



A Community Conversation

About the Safety of Children in Foster Care

The study was commissioned by the
Greater Milwaukee Foundation's Bright Futures Milwaukee Fund
in memory of long-time child advocate James R. Ryan.

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Additionally, Francine Feinberg and Hazel Luter, of Meta House, coordinated a group of biological parents who shared their experiences. Bettie Powell and Gary Silverman, of the United Foster Parent Association of Greater Milwaukee, and Kia Rudolph, of Voices United, set up two groups of foster parents who contributed their input. Lois Buchholz from the Bureau of Milwaukee Child Welfare arranged three focus groups with foster care workers, who took the time to share their insights. Another diverse group of caseworkers, child advocates, community providers, foster parents, kinship providers, and biological parents shared their input either by email, phone, or by filling out a form on the Planning Council website. Numerous individuals at libraries, the housing authority, Milwaukee County offices, W2 sites, religious and community based agencies, child advocacy and child welfare agencies, as well as local and state policy makers, put up posters or distributed flyers announcing the opportunity for people to share their opinions.

Others who gave assistance, provided information, or reviewed the report included Cyrus Behroozi, Division of Safety and Permanence; Pennie Felton, Children's Service Society of Wisconsin; Julie Brown, Milwaukee Child Welfare Partnership for Professional Development; Mary Kennedy, Bureau of Milwaukee Child Welfare; Paul Vincent, The Child Welfare Policy & Practice Group; Kelly Peterson, Utah Foster Care Foundation; Kelsey Lewis, Utah Foster Care Foundation; Eric Thompson, Children's Rights, Inc.; Shawn Perrin, Vision First, LLC; Pam Mathews, Ombudsman Director; David Scholl, Associate Ombudsman; Christine Holms, Penfield Children's Center; and Thomas Brophy, Medical College of Wisconsin.

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Highlights



This study has four major components: (1) A review of data and research related to foster care; (2) Discussions with key informants, foster parents, biological parents, and caseworkers; (3) A review of best and promising practices in the foster care field; and (4) Recommendations from the community.

HIGHLIGHTS: DATA AND RESEARCH

- Federal data shows that 99.5% of foster care children did *not* experience maltreatment in 2007 (the most recent year for which data is available).
- Relative foster placements are generally just as stable as placements with unrelated foster families, according to a study from the Pew Charitable Trust.
- As of December 31, 2008, in Milwaukee County, there were:
 - 671 children in licensed, non-relative foster care.
 - 186 children in licensed foster care with relatives.
 - 800 children in non-licensed, court-ordered kinship care.
- In 2008, there were 16 substantiated allegations of child maltreatment by a foster parent or residential placement staff member. Seven children were victims of maltreatment in court-ordered kinship care during that same year.
- The Child Welfare League of America recommends that caseloads be between 12 and 15 children per foster care worker. In 2008, the average number of children per caseload for ongoing case managers in Milwaukee County was 21.1.
- The Bureau reports that turnover rates for ongoing case managers averaged 32.4 percent over the last five years based on the agreed-upon formula from the 2002 lawsuit agreement (which specified a number of reforms for the child welfare system). A more traditional approach, which does not include new hires, puts the rate closer to 50 percent turnover.

HIGHLIGHTS: WHAT PEOPLE SAID

- Strengths of the foster care system in Milwaukee County include caring people, their ability to work together, strong institutions, and positive outcomes resulting from the federal lawsuit.
- There are too few caregivers, which some feel may create pressure to license questionable foster homes.
- Foster parents don't always have the information they need about their foster children, especially health and educational information. They said that they also lack information about community resources that are available and would be very helpful to them.
- Across the board, there is concern that kin caregivers are not as thoroughly screened as foster parents and that they are not required to undergo any training.
- Case managers need better training in recognizing maltreatment and assessing the safety of children. The training needs to be recurring and be provided with the same intensity to all types of caseworkers. Caseworkers themselves agreed with this.
- The multitude of tasks caseworkers are required to complete cuts into the time they can spend with their clients (e.g., paperwork, transportation, and court appearances).
- Caseworkers feel that they bear the brunt of “unrealistic community expectations” and the organizational decisions that are made to calm community anger and frustration.
- Foster care placements are traumatizing to children – not to mention multiple placements – and their voice often goes unheard. Nationally, there are increasing examples of foster care youth being given a voice in the foster care system.

- The services provided to foster children and families in Milwaukee were most often described as fragmented (i.e., one group focuses on the legal aspects, another on physical safety, another on social and emotional abuse, etc.). Many commented that there is no foster care “system” in Milwaukee; it is more a collection of disparate efforts that are often siloed and isolated.
- Foster care is affected by and reflects issues of poverty and race. Many foster care families are living in poverty. A 2008 report by the Annie E. Casey Foundation found that households with foster children are more likely to be low-income families. It is also true that more children are removed from African-American families, and currently there are many more African-American children in the system than white children. National data from a 2007 report showed that African-American children were more than twice as likely to enter foster care compared to white children, and African-American children remained in foster care about nine months longer.
- Media treatment of foster care issues was addressed by many. While the media’s role in exposing maltreatment is important, people agreed that it is equally important to educate community members about foster care issues and let them know how they can become involved. “Foster Kids Are Our Kids” is an Illinois-based collaboration among 62 child welfare agencies that involves the media in positive efforts to improve the perception of foster care. One aspect is a social marketing campaign to improve attitudes surrounding foster care and encourage more support for families and kids in foster care.
- Nearly everyone who participated in the interviews and discussions – from the key informants, to the caseworkers, to the foster and biological parents – talked about the need for greater community involvement in foster care. May is National Foster Care Month. One of the activities being promoted nationally is an innovative program called “Change a Lifetime” that sends this message to the community: “No matter how much time you have to give, you can do something positive that will *change a lifetime* for a young person in foster care.” (www.fostercaremonth.org)

HIGHLIGHTS: BEST PRACTICES

- There are successful efforts in other communities, many of which are research-based, that relate to many of the issues that emerged in the interviews and discussions, and these are presented in the body of the report.
- More specifically, there are best practices related to recruitment and retention of foster parents; assessment of foster parents and foster homes; health care of foster children; foster parent training; workforce recruitment and retention; and community engagement in foster care.

RECOMMENDATIONS FROM THE COMMUNITY

Following is a summary of the major recommendations made by the key informants, foster parents, biological parents, and caseworkers.

TO PROMOTE PREVENTION AND EARLY INTERVENTION

- Expend greater effort at the front end assessing whether children should be removed from their homes, perhaps using a tool such as structured decision-making.
- Address root causes, such as poverty and race, which might be linked to the number of children entering the foster care system.

TO STRENGTHEN THE QUALITY OF FOSTER PLACEMENTS

- Use research-based assessment tools and processes.
- Perform more thorough background checks on kin caregivers.
- Assure that kinship care providers receive the same training as licensed foster parents.
- Screen everyone who will be in the foster home.

TO SUPPORT FOSTER PARENTS

- Make medical care part of the safety plan for every child, and provide foster parents with needed health information on their foster children. Consider instituting a medical passport system.
- Provide foster parents with information on available community resources.
- Involve experienced foster parents in training new foster parents, and develop a mentoring system where experienced foster parents are paired with new foster parents.
- Target the recruitment and retention effort. Identify a specific area, centralize resources, and take it one neighborhood at a time.

TO SUPPORT BIOLOGICAL PARENTS

- Increase the number of quality, licensed foster care homes willing to accept more than one child so that siblings do not have to be separated.
- Improve the channels of communication between foster parents and biological parents.
- Provide support for biological parents as they transition back into the role of in-home, full-time parenting.

TO SUPPORT THE WORKFORCE

- Support less experienced caseworkers with guidance from experienced workers.
- Reduce paperwork so that caseworkers can spend more time working with children and families.
- Reduce caseload sizes to accepted standards and devise strategies to reduce staff turnover.

TO IMPROVE THE SYSTEM

- Reassess the structure of the foster care system, specifically the public/private partnership, and remove the barriers that lead to fragmentation.
- Test best and promising practices.

TO PROMOTE COMMUNITY INVOLVEMENT IN FOSTER CARE

- Engage the community and create a community approach to supporting children in foster care.
- Engage the media as a partner in educating the community about children in foster care.
- Engage the faith community in supporting foster families.
- Encourage United Way to enlist its partner agencies in strengthening foster care.

“Make Milwaukee a leader in keeping kids safe in foster care”

ONE FINAL RECOMMENDATION FROM A KEY INFORMANT

I. Introduction

SAFETY OF CHILDREN IN FOSTER CARE

According to the federal Administration for Children and Families (ACF), the number of children in foster care has hovered around half a million nationally since 2002, although the numbers have been slowly declining. The vast majority of children in foster care are considered to be safe. Federal data shows that 99.5% of foster care children did not experience maltreatment in 2007 (the most recent year for which data is available).¹ But even one death due to maltreatment is unacceptable.

States are required to submit a variety of data on children in foster care to a national reporting system housed in the ACF. The national standard for the absence of maltreatment in foster care is 99.68 percent, meaning that the incidence of substantiated maltreatment should be less than one-third of one percent of all children in foster care. Wisconsin stood at 99.46 percent in 2005 (not meeting the standard), at 99.70 percent in 2006 (a little better than the standard), and fell below the standard once again in 2007 – to 99.57² percent. The number of states in compliance with the standard has increased slightly from 16 states that met this standard for FFY 2004 to 19 states for FFY 2007.

BACKDROP

In 1993, a class action lawsuit was filed against the state of Wisconsin. The lawsuit set forth a number of concerns with respect to the safety and protection of children in Milwaukee County's foster care system. In 1998, the State created the Bureau of Milwaukee Child Welfare (referred to from this point as "the Bureau") and took control of the system previously run by the County. In 1999, a supplemental complaint was filed, alleging that promised reforms did not occur. In 2002, a "settlement agreement" was reached, mandating an overhaul of the child welfare system and setting benchmarks for things like caseworker turnover rates and caseload size.

Last November, an infant died while in kinship care, and a two-year-old girl in the same home was severely beaten. This tragedy led to mobilization of foster parents, concerned citizens, and public officials – all wanting to know what steps should be taken to prevent another tragedy of this nature.

PURPOSE OF STUDY

The current study was undertaken to engage the community in a discussion about the safety of children in foster care settings, to provide information on the current status of the foster care system, to identify best

practices for keeping foster children safe, and to recommend strategies for enhancing the safety of children in Milwaukee County's foster care system. The study was conducted by the Planning Council for Health and Human Services, Inc. The Planning Council is a Milwaukee-based, nonprofit organization whose mission is to advance community health and human services through planning, evaluation and research. The study was commissioned by the Greater Milwaukee Foundation's Bright Futures Milwaukee Fund in memory of long-time child advocate James R. Ryan.

INFORMATION GATHERING TECHNIQUES

Gathered data and facts...

To understand the current status of Milwaukee County's foster care system, Planning Council staff spoke with representatives of the Bureau and its contract organizations. They were asked to provide information about current policies and procedures, as well as data on the foster care population.

Listened...

One of the most important elements of any study is listening to the people who are involved in the area under consideration. Interviews were conducted with 22 key informants – professionals who have been involved with foster care in a variety of roles. They included policy experts, researchers, administrators, legislators, court officials, advocates, physicians, social workers, lawyers, health care personnel, school personnel, community organization representatives, and academicians. Together, their child welfare experience accounts for literally hundreds of years.

Listening sessions were held with groups of foster parents and biological parents, and focus groups were arranged with foster care caseworkers. People were also invited to submit their opinions at the Planning Council website, and United Way agreed to survey its member agencies about their involvement in foster care.

Identified best practices...

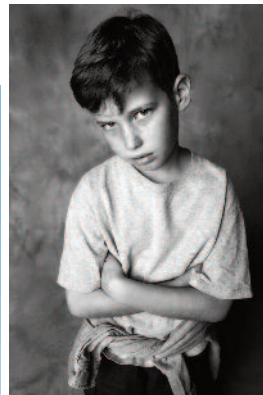
There currently is no single standardized definition for what constitutes a best practice within the nonprofit sector. A review of the literature clearly shows that different organizations use different criteria for conferring a "best practice" label. The federal Administration for Children and Families distinguishes between three different types of practices: research validated best practices, field-tested best practices, and promising practices.

- *Research-validated best practice*: a program, activity or strategy that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation.
- *Field-tested best practice*: a program, activity or strategy that has been shown to work effectively and produce successful outcomes and is supported to some degree by subjective and objective data sources.
- *Promising practice*: a program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.

The best practices that appear in this report would generally appear to fall into the “field tested” and “promising” categories. It should be noted that the “best practice” programs identified in this report were awarded this status not by the Planning Council, but by other organizations with expertise in foster care.

ORGANIZATION OF THE REPORT

The report that follows is organized into eight sections. The first section contains the introduction. Section two provides a summary of research on maltreatment in foster care. The third section is dedicated to questions and answers about the foster care system in Milwaukee, including the total number of children in out-of-home care, the number of children in foster care and kinship care, the number of children who were victims of maltreatment, the average caseload size, staff turnover rates, how training is provided, and the differences between licensed foster care and kinship care. The fourth section is an account of the “community conversation about the safety of children in foster care,” summarizing discussions that took place with key informants, foster care caseworkers, foster parents, and biological parents. Those who participated were asked about strengths of the foster care system, as well as key problems and challenges. Best practices related to the safety of children in foster care also appear in this section. Section five contains recommendations made by those who participated in the community conversation on how to improve the safety of children in foster care. Section six provides the reader with links to the best practice tools that appear in section four, and section seven contains the references. Section eight begins an outline of the “next steps” for continuing the conversation about the safety of children in foster care. The community will be invited to add to this list.



II. Research on Maltreatment in Foster Care

PREVENTING MALTREATMENT

Preventing maltreatment requires a multi-pronged approach. The Child Welfare League of America identifies the following critical issues for child welfare agencies to consider in attempting to prevent maltreatment in foster care:³

- Careful selection, preparation, and training of foster parents.
- Staff adequately trained to understand the stresses experienced by foster parents and provide support to ease those stresses.
- Preplacement assessment and matching of children and foster parents.
- Adequate levels of contact and monitoring of foster parents.

- Preparation of families and children for placement.
- Regular visits to children in care.
- Regular contacts with others who can observe and assess child well-being and safety.
- Continuous quality improvement to strengthen services to children and families.

RESEARCH ON CHILD SAFETY IN FOSTER CARE

Researchers at the University of Kansas School of Social Welfare⁴, the National Resource Center on Child Maltreatment⁵, and the University of Maryland⁶ have studied child safety in foster care, including child, family, and organizational characteristics associated with maltreatment. Their findings are summarized in the table below.

TABLE 1

Factors associated with maltreatment in foster care	
<i>Foster child characteristics associated with maltreatment</i>	<ul style="list-style-type: none"> • Any child with special needs is likely to be at higher risk for maltreatment while in placement. • Certain “trigger behaviors” such as wetting/soiling, disobedience, and aggressiveness toward an adult are child behaviors most associated with severe physical abuse. Successful prevention of maltreatment in out-of-home care may have more to do with managing the provocation and stress that these child behaviors generate than any other factor. • Adolescents, especially those who have been abused before, are also at greater risk of maltreatment in foster care.
<i>Foster family characteristics associated with maltreatment</i>	<ul style="list-style-type: none"> • The data related to foster family characteristics is often inconclusive and sometimes contradictory, prompting some researchers to conclude that “the research literature fails to provide a clear profile of the characteristics of maltreating substitute care families.” • However, University of Maryland researchers did uncover an increased risk of maltreatment in homes that had younger foster mothers, homes in which children shared bedrooms with other family members, and homes about which caseworkers had reservations. • Foster siblings and other relatives are sometimes the perpetrators of abuse, particularly sexual abuse. • There is one area of agreement among the studies reviewed, and that is the finding that “maltreating foster parents are under-trained.”
<i>Organizational factors associated with maltreatment</i>	<ul style="list-style-type: none"> • Poor matching of children to placement homes. • Lack of thorough screening. • Poor/superficial quality of home studies. • Shortage of homes may create pressure to license marginal placements. • Failure to de-certify deficient homes. • Over crowding in placements. • Lack of caregiver training, preparation, and support. • Poorly stated expectations about disciplinary practices. • Non-stringent standards for kin care homes. • Workers having reservations about homes, but allowing them to remain active. • Multiple responsibilities placed on caseworkers, high caseloads, high turnover. • Insufficient monitoring, lack of supervision and oversight. • Lack of specialized procedures to investigate out-of-home maltreatment.

RESEARCH ON MALTREATMENT IN KINSHIP CARE

Research is beginning to shed new light on the safety of children in kinship care, with a growing body of evidence showing that children placed with relatives are just as safe, or safer, when compared with children placed with unrelated foster families. Findings from a 2007 report prepared by the Pew Charitable Trust⁷ suggest that:

- Relative foster placements tend to be more stable than placements with unrelated foster families. Children placed with relatives generally have fewer moves while in foster care.
- Siblings are less likely to be separated when placed in relative foster care.

- Children in relative foster care maintain community connections.
- Children placed with relatives are more likely to remain within their own neighborhoods and continue in their original schools than children who are placed with unrelated foster families.
- Relatives are frequently willing to adopt or become permanent guardians when reunification is not possible.



III. Questions and Answers About Foster Care in Milwaukee

1. How many children are there in out-of-home care?

The number of children in out-of-home care has seen an overall decline – from 3,489 children on December 31, 2003, to 2,638 children on December 31, 2008. Out-of-home care includes foster care, treatment foster care, group homes, residential treatment centers, court-ordered kinship care, and other higher levels of care. Asked about the decline in the number of children in out-of-home care, Bureau representatives said that there has been a “concerted, combined effort to remove children only if they are unsafe. Work has been done to improve the initial assessment’s ability to gauge the protective capacity skills of parents, which led to more families being referred to Safety Services, and children able to remain in home.”

To explain the overall decline in substantiated allegations between 2003 and 2008, the Bureau says it has made “concerted efforts to reduce maltreatment to children while in out-of-home care, including requiring corrective action plans when it does occur, requiring contract agencies to provide more support to foster parents, and prohibiting emergency placements of children in treatment foster homes licensed less than one year.” Bureau representatives said they do not know what accounts for the rather large increase in substantiated allegations from 2006 to 2007.

5. How many children were victims of maltreatment while in kinship care?

The Bureau did not begin collecting data on maltreatment in court-ordered kinship care until 2007. In 2008, seven children were victims of maltreatment in court-ordered kinship care. The Bureau did not provide figures for 2007.

TABLE 2

**Milwaukee County: maltreatment while in out-of-home care*
2003 – 2008**

Data	2003	2004	2005	2006	2007	2008
Total children in out-of-home care over the course of that year	5,581	4,797	4,330	4,051	3,857	4,132
Substantiated allegations (children maltreated by foster parent or residential placement staff)	32	38	35	6	36	16
Did the Bureau meet the settlement agreement goal for that year? (referring to the percentage that substantiated allegations were not to exceed)	yes	no	no	yes	no	yes

Source: Bureau of Milwaukee Child Welfare

* Does not include court-ordered kinship care (where nearly one-third of children in out-of-home placement reside).

2. More specifically, how many children are in foster and kinship care?

As of December 31, 2008, there were:

- 671 children in licensed, non-relative foster care.
- 186 in licensed foster care with relatives.
- 800 children in non-licensed, court-ordered kinship care.

3. How many foster homes are there in Milwaukee County?

On December 31, 2008, the number of active, licensed foster homes stood at 680. The Bureau plans to increase the number of foster homes to 875 by December 31, 2009.

4. How many children are victims of maltreatment in out-of-home care?

The table below depicts substantiated cases of maltreatment of children in out-of-home care from 2003 to 2008.

6. What is the average caseload of an ongoing case manager?

Caseloads of ongoing case managers are not to exceed 11 families “per case carrying manager per site,” according to the lawsuit agreement. In 2007, caseworkers averaged 12 families, and in 2008 it was 11 families. The Child Welfare League of America (CWLA) defines optimal caseloads based on number of children, not number of families. CWLA recommends that caseloads be between 12 and 15 children per worker, and the Council for Accreditation of Children and Family Services recommends that an individual worker should not be responsible for more than 18 children. During 2008, the average number of children per caseload for ongoing case managers was 21.1⁸

7. What is the staff turnover rate for ongoing case managers?

Staff turnover rates for ongoing case managers averaged 32.4 percent between 2003 and 2007. For 2008, the 12-month average was 34.8 percent.⁹ Some have questioned the formula used by the Bureau to calculate turnover, saying that it inflates the total number of caseworkers. It should be pointed out that the formula being employed by the Bureau was developed as part of the lawsuit agreement. For the first six months of 2008, the primary reason caseworkers left their jobs was “voluntary resignation – reason unknown.” Only 10 percent claimed to be leaving because of “job dissatisfaction.” The issue of turnover will be addressed at greater length in Section IV.

8. How is training provided to foster parents and to workers?

The Milwaukee Child Welfare Partnership for Professional Development (MCWPPD), provides training to both foster parents and workers. The MCWPPD is part of the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee. Training for workers, customized for the category of worker, includes pre-service training, which must be completed before getting a case; two tiers of foundation classes, both of which must be completed within 18 months; and continuing education classes. Additional training is provided by supervisors and mentors onsite. The training curriculum is based on materials developed by the Institute of Human Services (IHS) in Columbus, Ohio.

Foster parents must complete a six-week training course called “PACE” (Partners in Alternate Care Education) before children can be placed in a foster home. In addition to the preliminary training, foster parents must complete ten hours of in-service training per year to maintain their licenses. Kinship care providers are welcome, but not required, to participate in the training. According to MCWPPD staff, very few kin attend. This could be, staff said, because they aren’t hearing about it or because it is not mandatory.

There will be a new training format for foster parents starting in September 2009 that will have five key components:

1. Pre-Placement Training: About 12 hours with a focus on “the basics.”
 2. New Placement Check-In: An opportunity to get together with others and have questions answered.
 3. Introduction to Communications: Guidance in communicating with the child, birth parents, and caseworkers.
 4. Foundation Training: Based on PACE curriculum; takes a foster parent up to his/her second year of fostering.
 5. Mastery Series: Has defined tracks based on the age of the foster children. Foster parents who complete this level of training will be viewed as having achieved “mastery” in caring for that age group of children.
- 9. What are the differences between foster care and kinship care?**

The table below depicts the major differences in procedures between foster and kinship care.

TABLE 3

Differences in procedures between foster and kinship care		
Procedure	Foster care	Kinship care
<i>Recruitment</i>	Children’s Service Society of Wisconsin contracts with the Bureau to recruit foster parents.	Kin caregivers are sought out by the courts or come forward, voluntarily.
<i>Screening/ Assessment/ Licensing</i>	Chapter HFS 56 of the Wisconsin Statutes requires that foster parents attend a two-hour new family informational meeting; undergo a criminal background check; be in good health; not abuse alcohol or drugs; have insurance for home and car; comply with household safety requirements; provide “nurturing” care”; know how to manage stress; possess sufficient income, communication skills, a satisfactory self-concept, and parenting ability; be able to form reasonable, constructive relationships; and be willing to work with biological parents and staff.	Chapter DCF 58 of the Wisconsin Statutes requires that kin caregivers undergo a criminal background check; prove that they have no history of contact with a child protective services agency; agree to apply for any assistance for which the child may be eligible; and verify school status for 18 year olds.

TABLE 3 continued

Differences in procedures between foster and kinship care		
Procedure	Foster care	Kinship care
<i>Training</i>	Foster parents are required to participate in 36 hours of initial training and 10 hours of ongoing training each year.	There is no required training.
<i>Monitoring of caregivers</i>	Foster parents receive regular visits from their licensing worker.	Court-ordered kinship care providers are reassessed at least once a year.
<i>Monitoring of children</i>	Children in Need of Protection or Services (CHIPS) cases are monitored on a monthly basis by an ongoing case manager as long as a court order is in place.	Children in court-ordered kinship care are monitored on a monthly basis by an ongoing case manager.
<i>Maltreatment investigations</i>	When a foster parent is accused of maltreatment and a Bureau access supervisor determines that the case is warranted, an independent investigation begins within 24 hours. The investigation follows a structured step-by-step process which can ultimately result in license revocation.	Bureau initial assessment workers investigate allegations of maltreatment involving kinship care providers. Independent investigators are not involved in these investigations. (Because there is no licensing requirement to become a kinship care provider, kinship caregivers do not pose a conflict of interest for the Bureau.)
<i>Payment</i>	\$349 - \$452 monthly, depending on the age of the child.	\$215 monthly.



IV. A Community Conversation About the Safety of Children in Foster Care

One of the main features of the current study was engagement of the community in a conversation about the safety of children in foster care. The Planning Council staff spoke with foster parents, biological parents, caseworkers, advocates, and key informants from a variety of foster care-related disciplines. People were also invited to submit input through the Planning Council website. All were asked to identify strengths of the foster care system, as well as key problems in keeping children safe. They were also asked what they would do to improve the safety of children in foster care and who else should be invited to join the conversation. The major issues to emerge from these conversations can be grouped around the caregivers, the workforce, the children, the system, poverty and race, the media, and the community. In some of these areas, best practices are identified and presented, most notably practices that relate to recruitment and retention of foster parents; screening and assessment; foster parent training; health care; and workforce recruitment, retention, and training.

STRENGTHS OF THE FOSTER CARE SYSTEM

People were asked to begin by talking about the strengths of the foster care system in Milwaukee.

Caring people

Nearly everyone praised the system's *human* resources. From a Governor who was described as "extraordinarily dedicated to kids and families," to the leadership of the new Department of Children and Families, to the professional staff who work in increasingly difficult situations, to the advocates, the foster parents, the trainers, legislators, medical and legal professionals – all are described as assets committed to the safety of children.

Their ability to work together

The individual work of these people, it was noted, is bolstered by their ability to work together. People specifically mentioned collaborations among groups involving representatives from the District Attorney's office, Children's Court, Milwaukee Public Schools, Milwaukee Police Department, Milwaukee Fire Department, judges, CSSW (Children's Service Society Wisconsin), Kids Matter, foster parents, treatment foster parents, the Mayor, the Superintendent, group homes, and the private bar. The Milwaukee Child Welfare Partnership Council, the Child Abuse Review Team (CART), and the Multidisciplinary Team (MDT) are recognized assets. The work that takes place surrounding child death reviews was identified as another strength, although it is said to be underutilized.

"The CART team is a real strength in Milwaukee. The concept is good, the meetings are well-attended, there is trust among the attendees, and there are frank discussions."

(FROM A KEY INFORMANT)

Strong institutions:

Respondents identified the following institutions, organizations, and collaborations as "system-strengthening":

- The Child Protection Center (CPC) was described as a central place for children in foster care to receive their medical screenings. Children's Hospital, working in conjunction with the Medical College, CSSW, and Regional Services all contribute to what is described as "a great resource for our community."
- Children's Court was identified as a major strength within the system. Judges have refocused their work, it was noted, after a Wingspread conference and some observers described it as a "cultural change within the courts." People also felt that an increase in the use of mediation with families has helped to keep cases out of court, and the "Safe Havens" program was seen as a strong preventive force. Biological parents also reported positive experiences with the court system.
- There are nonprofit organizations that also play a key role, notably Penfield Children's Center and St. Amelian's.
- The partnership between the University of Wisconsin Milwaukee (UWM) and the Bureau was described as strong.

"I had a positive interaction with the court system. My judge was very good and understanding."

(FROM A BIOLOGICAL PARENT)

Outcomes resulting from the federal lawsuit

While it may be ironic that a lawsuit is considered a strength, respondents agreed that the 1998 litigation has produced some very positive outcomes. They observed that there is now a set of standards in place, funding has increased, and quality has improved. Today fewer children are in out-of-home care, more children are being seen by physicians, more families are receiving safety services prior to a child being removed from a home, and there are more adoptions.

“The introduction of the medical community into foster care has been the most positive change of all. Medical professionals can distinguish between abuse and neglect and medical conditions. You need knowledgeable people in these positions.”

(FROM A KEY INFORMANT)

Informal supports

People agreed that everyone needs help raising children. In every community, there are neighbors, pastors, court-appointed special advocates, grandparents, and

other unsung heroes whose support allows families to keep their children, reunify, become foster parents, adopt, and otherwise support children and families. Milwaukee, respondents agreed, is no different: “There are people from all walks of life working for kids. And they want to make it better.”

Maltreatment investigations

Foster parents in the listening sessions claimed that allegations of maltreatment are investigated quickly and thoroughly by the Bureau. Although it might be annoying, they said that it was a good thing for caseworkers to investigate allegations of abuse, even when those allegations are directed toward foster parents.

THE CAREGIVERS

Too few caregivers

Nearly everyone interviewed agreed that there are too few caregivers. Because of this, they said, some children are being placed out of town, out of the county, and far to the north. Some parents aren’t able to travel the distance to visit their children. Reasons given for the decline in foster parents were financial costs (that exceed the payments caregivers receive) and the complex needs of many foster children. Table 4 presents best practice principles and best practice tools for recruiting and retaining foster parents.



TABLE 4

Best practices: recruitment and retention of foster parents	
Best practice principles¹⁰	Best practice tools
<p>Researchers have suggested that a shortage of qualified foster homes can create pressure to license marginal foster placements.¹¹ Therefore, effective recruitment practices are essential. They include:</p> <ul style="list-style-type: none"> • Respond to foster parenting inquiries quickly and with adequate information. • Provide competency-based pre-service training. • Create powerful messages of the impact foster parents have on the children and their families. • Target recruitment efforts so as to attract the right kinds of families for the particular kinds of children. • Recognize that recruitment is a community activity. • Make sure communication with foster parents is typified by sharing of information, ready access to worker support, and an attitude of respect. • Make sure foster parents are clear and confident about their rights and responsibilities, as well as agency expectations. • Provide ongoing training and support. • Always regard foster parents as part of the team that is responsible for making decisions about the child and family. 	<p><u>Performance-based contracting</u> In some states, contractors are paid only for recruitment of families who end up being licensed.</p> <p><u>Targeted recruitment</u></p> <ul style="list-style-type: none"> • The Utah Foster Care Foundation targets neighborhoods for two months of intense recruitment. During that time, they do a media blitz, host open houses, and involve the schools. • Family to Family, an initiative of the Annie E. Casey Foundation, targets communities where foster parents are needed most. <p><u>Corporate partnerships</u> The State of Illinois has developed partnerships with corporations to recruit families willing to foster and adopt children in the child welfare system.</p> <p><u>Faith-based approaches</u></p> <ul style="list-style-type: none"> • “One Church One Child” asks an individual church to find at least one family to adopt at least one waiting child. • “Fostering Hope” creates teams of volunteers from faith communities to come together as “quasi-extended families” to assist and support foster parents. <p><u>Foster parents as mentors</u> Rhode Island’s Foster Parent Mentor Program pairs experienced foster parents with newly licensed foster parents during their first year of service.</p> <p><u>Kinship Support Services Program</u> California’s Kinship Support Services Program (KSSP) provides support groups, respite, information and referral, and other services to kin families. West Virginia has a similar program that includes a toll-free support or “warmline” for kinship caregivers.</p> <p><u>Foster Parent Bill of Rights</u> A number of states have created a Bill of Rights for foster parents that outline the rights and responsibilities of foster parents. Wisconsin is working on a similar document.</p> <p>(Links to these practices can be found in Section VI.)</p>

Questionable homes

The experts who were interviewed said that there are indeed homes that are substandard and there are indeed times when workers are reluctant to leave a child in a questionable home, but do it because “it’s better than

nothing.” Conversely, if they find a good home, they may be reluctant to enforce all of the rules and policies. Closing marginal foster homes is said to be difficult. Table 5 presents best practice principles and best practice tools for assessing and selecting foster families.

“Before placing any child in care, the first question that should be answered is: ‘would you want your own kid there?’ ”

(FROM A KEY INFORMANT)

TABLE 5

Best practices: assessment process	
Best practice principles¹²	Best practice tools
<p>Efforts to prevent maltreatment in foster care begin with a careful, thorough process for selecting foster parents. Assessors must:</p> <ul style="list-style-type: none"> • Employ a comprehensive assessment, including information on motivation, family history, physical and mental health, family functioning, parenting style, family resources, social support, cultural competency, and foster readiness. • Include feedback from all major systems in which the family is involved. • Maintain high standards: A shortage of foster homes must not lead to less-than-adequate screening and assessment. • Engage families in a strengths-based, mutual evaluation process. • Screen <u>all</u> family members. • Acknowledge and address differences in kinship assessments. 	<p><u>Structured Analysis Family Evaluation (SAFE)</u> A home study methodology that stresses the importance of respectfully engaging families in a strengths-based, mutual evaluation process that strives to select families in, not out.</p> <p><u>Casey Family Programs Assessments</u> The <i>Casey Foster Applicant Inventory</i> (CFAI) and the <i>Casey Home Assessment Protocol</i> (CHAP) are two standardized measures that assess a broad range of characteristics of foster parents in order to identify strengths and identify areas for needed development and support.</p> <p><u>Confirming Safe Environments: Assessing Safety In Kinship and Foster Home Placements</u> Designed to augment assessments of the safety of potential out-of-home family placements, this is a seven-step process that begins with an assessment of the child to be placed, progresses to a provider interview, and ends with monthly oversight and a six-month review.</p> <p><u>Assessing Adult Relatives as Preferred Caregivers in Permanency Planning: A Competency-Based Curriculum</u> Identifies family assessment categories that are different for relatives from the traditional family assessment . (Links to these practices can be found in Section VI.)</p>

Need for information

Caregivers often lack needed information, according to many of the respondents – including foster parents themselves. This, they said, is because confidentiality and silos limit the availability of information; policies are not shared in writing publicly; and it is difficult to find out about resources. Obtaining needed educational information on foster children, many of whom have special education needs, from Milwaukee Public Schools was described as “a huge challenge at every level.”

Some pointed out that it is difficult to keep a child safe if there is not adequate, or accurate, (or any) information

about the child’s health. It was noted that progress has been made in improving the medical information that foster parents receive. However, some foster parents in the listening sessions still said they did not have sufficient information on the history and health of their foster children. Said one foster parent: “I had a kid and I had no idea if he had his shots, so the doctor started all over.” Table 6 presents best practice principles and best practice tools for documenting and ensuring the health of children in foster care.

TABLE 6

Best practices: health care of foster children	
Best practice principles	Best practice tools
<p>Research indicates that up to forty percent of foster children have chronic medical conditions.¹³ The Georgetown University Center for Child and Human Development has identified the critical components of a comprehensive approach to health care of foster children as:¹⁴</p> <ul style="list-style-type: none"> • Initial screening and comprehensive health assessment; • Access to health care services and treatment; • Management of health care data and information; • Coordination of care; • Collaboration among systems; • Family participation; • Attention to cultural issues; • Monitoring and evaluation; • Training and education; • Funding strategies; • Designing managed care to fit the needs of children in the child welfare system; • Recognition that nurses play a significant role in the foster care system. 	<p><u>Health passports</u> Several states have developed an abbreviated health record, often called a medical passport, which provides a brief listing of the child’s medical problems, allergies, chronic medications, and immunization data, as well as basic social service and family history. As the child’s condition changes, health care providers are asked to update the information. Texas has been a leader in the development of health passports for foster children.</p> <p><u>Foster care health manual</u> The Academy of Pediatrics has developed a comprehensive resource manual that outlines areas of health concerns and sets forth guidelines for evaluating foster children’s physical, developmental, mental health, and educational needs. It is titled <i>Fostering Health: Health Care for Children in Foster Care</i>.</p> <p><u>Mental health care volunteer project</u> This is a program that recruits experienced therapists as volunteers and asks them to take one foster child into weekly psychotherapy for as long as that child needs treatment.</p> <p>(Links to these practices can be found in Section VI.)</p>

Some foster parents in the listening sessions stated that they do not get information on community resources that could be helpful to them, and that when they do find out, it’s usually from other foster parents. They also said that it is difficult to find out what expenses qualify for reimbursement and the process for getting reimbursed. A number of foster parents said it was hard to understand the workings of the Bureau and the courts.

“It would have been nice to have a class to figure out the child welfare and court systems.”

(FROM A FOSTER PARENT)

Training and support

Many of those who participated in the discussions talked about the need for foster parents to have good, solid training and preparation. Foster parents themselves had very different perspectives on the training that is provided to them. Comments ranged from “it was a waste of time” to the training was “enlightening.” Some key informants felt that the training does not adequately address how to parent children with special needs, how to care for children who have gone through traumatic experiences, or how to address behavioral issues. Some foster parents said that training times can be inconvenient and unaccommodating for people with inflexible schedules. Table 7 presents best practice principles and best practice tools for the training and support of foster parents.

TABLE 7

Best practices: foster parent training	
Best practice principles¹⁵	Best practice tools
<p>Foster parents must have the training necessary to meet the challenges that arise when caring for foster children. Insufficient or inadequate training can contribute to elevated levels of stress, which can, in turn, increase the risk of maltreatment. Foster parent training must be competency-based and address the following topics:</p> <ul style="list-style-type: none"> • The Bureau’s expected standards of care. • The roles that foster parents assume as members of the permanency planning team. • How the difficult and traumatic experiences of foster care children affect their development and behavior. • Positive methods of behavior management that are effective with children who have been exposed to maltreatment and trauma. • Disciplinary measures that are not abusive, neglectful, or otherwise inappropriate. • Anger management techniques. • How to create structure, patterns, and routines that increase the child’s safety and comfort. • Resources that are available to foster parents and children. • The importance of advocacy – empowering foster parents to ask for what they need. • What to expect if an allegation of maltreatment is made. 	<p><u>PRIDE</u> The Child Welfare League of America endorses the PRIDE (Parent Resources for Information, Development and Education) program, stating: “PRIDE” E represents the state of the art in foster and adoptive parent preparation, development, and support.</p> <p><u>MAPP/GPS</u> MAPP/GPS is an acronym for Model Approach to Partnerships in Parenting/Group Preparation and Selection. It is designed to help potential foster parents make an informed decision as to whether they want to and can parent a foster child, and can work in partnership with the agency and birth families. It is a ten-week/thirty-hour training.</p> <p><u>Foster Parent Skills Training Program</u> This program uses demonstrations, role playing, and other types of practice as the predominant tools and has consistently resulted in reduction in the use of parental responses considered unconstructive or destructive in their impact on children.</p> <p><u>Keeping Foster Parents Trained and Supported (KEEP)</u> KEEP teaches foster parents about the techniques and benefits of positive reinforcement of their foster children.</p> <p><u>Foster Parent College</u> Foster Parent College is an online training venue for foster, adoptive, and kinship parents. Courses address child behavioral and emotional problems, safe parenting, positive parenting, resource parents’ marriage relationships, working with schools and birth parents, home safety, and kinship care.</p> <p>(Links to these practices can be found in Section VI.)</p>

Insufficient scrutiny of kin caregivers

There is a presumption that if a child must be removed from his parents, the next best place for that child to be placed is with relatives. It is the policy of the Bureau to look for “fit and willing” relative caregivers.¹⁶ The courts can order a kin placement. Many respondents pointed out that kinship providers do not undergo the same scrutiny as licensed foster parents. In addition, they are not provided the training or resources, and they receive even less support. Sometimes birth parents believe that family members who take their children are unqualified. Grandparents and older relatives, who may be willing, often have severe mobility problems, which limit the

success of the placement. Relative caregivers do not always get needed information about how they could qualify for reimbursement, or what they would need to do for a permanent placement.

Caseworkers in the focus groups also expressed concern that relative caregivers are not required to participate in any formal training to become foster parents, or undergo the same background check as licensed foster home providers. Some caseworkers said they had placed children with relatives by order of the courts, in the best interest of the child, or due to the limited number of quality foster homes available, but not because the relative home was the safest or optimal option for the child.

“Relative providers and foster parents should go through the same background checks. That is a problem I run into a lot. We sometimes have backgrounds that are concerning, but ongoing caseworkers don’t have access to that information. We don’t do as extensive a background check on kinship providers that we do on foster parents.”

(FROM A CASEWORKER)

Biological parents in the listening sessions reported mixed experiences with kin caregivers. Said one parent:

“My son was placed with my sister. It was nice for him to be with a person he knew. Because he was with family, it let me know that it wasn’t final. When you hear the words ‘foster parent’, you think that your child is calling someone else mom. Knowing that our kids are with relatives gives us hope that we can get them back.” But another biological parent had this to say: “My kids were placed with my brother. In some sense, I think it was worse than being in a foster home. You’d think that your kids are going to be safe because they are with relatives, but that wasn’t the case.”

Communication between foster and biological parents

Many biological parents felt there is a need for improved communication with the foster parents who are caring for their children. Some said they felt “brushed off.” While some foster parents said they work closely with biological parents, others admitted that they have very limited contact with biological parents and sometimes avoid it.

Ensure safety of caregivers

Foster parents in the listening sessions expressed safety concerns of their own. One foster parent said she was advised to start wearing gloves around her foster child due to fears that the child might test positive for HIV (human immunodeficiency virus). Some said episodes of violence can occur even with younger children (under age 12).

THE WORKFORCE

Caseworker training and preparation

The experts who were interviewed felt that that many caseworkers are young, lack experience, and need both classroom and hands-on training. To help prepare caseworkers, key informants described an elaborate training program. While many see it as an improvement, most had not seen the training curriculum and some expressed concern about its content. Of concern is the lack of inclusion of trauma-informed care;* the need for training that is more medically informed; the need to present tools for decision-making; a focus on legal requirements and not enough on quality care; the lack of a “best practice” based approach; the need for “hands on” training; and a lack of integration that can result from combining various training packages.

Assessing safety

Assuring safety, said the experts, requires the ability to assess medical conditions, read warning signs, and establish baselines. This skill set, they said, is not common among social work caseworkers. Ongoing case managers, we were told, lack clear guidelines for determining safety issues. They don’t have age-specific or development-specific guidelines.

Caseworkers do utilize the Child Protection Center, but not as much as they should, according to some who were interviewed. Only a small fraction of children who are referred to the Bureau for physical abuse are said to be seen at the Child Protection Center. The comment was made that “workers think that they can do the reviews at the scene, but they do not have the training or the experience to do this.”

Caseworkers themselves acknowledged that formal education did not fully prepare them to recognize maltreatment, and said that they need more training in safety assessment. They also said that training on recognizing maltreatment is most effective when it continues throughout one’s time in the job, not just during the initial training phase. Across all three focus groups, participants said that the intensity of training differs depending on the caseworker’s job title. Shadowing (accompanying and observing professionals who have mastered the skills) was felt to be an effective strategy in helping new caseworkers learn what to look for in determining whether a home is safe, and what caseworkers can do to keep children safe.

* The National Center for Trauma Informed Care explains that trauma survivors are likely to have histories of physical and sexual abuse and other types of trauma-inducing experiences, which can lead to a variety of health and behavioral health problems. When a human service program takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma impacts the life of individuals who have had these types of experiences.

“The energy and enthusiasm that young workers bring to the job must be coupled with expertise, competence, and seasoning.”

(FROM A KEY INFORMANT)

“I’m more of a hands-on learner. I think we all are in this job. To actually go in the field is the best way to learn.”

(FROM A CASEWORKER)

The Child Welfare League of America has identified core competencies that should be included in training for all child welfare workers who will be involved in the response to and investigation of maltreatment.¹⁷ These include:

- Conducting an inclusive foster parent selection and assessment process that leads to mutual understanding of foster parent strengths and identifies concerns about inadequate caregiving.
- Making sound decisions regarding licensing of foster families.
- Understanding risk and safety factors for children residing in foster care.
- Understanding risk of maltreatment by other children placed in foster homes.
- Understanding challenges of caring for children who have been maltreated.
- Knowing types of supports that can be effective in addressing stress in foster families.
- Recognizing signs that a foster parent may be under stress and knowing how to mutually develop strategies to lower stress.

“We have very young caseworkers with only bachelor’s degrees and no work experience doing very difficult work. They don’t have the experience necessary to make the calls on child safety.”

(FROM A KEY INFORMANT)

“Everyone needs to be able to assess safety. Training on this is not as in depth for ongoing workers, but it should be. We learn more about how to answer questions in court than how to see if a child is safe. Training on this topic should be consistent across the board.”

(FROM A CASEWORKER)

“There is not a clear process about what is supposed to happen when new concerns arise regarding a child’s safety. Sometimes a worker calls 220-SAFE, sometimes they talk to their supervisor, and sometimes nothing happens.”

(FROM A KEY INFORMANT)

Staff turnover

There was great concern about the staff turnover rate. Using the approach defined in the lawsuit settlement,* the Bureau reports losing about one-third of its workforce annually over the last five years.¹⁸ But there are those who point out that a more traditional method of determining turnover rates would indicate that the actual figure is much higher. The debate centers on the fact that the formula being used includes new hires in the calculation. Some suggest that it would be more accurate to base it solely on the number of “separations.”

Caseworkers in the focus groups discussed issues regarding turnover at length. Turnover, they said, is linked to many factors, including inadequate preparation, stress, burnout, and the attractiveness of other career advancement opportunities. Participants said that emphasis on training and keeping new caseworkers has led to a reduction in efforts to retain more experienced caseworkers. Among some participants, there was a sense that new caseworkers participate in training to build their resumes or to complete graduate school, and that they leave after they have amassed experience or education. Other participants stated that new caseworkers do not stay on the job long because it is so demanding and overwhelming.

“No wonder workers leave. They are overburdened and it is a tough job to begin with.”

(FROM A KEY INFORMANT)

Workload

The key informants who were interviewed were sympathetic to the situations faced by caseworkers, noting that “even the best trained and most experienced caseworkers are not superhuman. They work difficult jobs, see tragic situations, and receive little thanks for their work. Their caseloads exceed the recommended standards.”

* To calculate turnover: First, the number of ongoing case managers who separated employment for any reason is identified. The number of separations is then divided by the sum of the number of ongoing case managers at the beginning of the period, plus the ongoing case managers hired during the period.

“Policies create new duties and responsibilities for us, but nothing is taken off our plate. We can’t complete all that’s expected of us in a day’s work.”

(FROM A CASEWORKER)

Caseworkers echoed this, saying that job responsibilities simply cannot be performed in the time expected. There are a variety of reasons for this, they said, including

home visits, paperwork, transportation, accompanying children to medical and dental appointments, and court appearances. There was consensus across all focus groups that there is simply too much to be done in the time allotted. Caseworkers also noted that continuously changing policies and procedures do not take into account how workflow is impacted.

Table 8 presents best practice principles and best practice tools for recruitment and retention of child welfare staff.

TABLE 8

Best practices: recruitment and retention of child welfare staff

Best practice principles	Best practice tools
<p>Major studies on turnover of child welfare workers have been conducted by the Child Welfare League of America,¹⁹ General Accounting Office (GAO)²⁰, and the California Social Work Education Center.²¹ The best practice principles that emerge from these studies are:</p> <ul style="list-style-type: none"> • Prospective employees need a clear understanding of what to expect. • Salaries should be competitive. • Caseloads should conform to accepted standards. • Administrative requirements must be kept to a manageable level. • Good supervision is key to reducing turnover. • Adequate training is crucial. • Having an approved case plan makes a difference (agencies with the lowest turnover in the California study also had a greater percentage of cases with an approved case plan). 	<p>The U.S. Department of Health and Human Services Children’s Bureau funded a series of projects through its "Developing Models of Effective Child Welfare Staff Recruitment and Retention Training" grants. Grantees are beginning to share their results as follows:</p> <p><u>Staff retention workbook series</u> Michigan State University’s School of Social Work developed a series of workbooks to “increase child and family service agencies’ effectiveness in developing and retaining their staff by applying information from research and best retention practices.”</p> <p><u>Recruitment toolkit</u> North Carolina’s Jordan Institute developed a recruitment toolkit that includes flyers, posters, brochures, and public service announcements.</p> <p><u>SMARRT Manual</u> The Butler Institute at the University of Denver Graduate School of Social Work developed the SMARRT Manual (Strategies Matrix Approach to Recruitment and Retention Techniques), a tool for more effective staff recruitment, selection, training, and retention.</p> <p><u>Realistic Job Preview</u> Several states have developed videos to provide a Realistic Job Preview of the position of child welfare caseworker. Research has shown that some job turnover in the first year can be linked to an insufficient and unrealistic understanding of the job.</p> <p><u>Maine training model</u> Maine’s comprehensive training model includes a mix of strategies and approaches to address recruitment and retention in the categories of recruitment, screening, supervisor support, professional development, agency support, and resources.</p> <p>(Links to these practices can be found in Section VI.)</p>

“When a case goes to court, caseworkers would not be informed of when it would come up. They’d be there all day camping out. Social workers are able to get very little work done when they need to be in court.”

(FROM A KEY INFORMANT)

“High caseload and paperwork are the number one barriers. I can’t even see my clients.”

(FROM A CASEWORKER)

Lack of community support

Caseworkers in the focus groups were troubled by “unrealistic community expectations” that they feel are reinforced by organizational decisions to calm community outrage. Some said that they did not feel their contribution to helping protect children was respected. As put by one participant, “We don’t feel appreciated in the media or in the community.”

“It’s extraordinary that workers get up and do it again, every day. Workers don’t get enough support or training. This is one of the hardest jobs in the world and there are not a lot of thanks. Workers end up in the paper, even when they did everything right. No one can play God. Things can look OK during the day and then something can go wrong that night.”

(FROM A KEY INFORMANT)

THE CHILDREN

Displacement is traumatizing

No one doubted that being removed from their homes and taken from their parents is traumatizing to children. Continuous displacement while in foster care is a disruption that can cause additional trauma. Respondents were in agreement that the average number of placements children experience while in foster care is unacceptable, and that each additional placement increases the risk of trauma.

“Children don’t understand why they are taken from their parents. They are often placed with a stranger whom they may have never met. They are removed from all that they know. All of their possessions may be in a brown paper bag. They are in a new home and perhaps a new neighborhood. They have new rules, regulations, food, clothes, school, and playmates. No one explains what’s happening. Kids may be underfed, have developmental delays, physical problems, low self-esteem, and no ability to speak for themselves. They are thrown into a world where the foster parent is trained in compliance issues, not in understanding their perspective. Foster parents might not have any background on the kids they take in. Just as the child starts to get used to this situation, the system decides they need to move. Red flags are not raised until a kid has moved four times. A lot of kids are being placed out of the County. I don’t know many adults who would put up with this kind of treatment, but we expect developing kids to put up with it and be resilient. This is an impossible situation for kids to deal with.”

(FROM A KEY INFORMANT)

“We manage from an agency focus point, not from child’s point of view. We should take a group of kids and ask how many caseworkers they had this year.”

(FROM A KEY INFORMANT)

To help protect the rights of foster care children, some states have adopted a foster child Bill of Rights.²² These include California, Florida, Maine, New Jersey, New York, Rhode Island, and South Carolina.

Happening elsewhere...

Increasingly, foster care youth themselves are being given a voice in the foster care system. Some examples:

- The FreeChild Project has found that young people in the foster care system rarely have significant and meaningful opportunities to share their concerns and ideas, or make meaningful decisions about the systems that control their lives. FreeChild has many examples of how youth can become involved at its website.²³
- One avenue that allows foster care youth to learn more about their own rights and responsibilities, and that can lead to empowerment for them, is the use of handbooks written for and about young people in care. The Child Welfare League of America reviewed five handbooks from the states of Maine, Kentucky, Mississippi, Tennessee, and Florida. *Answers...A Handbook for Youth by Youth in Foster Care*, developed by the state of Maine, was a favorite among the reviewers.²⁴
- Missouri's Independent Living Youth Advisory Board wrote and directed a videotape "What's It All about? Missouri's Youth Advisory Board Speaks Out on Foster Care." In the video, several foster youth are interviewed and give their honest takes on their experiences – the good and the bad – while in care. Missouri uses this tape during foster and adoptive parent pre-service training.²⁵
- Members of the National Foster Youth Advisory Council believe that every young person in the foster care system should have a peer mentor to ensure that they have support and guidance while they are in the foster care system, as well as during the time that they are preparing to age out. A peer mentoring relationship is a supportive relationship with someone who shares the experience of an out of home placement. In June 2005, the Child Welfare League of America launched the "Fostering Healthy Connections" program, a project in which former foster youth mentor children and youth currently in the foster care system. Based on the success of the initial pilot, the New York Life Foundation provided expansion funding in 2008.²⁶

THE FOSTER CARE SYSTEM

Bureaucratic culture

Many respondents stated that there has been much attention to changing rules, but less to changing the culture of the organization that is ultimately responsible for child welfare. They perceive the Bureau as a government bureaucracy, not well suited to rearing children, and point out that bureaucracies are, by definition, not flexible, nimble, or able to respond quickly. Some noted progress, suggesting that the Bureau is beginning to recognize the importance of informal supports, capacity building, and the need to work with others to focus on the front end of service delivery. An example provided was that of Family Plan meetings at Children's Court, where Bureau staff and families create a list of what needs to occur for family reunification. Others pointed to the need for a fundamental shift to a trauma-informed care model, which would represent a cultural change to providing services.

Making the difficult decision to remove a child requires knowledge, training, experience, policy, and protocol. Most of the experts who were interviewed said that certain foster care problems could be avoided through better assessments of families before children are removed. Several of the key informants called for the need to apply a more data driven, research-based approach to this tough topic. Some cited Los Angeles as a model where structured decision-making is used to reduce the number of children removed from their homes.

"We need systemic change. If we look at it from the front end, we would only remove those children who absolutely needed to be removed. We would put services in place before removing the child. There would be a lot of risk in doing this, though. We would need to consider the protective capacity of the biological parents and the children."

(FROM A KEY INFORMANT)

"How do you implement a culture of safety? You can change protocols, but you are not necessarily changing practice."

(FROM A KEY INFORMANT)

Fragmentation

The services provided to foster children and families in Milwaukee were most often described as fragmented (i.e., one group focuses on the legal aspects, another on physical safety, another on social and emotional abuse, etc.). There is no seamless delivery of services that are centered around the child; rather the various providers approach the issues from their different disciplines and attempt to address “their” aspect of the complex problem from their perspective whether it’s legal, medical, law enforcement, or social welfare. There is a noted absence of community work and little involvement of the voluntary sector in foster care. Many commented that there is no foster care “system” in Milwaukee; it is more a collection of disparate efforts that are often siloed and isolated. The points where the various efforts are effectively integrated to provide optimal services to children and families are limited. Each discipline sees the problems and potential solutions from its own more limited perspective, and there is little opportunity for the kind of interdisciplinary interaction and dialogue that promotes more comprehensive solutions.

“Some have suggested that foster care should work more closely with public housing which has very effective family support systems. Neighborhood organizations such as Silver Spring Neighborhood Center, that work with public housing, could be a very good resource.”

(FROM A KEY INFORMANT)

Crisis driven management

Many key informants said they feel that policies driving the foster care system emanate from crisis, and while each crisis is itself a tragedy, tragedies are the exception. The response to crisis, they said, is too often defensive, serving to close the system rather than open it up.

“We cannot create policy around one child’s death, which is what happens all too often. If we do, we will miss the boat. Policies are often not thought through, but are driven by fear.”

(FROM A KEY INFORMANT)

POVERTY AND RACE

A core problem cited by many of the people interviewed is extreme poverty, and it was pointed out that many foster care families are also living in poverty. Poverty, they added, does not by itself cause parents to abuse and neglect their children, but it does mean that they may have needs of their own, such as behavioral health issues, that are going unmet due to the inability to pay for services. Some said they feel that children are being removed for neglect when it’s really a question of poverty. The foster and biological parents who participated in listening sessions were concerned about “stereotypes and prejudices that we all have about people who are culturally different and those persons in our community who live in poverty.”

A 2008 report by the Annie E. Casey Foundation found that, based on Census Bureau data, households with foster children tend to be different from other households with children on almost every dimension examined.²⁷ In terms of living arrangements, analysis shows that compared to all households with children, households with foster children are typically:

- Larger than other households with children (50 percent of households with foster children have three or more children, while only 21 percent of all households with children have three or more children).
- Have a larger ratio of children to adults.
- Less likely to be married-couple households.
- More likely to be single-parent or cohabiting-couple households.

Socioeconomically, households with foster children are:

- More likely to be low-income families (income less than 200 percent of the poverty line).
- Have lower average household income.
- More likely to have a severe financial housing burden, i.e., paying more than 30 percent of their income on housing.
- More likely to report receiving public assistance income.
- More likely to have a householder or spouse who did not complete high school.
- Less likely to have a householder or spouse who graduated from college.
- More likely to have a householder or spouse who did not work in the previous year.
- Less likely to have a householder or spouse who worked full time in the previous year.

Observers emphasized that more children are removed from African-American families and that currently there are many more African-American children in the system than white children. In a 2007 report, *African American Children in Foster Care*,²⁸ national data from the U.S. Department of Health and Human Services showed that a greater proportion of African-American children enter and remain in foster care than children from other racial and ethnic groups. African-American children across the nation were more than twice as likely to enter foster care compared to white children in 2004, and African-American children remained in foster care about nine months longer. The Center for the Study of Social Policy reported that in Wisconsin, African-American children represented 8.4% of the population of children in 2000 and 46.1% of children in the foster care system.²⁹

One factor that can reduce the number of African-American children in foster care is greater utilization of family networks. A position paper developed by the National Association of Black Social Workers³⁰ points out that informal adoption, or the rearing of children by relatives, is one of the most enduring African traditions. Among the report's recommendations:

- Provide kin caregivers with the full range of services received by foster parents, such as parenting education, day care, health coverage, legal assistance, housing support, respite care, etc.
- Entitle kinship families to the same level of foster care stipends as non-relative families.
- Provide child welfare workers with specialized training that enhances their capabilities to understand the unique interfamilial dynamics, family legacies, transitional issues, and lifestyle changes within kin families.

"We need to examine how our decisions regarding removal of children from their homes are based on our cultural beliefs about groups of people."

(FROM A FOSTER PARENT)

"Workers and foster parents, lawyers, social workers, judges and doctors often do not look like the populations being served. We need to recruit more people of color and ensure more cultural competency."

(FROM A KEY INFORMANT)

Caseworkers said that assessment tools must be coupled with caseworkers who are culturally competent, that language is a "huge barrier," and that there is a need for more community resources with bilingual capacity.

Foster parents stated that there is a need to better address cultural competence in training, including how to address the issue of race with children who come to them from racial groups other than their own. They want concrete information and suggestions. Said one parent: "Trainers told us that we would need to find ways to address the children's cultures. The training was all stereotypes and no suggestions." Foster parents also felt that there should be a stronger emphasis on understanding the values held by people in homes where children are placed.

Some spoke about how the LGBT (lesbian, gay, bisexual, transgender) community is connected to foster care. In the past, they said, there have been limited efforts to recruit foster parents from the LGBT community, but more recently efforts have been underway to increase outreach to this population. One couple said: "My partner and I are treated as a couple and a family by the judges and workers. This is important. There is some recruitment to our community." However, those who addressed this issue said that there must be a sustained effort to include the LGBT community.

"I embrace our cultural differences. I'll help my kids explore their culture."

(FROM A FOSTER PARENT)

THE MEDIA

Media treatment of foster care issues was addressed by many of those who were interviewed. The reporting on the November 2008 child death of Christopher Thomas, they said, reflects the interest of the media, the difficulty of confidentiality restrictions, the frustration of the public, the dejection of workers, and the ultimate responsibility placed on the Bureau. It also raises the question of how to achieve balanced reporting about foster care issues.

While the media's role in reporting instances of maltreatment is important, people suggested that it can also help to educate community members about foster care issues and let them know how they can become involved.

“We have to get a media outlet to make a commitment. The requirement for public service announcements has been dropped. It used to be easier to get an ad on the air, but now you have to have a budget to do it... To go forward successfully, the stories must be told. We need to tell the compelling story about families in need, families that come forward to help, and the extraordinary work that is being done that helps out in little and big ways. We need people to know that they can help on different scales.”

(FROM A KEY INFORMANT)

Happening elsewhere...

“Foster Kids Are Our Kids” is an Illinois-based collaboration among 62 child welfare agencies to improve the perception of foster care, one aspect of which is a social marketing campaign to improve attitudes surrounding foster care and encourage more support for families and kids in foster care. Since its inception in 2006, three messages have been developed, implemented, and disseminated through mass media outlets statewide. The first message, *Don’t Write Me Off*, introduced and raised awareness about foster care. *We’re Making Foster Care Better*, the campaign’s second message, was introduced in 2007 and encouraged community members to make donations, and to volunteer or mentor foster children. This year the campaign continues to fight stigma by celebrating former foster kids’ successes as adults with the message *I’m Doing Good*. “Foster Kids Are Our Kids” is managed by Voices for Illinois Children and supported by participating organizations. WGN television has served as the primary media partner and has aired all three messages as part of their commitment to foster care. Creative development and design for the campaign is provided by Better World Advertising.

THE COMMUNITY

“The American public is known to be child-centered... Community awareness of the public’s responsibilities for children in foster care is a first step toward support for adequate programs. The general public, to date, has not been encouraged to become involved in foster care programs. Most people have little knowledge of foster care, its goals, or its programs. Awakened awareness and cooperation can move mountains and should be encouraged in every possible way.” Words from a recent

report? No, they come from a 1976 report titled “Foster Care in Five States,” issued by what was known then as the federal Department of Health, Education and Welfare.³¹

National Foster Care Month: Change a Lifetime

Nearly everyone who participated in the interviews and discussions – from the key informants, to the caseworkers, to the foster and biological parents – talked about the need for greater community involvement in foster care. May is National Foster Care Month. One of the activities being promoted nationally is an innovative program called “Change a Lifetime.”³² “Change a Lifetime” has issued a community call to action: “No matter how much time you have to give, you can do something positive that will *change a lifetime* for a young person in foster care.” People can choose from a menu of suggestions, based on whether they can give “a few minutes,” “a few hours,” “a few weeks,” or “more time.” Here are a few of those suggestions. There are many more at the website www.fostercaremonth.org.

A few minutes...

- Be inspired to make a difference. Read more about former foster children from all walks of life who are enjoying positive, accomplished adult lives, thanks to the relationships they shared with caring adults.
- Donate goods such as suitcases, books, games, computers, sports equipment, musical instruments, clothing, and school supplies to young people in foster care.

A few hours...

- Help young people in foster care (and their caregivers) improve their financial literacy and gain practical money management skills.
- Volunteer to help a foster care program in your area.

A few weeks...

- Become a licensed respite care provider.
- Encourage businesses leaders in your community to support young people in foster care. Ask your company to distribute the *Change a Lifetime* menu of ways to become involved to its employees and customers.
- Help young people in foster care organize a youth leadership or support group.

More time...

- Become a foster or adoptive parent.
- Mentor a young person. Research shows that children and youth with mentors earn higher grades and improve their relationships with friends and families.
- Make a Permanency Pact. Supportive relationships with caring adults make all the difference in the world, especially for older youth leaving the foster care system.

V. Recommendations from the Community

“There should be a community approach to this issue. I’d like to see the community set a goal that, together, we would meet the needs of children and keep them safe.”

(FROM A KEY INFORMANT)

Key informants, caseworkers, foster parents, biological parents – all were asked what they would do to create a better environment for children in foster care and improve their safety. Here are their recommendations.

Key informants recommended:

- Develop a research-based assessment tool to help ongoing case managers assess safety issues.
- Make medical care part of the safety plan for every child. Institute a medical care passport as has been done in other areas.
- Focus on prevention, early identification, and integration. Expend greater effort at the front end in assessing whether or not children should be removed from their homes. Structured decision-making may be a useful tool for doing this.
- Concentrate the effort. Identify a specific area, centralize resources, and make a difference. Take it one neighborhood at a time. Create one spot for all families to go and get their needs met. Make it manageable to go to one place to get food stamps, childcare, mental health assistance, etc. Provide care to families at a centralized clinic.
- Determine whether programs, policies, and practices are based on outcomes and best practices. Invest in research and applied application of what is working elsewhere. Expand best and promising practices.
- Support young social workers with guidance from older, experienced workers. Recruit mentors, engage seasoned MSWs from Milwaukee Public Schools who might help in summer, and recruit county workers who took early pension payments.
- Study the Family Care model for elements that may have applicability to the foster care system.
- Ask United Way to enlist its partner agencies in strengthening foster care.
- Engage the faith community in supporting foster families.
- Engage the community and create a community approach to supporting children in foster care.

- Secure the assistance of the media. Identify a media outlet that is willing to make a commitment to educating the community about children in foster care.
- Reassess the structure of the foster care system, specifically the public/private partnership.

Foster parents recommended:

- Ensure that the appropriate screening tools for foster parents are in place.
- Make foster care a community issue and provide children with support and reinforcement.
- Address root causes, such as poverty, that might be linked to the number of children entering the foster care system.
- Develop standardized procedures for providing information to foster parents (e.g., training, financial support, respite care, information on deadlines, health information on children, etc.).
- Know the HIV/AIDS status of children living with foster families and have the capacity to have children tested for HIV/AIDS and other conditions.
- Elevate the prestige associated with working for the Bureau and being a foster parent (passionate workers, warm and friendly receptionists, clean and welcoming facilities).
- Involve foster parents as co-facilitators in the training of foster parents.
- Develop a good mentoring system where experienced foster parents are paired with new foster parents.
- Create a list of foster parents with specific expertise so that new foster parents can contact them with questions and concerns.
- Put services in place from the very start, rather than waiting for Safety Services.
- Assure that kinship care providers receive the same training as licensed foster parents.

“Give people options to be involved. We need to show what the building blocks for success are and what we need to have in place to promote safety for children in foster care. Help those who may be interested in helping to see what fostering is all about. Identify, replicate, and evaluate promising practices.”

(FROM A KEY INFORMANT)

Biological parents recommended:

- Ensure that the goal of reunification is understood and pursued by all of those involved.
- Provide support for biological parents as they transition back into the role of in-home, full-time parenting.
- Address issues related to capacity of the foster care system (bureaucracy, workload of caseworkers, appropriately matching children with suitable foster parents, etc.).
- Increase the number of quality, licensed foster care homes willing to accept more than one child so that siblings do not have to be separated.
- Screen everyone who will be in the foster home. Conduct better background checks on foster parents.
- Improve communication between foster parents and biological parents.

Caseworkers recommended:

- Reduce paperwork so that caseworkers can have more time in the field working with children and families.

- Assess staffing needs and hire the appropriate number of staff to reduce the large number of caseloads.
- Perform more preventive interventions to reduce the number of children and families in Safety Services.
- Strengthen Coordinated Service Team (CST) meetings and make them meaningful for the families and professionals involved.
- Make sure foster parents are informed about services available to them, and that they know who to contact when they have questions.
- Explore the professionalization of foster care.
- Develop a career pathway for caseworkers and increase compensation for caseworkers.
- Expand recruitment efforts and use creative strategies when recruiting foster parents.
- Improve the community’s image of Child Protective Services and of foster parents.
- Apprise the community of success stories and positive happenings within the Bureau.

“Make Milwaukee a leader in keeping kids safe in foster care”
ONE FINAL RECOMMENDATION FROM A KEY INFORMANT



VI. Links to Best Practice Tools



BEST PRACTICE TOOLS: SCREENING AND ASSESSMENT

Structured Analysis Family Evaluation (SAFE)

For more information: <http://www.safehomestudy.org/>

Casey Family Programs Assessments

For more information: <http://www.fosterfamilyassessments.org/>

Confirming Safe Environments: Assessing Safety in Kinship and Foster Home Placements

For more information: <http://www.actionchildprotection.org/>

Assessing adult relatives as preferred caregivers in permanency planning: a competency-based curriculum

Available from: <http://www.hunter.cuny.edu/socwork/nrcfcpp>

Structured decision making

For more information: http://www.nccd-crc.org/crc/c_sdm_about.html

BEST PRACTICE TOOLS: FOSTER PARENT RECRUITMENT

Performance-based contracting

For more information:

<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>

Targeted recruitment

- The Utah Foster Care Foundation: For more information:
<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>
- Family to Family: For more information:
<http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx>

Corporate partnerships

For more information:

<http://www.casey.org/Resources/Archive/Publications/RecruitmentRetentionResourceFamilies.htm>

Faith-based approaches

- “One Church One Child” For more information: <http://www.nnaap-ococ.org/>
- “Fostering Hope” For more information: <http://www.fosteringhopeprogram.org/home.html>

BEST PRACTICE TOOLS: FOSTER PARENT RETENTION

Foster parents as mentors

For more information: <http://www.rifpa.org/programs/mentor-program.htm>

Kinship Support Services Program

For more information: <http://www.dss.cahwnet.gov/cfsweb/PG1351.htm>

Foster Parent Bill of Rights

For more information: <http://www.nfpainc.org/faq.asp?page=69#Q5>

BEST PRACTICE TOOLS: FOSTER PARENT TRAINING

PRIDE

For more information: <http://www.cwla.org/programs/trieschman/pride.htm>

MAPP/GPS

For more information: <http://www.gocwi.org/catalog/index.htm>

Foster Parent Skills Training Program

For more information: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.18702>

Keeping Foster Parents Trained and Supported (KEEP)

For more information:

<http://www.preventionaction.org/reference/keeping-foster-parents-trained-and-supported-keep>

Foster Parent College

For more information: <http://www.cachildwelfareclearinghouse.org/program/124>

BEST PRACTICE TOOLS: HEALTH CARE OF FOSTER CHILDREN

Health Passports

For more information: <https://www.fostercaretx.com/portal/public/fc>

Foster care health manual

Available at: <http://www.aap.org/healthtopics/fostercare.cfm>

Mental health care volunteer project

For more information: <http://www.ahomewithin.org/>

BEST PRACTICE TOOLS: WORKFORCE RECRUITMENT AND RETENTION

Staff retention workbook series: Michigan State University's School of Social Work

For more information: http://www.socialwork.msu.edu/outreach/childwelfare_curriculum.html

Recruitment toolkit: Jordan Institute

For more information: <http://ssw.unc.edu/jif/rr/>

SMARRT Manual: Butler Institute

For more information: thebutlerinstitute.org/projects_wrrrp.cfm

Realistic Job Preview

For more information:

http://portal.cornerstones4kids.org/stuff/contentmgr/files/b0dc9183b6b7bfe3baa9a4d25caef9c1/folder/rjp_toolkit_final.pdf

Maine training model

For more information: <http://www.cwti.org/RR/index.htm>

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- ²² Access at: <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/rights-children-foster-care.pdf>
- ²³ The FreeChild Project provides tools and training to young people and adults that engage children and youth in social change For more information: <http://www.freechild.org/fstryth.htm>
- ²⁴ Access at: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/handbooks-for-youth.html
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