

**Focus Group Results from
Foster Care Caseworkers in Milwaukee County**

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About the Report

The Greater Milwaukee Foundation's Bright Futures Milwaukee Fund commissioned a study on what keeps children safe in foster care in Milwaukee County in memory of long-time child advocate James. R. Ryan. In May 2009, the Planning Council for Health and Human Services, Inc. (Planning Council) released a report titled "A Community Conversation about the Safety of Children in Foster Care" that takes a broad look at issues surrounding safety in foster care in Milwaukee County. Please visit our website at http://www.planningcouncil.org/docs/reports/Safety_of_Children_in_Foster_Care.pdf to review this report. The current report is a companion piece of a larger study examining foster care in Milwaukee County and focuses on the input of caseworkers on what keeps children in foster care safe.

Acknowledgements

We would like to thank the Bureau of Milwaukee Child Welfare (BMCW) for organizing and providing space for focus groups with BMCW and BMCW partner agency caseworkers. We would also like to thank caseworkers at BMCW and BMCW partner agencies for participating in the focus groups and for their work to keep children safe in Milwaukee County.

About the Planning Council

This report was prepared by the Planning Council, which promotes community planning as a systematic way of viewing community issues and developing planned solutions to address those issues.

The Planning Council is an independent, non-profit research and planning organization that has been operating in Southeastern Wisconsin since 1965. The Planning Council has extensive experience in stakeholder engagement, strategic planning, program evaluation, survey design, data collection, and data analysis of both quantitative and qualitative data.

For more information about this report or to learn more about our work, please contact Quinton Cotton at (414) 224-0404 or qcotton@planningcouncil.org.

*The Planning Council for Health and Human Services, Inc.,
is a non-profit organization serving Southeastern Wisconsin.
Its mission is to advance community health and human
services through planning, evaluation, and research.*

Background

Purpose of the Focus Groups

The Planning Council conducted several focus groups to explore and gather information from multiple sources concerning the safety of children in foster care in Milwaukee County. This report describes focus group input from a sample of caseworkers employed by the Bureau of Milwaukee Child Welfare (BMCW) and BMCW partner agencies. The Planning Council gathered input from BMCW caseworkers on issues, challenges, and solutions that could help improve the safety of children and the quality of foster care in Milwaukee County.

Methodology

The Planning Council developed a set of questions to conduct focus groups with a sample of caseworkers from BMCW and BMCW partner agencies. The purpose of the focus groups was to examine caseworkers' perspectives on what keeps children safe in foster care in Milwaukee County. BMCW management organized the focus groups and selected participants based on recruitment and selection procedures and guidelines developed by the Planning Council. With the selection criteria, efforts were made to ensure that diverse perspectives were represented at each focus group. Specifically, consideration was given to professional experiences, educational levels, job responsibilities, and years of experience in the field.

The BMCW has three service regions that provide case management services for foster care in Milwaukee County. One focus group was convened at each of the three BMCW Regional Administrative Offices with caseworkers employed by the BMCW and BMCW partner agencies. Each focus group lasted approximately 90 minutes. One facilitator and two recorders conducted and documented the focus groups for each BMCW region from March 2009 through April 2009.

A set of open-ended questions was designed for the three focus groups (see Appendix A for a list of the focus group questions). The focus groups guided caseworkers in a discussion on what keeps children safe in foster care in Milwaukee County. Specifically, caseworkers were asked to talk about:

1. How caseworkers learn to recognize maltreatment,
2. Their job responsibilities and how they ensure a child's safety,
3. How caseworkers verify safe environments when placing a child in a foster home,
4. Any challenges that may interfere with job performance,
5. Resources caseworkers need to perform their jobs effectively,
6. Resources for foster parents to provide safe foster homes, and
7. Suggestions that would help make children safer in foster care in Milwaukee County.

Sample

A total of 24 caseworkers participated in the three focus groups. Focus group 1 consisted of 7 participants, focus group 2 included 10 participants, and focus group 3 had 7 participants. Five males and 19 females participated in the three focus groups. Participants' characteristics reflected a diverse group of caseworkers from various age groups, racial, ethnic, and cultural backgrounds as well as diverse professional experiences and educational levels. Focus groups participants consisted of caseworkers that identified varying degrees of job titles and responsibilities within the Milwaukee County's foster care system. All three focus groups included initial assessment workers, ongoing case managers, foster and adoption specialists, licensing and ongoing services supervisors, and managers. Participants' years of experience in the field of child welfare ranged from four to thirteen years and participants' years of experience in their current positions ranged from one to ten years.

The viewpoints described in this report are restricted to the thoughts and opinions of the focus groups participants and is not presented as representative of all BMCW or BMCW partner agency caseworkers.

Focus Group Results/Themes

1. How Caseworkers Learn to Recognize Maltreatment

Participants noted that professionals in the child welfare system responsible for ensuring child safety, particularly line staff, have varying degrees of exposure, experience, competence, and knowledge about child welfare and child maltreatment. A variety of experiences from formal education, on the job training, professional development, guidance from administrative policies, and field experience were all listed as ways caseworkers gain knowledge about child maltreatment.

Maltreatment Defined

As stated by one focus group participant, "statutes clearly define physical abuse and neglect. It is when a person inflicts injury with intent of bodily harm. You need both pieces." It was noted that caseworkers look for "unexplained injuries that are inconsistent with explanations" provided to caseworkers.

"As IA [Initial Assessment] workers, we have to go through training to see what is required by state law and statutes. We base our determinations on the law; that means we are looking at severity, repetitious behavior, how the parents view the child, how the kids are viewed in the home, if this is a regular thing, other forms of discipline, etc. The class was helpful to see what the State feels is maltreatment rather than what the person feels is maltreatment."

Participants also mentioned that they learned to recognize issues related to safety by assessing the physical environment of homes. Focus group participants not only make assessments based on what they see in the home, but also gather information from a variety of sources to determine if a home is safe. One participant stated that, "a lot comes down to training and gathering information from the people that are key in a child's life. We need to do good interviews and check facts." Other focus group participants noted that they not only look at the

home but also observe how parents interact with their children, parents' ability to protect their children, vulnerability of the child, and other issues going on with the family.

Pre-Service Training

New BMCW caseworkers are required to participate in an introductory training program offered through a partnership with the University of Wisconsin-Milwaukee (UWM). A component of that training addresses safety and maltreatment.

Participants indicated that trainings should to be more "hands-on." One participant stated that, "its different when you look at it on a screen [information on maltreatment during trainings] and to see it [maltreatment] in person." Focus group participants reported wanting more concrete and a more diverse set of examples presented in trainings to help them recognize maltreatment in a way that reflects the complexity of cases they would likely see in the field working with children and families. Several participants reported:

"I didn't have a social work background and the trainings used all sorts of acronyms that I didn't know. I was lost from the beginning."

"New staff are flooded with 6 weeks of classes. It's kind of like sitting in school, but then you're doing the "hands-on" stuff when it's over."

"These classes do talk about how to recognize maltreatment, but we could use a refresher."

"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."

Although the Pre-Service Training was described as beneficial, most participants believed that the training could be more effective and interesting if "hands-on" case management activities were incorporated into the training. Without this component, participants noted that caseworkers go into the field with limited perspectives on how to identify issues and work through those issues with children and families.

Scope of Trainings

Participants reported that trainings on recognizing maltreatment is most effective when it is continuous and ongoing, not limited to the initial training phase. Across all three focus groups, participants mentioned that trainings differ depending on the caseworker's role (Initial Assessment, Ongoing Services, Foster Care Licensing, etc.). It was reported that Initial Assessment workers participate in more extensive trainings on safety than other workers. However, one participant stated that, "I don't think it's just IA that looks for maltreatment. I just detained four kids and I'm an Ongoing Case Worker." One participant reported:

"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."

Participants noted that assessing for safety is a responsibility shared by all caseworkers, but that training was not consistent for all caseworkers. For example, participants stated that training for ongoing caseworkers on safety was focused more on how to answer questions in a courtroom compared to recognizing and assessing for maltreatment. One participant noted that ongoing caseworkers had participated in trainings on Chapter 48 in the past, but now that training is only for Initial Assessment caseworkers.

Training for caseworkers was said to be both formal and informal. Some caseworkers participate in trainings that might be mandatory for all staff and others might interact with their supervisor to acquire knowledge, information, and skills. Some of the participants with longer tenure expressed that they could use a “refresher” on recognizing maltreatment.

Team Learning

Participants noted that the BMCW has been more intentional recently in providing team learning experiences for caseworkers and having new caseworkers work directly with supervisors. Participants also reported a less formal team learning experience in which new caseworkers are paired with and mentored by more experienced caseworkers. Focus group participants' comments on team learning, included:

“The new method for training is in a team. Supervisors work more one-on-one with new staff before they are out on their own. This is really only for Ongoing Case Managers.”

“The supervisor goes out with the new worker; the new worker shadows the supervisor. They don't just toss them in there.”

“It depends on who you're shadowing; they might not do it the proper way.”

“Experience is really important. I know what to look for when I'm visiting children. Having an experienced person with you when you are new is important.”

“I think it's frustrating for new staff because they can only have two cases when they start and they want to be on their own.”

Ongoing caseworkers have reduced caseloads during their first several months on the job after completing Pre-Service Training. These caseworkers are required to shadow experienced caseworkers. One participant noted that it is important to look at which experienced caseworker new caseworkers shadow because what is observed will influence new caseworkers' approach to casework.

Overall, focus group participants considered team learning as an effective strategy to assist new caseworkers in learning more about the role and responsibilities of a caseworker to keep children safe and what to look for when determining if a home is safe. Focus group participants noted that their position require each caseworker to be knowledgeable about how to conduct assessments, perform home visits, provide appropriate documentation, connect to children and families, and navigate through the legal, medical, and school systems to perform their job.

Formal Education

For some participants with backgrounds in social work, learning to recognize maltreatment was problematic. One participant stated that, “coming out of graduate school, I did not know what abuse would look like,” and, “I knew some of the symptoms to be aware of.” Another participant stated that a course offered at a university on Chapter 48 assisted with learning to recognize maltreatment.

Although participants reported that formal education did not fully prepare them to recognize maltreatment, participants who took courses at a university or participated in other trainings being overwhelmed, lost, or unable to understand content in trainings compared to new caseworkers with limited social work coursework or case management training and experience.

Some participants did mention that the Helen Bader School of Social Work at the University of Wisconsin-Milwaukee offered a part-time graduate program in Social Work (MSW), but participants did not articulate how aspects of the program specifically addressed assessing for maltreatment.

Professional Development and Cross-System Learning

Focus group participants noted that attaining social work certification for all caseworkers is a goal in the child welfare system. However, not all caseworkers enter their position with a degree or background in social work. Some participants stated that professional development goals to obtain social work certification or improve an area that has been identified for professional development are not always followed through in a consistent manner by caseworkers or their supervisors.

Several participants indicated that their ability to identify abuse was enhanced by speaking with other professionals (nurses, teachers, etc.) about identifying maltreatment of a child. One participant stated that, “I think it is best if you look at abuse from a medical professional’s point of view and then think of it from a therapist’s point of view. It’s best to view maltreatment from all different angles.”

While some focus group participants stated that a review of academic journals provides information on recognizing child maltreatment, others expressed concern with the application of the research literature to their work and the lack of time in their work schedules to keep current with research.

Summary of what caseworkers said about: how they learned to recognize maltreatment

- Chapter 48 Course/Training
- Hands on experience from being in the field (observing abuse in real life situations)
- Training for new caseworkers
- Slide show presentation on abuse and neglect
- Training during licensing process for Initial Assessment caseworkers
- Prior professional work experience
- Learning how to use assessment tools (knowing what questions to ask and when, and knowing what information to gather pertinent to determining if maltreatment occurred)
- New caseworkers shadow more experienced caseworkers
- Formal education that addresses recognizing symptoms of maltreatment
- Discussions with peers, more seasoned caseworkers and supervisors on maltreatment

2. Caseworker's Job Responsibilities and How they Ensure a Child's Safety

Caseworkers play a key role in placing and keeping children safe in foster homes. Participants were asked to identify and describe specific work activities they perform to ensure the safety of children in foster homes. Participants listed an array of job responsibilities and work tasks that ensure safety. These activities can be divided into distinct categories: assessment, documentation, relationship building, and assistance to families. These particular categories, as grouped together here, are intricately connected and inability to execute job tasks under any one of these categories influences worker ability to assess and monitor safety.

Assessment¹

The ability to assess for maltreatment was highlighted across all focus group as a job task that ensures safety. Assessment is the process of gathering information that is necessary to make a determination if a child is safe in his or her home. Assessment occurs through home visits, case reviews, examining medical records, background checks, interviews, phone calls, transporting children, observations, and other information gathering techniques. Although standard, participants noted that the length of an assessment varies by case because caseworkers might need to make multiple attempts to gather the appropriate information.

Participants noted three critical components of an assessment: the child, the family, and the home. When working with children, one participant stated that, "you can tell a lot by face-to-face [conversations and observations]. You can look for bruising and watch body language." Focus group participants' comments about assessments placed greater emphasis on assessment of the family and the physical state of a home than on speaking more directly with children in foster care.

¹ During the assessment period, a child may be placed in an assessment home. Assessment homes are temporary placements for children who have been removed from their home for safety reasons while longer-term placement arrangements are made.

Focus group participants indicated that assessing families and their homes involved a detailed process. Examples that participants noted when assessing families included observations of parent interaction with the child and parent ability to control situations. Some participants said they look to see whether or not the house is clean and if there is food in the home. Participants said the following about assessing families and their homes:

"I check for working plumbing (toilet, hot water), cleanliness of the home, ample food."

"I ask lots of questions of caregivers. I ask about medical appointments; when the child was last seen by doctor; if there were concerns, I ask if they were taken care of."

"IA workers can see the kids as often as needed during their 60 day assessment period. We are constantly assessing the kids in those 60 days. We decide if they need no services, need services in their home, or if they need services out-of-home. We go back as many times as we need to in order to make the determination."

"I perform a Safety assessment, interview children, interview caregivers, and look for changes to the make-up of the home/relationship between the child and caregivers."

"I observe behavior changes by looking at service provider notes over time and I pay attention when parents get upset if a kid says something wrong. I check to see if a parent is able to redirect their kid without smacking them around. I tell the parent what we want to see change; I tell them what it will look like; and I tell them what we'll do to get there. That is standard; this is the best case practice for those that have time to do it."

"I also look at who else is in the home."

"We make sure homes are safe and that they meet our standards. That is the home. If I have contact with the kids, I ask that they report to me about how things are going. I look for general safety stuff like whether or not the house is clean, has food, if there are safety hazards, etc."

Focus group participants noted that after children and families are no longer in Initial Assessment, it becomes very difficult to access information.² In particular, some Ongoing Case Managers expressed some frustration with having limited access or the inability to access information that would be useful for case planning purposes.

² Once it is determined that an allegation of maltreatment will be looked into further by Child Protective Services, that case moves into Initial Assessment for a 60-day period where assessment workers are gathering information on the allegation. Initial Assessment workers can visit a child's home or school as many times as necessary to determine if that child is safe. If it is determined that the case requires case management, that case is then sent to Ongoing Services.

Documentation

Participants stressed the importance of case information being entered into a client tracking system because that information assists with understanding the needs of clients and case planning. As stated by participants:

“We collect information surrounding the allegation [from people in the home]. We ask who, what, why, when, and where, and then we verify the information.”

“Continuity of care is also important to ensure safety. If eyes are changing they [caseworkers and other professionals working with children and families] aren’t seeing things change. There are missing threads that we are not picking up on.”

“We often need written documentation to do certain things. We spin our wheels trying to get records sometimes.”

Participants indicated a connection between assessment and documentation. The quality of case planning is impacted by what information is available to caseworkers. New caseworkers and caseworkers who have had clients transfer to their workload noted that having access to the case history of clients is especially useful. Focus group participants reported that sometimes information is acquired in a timely manner. At times, caseworkers need more time to gather information or rely on the timeliness of professionals in other helping systems who have access to records necessary for case planning.

Rapport and Relationship Building

One way that caseworkers collect information is through interviews. Focus group participants reported that children and families sometimes would not open up and be honest about what is going on in the home. As a result, some participants reported that they probably did not have enough information to inform case planning and that additional assessment was required. As stated by some participants:

“It was really a partnership between us and our clients. I would let them know that I was there to serve them, but I would also let them know that this was business.”

“The dosage of home visits is not enough. It’s way too low.”

“It is important for staff to build rapport and be honest with people.”

Focus group participants noted the need to be up front and clear with children and families about their role, but to be seen as supportive and respecting of families. For some families, this process of building rapport happens more quickly and it can be more delayed for other families.

Family Assistance

According to focus group participants, one key responsibility of caseworkers that ensures safety is to work directly with foster parents to provide them with the support and resources they need

to provide a quality foster home. However, assisting families was sometimes described as frustrating. Participants stated the following when articulating their role in assisting families:

“I work very hard to have foster parents take the kid to these appointments because they are the ones that need this information.”

“It’s also the role of the case manager to make sure they are getting the children the medical care they need.”

“It’s frustrating when an experienced foster parent isn’t taking the kids to their appointments.”

“It’s also frustrating when we put a medically needy child in with a foster parent who can’t drive.”

Focus group participants reported that there is significant communication with foster parents about the responsibility of being a foster care provider. Some out-of-home placement arrangements are not ideal for children. For example, participants mentioned that children with medical needs were sometimes placed with foster care parents who could not drive and noted other situations, like age of foster parent, and insufficient income that make it difficult to care for foster children.

A range of work activities were reported as job tasks that ensure safety. Participants, based on their role and experience, tended to focus on different aspects of safety. Initial Assessment workers discussed safety through the lens of a safety assessment when prompted to talk about job tasks that ensure safety, while Ongoing Case Managers discussed safety through the lens of addressing service and quality of life needs of children and families.

Summary of what caseworkers said about: job tasks that ensure safety

- Assess children, families, and homes
- Build rapport with families
- Conduct regular home visits
- Timely documentation of work (for continuity of care)
- Provide transportation and accompany children to medical and dental appointments
- Work with foster parents to clarify roles and expectations

3. How Caseworkers Verify Safe Environments when Placing Children in Foster Homes

When determining if a child is safe in a foster home, focus group participants reported a wide variety of factors that influence decision-making about whether a home is safe. Participants noted that having an assessment tool to guide and standardize this decision-making process was beneficial. Yet, one participant did caution that, “the assessment tool is as effective as the person doing it. You have to notice body language, know when to probe, and know when to ask

follow up questions.” When describing other aspects of how it is determined that a child is safe in a foster home, participants stated the following:

“We look for physical safety. We ask questions about how the kids are doing and how foster parents discipline them. We ask the foster parents if their needs are being met or if there are struggles going on.”

“IA workers don’t go by their gut feelings, they go by a checklist. I look for prior history and developing patterns. We can’t go on gut feelings because that would be based on our values and experiences. We can’t do that. I have to decide if, when I leave the home, that child will be safe. Our decisions have to be legally justified; they have to hold up in court.”

“We also watch for caregivers that have persistent and negative views of the child. Some caregivers may view a child as bad for no reason.”

“We received training but most learned by experience. I’ve learned to follow gut feelings regarding when something does not seem right with the caregiver/child. We look to recognize when there is a problem in the home.”

Some aspects of this decision-making process are clear such as when one can see visible signs of maltreatment. Other aspects are more subtle, such as observing interactions between children and foster parents. Participants stated that having “common sense” is important. This was perhaps best illustrated when one participant stated that sometimes things happen to children such as an accidental fall that may cause a bruise. When caseworkers make decisions regarding safety, they look for inconsistencies in explanations or gaps in information that fail to explain things. Focus group participants provided a definition of present and impending dangers and described how caseworkers use these definitions to decide if a child is safe in a foster home.

Look for present dangers:

“A present danger is a gun on the table or a parent passed out from heroin use with a one year old in the house. It’s evident, obvious, visible, and happening right now. If you left the home, something would happen. It could be that there are exposed electrical wires; there could be an iron plugged in where a child could reach it; it could be unsanitary; there might not be any food; the parent might not have any means of acquiring food; there might not be a parent home, etc.”

Look for impending dangers:

“Impending dangers could be a child that is left at home for periods of time, repeatedly. That is one that I see commonly. It could also be that a parent doesn’t have the knowledge about how to care for their child; it could be domestic violence-related; or a drug issue; or a mental health issue.”

Some focus group participants expressed that they can only make decisions regarding safety with the information available to them at the time, and some people may give caseworkers different information. As stated by one participant, “sometimes the foster parents tell one worker one thing and the other worker another thing. Sometimes these workers do their home visits together because this helps with the sharing of information between caseworkers.” Participants stated that they have no control over what happens in a home once they leave. Two participants reported:

“I can’t predict what parents will do. I don’t know if they’re my pulling leg.”

“We’re humans; of course we’ll miss things.”

Some participants reported using an assessment tool, and others look for signs of abuse and neglect by examining the physical state of the home and interaction between children and foster parents. Overall, participants expressed that significant assessment is done when determining if a foster home is indeed safe.

Summary of what caseworkers said about: deciding if a child is safe in a foster home

- Perform assessment of homes during the foster care licensing process, including background checks
- Assess for present dangers and pending threats
- Balancing intuition, experience, and legal aspects to make decisions around safety
- Observations on how the child is viewed and child interaction with caregiver

4. Challenges that may interfere with Job Performance

Focus group participants were asked to describe key challenges and issues that influence the ability to perform their job. A range of inter-related issues was noted, some concerning the BMCW and others about problems outside of the child welfare system.

Overall, focus group participants indicated that unrealistic community expectations of caseworkers that are reinforced by organizational decisions are a barrier to performing their jobs. Caseworkers suggested that they were being asked to complete too many tasks and that some of those tasks were outside of the scope of their responsibilities. Some participants stated 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.”

Nearly all focus group participants referred to the lack of time for completing job tasks required of them. Participants indicated that job responsibilities simply cannot be performed in the time expected. These responsibilities include: home visits, excessive documentation/paperwork, transporting and accompanying children to appointments, and court appearances.

Some focus group participants also stated that the lack of access to technology and equipment is a barrier to performing their job. Not having a cellular phone, not being able to log in into eWiSACWIS or being timed out of eWiSACWIS, lack of remote internet access, and lack of access to laptops were all listed as barriers.

Caseload Size

The high number of cases was listed as a barrier. One participant noted that, “when we talk about a case, that case is not focused on an individual but a family.” That means if an allegation of maltreatment is being investigated, caseworkers not only work with the child who is the focus of the case but parents and other children in the household. As stated by participants:

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

“Ongoing is supposed to have about 10 cases, but it is usually about 15 cases. I just got an email saying that it will be going up to 18 cases.”

“Some IA workers have 150 cases and we are supposed to have 20.”

“We are so low on workers that we’re getting double and triple the cases that we should be getting.”

“Balancing administrative duties and trying to be out in the field is a challenge.”

“It’s too much for all staff, regardless of how long they’ve been there.”

“Workers feel like they are on an assembly line. They need to meet deadlines. Errors, flaws, and typos will happen when you push them like that; you won’t get the quality.”

“These expectations cannot stay. Something has to change. We need a break.”

Focus group participants reported that there has recently been an influx of cases. Participants noted that some cases are not safety threats. Parents who no longer wish to or can no longer care for their children are utilizing resources, when there might not be a legitimate safety concern. One participant stated that, “when you get a kid who is 14 in the system it makes you wonder who in the community was helping out before.” Another factor influencing caseload size is the recent scrutiny of the child welfare system by the media. Focus group participants noted they sometimes might see an increase in the number of reported allegations for abuse when a media-worthy case involving maltreatment makes the news. Participants stated the following about cases where safety issues are not a concern:

“We are having an influx, right now, of cases coming in that shouldn’t. That happens a lot when a tragedy occurs. Everyone’s concerned with every little thing.”

“Parents need to understand that our taking them out of the home is not going to make them go to school. We are not always called in to deal with safety issues. Sometimes we are dealing with parenting issues.”

Staff Retention

Participants discussed issues regarding turnover among caseworkers at length. Turnover was linked to many factors including stress, burnout, career advancement opportunities, and continuity and quality of case management services. Focus group participants stated that efforts to train and retain new caseworkers have taken emphasis away from retaining caseworkers that are more experienced. Among some participants, there was a sense that new caseworkers participate in training to build their resume or to complete graduate school only to 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. Some participants' reported:

"Large caseloads are the biggest reason for turnover. If it weren't for turnover, caseloads could be more streamlined."

"Turnover is a huge barrier. The Bureau spends so much money on training for ongoing caseworkers, but it could have spent that money elsewhere since they don't stay."

"We lost a lot of people. 30% turnover is normal for this kind of work, but we're closer to 50% turnover."

"People in training aren't available to be on cases for about 6 months, and then they quit. Some quit as soon as they get a case."

Several participants discussed worker health and safety when describing barriers related to staff retention.

"Worker health has never been on a priority list for the Bureau. It's been about the work and we need to do it till it's done. We don't ensure that our workers have balance."

"We've been asking for debriefings and stress relief."

"We're all unsafe here. We don't have metal detectors and we only have security officers that can ask people to leave. All police officers do is give disorderly conduct tickets."

"I think it's hard for some female Ongoing Case Managers to deal with the male teenagers that are deviant."

"Nobody will help us de-escalate the kids and we can't restrain them."

Focus group participants reported that sometimes they do not feel that their work environment or work culture was one that promoted the well-being of employees. It was noted that some organization, departments, or supervisors are more consistent with addressing employee wellness than others. Participants discussed the need to have their mental health, physical health, and physical safety needs met.

One aspect of physical safety included the open access the public has to child welfare office buildings and the response time of law enforcement to a location when a safety issue arises. Some participants stated they had been hit by children, threatened, or had their property vandalized. It was noted that female caseworkers have their own safety concerns when working with adolescent and late adolescent males involved with the juvenile justice system.

Policies and Procedures

Participants listed continuously changing policies and procedures as a barrier. Focus group participants noted that such changes do not take into account how workflow is impacted. Participants expressed that the scrutiny in recent months resulted in quick changes in policies and procedures because BMCW wanted to address community outrage. However, participants stated that such changes in policy do not necessarily ensure the safety of children, rather, these changes add additional tasks to their workload. Participants stated the following about changes in policies and procedures:

“The system is very reactionary; policies come out of knee jerk reactions.”

“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.”

“After the first lawsuit, there were lots of demands. With every tragedy, there’s one more form to fill out or new directions are given.”

“Changing policies and procedures are great when you have seasoned, veteran staff that can handle it.” [One focus group participant stated that even seasoned caseworkers need time to adjust to changes in policies and procedures.]

Bureaucracy within the Child Welfare System

Participants employed by the BMCW stated that they feel disconnected from administrators in the BMCW. Supervisors also expressed having some challenges. One participant stated that, “supervisors don’t feel supported,” and “supervisors are supervising 80-90 cases.” When there are issues that need to be addressed, supervisors are not always able to address them without going through the chain of command. Some participants reported:

“Everything comes from the top down.”

“I don’t feel like administration supports us.”

“When you share barriers with administration, your concerns go in a black hole.”

“We don’t have the support of upper management. That’s why we’re in this bind.”

Participants employed at BMCW partner agencies described a different experience at their organizations. For example, some focus group participants noted having a cooperative

relationship with administrators and described how Executive Directors engaged staff to understand more about their professional experiences. Other focus group participants stated that non-profit Executive Directors or people in leadership positions have business savvy but lack the professional authority and competence to provide information and guidance on casework.

Legal System

Focus group participants listed a range of issues involving the legal system. They noted that further training on how to navigate through the court system could be beneficial. Some participants expressed feeling professionally disrespected by legal professionals because their input is not solicited when decisions are made. One participant noted that caseworkers could be more proactive and build relationships and rapport with professionals in the legal system. Focus group participants stated that judges who understand the issues are rotated out or that turnover in the District Attorney's Office makes it difficult to work through cases when you have to rebuild relationships with different attorneys. Participants described their experiences working with the legal system, including: emotions when going to court, preparation for court, how they believe they are perceived in court, and the relationship between the legal professionals and caseworkers:

"Court gives you a lot of anxiety, no matter how long you've been doing it. I dread it."

"Sometimes I sit for 8 hours a day at court."

"Court orders don't always make sense, but it makes our work difficult."

"We're forced to be in court, but we are not given the tools to complete our job."

"Sometimes the court orders something ridiculous and time consuming even when it won't ensure safety."

"We're expected to show up at court at 8, but the DA doesn't come until about 10 and then they have coffee and chat with the judge; then they rip you apart."

"You become the Bureau in court."

"We used to have stable DAs and judges. Now when a judge gets to know us and know that we're credible, they rotate out. I have had three rotating DAs on the case I'm currently on."

"We need to know how to speak their language. The courts speak for us even though we're out there and we know what's going on. We need to articulate what our position is and what our role is. We need this to be in the training."

“People talk about turnover in the Bureau, but they [*the District Attorney’s Office*] also have turnover.”

“Balancing social work and legal work is hard.”

“We don’t have access to eWiSACWIS at court. We don’t have a place where we can work on confidential information.”

Overall, participants expressed feeling overwhelmed when navigating through the legal system and noted the cross-system nature of the creates issues with communication and professional respect.

Summary of what caseworkers said about: barriers that prevent them from doing their job

- Excessive documentation and needing to work through issues of confidentiality
- Workload demands and lack of time to perform casework
- Rapid changes in BMCW policies and procedures
- Technology that is slow or the lack of equipment to perform casework
- Lack of community support
- Time it take to coordinate, communicate, and build rapport with professionals in multiple systems (school, legal, mental health, etc.)
- Serving children who do not belong in the child welfare system
- Excessive amount of time spent transporting and accompanying children to appointments and waiting in court
- Working with children and families who are resistant and who may be involved with child welfare for a non-safety related issues

5. Resources Needed for Caseworkers to Perform their Jobs Effectively

Availability of Quality Placements

Focus group participants noted that quality foster homes are a much needed resource. Caseworkers suggested that stronger community involvement around the safety of children in foster care could be a vital resources used to attract prospective foster parents to fostering. There was consensus among focus group participants that the reimbursement rate for foster parents was a factor influencing the availability of quality placements. Some participants expressed that quality foster homes are in such high demand that the needs of children in out-of-home placements are often not being met. Participants called these types of placements marginal homes; relative placements were included in the discussion on marginal homes. Some focus group participants noted that sometimes children might be placed with relatives and that these homes might not be the most appropriate placement for the child. There was also a concern that quality licensed foster homes are often overloaded, which sometimes causes foster parents to burn-out. Participants reported the following about the need and availability of quality foster homes:

“Assessment homes are overcrowded and they turn into the child’s placement. Kids are placed in the first home available, not the best fitting home.”

“Workers cannot become foster parents anymore. When the County ran the system, you could. There were foster parents that understood the kids and the system. By not allowing workers to be foster parents, you’ve cut out a huge chunk of potential foster parents.”

Types of Resources

Focus group participants noted that they needed resources at the individual, organizational, and community levels to perform their jobs effectively. At the individual level, caseworkers stated that having foster and biological parents involved and actively participating in the care of children serves a resource for them to perform their jobs effectively. Several caseworkers mentioned that there are too many children in the child welfare system for issues not directly related to safety and that it would be helpful if they could focus their energies on children in the system with safety related concerns. Focus group participants reported that having adults and professionals part of a child’s life come together in a structured way was a resource needed to do their jobs effectively. Caseworkers also reported that they could benefit from assistance with managing stress and balancing work and family obligations.

Focus group participants noted that a helpful resource at their respective organizations was peer mentorship and participation in professional development activities. At the organizational level, many of the resources caseworkers need to perform their job involve addressing barriers (increasing staff size, streamlining policies, timely communication, etc.).

At the community level, focus group participants said that having community supports for families, especially for prevention and early intervention was a resource. While there are supports that already exist in the community, some focus group participants noted that families often access these resources after problems have escalated to the point where Child Protective Services has to become involved. Some focus group participants reported:

“I need there to be consistent communication within a case, especially with Ongoing workers and other parties involved in the CST [Coordinated Service Team]. CSTs are our biggest and greatest resource.”

“We need more staff. We need people that want to stay and have a reason to stay.”

“We need appropriate and more community resources.”

“Some cases coming to Safety Services come as a risk case. We need to determine if there really is a safety factor.”

“We need to connect with community agencies that can help parents get their basic needs met. BMCW can’t pay for washers and dryers or beds. Some agencies, like the Red Cross and food pantries, do help us.”

“We need more resources for immigrants.”

“We need more community resources that can communicate in various languages.”

Focus group participants also noted that the relationship between the legal system and child welfare could be improved. One participant noted that the court’s dependence on child welfare workers as a community resource to deal with youth involved in the juvenile justice system increases the number of children on their caseload without safety concerns. “Probation doesn’t want to put their resources into it. Juvenile / delinquency orders are taken away when they shouldn’t be and that work falls on ongoing staff. Juvenile workers and judges refuse to let us close the case because we are an extra support for the kids.”

Overall, focus group participants expressed that the resources needed to perform their jobs effectively involved having adequate foster homes for children, strong support from families and professionals, and effective organizational policies and practices. Participants also suggested engaging community supports for prevention and early intervention, the ability to focus their work on families in the child welfare system with safety related concerns, and working more closely with the legal system would serve as a resource for them to perform their jobs effectively.

Summary of what caseworkers said about: resources that help them perform their job

- Increased collaboration with community agencies that can meet the basic needs of parents to prevent children from entering the child welfare system
- Increase in the number of people served by community agencies and directing some of those services towards specific populations (foster parents, immigrants, etc.)
- Increase parent involvement and collaboration with the courts to address the number of cases where children are in the system for services and not maltreatment
- Quality foster homes and adequate compensation for foster care home providers
- Increased staff to meet the demands placed on the child welfare system
- Interpretation services available for people with limited English proficiency
- Opportunities to deal with work-related stress and to balance work with one’s own family responsibilities

6. Resources for foster parents to provide safe foster homes

Foster Parents

Focus group participants noted that foster parents could benefit by having more access to support services, participating in more training, and being compensated more fairly for providing care to children in their homes. While many of these resources are available already, participants stated that these resources could be improved and expanded. Several participants expressed that the demands on foster parents can be taxing and that foster parents are overwhelmed by their responsibilities. Participants reported that:

“Foster parents need diapers, formula, etc.”

“When foster parents receive a child they need to set up day care, W2, schooling, medical appointments, visitation with the birth parent, etc. For the most part, they need to get all of that set up within 36 hours and they are dealing with kids who aren’t sleeping because they’re scared. It can be overwhelming for them, especially if it’s a first-time foster parent.”

“It would be nice if foster parents would have a mentor. I think they should be able to go into other foster homes and see what it is really like.”

“Everyone needs a break once in a while, but foster parents need to treat foster kids like real kids. They should get a babysitter, like everyone else. They need to have those support systems in place before taking a foster kid.”

“We have taxed foster parents to the nth degree. They can’t handle it, even though the statutes say that legally we can keep adding beds and kids to their homes.”

“Respite is needed. When respite cannot be found, that is usually when a request comes to move a child.”

“Foster parents need basic parenting education. Their hearts are in the right place, but some of them can’t get Johnny to go to school. They are calling their workers to find out what to do.”

“They also need to be trained in working with diverse populations. They should know how to do an African American child’s hair or Caucasian child’s hair. They should also be trained in child development.”

“Communication and support from workers [about resources and supports] is huge and is needed for foster parents to be successful.”

“Foster parents are undercompensated, financially. Wisconsin reimburses lower than other states and foster parents often pay expenses out of pocket.”

Participants noted that the role and expectation of foster homes could be better communicated to foster parents, particularly around the issue of reunification and the importance of having a relationship with biological parents. One participant stated that, “I’ve seen some really good foster parents who will take pictures for the biological parents and make calls to the parents. They understand that reunification is the primary goal and they really want to help.” To this point, participants described a range in the types of relationships they see between foster parents and biological parents from, collaborative, to adversarial, or even non-existent.

Relative Placements

Focus group participants also noted that relative caregivers have unique and special needs. Some participants reported significant difference in the way that foster parents and relative caregivers assume placement of children. Relative placements were described as being forced

by the courts or out of the desire to see the child remain with family members. Focus group participants noted that relative caregivers do not have to participate in any formal training such as the licensing requirements to become a foster parent, nor are relative homes given the same scrutiny during background checks. Some participants admitted to having placed children with relatives by order of the courts when that home was not the safest or ideal placement option. Focus group participants stated the following about relative placements:

“A lot of relatives are forced into being caregivers. The kids are placed for a year or two and then they are told that the parental rights are being terminated and they have to get licensed if they want to keep the kids. I have definitely licensed relative caregivers that shouldn’t have received their licenses, but the kids were attached. We were looking at the best interest of the child. I think this should be changed, but I don’t know how you would go about doing it.”

“There needs to be more support for kinship providers. They need their own workers.”

“That’s why we try to get them [kinship care providers/relatives] to be licensed; so they have more support.”

“We have kids who have been in a relative’s home for 6 years. When I try to license the home, they’re not licensable. Then I am supposed to remove the kid. We find ways to keep the child from moving.”

“Sometimes we’ve removed children from their relatives and placed them in a foster home and now the child is doing wonderful because they are in a stable home. The kinship provider was more unstable than the kid was. A lot of times, relatives don’t want their family members to go to foster care so they take them in; but they are not necessarily able to handle the responsibility of taking care of kids.”

“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 on kinship providers that we do on foster parents.”

Focus group participants noted that some attention needs to be given to the supports available for foster parents, how well foster parents are prepared to care for children in their home, and financial resources needed to care for children in foster homes. Relative placements were described by focus group participants as having unique challenges that requires additional effort to ensure these placements have access to and utilize training and other supports.

Summary of what caseworkers said about: resources foster parents need

- Access to a network of respite care providers
- Parenting training and information on child development (including cultural competency)
- Information on available supports and resources in the community
- Mentorship and a better sense of the responsibility of being a foster home
- Reinforcement of their role as foster parents as a temporary placement for children as parents work towards reunification

7. Suggestions that would make children safer in foster care in Milwaukee

Focus group participants listed a range of suggestions that would improve the safety of children in foster care in Milwaukee. The suggestions involve improving community perception of foster parents and child welfare, developing staff resources to meet the demands placed on foster care, recruiting and retaining quality foster homes, professionalizing foster care, increasing caseworker compensation, expanding strengths, and being intentional about the application of strategies that keep children safe.

What caseworkers said about: things that could help keep children in foster care safe

- 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 size of caseloads
- Perform more preventative interventions to reduce the number of children and families in Safety Services
- Strengthen CSTs and make them meaningful for the families and professionals involved
- Develop resources for foster parents that tell them about services and who to contact when they have questions
- Professionalize foster care
- Develop a career pathway for caseworkers and increase compensation for caseworkers
- Expand recruitment efforts and use creative strategies when recruiting foster parents
- Transform the community image of the Child Protection Services and of foster parents into a positive image

Appendix A

Focus Group Questions for Foster Care Caseworkers

1. Please introduce yourself. Tell us your job title, what agency you work for and how long you've worked there.
2. Can you tell me about how you learned to recognize symptoms of maltreatment and what to do about it?
3. Can you give me some specific examples of things you do to ensure child safety?
4. How do you decide if a child in foster care is safe?
5. Are there barriers that prevent you from performing your job as well as you would like?
6. What resources do you need to do your job effectively and are these resources sufficient?
7. Do you feel foster parents have the support they need to keep foster children safe?
8. Name one thing you would change about the foster care system in Milwaukee that you feel would make children safer.