

The Impacts of Income, Region, and Reason for Placement on Reported Kinship Caregiver
Challenges and Needs

Adrienne Schlatter

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Committee:

Hendrika Meischke

Emily Brown

Angelique Day

Program Authorized to Offer Degree:

Department of Health Systems and Population Health

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University of Washington

Abstract

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Adrienne Schlatter

Chair of the Supervisory Committee:

Hendrika Meischke

Department of Health Systems and Population Health

Kinship placement has been shown to be superior to foster care in increasing permanency and safety for children. Despite the many benefits of kinship placement, kinship caregivers receive less support than foster family, this creates unique challenges. This study analyzes data from a statewide kinship caregiver survey which collected demographic data, challenges, and needs. 865 kinship caregivers reported their top three challenges and needs. Needs were stratified by caregiver and child characteristics. We found that there are striking differences in reported challenges and needs based on income, region, and reason for placement. This further demonstrates the need for support for kinship families and can help develop targeted policies to alleviate challenges faced by kinship caregivers across the state.

Background:

Kinship caregivers, defined as relatives or close family friends who take on the responsibility of caring for children who are unable to live with their biological parents, play a crucial role in the welfare of children across the United States. According to a report by the Annie E. Casey Foundation, between 2020 and 2022, over 44,000 children in Washington State were living with kinship caregivers.¹ Kinship care has become an increasingly important option for children who are removed from their homes due to abuse, neglect, or other reasons, as it provides a sense of familiarity and stability that is often lacking in other types of out-of-home care.^{2,3}

Despite the importance of kinship care, the caregivers themselves face a variety of challenges that can impact their ability to provide adequate care for the children in their care. These challenges can include financial strain, emotional stress, and a lack of support service.⁴ Unlike licensed foster caregivers, kinship caregivers, especially informal caregivers, do not have access to as many services and financial support.⁴

There remains a lack of research on the specific needs and experiences of kinship caregivers in Washington State, particularly regarding how income, region, and reason for placement can affect their needs. Therefore, the present study aims to explore the needs and experiences of kinship caregivers in Washington State, with a specific focus on understanding how income, region, and reason for placement can impact their needs and experiences. By gaining a deeper understanding of these factors, policymakers and service providers can better design and implement support services that meet the unique needs of this population, ultimately improving outcomes for the children in their care.

Methods:

This study used existing data from a state-wide survey of kinship caregivers residing in Washington State who are currently caring for a child or children under the age of 18 who are unable to live with their biological parents. This study was approved by the Washington State IRB.

Instrument Details

Data was collected through a self-administered survey. Surveys were collected through mass mailings to kinship caregivers identified by multiple governmental support organizations including the Washington Department of Children, Youth, and Families (DCYF), the Aging and Long-Term Support Administration (AL TSA), and the Economic Services Administration (ESA). Half of the participants were recruited through ESA, while the other two organizations recruited a quarter of the participants each. The survey took approximately 15 minutes to complete. Participants who completed the survey received a \$15 gift card for compensation of their time. In addition, participants were added to a lottery to win one of twenty \$50 gift cards.

This survey collected demographic data such as self-identified race and income, and specific questions on unique challenges and needs as a Kinship caregiver. For challenges, caregivers were asked: “Please check three issues that present the greatest challenges related to raising the kinship children who are currently in your care.” Various options including an “other” category were provided based on previous research and input from state Kinship Care Oversight Committee (KCOC). See table 2 for category details. If a caregiver chose “other,” then they were provided a write in option.

Similarly, caregiver unmet needs were assessed by asking “The following are services and resources for which you may have needs that are not being met. Please check the three services or resources for which you have the greatest unmet needs regarding the children in your care.”

Survey respondents were able to choose up to three categories. Categories were chosen based on previous research and input from state Kinship Care Oversight Committee (KCOC). See table 3 for category details. If a caregiver chose “other,” then they were provided a write in option.

Analysis

The main areas of interest for this study were county, reported yearly income, reason(s) for placement of the child into their care, top three challenges, and top three needs. The survey respondent could identify zero to three needs. Caregivers responding to the survey could also select two reasons for placement of the child. Counties were recategorized into Department of Child, Youth and Families (DCYF) regions (1-6) as this was more relevant to influence policy changes and some counties had a very small number of participants. See Figure 1 for more details about each region. There were six participants who lived outside Washington state and 88 participants who were missing county of residence these participants were not included in the analysis for region.

Surveyed caregivers reported yearly income brackets in increments of \$10,000 up to >\$70,000. We used the HHS Poverty guidelines for 2019 to choose our cut-offs for analysis.⁵ The average family size for study participants was between 3 and 4, which is what we used when considering how to stratify income. The 2019 HHS poverty guideline for a three-person and four-person family was \$21,330 and \$25,750 respectively. We considered families making <\$19,999 as living in poverty.

Since cost of living in Washington state is higher than average, we also stratified using Washington state average income as reported by the Washington State Office of Financial Management in 2020.⁶ The average income in Washington state in 2020 was \$67,126. This varies significantly by county and since this survey was started at the end of 2019, we used a

cutoff of \$60,000. We considered families making <\$59,999 as making less than the state average.

The statistical software program R (V4.1.3) was used to calculate general descriptive statistics for survey responses. Excel was used to create plots using statistic outputs from the above analysis. Qualitative responses for the “other” category were coded for common themes and to decide if these would fit into categories provided by the survey. Free text responses were discussed by three researchers. If themes represented existing categories provided by the survey and the participant had not chosen that field, these participants were integrated into that categorical response. Those that did not fit into already established categories were considered “other.” These responses were analyzed by researchers for common themes. Because the “other” group was very small it was not used in graphical representation of the outcomes.

Results were presented to the Kinship Oversight Committee (KOC) for input. The KOC is a collective of kinship caregivers and community partners that support and strengthen kinship families across Washington State. This body was legislatively established in 2004 to monitor, guide, and provide lived experience view on activities and initiatives specific to kinship caregivers. This discussion helped formulate the interpretation of our results.

Results:

Kinship caregivers from all 39 counties responded to the survey. A total of 868 caregivers responded to the self-administered survey. The mean age was 58 years, with a standard deviation of 11.6 years. Ninety percent of respondents were female. Caucasian caregivers made up 80% of the kinship caregivers who responded to the survey. Most of the caregivers identified as grandparents (71%). See Table 1 for more detailed demographic information.

Financial challenges and financial assistance were by far the most common challenge and unmet need for this population of respondents. In addition, when looking at region and reason for placement, financial challenges and unmet financial needs were identified as the most common need with a few exceptions which discussed below. Thirty-six percent of respondents identified finances as a top three challenge, while 35% of respondents choose financial needs as a top three unmet need.

For top three challenges, child's emotional health (32%) and child's behavior (27%) were identified most frequently, following financial challenge. Social and recreational activities for children (31%) and respite care (23%) were the second and third most common unmet needs following financial assistance. These themes persisted when stratifying for region and reason for placement with some exceptions.

Income:

When caregivers were stratified for income, very different trends in challenges and needs became apparent. There were 243 survey respondents who reported annual incomes less than \$19,999 and 555 survey respondents who reported annual incomes over \$19,999. Caregivers reporting a yearly income of <\$19,999 were more likely to choose finances, housing, and caregiver physical health as a top three challenge than those making greater than \$19,999. Those making over \$19,999 were more likely to choose child's emotional health, caregivers' emotional health, respite care, delaying retirement and both caregiver and child's relationship with parent as unmet needs than those making less than \$19,999. See Figure 2 for more details.

When changing the income cut-off to \$60,000, the patterns were similar. There were 600 respondents who reported annual incomes below \$59,999 and 198 respondents who had annual

incomes over \$59,999. The difference in percentage of people choosing finance and housing as a top three challenge increased. Similarly, the gap between mental health challenges such as child's emotional health and caregivers' emotional health as a top three challenge widened. See Figure 2 for more details.

Region:

Caregivers in specific regions identified different challenges and unmet needs. Regions 4 and 5 are considered mostly urban regions. While regions 1,2,3, and 6 are considered mixed rural and urban, with majority of counties being rural. See Figure 1 for more details about each region.

Overall, financial challenge was identified most frequently as a top three challenge in regions 1, 4, 5 and 6. In the other two regions, financial challenges were reported at the same or with slightly less frequency than child's emotional health challenges. In region 4, 22% of caregiver respondents identified housing as a top three challenge as compared to all other regions where only 11% (6.3% to 13.2%) of caregivers identified housing as a top three challenge. See Table 2 for more details.

For unmet needs, again financial support was most frequently reported, with the exception of region 3, north of Seattle and mostly a rural setting, where recreational activities were identified more frequently. Basic needs such as housing and financial support were identified frequently across all regions, though Region 4 had the highest percentage of caregivers reporting financial support as one of their top three unmet needs. The unmet need of housing was reported most frequently in regions 3 (21.4%), region 5 (20.3%), and region 4 (17.2%). See table 3 for more details.

Caregivers in region 4 also identified transportation and childcare twice as frequently as all the other regions. A child's relationship with their biological parent was more frequently identified as a top three challenge in region 1. Over 31% of caregivers in region 2 reported counseling for their child as an unmet need. This is 11% higher than the average of the other five counties (16.3% to 25.9%). Region 2 and 3 also reported the highest percentage for both caregiver and child emotional health challenges.

Reason for Placement:

When looking at the caregiver reported reason for placement of the child/children in their care, the most common reason for placement was biological parent substance use (n=575). We looked at the top six reasons for placement which included financial circumstances, substance use, incarceration, abuse/neglect, behavioral/mental health of the bioparent, and homelessness.

Financial challenges were identified most frequently by caregivers as a top three challenge for all reasons for placement, except for child abuse and neglect reasons. Over 40% of caregivers identified a child's emotional health as a top three challenge when a child was placed for child abuse or neglect reasons. Children placed for abuse and neglect also had the highest percentage of caregivers reporting a child's behavior as one of their top three needs (32.6%) as compared to other reasons for placement. See Figure 3 for more details.

Thirty-four of the caregivers caring for children who were placed due to bio-parent incarceration identified the child's relationship with parents as a top three challenge. This was 10% higher than the average of the other five reasons for placement. Housing and financial challenges were most frequently reported as a top three challenge by caregivers who reported the reason for placement was due to financial reasons.

Discussion:

Financial challenge as a top three needs was a common theme throughout the study. Despite stratification by region and reason for the child's placement into care, financial challenges and financial support as an unmet need is reported most frequently as a top three need. The only circumstances when finance was identified as a challenge less frequently, was when stratifying by income. It was also identified less frequently when children were placed for child abuse and neglect reasons and in region 3, though these differences were not statistically significant.

It is not unexpected that financial challenges were more commonly reported for lower income thresholds. Challenges such as caregiver health and housing were also more commonly identified as a top three need at lower income brackets. When we stratified using a higher income bracket of \$60,000, the trend for basic needs was still present. This is likely because the national poverty index may not be reflective of poverty in Washington State, where cost of living is higher than average in the United States.⁵

At higher incomes, behavioral health challenges, respite care, and counseling services were commonly reported as top challenges and unmet needs. This is consistent with Maslow's hierarchy of needs. When basic safety and physical needs such as housing, finances, and health are met, caregivers choose needs other than those necessary for basic survival.⁷ Those who live within lower income brackets may also have similar needs for mental health, respite care, and retirement, but when faced with only three choices, they attend to basic needs first.

Kinship caregivers caring for children placed for concerns of child abuse and neglect also reported a child's behavioral and emotional health more frequently as a top three need. It is known that there are significant impacts of abuse and neglect on a child's mental health which

can have life-long impacts.^{8,9} Mental and behavioral health services are limited and often difficult to access.¹⁰ In cases of child abuse and neglect, service referral and coverage end when a welfare case is closed. This calls for the need to continue providing support for children who have a history of child abuse and neglect and improve access to mental and behavioral health services.

It is not unexpected that a child's relationship with their parent was reported more frequently as a challenge for those children placed due to parental incarceration. It is therefore important to address the barriers that children may face when connecting with incarcerated parents. It is also not unexpected that housing and financial challenges were reported more frequently when a child was placed for financial reasons. This speaks to issues of intergenerational poverty that leads to familial disruptions and hardships.

Region 4, which includes the Seattle metro area, has the highest cost of living for all regions in Washington state.¹¹ It is therefore unsurprising that caregivers from region 4 reported housing challenges more frequently than caregivers from other regions. It is also not unexpected that financial support was identified most frequently as an unmet need by caregivers in region 4.

A somewhat unexpected result for regional needs was that region 4 had the highest percentage of caregivers reporting identified childcare and transportation as a top three unmet need. Region 4 represents King County, which is a primarily urban region that includes Seattle. Caregivers from KCOOC proposed that this may be due to limited transportation and childcare services outside urban areas. Francisco Ocampo from KCOOC stated that "Childcare may be more challenging to find outside of Seattle." They also suggested that it may be difficult to use public transportation with young children and that there are higher costs of having a car in urban areas.

Recreational activities for children were commonly identified as a top three unmet need across all regions, all reasons for placement, and all incomes. Region 3 had the highest percentage of respondents who reported a need for recreational activities for their children. KCOC members from region 3 reported that there are limited activities because it's a predominantly rural area. "Trying to make the time to travel so far for a short activity is hard!" Recreational activities were reported more frequently at lower income brackets and for more rural regions (1,2,3,6). This demonstrates the impacts of both income and location on access to recreational activities for children.

Limitations:

This study relied on self-reporting surveys distributed by several agencies across the state of Washington. Though we had many participants respond to the survey, the demographics, regarding race and gender may not be generalizable to all kinship caregiver populations. There are currently no studies that look at the racial make-up of the formal and informal kinship caregiver population. Future studies can be done to better assess the make-up of the kinship caregiver population to assess whether this study population accurately reflects their demographics.

The COVID-19 pandemic also introduced new challenges and needs. This survey was distributed between December 2019 and April 2020. Some respondents responded prior to the initiation of lockdown and others after. Needs and challenges may have changed following this significant event. Further study would need to be conducted to investigate the differences in challenges and unmet needs reported by survey respondents before and after the initiation of lock-down.

The design of this study allowed caregivers to choose only three challenges and three needs. Responses cannot accurately demonstrate the number of needs these caregivers have. It is possible caregivers might have chosen more than three challenges and unmet needs had they had the opportunity for unlimited choices. Future studies could use different techniques to identify and rank needs within this unique population.

Conclusion:

Overall, this study redemonstrates need for kinship caregiver supportive services in Washington State. Specific evaluations can be done based on region, reason for placement, and income to better meet the service needs for the kinship community. Basic financial support, housing services, and recreational activities were identified frequently as a top three unmet need, especially for those who at lower income brackets. This speaks to the need invest in these services across the state. Once basic needs are met, then needs such as mental health services, respite care, and legal services will be crucial to address.

Specific regions such as Region 4 can invest in resources that may alleviate barriers to accessing housing, childcare, and transportation services for kinship families. In addition, regions with higher needs for mental health service such as region's 2 and 3, can help link kinship caregivers to appropriate therapies and advocate for the expansion of mental health services in their region. Those regions whose caregivers are struggling to find respite care and recreational activities, can investigate barriers and improve access for those services.

Further studies to analyze the impact of the Covid-19 pandemic can be done to see if challenges and needs have shifted. Improved survey techniques can be developed to identify ongoing needs,

response rates and diversity. Ongoing investigations can be undertaken to identify shifting needs as policy changes improve access to services for kinship caregivers.

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Disclosure:

Dr. Schlatter and Dr. Brown have provided medical legal consultation and testimony.

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Tables and Figures:

Table 1

Caregiver Demographics (N=868)		
Age		58 (11.6)
Gender		
	Female	744 (90.2%)
	Male	23 (9.7%)
	Prefer not to say	1 (0.1%)
Race		
	African American	72 (8%)
	American Indian/Alaskan Native	70 (8%)
	Caucasian	691 (80%)
	Other	26 (4%)
Ethnicity		
	Hispanic/Latin	64 (7.4%)
Annual Income		
	Less than \$5,000	70 (8.7%)
	\$5,000 to \$9,999	43 (5.4%)
	10,000 to \$19,999	132 (16.5%)
	\$20,000 to \$29,999	125 (15.6%)
	\$30,000 to \$39,999	96 (12%)
	\$40,000 to \$49,999	77 (9.6%)
	\$50,000 to \$59,999	62 (7.7%)
	\$60,000 to \$69,999	47 (5.9%)
	>\$70,000	150 (18.7%)

Figure 2

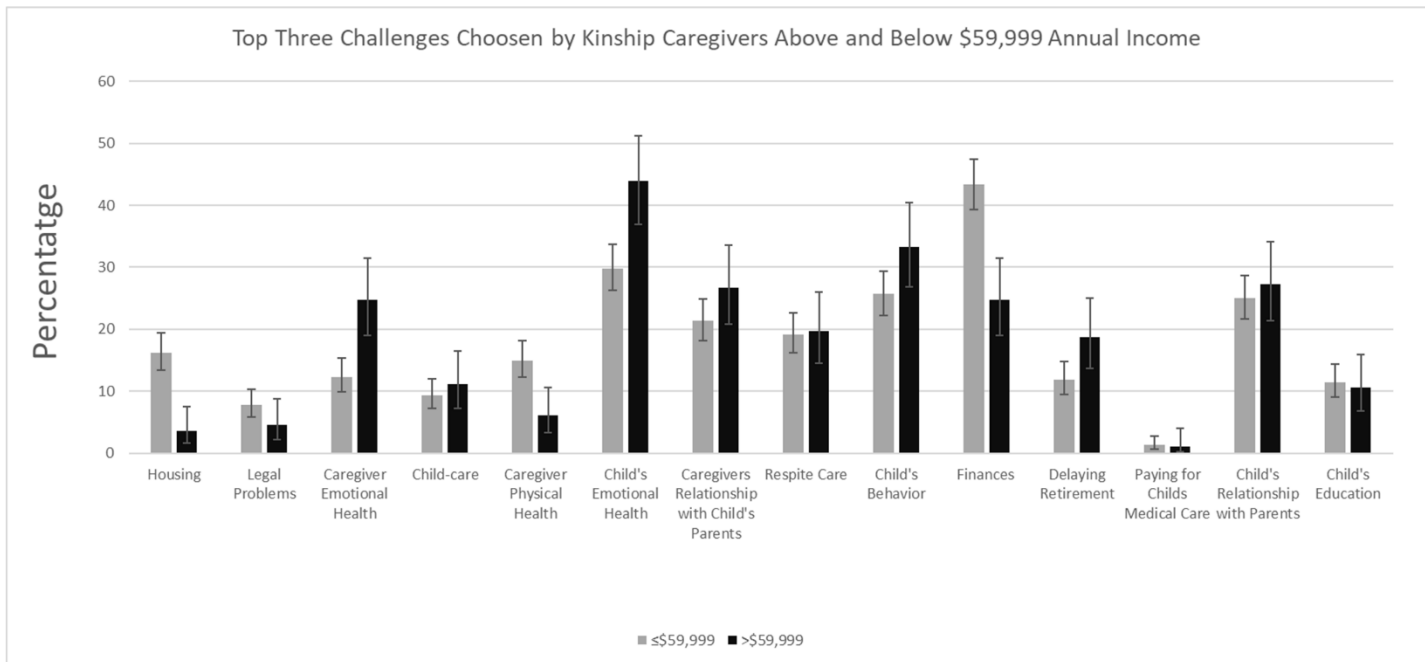
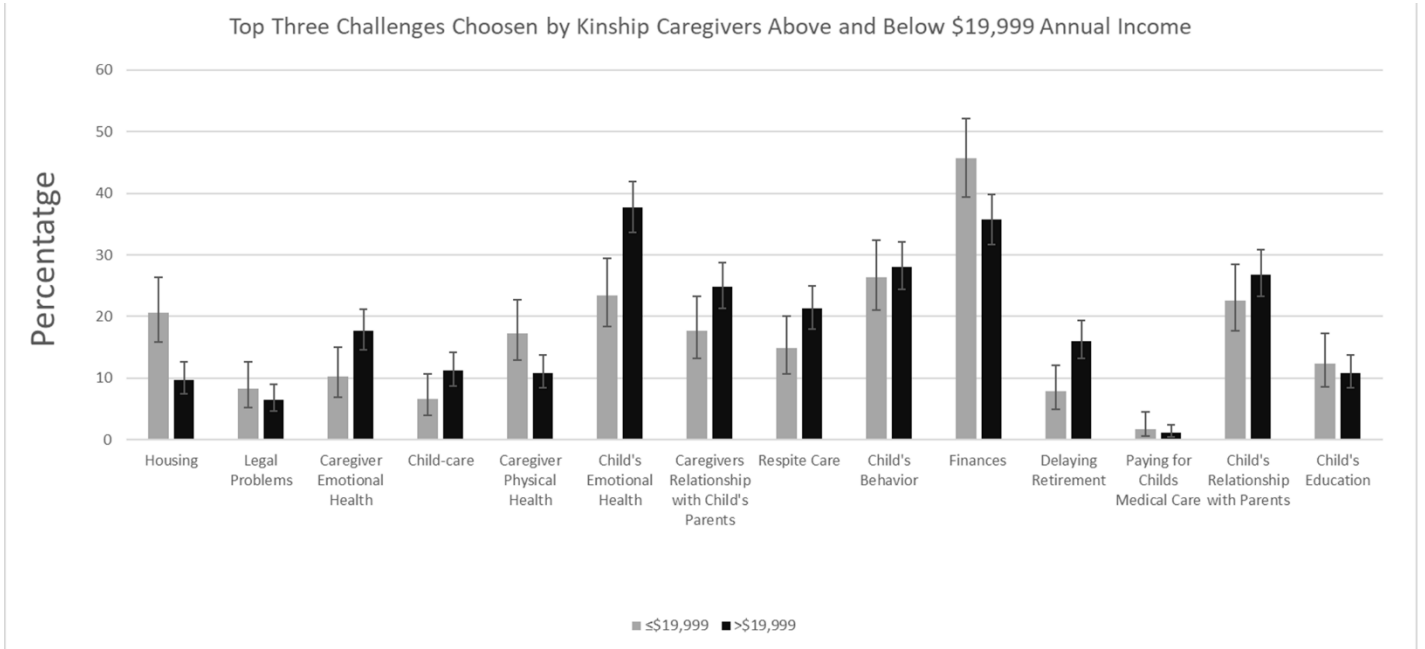


Table 2

Top Three Challenges Stratified by DCYF Region						
Challenge	Region 1 N = 138	Region 2 N=80	Region 3 N=112	Region 4 N= 87	Region 5 N=128	Region 6 N=227
Housing (N=99)	12.32% (7.55, 19.26)	6.25% (2.32, 14.62)	10.71% (5.9, 18.33)	21.84% (13.98, 32.23)	12.5% (7.54, 19.79)	13.22% (9.23, 18.49)
Legal Problems (N=69)	8.70% (4.78, 15.02)	8.75% (3.89, 17.75)	8.04% (3.97, 15.12)	6.90% (2.83, 14.97)	3.91% (1.45, 9.34)	6.61% (3.88, 10.88)
Caregiver Emotional (N=100)	11.59% (6.98, 18.42)	20% (12.20, 30.74)	20.54% (12.20, 30.74)	11.49% (5.95, 20.56)	15.63% (10.03, 23.34)	13.66% (9.6, 18.98)
Childcare (N=74)	10.14% (5.86, 16.74)	6.25% (2.32, 14.62)	7.14% (3.36, 14.02)	17.24% (10.28, 27.16)	10.16% (5.74, 17.06)	8.37% (5.25, 12.96)
Caregiver Physical Health (N=98)	14.49% (9.29, 21.74)	13.75% (7.39, 23.69)	16.07% (10.06, 24.48)	16.09% (9.39, 25.87)	6.25% (2.94, 12.34)	11.89% (8.12, 17.0)
Child's Emotional Health (N=257)	34.78% (27.01, 43.41)	36.25% (26.01, 47.82)	36.61% (27.86, 46.29)	31.03% (21.79, 41.98)	34.38% (26.35, 43.35)	29.96% (24.17, 36.44)
Caregivers Relationship with Child's Parents (N= 173)	25.36% (18.52, 33.61)	23.75% (15.25, 34.81)	28.57% (20.63, 38)	14.94% (8.51, 24.56)	24.22% (17.28, 32.74)	18.94% (14.18, 24.78)
Respite Care (N=154)	19.57% (13.50, 27.37)	12.5% (6.48, 22.24)	22.32% (15.22, 31.36)	18.39% (11.19, 28.45)	21.09% (14.59, 29.37)	21.59% (16.53, 27.62)
Child's Behavior (N=212)	32.61% (25.02, 41.18)	27.5% (18.39, 38.80)	22.32% (15.22, 31.36)	22.99% (14.93, 33.48)	24.22% (17.28, 32.74)	30.40% (24.58, 36.89)
Finances (N=292)	40.58% (32.41, 49.28)	28.75% (19.45, 40.12)	36.61% (27.86, 46.29)	34.48% (24.83, 45.52)	38.28% (29.96, 47.32)	40.97% (34.56, 47.69)
Delaying Retirement (N=99)	8.70% (4.78, 15.02)	10% (4.73, 19.27)	14.29% (8.64, 22.46)	14.94% (8.51, 24.56)	17.97% (11.96, 25.95)	16.30% (11.87, 21.9)
Child's Relationship with Parents (N=191)	32.61% (25.02, 41.18)	18.75% (11.21, 29.35)	24.11% (16.75, 33.28)	22.99% (14.93, 33.48)	28.91% (21.41, 37.69)	25.11% (19.71, 31.37)
Child's Education (N=87)	7.25% (3.72, 13.27)	18.75% (11.21, 29.35)	15.18% (9.34, 23.47)	13.79% (7.64, 23.24)	6.25% (2.94, 12.34)	11.01% (7.39, 16.0)

Number in parentheses represent 95% confidence intervals.

Table 3

Top Three Unmet Needs Stratified by DCYF Region						
Unmet Needs	Region 1 N = 138	Region 2 N=80	Region 3 N=112	Region 4 N= 87	Region 5 N=128	Region 6 N=227
Legal Services + Advice (N= 171)	28.26% (21.09, 36.66)	18.75% (11.21, 29.3)	24.11% (16.75, 33.28)	24.14% (15.88, 34.48)	17.97% (11.96, 25.95)	20.26% (15.35, 26.21)
Counseling for Your Child (N=158)	18.84% (12.89, 26.57)	31.25% (21.61, 42.71)	25.89% (18.29, 35.18)	21.84% (13.98, 32.24)	17.19% (11.31, 25.09)	16.3% (11.87, 21.9)
Parenting Classes (N=32)	5.8% (2.2, 11.48)	2.5% (0.43, 9.57)	3.57% (1.15, 9.43)	2.30% (0.40, 8.84)	5.47% (2.42, 1.36)	3.96% (1.95, 7.64)
Medical Care for Child (N=20)	2.17% (0.56, 6.71)	2.5% (0.43, 9.57)	1.79% (0.31, 6.94)	1.15% (0.06, 7.13)	3.13% (1.01, 8.29)	3.52% (1.65, 7.08)
Transportation (N=74)	8.7% (4.78, 15.02)	8.75% (3.89, 17.75)	7.14% (3.36, 14.02)	19.54% (12.11, 29.72)	7.03% (3.47, 13.31)	9.25% (5.95, 13.98)
Working with School/Teachers (N=61)	4.35% (1.78, 9.63)	8.75% (3.89, 17.75)	8.93% (4.6, 16.2)	4.60% (1.48, 14.97)	7.03% (3.47, 13.31)	11.01% (7.39, 16)
Special Education Services (N=53)	5.8% (2.72, 11.48)	2.5% (0.43, 9.57)	10.71% (5.9, 18.33)	5.75% (2.14, 13.5)	6.25% (2.94, 12.34)	7.93% (4.9, 12.44)
Drug or Alcohol Rehabilitation (N=39)	7.97% (4.24, 14.15)	2.5% (0.43, 9.57)	2.68% (0.69, 8.21)	6.90% (2.83, 14.67)	6.25% (2.94, 12.34)	3.96% (1.95, 7.64)
Recreational Activities for Child (N=243)	31.88% (24.36, 40.43)	31.25% (21.61, 42.71)	36.61% (27.86, 46.29)	28.74% (19.79, 39.59)	29.69% (22.11, 38.51)	30.84% (24.98, 37.35)
Respite Care (N=190)	24.64% (17.88, 32.84)	20% (12.20, 30.74)	23.21% (15.98, 32.32)	26.44% (17.82, 37.17)	18.75% (12.61, 26.82)	29.52% (23.76, 35.98)
Child Care (N=58)	6.52% (3.22, 12.38)	7.5% (3.09, 16.2)	6.25% (2.77, 12.91)	14.94% (8.51, 24.56)	7.81% (4.02, 14.26)	5.73% (3.21, 9.82)
Support Groups (N=87)	9.42% (5.32, 15.88)	11.25% (5.59, 20.76)	17.86% (11.5, 26.47)	9.2% (4.34, 17.81)	10.16% (5.74, 17.06)	10.57% (7.03, 15.5)
Affordable and Adequate Housing (N=127)	15.94% (10.47, 23.36)	12.5% (6.48, 22.24)	21.43% (14.47, 30.39)	17.24% (10.28, 27.16)	20.31% (13.92, 28.53)	13.22% (9.23, 18.49)
Financial Support (N=294)	38.41% (30.37, 47.1)	38.75% (28.26, 50.33)	33.04% (24.64, 42.64)	45.98% (35.36, 56.96)	39.84% (31.41, 48.89)	36.12% (29.94, 42.78)

Number in parentheses represent 95% confidence intervals.

Figure 3

