

Key Informant Suggestions for Keeping Children Safe in Foster Care

Background

On November 11, 2008, a 24-year-old Milwaukee woman providing kinship care was charged with beating her infant nephew to death and severely abusing her 2-year-old niece. State officials had placed the siblings in the woman's care following their temporary placement with a West Allis couple. This tragedy led to the 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.

The Planning Council for Health and Human Services, Inc. was asked to conduct a study focusing on the safety of children in foster care. Funding for the Planning Council's study came from an anonymous donor through the Bright Futures Fund of the Greater Milwaukee Foundation. It was awarded in memory of former board member and long-time child advocate James Ryan.

The study effort includes: (1) the collection of data and information about the current foster care system; (2) the identification of best and evidence-based practices related to the safety of children in foster care; and (3) engagement of the community in a discussion about the issues that relate to safety in foster care. To prepare for this conversation, input was gathered from key informants, foster care caseworkers, foster parents, and biological parents. The community report titled "A Community Conversation about the Safety of Children in Foster Care" can be found on our website at:

http://www.planningcouncil.org/docs/reports/Safety_of_Children_in_Foster_care.pdf. A summary of this report was presented to the community on May 27, 2009, at the Milwaukee Youth Arts Center.

The following report is a companion piece of a larger study. This section is a summary of the input from the key informant interviews.

Who are the "key informants"?

The key informants included 22 professionals who have been involved with foster care in a variety of roles. They included policy experts, researchers, administrators, advocates, legislators, court officials, physicians, social workers, lawyers, health care personnel, school personnel, community organization representatives, and academicians. Some gained experience in Milwaukee, some in other counties throughout Wisconsin, and some in other states. Some of the key informants worked in the public system and others in the private and community-based systems. Some have had personal experience as a foster or adoptive parent. When combined, their child welfare experience accounts for literally hundreds of years. A list of those who offered their time and insights is included in Appendix A. Respondents were told that their names would be included in the report but that nothing they said would be attributed to them directly. Three people selected for interviews declined the opportunity.

What were they asked?

Key informants were asked to respond to the following questions:

1. Please describe your personal involvement and experience with Milwaukee's foster care system.
2. From your perspective, what are the strengths of Milwaukee's foster care system?
3. What are the key barriers to keeping Milwaukee's children safe in foster care?
4. If you could do just one thing to improve children's safety in foster care, what would that be?
5. Who else should we be talking to as we gather information on how to keep children in foster care safe? (See Appendix B)

Upon beginning the interviews, respondents were told that the focus of the study was on what works to keep children safe in foster care. This included foster and kinship care, but not treatment foster care. We indicated that when we spoke of children in foster care, we were talking about more than the Bureau of Milwaukee Child Welfare. Most respondents clearly equated foster care solely with "the Bureau." Some emphasized that the Bureau enters a situation only after the community falls short in its responsibilities to protect the most vulnerable among us.

1. What are the strengths of Milwaukee's foster care system?

Most respondents hesitated before describing the system's strengths. After some thought, all were able to identify a positive aspect. A common response was that while the strengths are present, they are underutilized. The major strengths are identified below.

A. Caring people

Most often mentioned were the *human* resources helping to keep children safe in foster care. From a Governor who was described as "extraordinarily dedicated to kids and families," the new leadership of the Department of Children and Families, the professional staff who work in increasingly difficult situations, the advocates, the foster parents, the trainers, legislators, and medical and legal professionals. Respondents noted that they bring different perspectives and sometimes propose different solutions, but that they are similar in their deep concern for children. Respondents repeatedly pointed out that the system wouldn't work without the dedication of the foster parents who share their homes, their families, and their love with foster children. Like other communities, Milwaukee has 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. "There are people from all walks of life working for kids. And they want to make it better."

B. People's ability to work together

The work of these caring individuals, according to the key informants, is bolstered by their ability to work together. There are a growing number of examples of disparate groups, including the DA's office, the Mayor, the Superintendent, Children's Court, Milwaukee Public Schools, Milwaukee Police Department, Milwaukee Fire Department, the judiciary, Children's Service Society Wisconsin (CSSW), Kids Matter, foster parents, treatment foster parents, group homes, and private attorneys. There are also a growing number of meetings and dialogues, and promises and pleas for more. According to the interviews, these meetings have produced greater ability to collaborate, to share information and garner additional resources. The institutionalization of some of these arrangements through entities such as the Partnership Council, the Child Abuse Review Team (CART) team, and Multidisciplinary Teams (MDT) are recognized assets. The emergence of new community groups responding as a coalition is also a positive indicator.

The work that is occurring with child death reviews was identified as another strength, albeit one that was characterized as underutilized. Several respondents recommended that these reviews should be mandatory and that the information should be shared across counties to promote learning across the state.

C. Strong institutions

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

- The Child Protection Center (CPC) was described as a single 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."

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

"We are not the only city that has a single place for kids to go, but not many other cities do it this way. This is key. In Milwaukee, children can be checked for health problems, mental health issues, dental problems, and also abuse. Having a single place for kids helps us to not miss things, which is important for the safety of the kids and for the safety of the foster families."

- Children's Court was also identified as a major strength within the system. Some suggested that judges have refocused their work while others described a "cultural change within the courts" following a conference at Wingspread. Responses to the interviews suggest the increase in the use of mediation with families has helped to defer cases from court; the "Safe Havens" program was identified as a strong preventative force.

- There are smaller organizations that also play a key role. One example given was Penfield Children Center's *Birth to Three* program, which screens children in foster care even when they are not reimbursed for it. Similarly, St Amelian's was described as leading the way in providing trauma-centered care.
- The partnership between the University of Wisconsin-Milwaukee (UWM) and the Bureau of Milwaukee Child Welfare (BMCW) was described as both strong and also as "a sleeping giant" that could be used to insert best practices into the system.

D. The Federal lawsuit

While it may be ironic that a lawsuit was identified as a strength, respondents agreed that the 1998 litigation resulted in a variety of positive outcomes. Positive contributions include the creation and monitoring of a system of standards, increased funding, and improved quality. Today, approximately \$100 million dollars are spent in each budget cycle, fewer children are in out-of-home care, children are being moved fewer times, 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.

While respondents identified room for improvement, they generally added that the system has moved forward in several respects.

"We have come a long way. We used to use note cards to list foster families and we didn't know where the kids actually were. We used to have 10,000 kids in the system, no services for kids, no visitations, and no discussion about sibling visitation."

2. What are the key barriers to keeping children in foster care safe?

While most of the key informants first described problems in the Bureau, they also identified issues related to the children, the caregivers, the workers, the fragmented service system, the media, and the broader community. This section summarizes those concerns in that order.

A. Issues affecting the children

Displacement is traumatizing

Those we spoke with stressed that removing children from their homes and taking them from their parents is traumatizing and that this requires treatment that addresses not only the incident, but its greater impact on the child's ongoing life experiences. Several emphasized that even though children may be traumatized, they may still remain emotionally attached to their parents. Continuous displacement while in foster care is a disruption that can cause additional trauma. Experts explained that each additional placement increases the risk of trauma, and agreed that the average number of placements children currently experience while in foster care is unacceptable.

"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."

"We want to focus on fixing the issues that the removal of the child was based on, not the 100 other things that could make a perfect parent. We place too many conditions on parents in order for them to get their kids back. We need to engage parents early and promote parental capacity; these are best practices."

Better methods of assessments are needed

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 applying a more data-driven, research-based approach to this difficult decision. Several respondents referred to the experience of META House, which suggests that treatment is most effective for mothers who get help at the front end.

"Children may be removed from the home of a mother with a severe addiction problem if their safety is in jeopardy. By the time the mother enters recovery, it may be too late; parental rights are terminated in 15-20 months. But research from SAMHSA indicates that mothers who need drug treatment fare better when children are placed with them. META House has trained and experienced social workers who can ask the right questions. These workers could go to the homes with Initial Assessment workers and assess parental capacities, shift mothers into their programs, and possibly prevent a child's removal."

Many of the experts stressed that children in care need individualized treatment. Some cited Los Angeles as a model where Structured Decision Making® is used to reduce the number of children removed from their homes. By contrast, the system here was described as more "haphazard," applying the same standards in all cases, an approach that has not been shown to be effective. Some respondents explained that one of the reasons Wisconsin has not moved to this model is that it is not compatible with the investment that has been made in an expensive information system, WisSACWIS, which would be "too difficult to change."

"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."

“We need to look at the parents’ capacity to meet their child’s needs regardless of their own problems. When mom goes to the bar on Friday night, does she make sure the kids will be taken care of before she leaves? Parents need to think this way, to think first of their child’s needs.”

“Right now, we take kids and tell parents that in order to get their kids back they need to do a list of things. We don’t know that these things will necessarily be effective. Having a parenting certificate doesn’t mean that you learned anything or won’t relapse.”

B. Issues affecting the caregivers

There are too few caregivers

Several respondents suggested that foster children are not safe because there are not enough caregivers, not enough licensed out-of-home placements, and not enough foster parents. Situations were described in which children are being placed outside the boundaries of the County to the far north of the state. Consequently, siblings are split up and parents are unable to travel the distance to visit their children. Some indicated that increasing costs are a factor in limiting the number of people who want to become foster parents. Others suggested that there is a lack of respect for foster parents, who are sometimes treated as part of the problem.

There are too few quality homes

The experts indicated that while most homes have loving foster parents, there are indeed homes that are substandard. There are foster parents who are in it for the money, and there have been times when workers are reluctant to leave a child in a questionable home, but do it because “it’s better than nothing.” Consequently, when caseworkers find a good home, they may be reluctant to enforce all of the rules and policies. Closing marginal foster homes, they said, is very difficult.

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

“Before we place kids out of the County, we are placing them in temporary homes that are described as ‘scary’. Workers sometimes say they couldn’t stand the homes that they need to leave children in. We have some good homes, but not enough.”

“Workers want to help and sometimes get co-opted by foster families. They sometimes ignore minor infractions, fail to document, and then when more serious offenses occur, there’s no documentation.”

“There is a need for more foster homes, but there is no centralized system to connect children with open homes that are working with non-BMCW contracted agencies. I know of one case where a woman went to a contract agency to say she had room available after reading about the need in the paper, but was told that they couldn’t work with her. There are high needs and capacity, but they are not coming together.”

“Some have suggested that foster care should work more closely with public housing, which has very effective family support systems. Family support systems, along with Neighborhood organizations such as the Silver Spring Neighborhood Center, could be valuable resources for kinship relatives and for prevention efforts.”

Caregivers need better information and greater support

Experts stressed that successful foster parents need solid training, preparation, and good information about available resources. They stressed that confidentiality requirements and occupational silos limit the availability of information. Written policies are not publicly available and it is difficult to find out about resources.

Respondents noted how the fragmented system restricts information flow in areas as basic as clothing, education, and health. For example, while a child is eligible for a lifetime clothing allowance of \$150, foster parents are often unaware that they can request a rate increase, or access the clothing bank that is operated under contract. Several respondents contrasted the quality of the service here with the approach taken by the “Wearhouse” in Seattle.

“We need to establish competencies, have foster parents demonstrate skills, license them, and reimburse them for services.”

Because of confidentiality requirements, obtaining needed educational information from Milwaukee Public Schools on foster children, many of whom have special education needs, was described as “a huge challenge at every level.”

Many respondents pointed out that it is difficult to keep a child safe if there is not adequate or accurate information about the child’s health. According to the respondents, progress has been made in improving the medical information given to foster parents. For example, the State-centralized database for immunization records has reduced the number of children who were getting over-immunized. However, there is no central medical intake.

“Foster families often don’t know how frequently they are expected to take a child to the dentist’s office. Doctor visits are not being tracked.”

There is an overwhelming agreement that there is a lack of resources for foster families. Many people indicated that the community does a poor job of supporting birth and foster families. They suggest that children will not be safe until there is a wide range of agencies-domestic violence, AODA, employment, mental health, and faith-based agencies-working together with families in the community.

“All parents get tired and troubled. When I was a parent, I depended on my neighbors. We would have potlucks and support each other. Parents don’t have that support anymore. Many have either moved or are disengaged from relatives, and they don’t have a support network. Kids can’t play outside because it is unsafe. People don’t know their neighbors; they don’t have grandmas watching out for them. Community policing and love is what’s missing. We won’t get anywhere until we do some community re-engagement.”

Kinship caregivers need more training and scrutiny

Several respondents explained that there is a presumption that if a child must be removed from his or her parents, the next best place for that child is with relatives. Relative placement or kinship care is presumed to produce fewer traumas for children. Placement with relatives in kinship care depends on an assessment of whether the kinship foster parents are “willing, able, and competent.” But many of the respondents point out the myriad of problems associated with this approach. For example, kinship providers do not go through the same kind of scrutiny that other foster parents do. They are not provided the training or resources, and they receive even less support than licensed foster families. In some cases, birth parents believe that unqualified family members take the child. Grandparents, who may be willing, often have severe mobility problems which limit the success of the placement. Often relative caregivers do not get needed information about how they could qualify for reimbursement or what they would need to do for a permanent placement. Although kinship families were seen to need just as much (if not more) support from the system than foster homes, there is no training, development, or support. Instead, kinship care is viewed only as “a financial program.”

C. Issues affecting workers

Caseworker turnover

Nearly all of those we spoke with expressed concern about the caseworker turnover rate. The Bureau reports the turnover rate as 35%, which acknowledges losing more than one third of its workforce on an annual basis. Using a conventional method of calculating turnover, the numbers indicate a much higher turnover rate of 59%.

With each worker change, the experts we interviewed note that the chance for permanence goes down dramatically. Beyond the fundamental difficulty of the job, one explanation offered by many for this high rate of turnover is that caseworkers, (who are required to have a baccalaureate degree, but no particular training in child development, social work, or psychology), are unprepared for the very difficult jobs they will be taking on.

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

Caseworker training and preparation

Most respondents pointed out that many caseworkers are young, lack experience, and need both classroom and hands-on training.

There is an elaborate training program in place to help prepare new caseworkers. Few had seen the training curriculum and many expressed concern about its content. Of note were comments about the need to present research based modalities for decision making, a focus on compliance rather than quality, the lack of information about trauma informed care, the need for training that is more medically informed, the lack of a “best practice” based approach, the need for “hands

on” training, and an unintegrated approach that comes from combining various training packages.

Respondents noted that because the work is so difficult, proficiency comes from experience as much as classroom training. According to key informants, this elevates the importance of the role of experienced supervisors and mentors in providing guidance, support, and coaching in the application of procedures and standards. Several observers pointed out that while the positions are highly stressful, there are other professions that have systemized approaches to preparing and supporting workers who routinely operate in a crisis environment.

“They keep calling these caseworkers “social workers” but they are not social workers. You could have a degree in French and still be called a caseworker.”

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

“Police have a similar public safety role. They go to college and get a criminal justice degree and then they also get specific training on how to handle varying situations.”

“If they’re successful, the “reward” is to be taken away from working with families. Career advancement occurs and people are placed in administrative positions, for which they are not suited.”

“Foster care workers should be brought into the treatment plan, participate in biweekly meetings, and be encouraged to reveal problems. The training they receive is not skill based.”

Caseworker assessment of safety

Assuring safety, the experts point out, requires the ability to assess medical conditions, read warning signs and establish baselines. This skill set is not common among social work caseworkers, and has been shown to be an issue when workers who do their own medical assessments sometimes have results that are contrary to medical information.

According to these interviews, ongoing case managers lack clear guidelines for determining safety issues. They lack age-specific or development-specific guidelines.

“They aren’t told to play with the kids or to hold them. They don’t know how to tell if a child is safe. Guidelines need to be developed.”

And while the Child Protection Center was seen as a resource, it was reportedly not used as often as it should be. According to respondents, only a small fraction of children who are referred to the Bureau for physical abuse are seen at the Child Protection Center. Moreover, some indicated that workers who do not have the necessary training or experience attempt to do this at the scene. No medical exam is required until the abuse is documented.

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

“Often times, workers are afraid of having kids die, and they unnecessarily pull them out of the home. This will traumatize a child.”

“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.”

“There are no clear expectations of medical care for the child. It just isn’t part of the Bureau’s culture.”

*“If a report is made and an investigation is needed, medical professionals should **always** be involved. Sometimes the child’s personal doctor is involved, and though it is not ideal, it is better than nothing” ... “There are times when children return to the system and have never gotten their comprehensive medical screening. This should be basic for every kid.”*

Caseworker workload

To be fair, say the experts, 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. According to Bureau data, there are 11 families per caseworker; and each family has an average of 2.2 children, which means each caseworker has about 22 children. Best practices from the Child Welfare League of America suggest that a caseworker should have 12 kids on average. This doesn’t factor in the pressure of increased caseloads due to vacancies, turnover, medical leave, education leave, or holidays.

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

“People in the trenches don’t feel that their work is valued. There is a need for culture change. 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. There are a lot of complaints about waiting at court, but it’s accepted. Social workers are able to get very little work done when they need to be in court.”

“Workers are going into houses that are roach-infested and filthy, and are dealing with people who have harmed their kids; they have to go to these houses and be compassionate and work with them to make it better. How could you not get jaded or burnt out when you get your heart ripped out 5,000 times? It’s extraordinary that they 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.”

D. Systemic issues

The bureaucratic culture

Several respondents observed 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 of Milwaukee Child Welfare (BCMw) as a government bureaucracy, not well-suited to rearing children. They point out that bureaucracies are, by definition, not flexible, nimble or able to respond quickly. Many noted some progress, suggesting that the Bureau is recognizing 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, which involve the Bureau, the family, and the establishment of a list of what needs to occur for family reunification. Some suggest that the most needed culture change would be to look at the system and the work that is done through the eyes of the children, not as a business or a focus on expedience. Others indicated a fundamental shift to a trauma-informed care model, which would inform that the decision-making of judges, caregivers, and policy-makers is needed as the overarching cultural approach to providing services.

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

“The Bureau has shut people out. There is secrecy and privacy. That's why when people think of foster care they only think of the Bureau.”

Some said that while the people at the top “seem to get it,” there are some regional managers, supervisors, and workers who don't, and who are apt to become defensive. Some feel that there is a lack of critical analytical skills and that this can lead to inappropriate responses.

Fragmentation

The entire system serving children and families in Milwaukee was most often described as fragmented (i.e.: one group focuses on mental health, another on substance abuse, and another on education). Specifically, it was noted that organizations and institutions that should be helping (e.g. Birth to Three, the Health Department, Milwaukee Public Schools, and Child Protective Services) have no integration or continuity. Some suggested that this is the case because agencies are competing with each other for limited funds; therefore, turf issues get in the way of serving children. Many noted that the various disciplines involved see the situation only through their own lens or perspective.

“We need to dramatically increase the opportunities for cross-training. This is like the fable of the blind man and the elephant. Different disciplines only see their piece of what is a whole child.”

“Courts see it one way, social workers another, medical professionals see one piece, law enforcement a different way... and they don’t have the language...or the time...to talk with one another.”

An unwieldy data system

“The data system that we have doesn’t work. We have invested millions in it, but it doesn’t work. We’re inundated with data, but we don’t have the information that we need.

“There is no tracking. Notes are all handwritten. Why is this is happening in this age of technology?”

Crisis driven management

A number of respondents noted that a central tenet of good public policy is that it is not created around the exception. Yet many observed that the policies that direct the foster care system emanate from crisis, and while each crisis is itself a tragedy, the tragedies are the exception. The response to crisis was lamented as defensive, knee jerk, and something that serves to close the system rather than to 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.”

“Systematic issues can never get fixed because there is just no time.”

“How often are we allowing one incident to change the entire system?”

“We’re all on the defensive now, and in crisis mode. We can’t make improvements when that happens. We’re going to need facilitators who will make people feel like it is safe to talk.”

E. Issues of race, culture, and poverty

A core problem cited by many is the extreme poverty in which families and foster families alike too often live. Poverty, they added, does not by itself cause parents to abuse and neglect their children, but it does mean parents’ own needs, such as behavioral health issues, may go unmet due to the inability to pay for services. It was suggested that in some cases, children are removed for neglect when it is really an issue of poverty.

Observers reported that there are many more African American children in the system than Caucasian children, and some opined that children are more prone to being removed from black homes. Children of color are four times more likely to be placed in out-of-home placements, and there are clearly a disproportionate number of children of color who are involved in the system compared to their representation in the general population.

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

“We need an outlet for public discussion where people feel free to talk about things like safety and how other cultures perceive safety. This doesn’t happen because people are afraid of backlash. The underlying issues are poverty, race, and people defining safety and maltreatment differently. We need to define what abuse is and then get that information out to the community. For example, is hitting a child with an object abuse? There have been cases that were thrown out despite the fact that children have lacerated flesh wounds, because attorneys feared they would get backlash from the community. That’s an outrage; if an adult did that to another adult, they would be charged with assault.”

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

“Until we address the race issue, we will continue to have disparities in the number of reported cases, the number of children removed from their homes, and the length of stay in care.”

F. Issues involving the media

Media treatment of the topic of foster care was addressed by everyone interviewed. Respondents asserted that the reporting on the recent child death of Christopher Thomas reflects the interest of the media, the difficulty of the confidentiality restrictions, the frustration of the public, the dejection of workers, and the defensiveness of the Bureau. Respondents raised the question of efforts to inform both the media and the public about foster care.

“Positive awareness will have a return on investment, but it will be a slow one. We need community buy-in to support these efforts.”

“It’s the media’s job and how they sell print. They have taken cases and have not been evenhanded; they have not researched both sides. They have sensationalized stories.”

“The community view of foster parents is so negative. They view them as being in it for the money and they think that they don’t care about the kids. We know that is not true. They are saints. They take in behaviorally challenged kids and make a huge difference for them.”

“We have not done a good job of portraying how hard it is to be a single parent. We don’t recognize how hard it is when you are low-income, your stove breaks, you have charged too much on your credit card, you have collection agencies after you, you have health problems, you have tendencies for mental health issues, and your partner abuses you. These stories are not out there. The media has not portrayed these families.”

“There’s distrust for the media, and a reluctance to shed a light on reality. Colorado Springs recently did an expose on foster care regarding information about the system and what the children’s needs are—a real investigation. We don’t get those kinds of stories, so there is an aversion to the media.”

3. If you could do just one thing to improve children’s safety in foster care in Milwaukee, where would you begin?

The following are the themes of the recommendations offered by key informants in response to this question. They are listed in the order of frequency of the recommendation. Selected quotes are used to demonstrate the range, rationale, and intensity of the suggestions.

A. Make medical care part of the safety plan for every child

- *“All children at the heart of a referral for sexual or physical abuse should be seen by a physician before a determination is made in initial assessment to remove (or not remove) the child.”*
- *“Consider creating a medical care passport, as has been done in other states. A medical passport is the first plank of safety for a child that is placed in out-of-home care. The passport should go with the child to every medical check and it should include information about medication, allergies, problems, personal medical doctor, date of last visit, etc. This should be basic for every child.”*

B. Focus on prevention, early identification, and integration

- *“Put more work into the front end, and have professionals assessing whether or not children should be removed from their homes.”*
- *“Return to the model of the ‘70s when public health nurses worked with new parents and supported them. Reinvest in home visitation and prevention.”*

C. 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.”*
- *“Parents who are facing challenges need one stop shopping...services under one roof.”*
- *“Secure funding and implement a pilot so that people can see the past stories of real families and the kids that have been helped.”*

D. Engage the community

- *“There must be a community approach to this issue. It should be based on outcomes and best practices.”*
- *“The players need to include the Governor, the Mayor, the Superintendent of MPS, United Way, the Greater Milwaukee Foundation, the faith community, academic institutions, etc. This is not about the Bureau.”*

- *“I’d like to see the community set a goal that together, we would meet the needs of children and keep them safe in their homes.”*
- *“Clearly, Milwaukee needs to do a better job of engaging family networks. 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.”*
- *“BMCW has to find a way to truly partner with the community. People want to help and want a role. For example, we place children with older adults who are not able to leave the house. Perhaps geriatric physicians could work with older caregivers. We are so desperate, and we are not clear with folks that this type of arrangement is not permanent. People are frustrated.”*

E. Secure the assistance of the media

- *“We have to get a media outlet to make a commitment. 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; they can be of help by donating clothes, providing respite, helping their neighbor.”*

F. Support young social workers

- *“We need “old heads” who are grounded and experienced. We really need workers who understand how to do community work, understand community needs, know how to respond to them, and who have done it for a long time. Use mentors, engage seasoned MSWs from Milwaukee Public Schools who might help in summer, recruit county workers who took early pension payments.”*

G. Reassess the structure of the system

- *“Reassess the structure of the system, specifically the public/private partnership. Should we be dividing the workload differently? This system has been in place for ten years. In 2013, the State’s contract is up and this is a natural time to take a look at the structure.”*
- *“Address fragmentation by developing a comprehensive multidisciplinary plan which would allow medical professionals, caseworkers, CPS workers, law enforcement, courts, and investigators to work together in a coordinated and planned fashion.”*

H. Re-engage the voluntary sector

- *“Look at Family Care as a model. When the State took over child welfare from Milwaukee County, the idea was to develop neighborhood-based services, but the neighborhoods were the north side and south side – a very simplistic look at*

neighborhoods in Milwaukee. The contracts were difficult to manage and perform. New private bureaucracies were created, making the interface between the public and the private sectors very complicated. By contrast, the State developed Family Care and this model has been successful. The program uses about 200 private agencies to provide services, which are likely to be more neighborhood-based. This allows clients to be matched to agencies with an expertise that meets their needs (some serve the Spanish speaking population; others have expertise in dealing with substance abuse issues, etc.). Case management under the Family Care model is performed by multi-disciplinary teams. These activities are overseen and coordinated. I have not heard stories about elderly people dying in the summer because they did not have an air conditioner or food. There is a community responsibility to ensure that this population is protected. In Family Care, there is a long tradition of contracting and using citizen reviews once a year. If an agency does not perform, it loses its contract. This model might have some implications for children in foster care. You would have 200 executive directors and their volunteer boards at social service agencies talking about child welfare.”

- *“What if United Way enlisted its partner agencies in strengthening foster care? It would make a difference.”*

I. Test promising practices

- *“Identify, replicate, and evaluate promising practices.”*
- *“Invest in research and applied application of what is working elsewhere.”*
- *“Make Milwaukee a leader in keeping kids safe in foster care.”*

The following resources were most often identified by key informants.

- Colorado Spring’s Fostering Hope project, which provides support for families.
- The University of Illinois at Urbana-Champaign, where best practices inform training models.
- The decision making process used in Los Angeles, which is based on data on risk levels and support need.
- The Utah Foster Care Foundation, which provides recruitment, training, and support to foster families.
- The University of Kentucky’s research on public/private partnerships.
- The Seed model, which aims to keep siblings together and to serve children under one roof.

- The State of Illinois' efforts towards the professionalization of foster parents.
- The Minnesota model, where counselors work with teams of caseworkers to discuss issues.
- The Stephen Project in Austin, Texas, which provides training for people who make a commitment to support people in need.

For more detail on best and promising practices, visit our website at:

http://www.planningcouncil.org/docs/reports/Best_Practices.pdf

In closing our interviews, we reminded people that we were also conducting focus groups with caseworkers and foster parents, as well as listening sessions with birth parents. We asked key informants who else we should engage in a conversation about keeping children safe in foster care. This question prompted the identification of over 40 additional names, all of whom work in and care about, children in foster care in our community. (See Appendix B)

Appendix A: List of Key Informants

1. Ms. Nicole Angresano, Director, United Way of Greater Milwaukee
2. Mr. Peter Bruce, Attorney, Guardian Ad Litem, Davis & Kuelthau
3. Ms. Lois Buchholz, Program Evaluation Manager, Bureau of Milwaukee Child Welfare
4. Dr. Angela Carron, Project Director, Fostering Hope Initiative
5. Ms. Sue Conwell, Executive Director, Kids Matter, Inc.
6. Ms. Anita Cruise, Legal Director, Kids Matter, Inc.
7. Senator Alberta Darling, State Senator, Wisconsin Legislature
8. Ms. Linda Davis, Council Member, Partnership Council
9. Ms. Colleen Ellingson, Chief Executive Officer, Adoption Resources of Wisconsin
10. Ms. Janice Ereth, Special Advisor, Children's Research Center
11. Mr. Ken Germanson, Project Liaison, Brighter Futures
12. Mr. David Hoffman, Council Member, Partnership Council
13. Mr. Josh Mersky, Professor, Helen Bader School of Social Welfare, University of Wisconsin Milwaukee
14. Mr. Henry Plum, Attorney, Plum Law Office
15. Ms. Dena Radtke, Coordinator of School Social Work, School to Work Transition and Community Services, Milwaukee Public Schools
16. Ms. Denise Revels Robinson, Office of Prevention and Service Integration
17. Dr. Lynn Sheets, Medical Director, Child Advocacy and Protective Services, Children's Hospital of Wisconsin
18. Ms. Mary Pat Skelly Bohn, Interim Director, Bureau of Milwaukee Child Welfare
19. Ms. Cathy Swessel, Executive Director, Children Service Society of Wisconsin
20. Ms. Mary Thomas, Social Worker
21. Judge Mary Triggiano, Judge, Milwaukee County Circuit Court
22. Dr. Lisa Zetley, Assistant Professor of Pediatrics, Medical College of Wisconsin

Appendix B: List of Potential Key Informants

1. Mr. William Andrekopoulos, Superintendent, Milwaukee Public Schools
2. Atty. Kathy Bach, Public Defender
3. Dr. Bevan Baker, Commissioner of Health, City of Milwaukee Health Department
4. Mr. James Bartos, Executive Director, Silver Spring Neighborhood Center
5. Dr. Lee Beitzel, Child Psychologist
6. Mr. David Borowski, Judge
7. Ms. Rose Davis, Chair, Wisconsin County Human Services Association
8. Governor James Doyle, State of Wisconsin
9. Mr. Lindsey Draper, Racial Disparities Oversight Commission
10. Ms. Susan Dreyfus, former administrator
11. Ms. Connie Flower
12. Judge Christopher Foley, Children's Court
13. Dr. Howard Garber, Executive Director, Milwaukee Center for Independence
14. Ms. Shawn Green, Faith Partners Network
15. Rep. Tamara Grigsby, State Representative, Wisconsin State Legislature
16. Mr. Gary Groth
17. Mr. Ralph Grundrum, treatment foster parent
18. Atty. Shelia Hill Roberts, Chief Staff Attorney, Guardian Ad Litem, Milwaukee Children's Court
19. Mr. Harry Hobbs
20. Ms. Marcia Huber, President, Perez-Pena LTD
21. Pastor Archie Ivy, Chair, Milwaukee Child Welfare Partnership Council
22. Senator Robert Jauch, State Senator, Wisconsin State Legislature
23. Ms. Sue Jeskewitz
24. Mr. Bruce Kamradt, Administrator, Wraparound Milwaukee
25. Ms. Kitty Kocol
26. Ms. Sara Koerf, Permanency Plan Coordinator, Children's Court
27. Mr. Dennis Kozel, Psychiatrist
28. Ms. Kathy Kuchorski, District Attorney, Children's Court
29. Atty. Cindy Lepkowski, Legal Aid Society of Milwaukee
30. Mr. Mark Lyday, Children's Hospital of Wisconsin
31. Atty. Barbara Maier, Public Defender, Children's Court
32. Judge Mike Malmstadt
33. Ms. Kathy Malone, Juvenile Justice Strategies, LLC
34. Mr. Don Maurer, Deputy Director, Waukesha County Health and Human Services

35. Ms. Jess McDonald
36. Mr. Eric Meaux, Administrator, Milwaukee County Delinquency & Court Services Division
37. Ms. Mary Jo Meyers, Deputy Director, Milwaukee Wraparound
38. Dr. Beth Moberg
39. Ms. Jan Mueller, Director, Legislative Audit Bureau
40. Dr. Marta Mueller, Child Psychologist
41. Dr. Kambiz Pahlavan, Medical Director and Director of the Child & Adolescent Services, Milwaukee Roger's Memorial Hospital
42. Mr. John Price, foster parent
43. Ms. Mary Jane Proft
44. Ms. Elaine Reis
45. Mr. David Sanders
46. Mr. Dick Santa Cruz
47. Ms. Anne Sappenfield, Legal Council, Bureau of Milwaukee Child Welfare
48. Mr. Rob Shelledy, Catholic Human Concerns
49. Atty. Mary Sowinski, Assistant District Attorney, Milwaukee District Attorney's Office
50. Mr. Crocker Stephenson, Milwaukee Journal Sentinel
51. Mr. Dave Titus, Human Services Director, Dodge County
52. Mr. Dimitri Topitzes
53. Dr. Urban, Bureau of Milwaukee Child Welfare
54. Mr. Bruce Ware
55. Ms. Carole Wenerowicz
56. Dr. Ernestine Willis
57. Atty. David Zerwick, Public Defender, Office of The State Public Defender

Representatives from:

58. Sensitive Crime Unit
59. Birth to Three Agencies