

# How are King County caregivers getting emotional support, and how are families using resilience to problem solve?



## Summary



**Three quarters (75%) of King County children aged six months through 5<sup>th</sup> grade had caregivers who had someone to turn to for day-to-day emotional support with parenting or raising children during the past 12 months.** This percentage varied\* based on certain child and family demographics.



Emotional support data were interpreted by caregivers and community providers in King County. **Families felt that many caregivers experience social isolation and this data should be interpreted in the context of who people turn to for emotional support.**



**Among caregivers who did have someone to turn to, 93% said they can turn to a family member or close friend, and 91% said they can turn to a spouse or partner.** The next most common person caregivers turn to for emotional support is a healthcare provider (33%).



**Over three quarters (78%) of children live in a home where the family demonstrated qualities of resilience during difficult times.** Caregivers who demonstrated family resilience were more likely\* to report excellent or very good mental health (78%) compared to those who did not demonstrate family resilience (54%).



Family resilience data were interpreted by caregivers and community providers in King County. **Families felt that resilience strategies are different for different cultures, and the strategies measured in the survey may not be culturally relevant for their communities.**

## Why is emotional support and family resilience important?

The daily demands of caring for children take tremendous time and emotional energy. Caregivers who take care of their own emotional needs can better meet the emotional needs of their children. Parents who seek emotional support from their peers through formal and informal networks report increased sense of confidence to care for their children, decreased family isolation, increased recognition of the importance of self-care, and decreased self-blame when things don't go as expected.<sup>1,2,3</sup>

Caregiver emotional support and family resilience are key components of the five Strengthening Families™ Protective Factors<sup>4</sup> that are central to the Best Starts Theory of Change: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. **These protective factors support families to thrive and teach children resilience.** Resilience is the ability to overcome challenges; the body armor to cope and repair from stress and conflict. Resilience is established by supporting someone's internal sense of capability, belonging, attachments, and cultural and spiritual connections.<sup>5</sup>

Emotionally responsive and resilient families have greater capacity to provide safe, supportive, and nurturing environments for their children to grow, helping their children be more independent, cope with stress, and build strong relationships with peers.<sup>6</sup> Children who have emotionally available caregivers learn more and have better mental health.<sup>7</sup>

### What are the data sources?



**Best Starts for Kids Health Survey (BSK Health Survey).** The Best Starts for Kids (BSK) Health Survey is a survey about the health, well-being, strengths, and needs of young children and their families in King County, WA. From September 2016 to January 2017, nearly 6,000 King County families who represent the demographics of King County participated. The survey was available in six languages (Chinese, English, Russian, Somali, Spanish, and Vietnamese) and caregivers or parents (called caregivers in this brief) were asked to take the survey using one of three methods (on a computer, phone, or paper). Learn more about the survey and results on the [Best Starts for Kids Health Survey website](#).



**Data Dives.** Families and service providers from nine communities attended data dives to provide interpretation of Best Starts for Kids Health Survey results for survey participants with the same cultural identity. These communities included parents (biological, adoptive, or guardians), caregivers, aunts, uncles, grandparents, and children who *specifically* identified as: Black/African American, American Indian/Alaska Native (AI/AN), Chinese American, Latina/o, Lesbian, Gay, Bisexual, Trans, Queer, and Two Spirit (LGBTQ2S), Samoan, Somali American, and Vietnamese American. Families and providers were asked to discuss their first reactions, if data is reflective of their experiences, and any questions and next steps. Themes were identified through group consensus as well as qualitative analysis of notes.

### In-depth look at caregiver emotional support



Three-quarters (75%) of parents or caregivers said they had someone to turn to for day-to-day emotional support with parenting or raising children during the past 12 months. This varied\* by race/ethnicity, income, region or school district, language spoken at home, gender, and education. **Some groups of caregivers reported lower rates\* of emotional support compared to all King County families:**

- ❖ Those with less than a high school education (43%)
- ❖ Those speaking a language other than English in the home (Spanish: 35%; Russian: 47%; Chinese: 51%; Other: 51%)
- ❖ Those who were living in the Highline School District (51%)
- ❖ Those in income categories less than \$50,000 a year (49%-62%)
- ❖ Those who identified their child as Latina/o (60%) or Asian (63%)
- ❖ Those who identify as male (64%)

**Other groups of caregivers reported higher rates\* of emotional support compared to all King County families:**

- ❖ Those who had a college degree (86%)

**3 in 4** King County caregivers say they have someone to turn to for day-to-day emotional support with parenting and raising children.

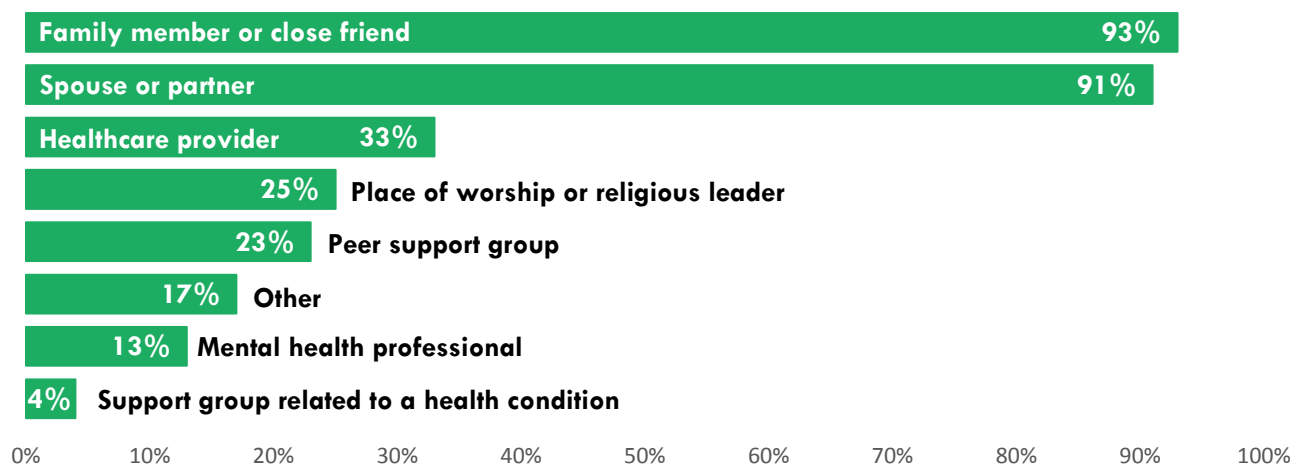


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- ❖ Those who spoke English as the primary language at home (87%)
- ❖ Those who lived in the Seattle (85%) or the Tahoma (93%) school districts
- ❖ Those in higher income categories (\$75,000-\$99,999: 87% and \$100,000-\$150,000: 88%)
- ❖ Those who identified their children as White (83%), Multiracial (82%), or AI/AN (94%)
- ❖ Those who identified as female (79%)

### Overall results for daily caregiver emotional support with parenting or raising children in King County are comparable with Washington State (also at 75%).<sup>8</sup>

One finding from the data dives was that this information should be interpreted in the context of who caregivers turn to for emotional support. Among the 75% of caregivers who reported having day-to-day emotional support, the vast majority of caregivers reported turning to a family member, close friend, spouse, or partner. Caregivers could choose more than one option.



## What do families think of the caregiver emotional support data?



While the BSK Health Survey found generally high levels of caregivers reporting having someone to turn to for day-to-day emotional support with parenting, data dive participants were not in agreement. In 7 of 8 data dives, families shared reasons why they felt most caregivers did not have that day to day support, meaning the findings were not reflective of their experiences. They explained that many caregivers experience social isolation due to geography (migration out of historic neighborhoods), family rejection due to sexual orientation or gender identity, religious divides, the demands of parenting, lack of community-specific spaces, being a stay-at-home mom, employment, and transportation challenges.

*“There are lots of parents with no one to turn to.” – AI/AN caregiver*

*“Fewer of our peers are having kids so that’s less support too. In part, because of the cost of creating a family...We’re new to this and it’s less common in our community to have kids because it’s expensive.” – LGBTQ2S caregiver*

In the data dive with Samoan families, caregivers felt strongly that the finding was true for them, and that almost all parents in their community have emotional support. This particular community all attend the same church, and attributed this feeling of support to their common values and faith.

*“They feel a sense of belonging to a group/church that nourish their needs and family.” – Samoan café host translating group comments*



### **What were the community-specific insights?**

In discussions with providers, the focus was on how to build trust so that families are comfortable asking for help when they need support. Providers also noted that the BSK health survey data for family resilience and parent support in combination suggests that caregivers might be more likely to turn to someone outside their family for support than they are to work together with their family to solve a problem. This means that those in family support specialist roles must be able to build a relationship with those they serve, in order to avoid gaps in service. If families are not being supported to continue engaging in services, they often stop going. Caregivers with diverse cultural identities are less likely to form this relationship and bond with providers who identify with the dominant European American culture. They stressed that families cannot be considered “supported” by the system if they get referred to a service and only go once.

*“If you have someone you can call that you trust, can ask questions, you don't feel shame. Parents get frustrated when they need help and don't know how to get it. If someone can come with me to deal with it, I will be ok. – Provider*

LGBTQ2S caregivers discussed how for many in their community, their only option is to look outside their family for support, because they don't have it through kinship networks. They explained that this support must last longer than early infancy. Challenges in finding affordable child care only exacerbate their situation.



### **What questions did parents have? What were the calls to action?**

Conversations with Black/African American and AI/AN families about parent support both led to the same question: who are caregivers turning to for support? For LGBTQ2S caregivers the question was: where do caregivers go for support? Caregivers felt that the data was difficult to interpret without knowing the answer, and encouraged Best Starts to provide data about who caregivers turn to for support.


*“I may have support, but who am I talking to? If we both have the same problems, we might not come up with any solutions.” – Black/African American caregiver*

Along the same lines, providers asked about the trends for the caregivers who said they did not have someone to turn to. Somali American, Chinese American, Vietnamese American, and LGBTQ2S caregivers agreed that higher levels of parent support could be achieved by providing more community-building efforts such as community cafés, ongoing “affinity” support groups, and permanent community gathering centers. There was also a suggestion that home based services could be designed to enable caregiver

connections. Latina caregivers discussed that any approach to support caregivers should leverage existing strengths: *“Latina moms are very strong and are a driver of unity and other values.”*

*“It’ll be great if more parents with special needs children can gather together more as support groups. This way, my daughter who is not accepted by typically developed kids can fit in more with these children with special needs from other families.” – Chinese American caregiver*

## In-depth look at family resilience




Over three quarters (78%) of children live in a home where the family demonstrated qualities of resilience during difficult times. Families met the criteria for resilience if they reported that they use each of four strategies (listed to the right) “all of the time” or “most of the time” their family faces problems. Overall, King County results for family resilience when facing problems are similar to overall Washington State averages<sup>8</sup>. **Some groups of caregivers were less likely\* to meet the criteria for family resilience compared to King County overall:**

- ❖ Those who had less than a high school degree/GED (55%)
- ❖ Those who identified their child as Black or African American (58%)
- ❖ Those in the very low income category (\$15,000-\$24,999; 58%)

**4 in 5** families in King County use these four strategies for resilience all or most of the time when they face problems:

1. Talk together about what to do
2. Work together to solve problems
3. Know they have strengths to draw on
4. Stay hopeful even in difficult times



**In addition, mental health plays a role in family resilience.** Caregivers who demonstrated family resilience were more likely\* to report excellent or very good mental health (78%) compared to those who did not demonstrate family resilience (54%).

**Looking at individual strategies, “staying hopeful even in difficult times” was the most commonly used among King County families.**

|   |            |
|---|------------|
| Family uses <b>all four</b> strategies (below) <b>all or most</b> of the time | <b>78%</b> |
| 1. Family talks together about what to do                                     | <b>88%</b> |
| 2. Family works together to solve problems                                    | <b>88%</b> |
| 3. Family knows they have strengths to draw on                                | <b>89%</b> |
| 4. Family stays hopeful even in difficult times                               | <b>94%</b> |

Some groups were more likely\* to use particular resilience strategies compared to King County overall. **Caregivers with excellent or very good health status were more likely\* to say they stay hopeful even**

in difficult times (97%) and talk together about what to do (93%). Other groups that were more likely\* to talk together about what to do compared to King County overall were caregivers with a college degree (93%), with a household income of \$100,00-\$150,000 (95%), and who identified their child as White (94%). Families in the Seattle region were also more likely\* to report working together to solve problems (93%).

## What do families think of their community's family resilience data?



Data dive participants reacted to data about family resilience that was slightly different from the data presented here. Previously, data showed reports of who was *always* using all four family resilience strategies. By that standard, only 32% of families met the criteria. However, based on feedback that “always” is a high standard to set, as well as comparisons to national data, Best Starts has revised the way this data is analyzed. **The criteria is now set to “always or most of the time” which dramatically raises the prevalence of family resilience to 78%.** Caregivers at the Black/African American data dive predicted this, and spoke about the data not reflecting their experience and that it should be higher. In their experience, Black/African American families define resilience differently, such as drawing strength from praying together during tough times. This was echoed by providers, who said definitions of resilience vary by culture; talking through something may not be a cultural value or preference for how to deal with challenges. For example, a Chinese American caregiver said that families in their community use different strategies, and that there is more of a focus on learning than talking. In addition, the definition of “facing problems” could also vary widely.

*“Who determines the terminology? My interpretation of resilience is different. We have to be careful when we have people writing questions for our culture.” – Black/African American Caregiver*

On the other hand, some caregivers did agree that their families do not work together as much as they would like to solve problems that arise. A Vietnamese American mother highlighted this by sharing a Vietnamese proverb that says it’s better to be silent than to stir up trouble, explaining she was taught to walk away rather than become angry. Somali American caregivers explained that they mourn together over injustices, but can’t always offer the strong support that is needed to solve a situation.



### What were the community-specific insights?

The importance of faith and spirituality in nurturing family resilience was described in Black/African American, Samoan, and Latina/o data dives. Each of these groups chose to host their data dive in a church, and indicated that it is this faith that allows families to band together to overcome adversity. Caregivers also described challenges for families to work together to solve problems. Black/African American caregivers explained that trust and transparency within their community are not easy to achieve; fear is too widespread. LGBTQ2S caregivers discussed how the culture of inclusivity and working together to solve problems is not present in many systems and institutions; rather, the structures

around families encourage individuality, othering, and isolation, making it increasingly hard to build community.

*“How do people ask for help? If you don't trust somebody?” – Provider*



### **What questions did parents have? What were the calls to action?**

Caregivers in the LGBTQ2S and Chinese American data dives raised questions of how to build and nurture skills in family resilience. For example, how are identity, preferences, and family culture talked about between teachers and kids in school? Or, how can this data be used to improve caregivers' focus on becoming more resilient as a family? Providers also discussed the need to increase community “stickiness” so that caregivers can reach for support within their extended family.

In addition to changing the way Best Starts reports family resilience data, other areas of action were recommended by families. The need for community spaces was a reoccurring theme, described as somewhere caregivers can connect who struggle from isolation, lack of kinship, financial stress, high costs of living, discrimination, and domestic violence. Adding a focus on the importance of family resilience to curricula in early learning and elementary education was also a theme. LGBTQ2S families spoke of their need for legal services and workshops related to family issues and paperwork. Latina/o caregivers described the importance of teaching children to look to elders as an example of strength and resilience.

*“I feel hopeful for a queer space that is intergenerational and family-friendly.” – LGBTQ2S caregiver*

## **Conclusion and next steps**

The BSK Health Survey finds that 3 in 4 caregivers in King County have day-to-day emotional support and 4 in 5 families in King County demonstrate resilience. Caregivers who interpreted these results urge Best Starts to understand the quality of emotional support caregivers receive, and use a definition of resilience informed by cultural values. **Best Starts is committed to investing in community-informed strategies that will support families to build protective factors!**

Best Starts will continue to use data from the BSK Health Survey and data from the community-led data dives to describe how King County children are being supported by their families and explore differences based on demographics. By better understanding King County families' assets, strengths, and needs, Best Starts can ensure funding and programs are focused on addressing the greatest gaps and expanding the greatest strengths. The BSK Health Survey will be completed again in early 2019 in collaboration with more community partners, and will help to track the results Best Starts is achieving.



## Notes and references

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**American Indian/Alaska Native:** This term is used, recognizing that King County's indigenous communities have a broader range of identities.

**Data Dives:** The purpose of a data dive is to put the power in the hands of specific communities to shape the narrative of how their own data is interpreted. To learn more about what a data dive is, visit [www.beststartsblog.com](http://www.beststartsblog.com) and search for the "Community Owned Data Series".

**LGBTQ2S:** This stands for Lesbian, Gay, Bisexual, Trans, Queer, and Two Spirit. This was the preferred term by community partners to describe this broad and diverse population. While this terminology is not explicitly inclusive of all identities, BSK aims to recognize all people who may see themselves as part of this community.

**Special Needs:** This term is used to be inclusive, however some people prefer the term "exceptional children."

**\*Statistical significance:** Differences are described as "statistically significant" when chance or random variation is unlikely to explain the difference between groups. It is determined whether differences are statistically significant by comparing their confidence intervals. The confidence interval (also known as error bar) is the range of values that includes the true value 95% of the time. Confidence intervals are necessary since surveys, which are based on a sample of a population, have "sampling error," or random variation due to having only a small group of the population. If the confidence intervals of two groups do not overlap, the difference between groups is considered statistically significant.



For more information, you're invited to check out these resources:

Best Starts Website: [www.kingcounty.gov/beststarts](http://www.kingcounty.gov/beststarts)

BSK Health Survey Website: [www.kingcounty.gov/bskhealthsurvey](http://www.kingcounty.gov/bskhealthsurvey)

Best Starts Blog: [www.beststartsblog.com](http://www.beststartsblog.com)

Questions? Comments? Please contact [bsk.data@kingcounty.gov](mailto:bsk.data@kingcounty.gov)

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