. Many stated that they would like to be more involved in this process, and want to be able to tell the parents about what is happening in their home. Many foster parents would like to maintain contact with children and families after they are reunified and felt that CPS should be monitoring the children for much longer after the reunification occurs to ensure that abuse or neglect does not happen again.

Many of the participants from the group of licensed foster parents were interested in finding ways to help biological parents reunify with children. They expressed concern about issues with the court system and cancelled hearings that prolonged the process. In addition, they made it clear that the service plan agreements need to be attainable for family members and that resources such as parenting classes should be offered at different times so that the parents who are trying and working hard can attend. Many participants stated that they did not know what was allowed when it came to contact between the children and the biological parents or contact between the foster parents and biological parents.

A few participants suggested journaling with parents back and forth and many wanted to be more involved in wrap-around services, mental health services, the court system, and the school system. Many of them advocate for visits between sibling groups who have been separated due to placement issues and stated that even if the parents are not present they are
willing to help facilitate this. Participants in general are interested in supporting biological parents and helping to arrange needed services for them. One suggested that better transition supports need to be available when parents come out of jail. In addition, the participants wanted to have a relationship with the biological parents in situations where reunification was a goal in order to mentor them and ensure that they are successful. Many would also like to have a relationship after the case is closed to continue mentoring parents and assisting the families.

Visitations were an area of concern, as many participants felt that foster children in their care were sometimes given mixed signals. They suggested that if the children were to come in for visitation and the parent does not show up, the worker should try to find a way to get that information before the child comes to the office to visit. A few other participants also recommended neutral meeting spots rather than CPS offices, especially for supervised visits, as the office is not always an inviting place for parents. Other participants felt that biological parents needed to be provided with a mentor to create a better environment for succeeding. They also need to have a financial plan to provide for their children prior to reunification.

Many had issues with the court systems and stated that the attorney general, guardian ad litem, and CPS need to do a better job of working together, sharing information, and understanding how criminal cases can impact reunification plans. Foster parents stated that they would like to know the long-term goals of the case and if reunification is a part of the plan or if it appears parental rights will be terminated. A few participants wanted to be represented in court and suggested reports from foster parents be submitted. In addition, there was concern that workers are reporting on the children without having visited or called for updates.

Foster parents want to have a place at the table when discussing the future of the minors they are charged with caring for. They also want to shorten the amount of time that children
spend in limbo waiting on the court systems. Many also felt that the overall attitude towards foster parents needed to change and that a general understanding that they are volunteers needs to be adopted. Participants stated that they felt unsupported at times and were told that they get paid to be a foster parent. According to the participants, payments are to be used for the children’s needs and most do not profit from them at all. Many even stated that the payments are not enough to pay for the child’s needs and they end up paying out of pocket for some things.

**Issues with the Social Workers**

Licensed foster parents, in particular, expressed frustration with social workers at the bureau. Foster parents stated that social workers will often bring children to them without paperwork needed for healthcare and lacking an adequate medical history. Some stated that it took several weeks for the worker to get them the documents, including the power of attorney for the minors in their care. Another major concern for foster parents living on the Naval and Airforce bases is the fact that workers cannot get on base without an escort. This creates issues when they have to pick up the worker outside the gate to do a home on base. Passes are available at the Visitor Control Center (VCC), but the wait times are very long and CPS staff are not expedited. This also creates an issue when CPS would otherwise help with transportation, but cannot do so due to base access issues.

A few foster parents talked about the transitioning of cases and reported that the process is not done smoothly. Many indicated that they did not always know who the worker was because the case had been transferred to another social or case worker. A few participants suggested that the changing of social workers or case workers through CPS should be minimized, as they are already dealing with so many other changes. They also stated that the lawyers change often and kids have a difficult time identifying who is who, and developing a relationship with the new workers and lawyers. They also felt that there needed to be a program
for teens in the system to help them transition into adulthood if they have lived in the system for many years.

All of the participants in the licensed foster parent group stated that one of the hardest things about being a foster parent is giving the children back and knowing that they are not with them forever. Many of the foster parents expressed wanting to keep the children in their care while at the same time wanting them to be successful in reunifying with their biological families. A few of the participants indicated that they planned on adopting the children, but the vast majority stated that they understood the children needed to go back to the biological families. Other difficult parts of being a foster parent included dealing with behavioral issues and the transitions back and forth between the family and the foster parent.

VI. IMPROVEMENTS

Training

In most states, foster parents are required to receive some training. In Michigan for example, the process is laid out and guided by a foster care coordinator. Potential foster parents must attend an orientation prior to starting the application process so that they may ask questions and encourage communication about the process. They then submit the application, which includes financial information, housing information, questionnaires, and background checks. They also request character references. After the application process is completed the foster parents are required to take a free training. The training program used by Michigan is the Parent Resources for Information Development and Education (PRIDE). This is a 12-hour training and they have 18 months after licensure to complete an addition 12 hours of training. Also included on the Michigan website is much more information about the process and a frequently asked
questions page for potential foster parents (Michigan Department of Health and Human Services, 2016).

Developing a training program for foster parents is an obvious start. Developing a new training program specific to Guam, or using one like the PRIDE training used in other states would benefit new and experienced foster parents. When examining other states and the training programs offered, it appears that Alaska has quite a few training programs and subjects offered to foster parents in person and via correspondence. The Alaska Center for Resource Families was founded with training grants for foster parents and by the state to provide the necessary training for licensed foster parents. The calendars provided show sessions on adoption, understanding the foster care system, training specific to family caregivers, and several other sessions. This resource center is independent from the government CPS systems and is designed specifically to provide training for foster parents and is contracted by the Office of Children’s Services to do so (Alaska Center for Resource Families, 2017).

Implementing sections on indigenous populations will be an important part of the training process so that foster parents can learn about the backgrounds of the children they may have in their care. In addition, learning cultural differences can decrease conflicts or tension in the home while adjusting to the new foster placement. Modeling Alaska’s training programs could be helpful as it is also in a remote location and has a large indigenous population and foster children from these populations may not share a cultural background with the foster parents. One set of training that is available on Guam that could be incorporated into foster parent training is the Cultural and Linguistic Appropriate Services (CLAS) training offered by the Department of Health and Human Services on Guam.
Contracting out the training services may take some of the burden off the agency directly and could result in better training opportunities. Harvest House (Faith based assistance program for foster families in Guam) has begun offering some training resources via video and provides a support group for foster families once a month. If training was required of foster parents, they could receive it from outside entities and present training hours to the licensing worker in order to gain and maintain their licensure. Other training subjects could be incorporated later on to include information about adoption, training specific to family foster placement, and understanding the legal side when a child is removed from the care of their parents.

In addition to training for foster parents, it is evident that the case workers within the CPS systems need to have a better understanding of the foster care providers and their needs and motivations. Social workers should be required to attend some of the foster parent training once a year to ensure that they understand what the foster parents are trained on. Caseworkers could also connect through attending at least two foster care events or support groups a year to hear concerns directly from the foster care providers.

**Communication and Contact**

The inconsistent communication between social workers and foster parents made it very evident that clear timelines for contacting foster parents and children in foster care need to be established to include the minimum number of contacts each worker is to make. In 2005 the Department of Health and Human Services, Office of the Inspector General, completed a study and found that 41 out of 51 states have requirements for the worker’s frequency of contact with the children in out of home placement (though there are no federal standards). Of the 41 states, 38 have implemented specific guidelines on what is to occur during these visits. These standards involved monthly face to face contact with the child to assess safety, services, relationships, physical health, mental health, and other needs of the child. The visits should include time and
space for the child to meet privately with the caseworker (for children over 3) and discuss any concerns. The Department of Health and Human Services published this report with the suggestions to implement better standards for the contact between child welfare caseworkers and the children they represent (Office of the Inspector General, 2005). Currently there are no set standards in place for child welfare workers on Guam.

It is recommended that the bureau come up with written standards for case worker’s contact with minors, including follow up within 48 hours of placement with the foster parent via phone to address any issues. In addition, caseworkers should be meeting with minors face-to-face at least once a month to assess the child’s wellbeing and identify any additional needs. Allowing children time alone with the caseworker will provide valuable information about their feelings towards foster care, reunification, and any safety or wellbeing concerns they might have.

Another study found that children who were reunified with their parents in 12 months or less were more likely to be successful and less likely to come back into the system. This required very engaged services and good relationships with community partners and child welfare agencies. This study also pointed to mentorship and contact between foster parents as a factor that greatly increases stability in the lives of the children and the likelihood that they will be reunified. This study also found that frequent visitations with parents and siblings, sometimes facilitated by foster parents, and frequent contact from the caseworker also increased the likelihood that children would be reunified quickly. After reunification it is important to continue services and provide supports to the family to avoid the child coming back into the system. Involvement of foster parents is key to reunifying families (Child Welfare Information Gateway, 2011).
By increasing the number of face-to-face visits with the children, caseworkers will inevitably have more contact with the foster parents. This will also create a time to speak with foster parents about how things are going and discuss any concerns that they may have. In addition, creating a team approach for every family involved in CPS would be helpful in addressing the needs of the child and would provide opportunities for foster parents to participate in the planning process. The foster parent should also be updated after court hearings so that they know what is happening with the case and what the plan is going forward.

This survey made it very clear that most foster parents feel disconnected from their caseworkers and the foster care system in general. Listening sessions with administrators in the foster care system and improving recruitment across religious organizations through outreach to religious leaders may also create a better environment for recruitment. Christian and Catholic churches can (and have in the past) sponsor Orphan Sunday events in which the sermon is about caring for children in need. This could then be followed with a meet and greet by CPS personnel and current foster parents, sharing positive stories about foster care, and providing recruitment and enrollment materials.

**The Court Systems**

Changes to the current law have been proposed to shorten the time to reunification in the court systems. It may be beneficial to work with the court systems to create better communication and try to reschedule cancelled court hearings more quickly to avoid drawn out processes. Legislation has been proposed to shorten the time frame for permanency from 18-24 months to 12-18 months in an effort to offer stability to foster children and move them to permanency more quickly. Better relationships with service providers that give parents working with child welfare priority for things like drug treatment may improve the outcomes and reduce wait times for parents engaging in services.
**Respite Care**

Respite care was another central theme for many foster parents. Several states and communities have begun examining respite care as a way to create stable foster placements and provide a much needed break for parents. As of 2012 one study showed that less than half of foster parents were offered any kind of respite care while they participated in the child welfare system. Respite services have been shown to reduce risks of maltreatment and/or placement breakdowns, lower stress in caregivers, improve attitudes of caregivers, improve the functioning of the family, help caregivers deal with children who have special needs, improve relationships within the family, and increase the ability of families to provide foster care for children with disabilities. Participants in one survey reported that even if respite was available it was sporadic and not always available when they needed it (Adopt US Kids, 2012).

Respite services can be provided in a variety of ways – including in-home care (where the caregiver comes to the home), camps, after school activities, drop off nights, day time child care, out of home respite (the child goes somewhere else), and many others. Through reaching out to community partners and other volunteers who may be interested, a network of respite care providers can be developed. Partnering with religious or service organizations can also expand the volunteer base to assist with providing respite care. In addition, several states and communities have been able to access grant programs to start respite care service networks. Creating a respite services network will likely vary by community, as the resources and volunteer bases can be quite diverse. By starting small, communities can build on respite support networks and develop better services (Adopt US Kids, 2012).

Guam is a relatively small community and this is another area where reaching out to religious organizations could be utilized to create a respite pool. It should also be incorporated as a regular part of foster parenting so that the foster placements do not feel ashamed for using
the services. Harvest House has hosted a few events and provided child care, to include their monthly support group meetings. They also hosted a child care day near the holidays to allow parents to shop without the children present. Other suggestions may be to recruit people who are unsure of foster care, but may be more open to assisting other families by providing short-term respite care. This could be another area that could be suggested to community partners with assistance from the child welfare system to implement.

VII. RECRUITMENT

The shortage of qualified placements is an important need within the Guam foster care system. Some of the participants had several interesting foster parent recruitment ideas including holding orientation/ listening sessions (something that has begun this year through Harvest House). Orphan Sunday events which includes a sermon involving caring for children and expanding to other religious organizations for involvement. Better information about the licensure process needs to be available online to increase the ease of the process. In addition to these things, foster parents need to receive a copy of the manual prior to any placements and the manual should include resources for new foster parents. Many participants suggested mentorship for newer foster parents in an effort to provide them with someone to talk to and ensure that they hear about events. Television and news representation and foster parents telling stories about the success stories they have could be another way to entice people into becoming foster parents.

Implementing best practices from across the country may also help with recruiting from faith based organizations and improve the reputation of the Guam Bureau of Social Services Administration (BOSSA) through providing better experiences for the current foster parents. The best recruitment on Guam appears to be through word of mouth and through religious
organizations. By concentrating on these areas and improving the experience for current foster parents it may be easier to recruit and retain qualified licensed foster parents.

**Best Practices**

The Planning Council for Health and Human Services outlined several best practices for the recruitment and retention of foster parents. Best practices for recruitment include:

1. Responding quickly to inquiries with adequate information on the application process and training required;
2. Providing pre-service training that involves a competency based program that helps to outline the roles and challenges for foster parents;
3. Creating messages that show the impact that foster parents have on individuals and the community;
4. Targeted recruitment for the specific needs of the agency to ensure that the right people are attracted to foster care;
5. Engaging the community in recruitment efforts and be present in the community at events. This includes building relationships with key community members who are able to promote the message.

(The Planning Council for Health and Human Services, 2009).

Retention best practices were also outlined in the same article and included:

1. Communication with foster parents as the most important way to foster a good relationship. This includes access to the worker and support when needed.
2. Foster parents receiving clearly defined roles and understand their responsibilities and rights.
3. Ongoing training and access to a support network of caseworkers, other foster parents, and community providers can prevent crisis moments and placement breakdown.
4. Regular respite was identified as a key to preventing placement breakdown and retaining foster parents.

5. Foster parents want to be regarded and respected as a part of the team and be involved when making decisions about the case.

(The Planning Council for Health and Human Services, 2009).

The Planning Council for Health and Human Services found that the primary reasons for choosing to leave fostering is a lack of responsiveness and communication from the agency. Approximately 60 percent of foster providers that leave the program in the first year left due to a lack of communication, insufficient emergency response and/or respite for the weekends or vacation. A lack of support from social workers and poor agency responses in general has also been listed as a reason to stop volunteering as a foster parent. Many who left also felt disrespected as partners and were not provided with opportunities to have input into training or services provided by the agency to the foster parents or the children (The Planning Council for Health and Human Services, 2009).

These best practices would address many of the issues presented by foster parents in the Guam systems. By drawing on this advice Guam can take these practices and modify them to fit the needs of the community.

VIII. CONCLUSION

This survey shed some much needed light on the needs of foster parents in Guam. It also provided the opportunity to look at what some other states are doing to provide adequate foster care placements for an increasing foster care population. It is important to note that although Guam continues to have foster care shortages, it is more due to the increase in need for foster care than the decrease in foster care providers. Another issue is that military families who
become foster care providers are likely to move within three to four years due to the military rotation schedule, so this turnover is unavoidable. Other unique challenges for Guam include large sibling groups, military base access for social workers and support staff, and the lack of funding for respite care. Foster care payments have not been on time, which has adversely affected children in care and the foster parents who depend on the payments to provide supplies for them.

Many of the concerns shared by the foster parents in Guam are also shared by foster parents across the country. The issues that are unique to Guam include cultural differences and the language barriers that go along with large immigrant populations. Foster parents on Guam are eager to help and to find ways to be involved with the process and ensure that the children in their care return to safe and happy homes when appropriate. They also want to find ways to support the children after they have returned home. By implementing some of the recruitment and retention strategies outlined by the Planning Council for Health and Human Services and the ideas from the survey participants, Guam should be on the way to finding more foster homes and retaining good foster parents for as long as possible. One area to concentrate on is the targeted recruitment to ensure that foster parents who are able to take in teens and large sibling groups are a focus of recruitment efforts.

Large sibling groups will always present an issue for foster care placement as foster parents are limited in the amount of children who they are licensed to take. Licensed foster parents have expressed that they would be willing to take in more in some situations and this may need to be explored. Guam has larger than normal family sizes, which is preventive for many people who could otherwise consider being foster parents. The limit of 6 children in the home means that most sibling groups larger than 2 or 3 will need to be divided up, even if the
foster parent is willing to take in a larger group of children. These limits may need to be reevaluated for Guam specifically to be more sensitive to the unique culture and makeup of Guamanian families.

IX. FEEDBACK

The information was presented to the Bureau of Social Services Administration (BOSSA) in Guam during two presentations. The first included supervisors and advisors from the Capacity Building Center for the States. These advisors have been working with BOSSA to try and increase the agency’s capacity to implement a quality improvement (QI) system. The advisors stated that the information presented will assist in identifying areas to implement changes. In addition, they suggested developing a team to work on the strategy for implementing some of the suggestions the study provided. This has since been done and includes workers from the case management unit and the licensing department for foster care. The advisors also stated that the work group will need to identify whether they want to concentrate on recruitment or on improving the current foster care system first. They also suggested that the work group consider asking a foster parent to sit in or advise them during the QI process.

Some of the members did ask to see the list of foster parents who participated, but were informed that due to confidentiality this would not be provided. Another presentation was requested for the rest of BOSSA in an effort to educate everyone about what the foster parent survey revealed. They requested more information about the activities that other agencies are doing as well as the resources from the paper so that they can start to research other programs referenced during the presentation. The Administrator of BOSSA, Linda Rodriguez, stated that
she would like to make sure the research is put to good use and used to improve the foster care systems.

The second presentation involved all of the staff of BOSSA and many of them stated that the information presented was very helpful. Several staff members stated that they have been talking about the need for training and other services mentioned in the study, but they have not been able to develop a good way to implement these services. The same statements were made about respite care for current foster parents. During the presentation it was pointed out that many states contract out or work with outside agencies to provide many of the services suggested. These outside agencies can also apply for grants and use fundraising in ways that government entities cannot. Staff members who were present for the presentation were very interested in how to work with other agencies on Guam to implement training and respite programs.
LIST OF REFERENCES


Appendix 1

Institutional Review Board (IRB)

Application Number: 10-2016-108
Application Title: Guam Foster System Needs Assessment

November 30, 2016

Dear Kathleen Kaminski,

The APUS IRB has reviewed and approved the above application.

Date of IRB approval: 11/30/2016
Date of IRB approval expiration: 11/29/2017

The approval is valid for one calendar year from the date of approval. Should your research using human subjects extend beyond the time covered by this approval, you will need to submit an extension request form to the IRB.

Changes in the research (e.g., recruitment process, advertisements) or informed consent process must be approved by the IRB before they are implemented. Please submit a protocol amendment form to do so.

It is the responsibility of the investigators to report to the IRB any serious, unexpected, and related adverse events and potential unanticipated problems related to risks to subjects and others using the unanticipated problems notification.

Please direct any question to apus-irb@apus.edu. The forms mentioned above are available at http://www.apus.edu/community-scholars/institutional-review-board/apply.htm.

Sincerely,

Jennifer Douglas, PhD
IRB Chair
Appendix 2

MEMORANDUM

To: American Public University System IRB

From: Administrator
Bureau of Social Services Administration

Subject: Letter of Permission

RE: IRB Approval

The Bureau of Social Services Administration (BOSSA) grants permission for Kathleen Kaminski to conduct research at BOSSA by conducting surveys and collecting data from the PRO database system to include general data and contact information on foster children and foster parents at our organization.

Further, BOSSA acknowledges that the results of this research will be used to fulfill the requirements for the master’s Capstone project at American Public University System. Kathleen Kaminski and American Public University System are authorized to publish the results of this study.

LINDA B. RODRIGUEZ
Appendix 3

Guam Foster Care Improvement Project
Foster Parent Consent Form

Welcome to the Guam Foster care improvement project, a survey on experiences of foster parents and suggestions on how to improve the foster care systems on Guam. Before taking part in this study, please read the information below and sign at the bottom of the page that you understand the statements and freely consent to participate in the study.

This study involves a face to face, over the phone, or written survey. The study is being conducted by Kathleen Kaminski and overseen by Faculty Advisor, Dr. Christi Bartman, and it has been approved by APUS Institutional Review Board. No deception is involved, and the study involves no more than minimal risk to participants (i.e., the level of risk encountered in daily life).

Participation in the study typically takes 30 min to 1 hour and is strictly confidential. Participants will complete a survey over the phone, in person, or through writing responses to a series of questions.

All responses are treated as confidential and in no case will responses from individual participants be identified. Rather, all data will be pooled and published in aggregate form only. Participants should be aware, however, that the study will be used by the Bureau of Social Services Administration in order to improve the foster care systems.

Most participants have found the survey to be enjoyable, and no adverse reactions have been reported thus far.

Although responses will be kept confidential, it is important to note that if any of the responses given indicate that a person may be in danger or a danger to themselves or others that the interviewer is obligated to inform the appropriate entity.

In addition, if any of the responses indicate child abuse or neglect, interviewers are required to report this to Child Protective Services.

Participation is voluntary, refusal to take part in the study involves no penalty or loss of benefits to which participants are otherwise entitled, and participants may withdraw from the study at any time without penalty or loss of benefits to which they are otherwise entitled. Participants may skip any questions they do not feel comfortable answering.

If you have further questions or concerns about your rights as a participant in this study, contact the American Public University System, IRB Chair at apus-IRB@apus.edu.

By signing below, I verify that I am 18 years of age or older, understand the statements above, and freely consent to participate in the study.

________________________________________  _______________________
Signature                                            Date
Appendix 4

Guam Foster Care Improvement Project
Foster Parent Survey

Introduction:
Hello, my name is Kathleen Kaminski and I am working on a survey of foster parents for my master’s program at American Military University. The goal of this project is to understand the needs of foster parents on Guam, and suggest ways that the program can be improved.

I would like to ask you a few questions about your experience being a foster parent on Guam. It will take about 15 minutes. This interview is voluntary and confidential. If I come to a question that you do not want to answer, just tell me and we can skip it. Your answers will be combined with answers from other foster parents, and results will be reported by groups only. Your name will not be associated with any of your answers.

1. How long have you been a foster parent on Guam?
   _____ YEARS
   OR
   ___ MONTHS

2. Have you been a foster parent in any other states or territories?
   _____ YES
   _____ NO

3. Are you a licensed foster parent, or a family placement?
   _____ LICENSED FOSTER PARENT
   _____ FAMILY PLACEMENT
   _____ BOTH (IF VOLUNTEERED)

4. Do you receive foster care payments?
   _____ YES  → ASK QUESTION 4a
   _____ NO  → GO TO QUESTION 5

4a. Do you think the compensation is enough to pay for the child’s needs?
   _____ YES
   _____ NO

Please Explain:
5. Do you accept teenagers?
   ______ YES  \( \Rightarrow \) ASK QUESTION 5a.
   ______ NO  \( \Rightarrow \) ASK QUESTIONS 5b AND 5c.

5a. Why did you decide to accept teenagers? ________________________________
   (GO TO QUESTION 6)

5b. Why did you decide not to accept teenagers? ____________________________

5c. What would make you feel more comfortable accepting teens as foster children?

6. Do you accept children with physical or behavioral concerns?
   ______ YES  \( \Rightarrow \) ASK QUESTION 6a.
   ______ NO  \( \Rightarrow \) ASK QUESTIONS 6b AND 6c.

6a. Why did you decide to accept children with physical or behavioral concerns?
   ______________________________________________________________________
   (GO TO QUESTION 7)

6b. Why did you decide not to accept children with physical or behavioral concerns?
   ______________________________________________________________________

6c. What would make you feel more comfortable accepting children with physical or
   behavioral concerns as foster children?
   ______________________________________________________________________

7. What is the hardest thing about being a foster parent?

8. What are some of the things that you think would help you be a better foster parent?

9. Have you received any training on parenting or foster parenting?
   ______ YES  \( \Rightarrow \) ASK QUESTIONS 9a AND 9b.
   ______ NO  \( \Rightarrow \) GO TO QUESTION 10.

9a. What training have you received in the past 3 years?

9b. What organization provided the training?

10. Would you like to see more opportunities for training?
    ______ YES  \( \Rightarrow \) ASK QUESTION 10a.
    ______ NO  \( \Rightarrow \) GO TO QUESTION 11.

10a. What training topics for foster parents would you be most interested in?
11. Do you have needs as a foster parent that are being unmet?

12. What are some specific things that social workers at BOSSA have done that you like?

13. What are some specific things that social workers at BOSSA have done that you did not like?

14. Do you feel that you have good communication with your social worker (s)?

15. What improvements would you suggest to the licensing process?

16. What improvements would you make to the foster care system in general?