

## **Social Needs Screening in a Primary Care Clinic for Families with Social Complexity: Differences in Experiences and Preferences by Guardian Type**

### **Background**

Screening and intervening for social drivers of health has become the mainstay for many pediatric practices. Children in foster care have unique social needs but little is known about foster family experiences and preferences for social needs screening.

### **Objective**

To determine 1) caregiver preferences and experiences in social needs screening and 2) whether that preference varies by guardian type within a primary care clinic for families with social complexity.

### **Design/Methods**

Using a convergent parallel mixed-method design, we investigated the social needs screening preferences and experiences of caregivers in a primary care clinic for patients with social complexity (eg. child welfare involvement, parents with stressors such as substance use disorder). Quantitative data was collected via facilitated anonymous survey and qualitative data was collected via focus groups. Caregivers of patients enrolled in our clinic were eligible to participate and recruited based on convenience and purposive sampling. We tested differences in preferences and experiences by guardian type using Pearson's Chi-squared or Fisher's exact tests where appropriate. Three coders applied a thematic analysis to focus group transcripts to identify themes and patterns in guardian responses and applied codes using an inductive method. Coders then created a codebook. Using an iterative approach, the remaining transcripts were coded.

### **Results**

Of 101 families surveyed, 63 were biological parents, 35 were foster parents (21 kinship; 13 non-relative). Three caregivers who did not indicate guardian type were excluded from the primary analysis. One foster parent who didn't indicate foster parent type was excluded from the secondary analysis. Six focus groups were conducted including two in Spanish. The four English-speaking groups included two with foster parents only and two with biological parents. In total there were 24 parents (12 biological and 12 foster).

In their experience of social needs screening, biological and foster parents differed slightly but did not achieve statistical significance (Table 1). A sub-analysis of kinship vs non-relative guardian (Table 1) revealed that kinship parents were significantly more likely to agree that they wanted to be asked about stressors (50% vs 15%,  $p = 0.07$ ) and desired help with stressors (62% vs 23%,  $p = 0.03$ ). The most prevalent focus group themes (Table 2) were the importance of trust and relationship when discussing social needs. Parents feared judgement around screening and foster parents valued privacy due to fears about child welfare reporting. Both concerns were mitigated by trust and relationships with the screening clinician. Foster families described stress navigating the child welfare system.

## **Conclusion**

Foster parents share similar preferences with biological parents in social needs screening in primary care. Kinship foster parents prefer to address social needs more than non-relative foster parents. Building a trusting clinical relationship mitigates fears of judgment and reluctance to discuss social needs among all parents. Social needs screening within a trusting therapeutic relationship may alleviate challenges for families engaged in the child welfare system.

**Table 1 - Survey**

Patient experiences and preferences in social needs screening by guardian type and foster parent type secondary analysis

Characteristic	Biological vs Foster			Kinship vs Non-relative foster		
	Biological Parent, N = 63 <sup>1</sup>	Foster Parent, N = 35 <sup>1</sup>	p-value <sup>2</sup>	Kinship Foster Parent, N = 21 <sup>1</sup>	Non-relative Foster Parent, N = 13 <sup>1</sup>	p-value <sup>3</sup>
<b>The medical team acknowledges the issues that cause stress in my life.</b>			0.18			0.26
Agreed	50 (81%)	24 (69%)		16 (76%)	7 (54%)	
Did not agree	12 (19%)	11 (31%)		5 (24%)	6 (46%)	
Unknown	1	0		0	0	
<b>The medical team helps me with other issues that cause stress in my life.</b>			0.11			0.47
Agreed	46 (73%)	21 (60%)		11 (52%)	4 (33%)	
Did not agree	15 (24%)	14 (40%)		10 (48%)	8 (67%)	
Unknown	0	0		0	1	
<b>I want the medical team to ask me about other issues that cause stress in my life.</b>			0.42			0.07
Agreed	29 (46%)	13 (37%)		10 (48%)	2 (15%)	
Did not agree	33 (52%)	21 (60%)		10 (48%)	11 (85%)	
Unknown	1	1		1	0	
<b>I want resources to help with other issues that cause stress in my life.</b>			0.61			0.03*
Agreed	35 (54%)	17 (49%)		13 (62%)	3 (23%)	
Did not agree	29 (46%)	18 (51%)		8 (38%)	10 (77%)	
Unknown	0	0		0	0	

<sup>1</sup>n (%); <sup>2</sup>Pearson's Chi-squared test for biological parent vs. foster parent; <sup>3</sup>Fisher's exact test for kinship foster parent vs. non-relative foster parent; \*p<0.05

**Table 2 - Focus Groups**

Focus group themes related to caregiver experiences and preferences in social needs screening.

Theme	Subtheme	Supporting Quote
<b>Building trust and relationship with guardians through actions</b>	Positive Relationship	<i>“Just getting to know your patients. And not just treating me as a number, just patient number one, just patient number two, but treating me as a patient, learning who I am, learning who the children are. And then once you learn that, then you can also know their needs because you are building a relationship with your patient.”</i>
	Trust mitigating fear	<i>“I think with my social worker and doctor, their approach is human. And you can tell that they care, so it makes it easier for you to talk to them. So maybe if all of the other people were trained on how to approach it. And not make you feel like, ‘Oh, you’re about to report me and take my kids away.’ So they make you feel so comfortable that you’re okay talking about it.”</i>
<b>Acknowledging guardians’ needs</b>	Assurance of privacy	<i>“Everything I do is going to be in relation to assisting you in this manner. And also, they got HIPAA and all that stuff. I tell them now that they won’t be sharing this information with other people, just to assist you in this manner. And that will just maybe make people feel a little more secure to be open with them.”</i>
	Navigating external factors	<i>“You’re just caught in the system as a foster parent. Because there’s only so many things we can do as a foster parent.”</i>
	Feelings of judgement	<i>“But for the kids, I try to find ways to speak about it, even though I feel judged about it. But I like to text people and let them know, ‘Hey, there might be something that I need.’ Something like that. Or talking to someone that I feel most comfortable with.”</i>