

ENSURING

HIGH QUALITY

KINSHIP CARE

FOR CHILDREN

IN WISCONSIN



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I. INTRODUCTION

For children who have been abused or neglected and can no longer live safely at home, being placed with a relative may reduce the trauma that they would otherwise experience if placed in the care of strangers.¹ When children cannot safely return home, the ongoing care and support that relatives can offer often provides children with the stability and nurturing that they need.² Because of this, numerous federal laws, policies, and procedures have been implemented to ensure that when children enter foster care, relatives are identified. Once identified, their ability to provide a safe environment and appropriate care must be assessed. State and local public child welfare agencies are responsible for locating kin and evaluating their ability to provide a safe foster home for the children placed with them.³ These agencies are also expected to provide the necessary training, services, and supports to ensure that children in kin care are safe, well cared for, and achieve permanence in a timely way.⁴

In Wisconsin, the tragic death of a 13-month-old child, who was placed by the state with a relative who had not been licensed as a foster parent, highlighted the fact that children placed in unlicensed kinship homes often were not receiving the same protections, supports, and services as children placed in licensed foster homes. A thorough assessment of this child's aunt and family members had not been completed, and the infant and his sibling were subjected to horrific, ongoing abuse and neglect. This case received a great deal of media attention, which led to increased public awareness of the issues related to unlicensed kinship care.⁵ This heightened awareness, coupled with the fact that as of 2005 federal Title IV-E funds were no longer available for the care of children placed with unlicensed relatives, led to the passage of legislation in Wisconsin to promote licensing of a group of kinship caregivers, referred to in Wisconsin as court-ordered kinship caregivers.⁶

The new legislation requires court-ordered kinship caregivers to apply for a foster home license. It also created a "Levels of Care" licensing system, which now includes five distinct levels of foster homes to provide the necessary care for the children placed in them.

Prior to the establishment of the Levels of Care licensing system, most court-ordered kinship caregivers in Wisconsin who had children placed in their homes through an order of the court were not licensed. Under the new system, all previously unlicensed court-ordered kinship caregivers, and all new court-ordered kinship caregivers, must apply for a foster care license. The new law did not change the requirement that kinship providers who have a child placed with them through a voluntary placement agreement signed by the parent(s) must apply for a license.⁷ Each of these kinship providers must be thoroughly assessed and, when appropriate, licensed to provide specific levels of care.

In Wisconsin, children can also reside with kinship caregivers on an informal basis (without the involvement of the public child welfare agency). Currently, nearly 80% of children who are living with kin in Wisconsin are in such arrangements. These living arrangements for children are not involved in the

¹ Shlonsky, A. R., & Berrick, J. D. (2001). Assessing and promoting quality in kin and non-kin foster care. *Social Service Review*, 75(1), 60-83.

² *Ibid.*

³ Social Security Act §§ 471(a)(10), 471(a)(29), 42 U.S.C. § 671(a)(10), 671(a)(29) (2010).

⁴ Pecora, P. J., Whittaker, J.K., Maluccio, A.N., Barth, R.P., & DePanfillis, D. with Plotnik, R.D. (2009). *The child welfare challenge: Policy, practice, and research* (3rd ed., rev. and expanded). New Brunswick, NJ and London: AldineTransaction.

⁵ Barton, G., & Kissinger, M. (2009, December 12). Baby's death brings foster care reform. *Milwaukee Journal Sentinel*. Retrieved October 6, 2010, from <http://www.jsonline.com/news/milwaukee/36090089.html>.

⁶ 2009 Wis. Act 28 § 1012, Wis. STAT. § 48.62(2) (2010).

⁷ Wis. STAT. § 48.63(1) (2010).

Levels of Care licensing system, although the caregivers can receive public funds to care for their kin.⁸ This report addresses the needs of the 20% of children who are placed with kin who must now apply for a foster care license under the requirements of the Levels of Care licensing system.

Initial implementation of Levels 1 and 2 of the Levels of Care licensing system began in January 2010, and since that time the process of evaluating court-ordered kinship caregivers for licensing and ensuring that they can safely and successfully care for their kin has been undertaken. In January 2011, additional regulations were promulgated regarding Levels 3, 4, and 5, which are more therapeutic and structured levels of care; court-ordered kinship caregivers can now be licensed to provide these levels of care as well. It is important to note that this report addresses the regulations, policies, and procedures regarding Levels 1 and 2 of the new licensing system, with a focus on court-ordered kinship care; this report does not address Levels 3 through 5.⁹

Children's Rights, the Wisconsin Council on Children and Families (WCCF), and the Wisconsin Department of Children and Families (DCF) have worked collaboratively to ensure that the first phase of the Levels of Care licensing system regarding court-ordered kinship care conformed with federal and state law, and that children who are placed with kin receive the same protections, supports, and services as children who are placed with non-kin. Children's Rights is the primary author of this report; both DCF and WCCF reviewed and commented on the draft report prior to publication.

The descriptions contained in this report regarding Levels 1 and 2 of the licensing system and related policies and practices were drawn from Wisconsin statutes, DCF regulations, and policy and procedure documents promulgated by the DCF. Our analysis of the system design and implementation plan identifies numerous regulations and policies that are congruent with current best practice knowledge, but also identifies areas of concern, including licensing processes, foster parent training, and foster parent maintenance payments.

Unfortunately, this report could not include an analysis of the process or outcome variables related to the first year of implementation of the Levels of Care licensing system. While DCF has provided numerous assurances that the necessary systems are in place to both monitor and evaluate implementation of the licensing system and its impact on children and families, there have been issues regarding timely and comprehensive data entry, which DCF reports have begun to improve. To date, we have received aggregate 2010 data regarding the number of kin who applied for a license and the outcomes of these applications. However, we have not had the opportunity to review licensing process data or child-related data.

This report begins with a summary of the key federal laws and policies related to kinship foster care and the current state of the research and knowledge regarding these placements. This summary is followed by a discussion of Wisconsin's newly legislated effort to license and train more court-ordered kinship caregivers and to provide all children placed with court-ordered kinship caregivers the same level of support and services that children placed with non-kinship foster parents are afforded. Finally, based on our analysis of the Levels of Care licensing system as designed and DCF's current limitations in monitoring and evaluating it, this report offers recommendations for policy reform, service provision, and performance analysis. These recommended actions must be taken in order to ensure that children who are placed with relatives receive the same supports and services that children who are placed in non-kinship foster care receive.

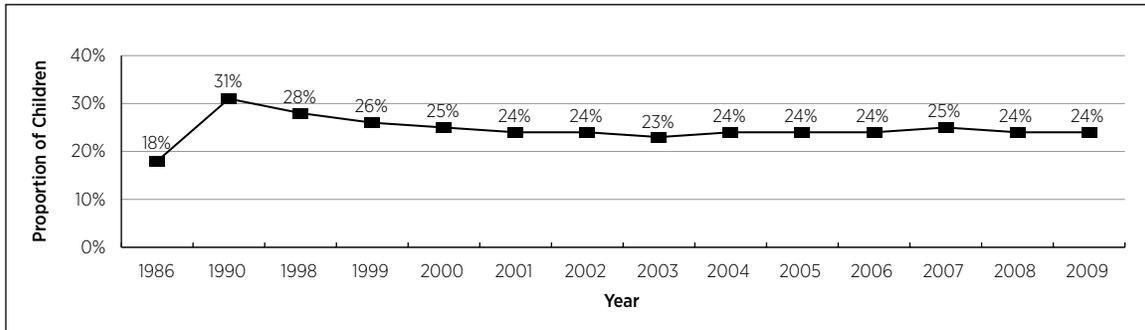
⁸ Wisconsin Department of Children and Families. *Levels of care reference guide*. Retrieved September 24, 2010, from http://dcf.wisconsin.gov/children/foster/levels_of_care/pdf/reference_guide.pdf.

⁹ Note that not all of the Wisconsin statutes nor all of the DCF policies and regulations regarding Levels 1 and 2 are discussed in this report. For example, regulations regarding conducting criminal background checks, ensuring that every child is assigned a caseworker, and assisting foster parents in an emergency are required in all cases and considered standard practice. Therefore, these types of policies and practices not included in this discussion.

II. NATIONAL AND WISCONSIN DATA ON KINSHIP PLACEMENTS

For more than two decades, child welfare policy and practice has embraced the idea of placing children with relatives whenever it is safe to do so. As shown in Figure 1 below, the proportion of children in state custody across the country who were placed with licensed relatives increased significantly in the late 1980s, rising from 18% in 1986 to 31% in 1990. Subsequently, in the mid-1990s, the proportion of children placed with licensed relatives began to decrease and, for the past 10 years, has stabilized at approximately 24% of all foster care placements.

Figure 1: Proportion of Foster Children Placed with Licensed Kinship Caregivers¹⁰



A great deal of variation exists among states regarding the number of children placed with kinship caregivers, with some states placing less than 10% of children with kin and other states placing more than 40% of children in kinship homes.¹¹ However, some states do not differentiate between licensed and unlicensed kinship caregivers in their data reports, which makes state comparisons questionable and distorts the national averages shown in Figure 1. In Wisconsin, prior to the implementation of the Levels of Care licensing system, 30% (1,962) of children in foster care were placed with kin but only 6% (362) were placed with kin who were licensed. Nineteen percent (1,221) were placed with kin through the Court-Ordered Kinship Care Program while 6% (394) were placed with relatives who were not in the Court-Ordered Kinship Care Program.¹² With the implementation of the Levels of Care licensing system the number of licensed kinship foster parents should change dramatically, as all currently unlicensed relatives who have children placed with them through the Court-Ordered Kinship Care Program must now apply for a license (the kinship caregivers of the 19% of children referred to above), as well as all new court-ordered kinship caregivers.

¹⁰ Geen, R., & Berrick, J. D. (2002). Kinship care: An evolving service delivery option. *Children and Youth Services Review*, 24(1/2), 1-14 (1986 and 1990 data); U.S. Department of Health and Human Services. (2009). *The AFCARS report, preliminary FY 2008 estimates as of October 2009 (16)*. Retrieved August 24, 2010, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report16.htm (1998 - 2009 data).

¹¹ Child Welfare League of America. (2006). *National Data Analysis System: Number of children placed in kinship care, 2006*. Retrieved August 26, 2010, from http://ndas.cwla.org/data_stats/access/predefined/Report.asp?PageMode=1&ReportID=575&GUID={ECDB6BE8-C2E5-4281-A5DD-76B1AD0C27C5}#Table

¹² Children's Rights calculations based on data provided by the Wisconsin Department of Children and Families, October 22, 2010.

III. FEDERAL LAWS AND POLICIES

The growth of kinship care at the state level during the late 1980s and early 1990s sparked increased federal attention to this practice. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) required states to “consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided the relative caregiver meets all relevant state child protection standards.”¹³ The following year, the Adoption and Safe Families Act of 1997 (P.L. 105-89; hereafter referred to as ASFA) required the U.S. Department of Health and Human Services (HHS) to conduct a study of current knowledge, issues, and state-by-state policies and practices regarding kinship foster care.¹⁴ In 2000, HHS submitted the report to Congress, which identified four overarching principles related to kinship care: “(1) the child welfare system must continue its focus on safety, permanency and child well-being; (2) decisions regarding relatives’ roles should be based on the child’s best interests; (3) kinship care within the child welfare system must not displace voluntary family efforts or income assistance programs; and (4) relatives should be viewed as potential resources in permanency planning.”¹⁵ Included in the report is a table noting each state’s policy regarding the level of supervision provided to kin compared to the level of supervision provided to non-kin foster parents. According to this report, Wisconsin was one of only six states that provided less supervision to kin than non-kin foster parents at that time.¹⁶

Since the release of the HHS report in 2000, the federal government has continued to focus its attention on kinship care, particularly regarding efforts that must be made by states and public child welfare agencies to seek out relatives to care for children entering foster care and to consider licensing those relatives whenever possible. One way in which the federal government has done this is by linking financial incentives to the licensing of kinship caregivers. For example, the Deficit Reduction Act of 2005 (P.L. 109-171) changed the structure of federal financing for foster care placements by disallowing federal Title IV-E matching funds for the administrative costs associated with children placed in the homes of unlicensed relatives.¹⁷ For Wisconsin, which relied heavily on placing children with unlicensed relatives, this resulted in a \$10.5 million annual reduction in federal Title IV-E funding¹⁸ and created a financial incentive to license more relatives.

Most recently, the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351; hereafter referred to as the Fostering Connections Act) created additional requirements regarding kinship care, including a 30-day time frame for identifying and notifying relatives when a child enters foster care, clarifying policy regarding waiving non-safety licensing standards for kinship foster homes, and providing additional federal funding specifically targeting kinship care programs. The new funds can be utilized to create and enhance “kinship navigator” programs for locating relatives and for the provision of referrals, support, and services to meet the needs of kinship caregivers and the children they are raising. In addition, through the Fostering Connections Act, Title IV-E funds were made available for subsidized kinship guardianship payments.¹⁹ Previously, only a handful of states and local jurisdictions received federal monies for subsidized kinship guardianship subsidies through guardianship waiver demonstration grants.

¹³ Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, §505, 1100 Stat. 2105, 2278 (1996).

¹⁴ Adoption and Safe Families Act of 1997 (ASFA), Pub. L. No. 105-89, 111 Stat. 2115 (1998).

¹⁵ U.S. Department of Health and Human Services. (2000). *Report to the Congress on kinship foster care*. Washington, D.C.: Author, p. 90.

¹⁶ *Ibid.*

¹⁷ Deficit Reduction Act of 2005, Pub. L. No. 109-171, § 7403, 120 Stat. 4, 151 (2006).

¹⁸ Wisconsin Department of Children and Families. (2009). *WI children in out-of-home care (OHC): Federal policy performance expectations, policy changes and revenue reduction and their effect on caseload dynamics*.

¹⁹ Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110-351, 122 Stat. 3949 (2008).

Following the passage of the Fostering Connections Act, HHS issued policy guidance and program instructions to further clarify what states must do to receive federal funds to support their kinship care programs.²⁰ At the same time, states and localities continue to have discretion to create various kinship care policies and procedures. As noted by Geen, “[d]espite recent federal policies that encourage placing foster children with kin, the federal government has given states broad discretion, but limited guidance, as to how to approach kinship foster care.”²¹ As a result, states have the ability to evaluate and revise their policies based on the needs of the children and families they serve, and to create programs that are intended to address these needs and best utilize available resources. However, to receive the maximum amount of federal funds available, states and local jurisdictions must implement programs that meet the relevant federal requirements. The changes in Wisconsin’s regulations are being made with the goal of taking full advantage of available federal funding streams.

IV. SUMMARY OF KINSHIP CARE RESEARCH

Research in the area of kinship foster care has identified some clear benefits to placing children with kin. Kinship care provides children with continuity of familial relationships through their placement with relatives and potentially through connections with extended family members. Kinship care also preserves children’s racial, ethnic, and cultural identity. While these outcomes may be obvious, they are considered to be important to children’s well-being and self-esteem and therefore to their healthy development. Numerous studies have also found that kinship placements are relatively stable and that children are less likely to experience multiple placements when in these settings. Further, children placed with kin are more likely to be placed with their siblings.²² Such continuity of care and relationships has long been known to be related to better outcomes for children in foster care.²³

Placement in a relative’s home can also increase a child’s permanency options through guardianship or adoption by their kinship caregiver.²⁴ Both guardianship and adoption are permanent, legal arrangements that can provide children with the stability and permanent family connections they need. For some kin, guardianship may be preferable to adoption as it does not require terminating the rights of the child’s parents, which can raise significant concerns for relatives. For example, a child’s maternal grandmother may be uncomfortable with the idea of terminating her daughter’s parental rights while at the same time being aware of the need to provide her grandchild with a permanent, legal family. In such a case, guardianship may be the best option, which, unlike adoption, does not require the termination of parental rights.

Research has also shown that children in kinship foster homes are less likely than others to experience multiple moves while in care. Although the factors that contribute to this finding are not clear, the finding is important in and of itself because multiple moves while in foster care have been found to

²⁰ U.S. Department of Health and Human Services. (2010). *Implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008, Working Document - Updated as of July 9, 2010*. Retrieved October 5, 2010, from http://www.acf.hhs.gov/programs/cb/laws_policies/implementation_foster.htm

²¹ Geen, R. (2004). The evolution of kinship care policy and practice. *Future of Children*, 14(1), p. 137.

²² Winokur, M. A., & Drendel, J. M. (2010). Are kinship care placements more stable? Evidence and best practice from national and international research. *CW360°, Spring 2010*, 21. Testa, M. F., & Rolock, N. (1999). Professional foster care: A future worth pursuing? *Child Welfare*, 78(1), 108-124.

²³ Unrau, Y. A., Seita, J. R. & Putney, K. S. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, 30(11), 1256-1266; Hegar, R. (2005). Sibling placement in foster care and adoption: An overview of international research. *Children and Youth Services Review*, 27(7), 717-739.

²⁴ Hegar, R. L., & Scannapieco, M. (2005). Kinship care. In G. P. Mallon & P. M. Hess (Eds.), *Child welfare for the twenty-first century: A handbook of practices, policies and programs*. New York, NY: Columbia University Press, 518-535.

negatively impact children in a variety of ways.²⁵ Further, research has shown that children who were placed in kinship care are less likely to re-enter foster care once discharged than children who were placed in non-kinship care.²⁶

While placement with kin can lead to many positive outcomes for children, kinship placements can also present many challenges for caregivers, children, and child welfare staff. Numerous studies have found that kinship foster parents tend to be older, in poorer health, less educated, more likely to be disabled, and have lower incomes than non-kin foster parents.²⁷ Studies have also found that kinship caregivers are likely to have poorer mental health than non-kinship foster parents, and there is some evidence that drug and alcohol use and violence may be more prevalent in kinship homes than in non-kinship homes.²⁸

In addition to these challenging personal circumstances, kinship caregivers typically have less experience with the child welfare system than non-kin, have less time to prepare for their new caregiver role, and may have difficulty limiting inappropriate parental access to children.²⁹ Despite these challenges, kinship caregivers often receive less training, less supervision, and fewer services than non-kin caregivers.³⁰ They therefore may not receive the support they need to nurture and protect the children in their care.

The research regarding permanency outcomes for children in kinship care also raises concerns. Some research has shown that children placed in kinship care stay in foster care longer than children placed in non-kinship care,³¹ and a recent systematic review published by The Campbell Collaboration on this topic states that children in kinship care are “more likely to still be in placement than are children in foster care.”³² There are many factors that may underlie this finding. For example, caseworkers may be less focused on permanency for children in kinship care because these children are already living with family, and workers may prioritize the permanency needs of children who are in non-kinship care. This finding may also be linked to a federal requirement regarding when the process of terminating parental rights should begin. One of the provisions of ASFA requires public child welfare agencies to file a petition to begin the process of terminating parental rights for children who have been in foster care for 15 of the most recent 22 months. However, ASFA also provides a number of exceptions to this requirement, one of which specifically applies to children placed in kinship care. For these children, the 15/22 timeframe for filing a petition to terminate parental rights does not have to be enforced, which may contribute to longer stays for children in kinship care.

Further, some studies have shown that the rate of reunification with their parents is lower for children in kinship care when compared to other children in care³³ although this finding is not corroborated by

²⁵ Unrau, *op. cit.*: 23.

²⁶ Wulczyn, F. H., Hislop, K. B., & George, R. M. (2000). *Foster care dynamics 1983 - 1998*. Chicago, IL: Chapin Hall Center for Children, University of Chicago. Retrieved October 6, 2010, from http://www.chapinhall.org/sites/default/files/old_reports/75.pdf

²⁷ Berrick, J. D., Barth, R. P., & Needell, B. (1994). A comparison of kinship foster homes and foster family homes: Implications for kinship foster care as family preservation. *Children and Youth Services Review, 16*(1/2), 33-64; Erhel, J., & Geen, R. (2002). Kin and non-kin foster care—findings from a national survey. *Children and Youth Services Review, 24*(1/2), 15-35; Geen, *op. cit.*: 21.

²⁸ *Ibid.* Berrick, J. D. (1997) Assessing quality of care in kinship and foster family care. *Family Relations: Journal of Applied Family & Child Studies, 46*(3), 273-280.

²⁹ Geen, R., & Malm, K. (2003). Casework practices with kinship foster parents. In R. Geen (Ed.), *Kinship care: Making the most of a valuable resource*. Washington, DC: Urban Institute, 95-127.

³⁰ Geen, *op. cit.*: 21.

³¹ Hegar, *op. cit.*: 24.

³² Winokur, M., Holtan, A., Valentine, D. (2009). *Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment*. Campbell Systematic Reviews 2009:1. DOI: 10.4073/csr.2009.1, p. 34.

³³ Hegar, *op. cit.*: 24.

The Campbell Collaboration review.³⁴ According to Geen, “one of the stronger and more troubling findings of the research is that birth parents appear to be significantly less likely to complete case plan requirements for reunification when their children are placed with kin.”³⁵ There are many possible explanations for this finding. For example, parents of children placed with kin may be less inclined to address the issues that led to their children’s placement because they have liberal access to their children and confidence in the ability of their kin to care for them. Regarding the permanency option of adoption, studies have shown that children in kinship care are less likely to be adopted than children in non-kinship care.³⁶

Some of the research on kinship care has resulted in mixed findings, with studies addressing the same issue resulting in different conclusions. For example, one study found that children placed with kin were more likely to be abused or neglected in placement than children placed with non-kin. Another study found that children placed with kin were less likely to experience maltreatment. Yet another study found that the likelihood of maltreatment was generally the same in these two groups.³⁷

In addition, there continue to be significant gaps in knowledge regarding kinship care. Few studies have examined the functioning of kinship caregivers, appropriate levels of supervision and intervention with kin, and the quality of care provided in kinship homes. Also, more research is needed on adult outcomes of children who were placed in kinship care compared to those placed in non-kinship care. Little is known about what, if any, differences may be present once these two groups of children reach adulthood and whether the type of foster care a child experiences has lasting impact later in life.³⁸

Drawing inferences from this research should be done with caution, for there are limitations present in almost of the studies reviewed. As the authors of the Campbell review noted, conclusions drawn from kinship care research must be “tempered by the pronounced methodological and design weaknesses... and particularly the absence of conclusive evidence of the comparability of groups.”³⁹

V. BEST CASE PRACTICES

As discussed above, working with kinship caregivers can present unique challenges for child welfare staff. According to Geen, “[t]he unique circumstances of kinship foster parents point out the need for child welfare agencies to examine whether and how casework practices with kin should differ from practices with other foster parents. This process includes how caseworkers 1) inform kin of their role and responsibilities and those of the child welfare agency and the court, 2) develop a case plan for the child, 3) supervise placements, and 4) monitor birth parent visitation.”⁴⁰ Once appropriate policies are developed, caseworkers and supervisors should be trained regarding the needs of this particular population of caregivers and provided with the tools necessary to identify and meet the needs of kinship caregivers and the children in their care.

³⁴ Winokur, *op. cit.*: 32.

³⁵ Geen, *op. cit.*: 21, p. 141.

³⁶ Winokur, *op. cit.*: 32.

³⁷ Berrick, J. D. (2009). *Take me home: Protecting America’s vulnerable children and families*. New York, NY: Oxford University Press.

³⁸ Winokur, M. A., Crawford, G. A., Longobardi, R. C., & Valentine, D. P. (2008). Matched comparison of children in kinship care and foster care on child welfare outcomes. *Families in Society: The Journal of Contemporary Social Services*, 89(3), 338-346; Geen, *op. cit.*: 21. R. (2004). Cuddeback, G. S. (2004). Kinship family foster care: A methodological and substantive synthesis of research. *Children and Youth Services Review*, 26(7), 623-639.

³⁹ Winokur, *op. cit.*: 32, p. 34.

⁴⁰ Geen, *op. cit.*: 29, p. 96.

Licensing Kinship Caregivers

Licensing workers are typically tasked with the responsibility of evaluating potential kinship caregivers. The licensing assessment, home study, and criminal background check of kinship caregivers must ensure that children are provided with the same protections as children placed in non-kinship foster care. At the same time, as noted previously, current federal laws, regulations, and guidance provide states with some flexibility in their approaches to kinship care, including requirements contained in non-safety related licensing provisions. Kinship licensing policies can and should be flexible regarding non-safety requirements, such as space and caregiver age, depending on the needs of the child.

However, as noted by Cuddeback, a standardized assessment tool for kinship foster homes “is a critical need given the increasing numbers of children entering kinship foster care.”⁴¹ Although there are pros and cons to utilizing standardized assessment tools to inform casework decisions, the lack of such a tool means that public child welfare agencies and/or private licensing agencies must develop the necessary policies and protocols to assess kinship licensing applicants. These agencies must also provide licensing workers with the training and supervision necessary to make careful and fully informed licensing decisions that take into account the specific strengths, needs, and challenges that are often presented by kinship caregivers.

Licensing workers should be trained regarding their role and should also receive training on engaging families, collecting necessary information, assessing family functioning, inspecting homes for safety concerns, and synthesizing information to make licensing decisions. Further, licensing worker training should address skills related to working with kin specifically, including assessing the nature of the relationship between the potential kinship foster parent, the child(ren), and the parents; evaluating the kin’s readiness to step into the new role of foster parent; identifying both strengths and limitations; and developing and implementing plans to support kinship foster parents. Licensing workers must possess all of these skills to make competent decisions regarding the ability of kin to safely care for their young relatives.

Casework with Kinship Caregivers

When a child enters foster care, the caseworker is responsible for assessing, planning, and providing for the safety, well-being, and progress toward permanency of the child. The assessment must be “a dynamic, continuous process”⁴² and, in kinship cases, must consider all of the distinct issues that may arise. For example, the caseworker must assess whether the family history may lead to negative feelings and/or negative interactions between the relative caregivers and the parents, which can place the child in an emotionally difficult situation if these circumstances are left unaddressed. The caseworker must also assess the ability of the kinship caregiver to ensure the child is safe from further maltreatment. Family “legacies” should also be assessed, including drug abuse, domestic violence, and caretaking patterns, as well as kin’s ability to overcome these types of negative family histories.⁴³

The Child Welfare League of America (CWLA) distinguishes two phases for the kinship care assessment process: an initial assessment that evaluates the “willingness and ability of the kinship family” to

⁴¹ Cuddeback, *op. cit.*: 38.

⁴² Child Welfare League of America. *Kinship care: Best practice guidance*. Retrieved September 3, 2010, from <http://www.cwla.org/programs/kinship/bestpractice.htm>

⁴³ Greenblatt, S. B., Crumbley, J., Morse, J., Adamy, D., Johns, M., & Blunt, J. (2002). *Assessing adult relatives as preferred caregivers in permanency planning: A competency-based curriculum*. New York, NY: National Resource Center for Foster Care & Permanency Planning, Hunter College School of Social Work, p. 87.

meet all of the child’s immediate needs and ensures his or her safety and protection,⁴⁴ and “an in-depth assessment [that] should be conducted within 45 days of entry into the formal child welfare system.”⁴⁵ This subsequent in-depth assessment should include the following:

- Exploring the quality of the caregivers’ previous relationship with the child and parents, and the parents’ roles within the kinship family;
- Identifying the service needs of the child and the kinship family;
- Exploring permanency options for the child; and
- Defining the roles and responsibilities of the caseworker and the kinship caregiver in supporting and strengthening the kinship care arrangement.⁴⁶

One potential challenge that is unique to kinship caregivers is that the placement of children into their home may happen quickly and unexpectedly, with little or no time for preparation, completion of the licensing process, and/or training. While federal law requires child welfare agencies to look for and notify kin within 30 days of a child’s entry into foster care, in many cases kin are identified immediately and a child may be placed in their home as early as the same day they are removed from their parents’ home. In these circumstances, an abbreviated assessment of the kinship caregiver is typically done, pending completion of a comprehensive licensing assessment. Because some children are placed with kin prior to a final licensing decision, and these kinship caregivers often have insufficient time to prepare their homes or themselves to care for the child, ongoing case managers must quickly engage them, assess their strengths and needs, and provide the necessary supports and services.

Once a full assessment of the family’s circumstances is complete, the full team – including the caseworkers, parents, caregivers, service providers, and other support persons identified by the family – must work together to develop a child- and family-specific, strengths-based service plan that addresses the known needs of the parents, the child, and the kinship caregiver. In many jurisdictions, the Family Team Conferencing model (also referred to as Family Group Conferencing, Family Group Decision Making, etc.) is used to bring all of these people together to “jointly develop individualized plans to strengthen family capacity, to assure safety, stability and permanency and to build natural supports that will sustain the family over time.”⁴⁷ The plan must then be implemented in a timely manner and re-evaluated at regular intervals to ensure that children in kinship care are safe, well cared for, and moving toward permanency without unnecessary delays.

Although these case practices should be carried out in all cases, fully engaging the entire family system when children are placed with kin can alleviate some of the tensions and issues that can arise within these families as a result of the shift in caregiving responsibility from the parent(s) to the relative(s). And because of their familial relationships with the parents, kinship caregivers should be fully engaged in the process of planning for and assisting “parents to make the changes necessary to resume parenting” whenever possible.⁴⁸

Child protective workers, ongoing case managers, and licensing workers must communicate regularly to share and address any concerns regarding the safety of children in foster homes, including kinship foster homes. A coordinated response to potential concerns, such as new household members or a change in the physical, social, or emotional environment, is the most effective way to ensure children’s safety and well-being.

⁴⁴ Child Welfare League of America. (2000). *CWLA standards of excellence for kinship care services*. Washington, D.C.: Author, p. 28.

⁴⁵ *Ibid.*, p. 31.

⁴⁶ Child Welfare League of America, *op. cit.*: 42. Child Welfare League of America, *op. cit.*: 44.

⁴⁷ The Child Welfare Policy & Practice Group. *Family team conferencing*, p. 2. Retrieved October 5, 2010, from http://www.childwelfare-group.org/documents/FTC_History.pdf

⁴⁸ Child Welfare League of America, *op. cit.*: 42.

Providing the necessary supports and services to all foster parents is also critical to ensuring the safety and well-being of the children placed in their care. As previously noted, some kinship caregivers require greater support and supervision than non-kin caregivers but do not receive it. For example, kinship caregivers are more likely to need material supports such as emergency funds to purchase a crib or bed for the child, a child care voucher so that the child can attend day care while their kin foster parents are at work, and/or transportation to bring the child to and from appointments.

In addition, kinship caregivers may require counseling and services to address issues that most non-kinship foster parents do not face. For example, kinship caregivers may need more assistance in understanding and managing the issues that brought the child into foster care. It may be difficult for kin to believe that the child's parents have been abusive or neglectful, and, as a result, they may permit unsanctioned interactions between the child and his or her parents. Kinship caregivers may also need support in adjusting to the changes in family boundaries that result when parents lose custody of their children and kin take on that role, even temporarily. Supports groups, for example, can provide kin with the opportunity to connect with others who are experiencing similar issues and provide an opportunity to share coping strategies, resources, legal referrals, and other services that they have found helpful. In addition, respite care can provide kin with short breaks from their caregiving responsibilities, which can reduce stress and help sustain placements.

Subsidized Guardianship Permanency Option

In many states, children in kinship care have a permanency option that is not available to children who are placed with non-kin. Subsidized guardianship programs, which provide financial support for caregivers who obtain legal guardianship of a child for whom they have been caring, are often only available to children placed with kin. Subsidized guardianship programs have been established in approximately 39 states or counties, including Milwaukee County. Prior to the Fostering Connections Act, federal demonstration grants were provided to a small number of jurisdictions to create and track the results of a subsidized guardianship program. Based on the success of these programs in achieving permanency for many children, the Fostering Connections Act now provides the opportunity for all states and/or counties to apply for federal funds through the Kinship Guardianship Assistance Program.

DCF in Wisconsin has obtained an extension to its Milwaukee County kinship guardianship waiver demonstration grant, and the state will continue to receive federal funds for the Milwaukee program through June 2011. To apply for federal funding for a statewide Kinship Guardianship Assistance Program, Wisconsin must make statutory changes because current Wisconsin law only permits a subsidized kinship guardianship program in counties with more than 500,000 residents,⁴⁹ and Milwaukee County is the only county that meets this criterion. In order to create a statewide program and seek federal funding for it, the statute needs to be amended to include all counties in the state regardless of population.

Kinship Foster Parent Training

Training is provided to prospective, new, and seasoned foster parents to develop their competence as foster parents. This training is typically provided to both kin and non-kin caregivers in three parts: 1) pre-placement training; 2) initial training; and 3) in-service training.

⁴⁹ Wis. STAT. § 48.62(5)(a) (2010).

Pre-placement training is provided prior to placing any children in the foster parent's home and typically includes information about the child welfare system, relevant policies and procedures, the role and responsibilities of being a foster parent, information about child development, and the resources that are available to assist foster parents.⁵⁰ The timing of this training may need to be modified for kinship foster parents since many children are placed before any training can be provided. In these cases, the caseworker should either provide or arrange for the kinship caregiver to receive this information as soon as possible.

Initial foster parent training should begin shortly after the placement of the first foster child in a home. This training typically covers a variety of topics to enhance the knowledge and skills of foster parents to meet the needs of their foster children. Topics covered may include preventing abuse and neglect, supporting children's relationships with parents and siblings, and understanding the foster parents' roles as members of the team.

In-service training is provided on a regularly scheduled basis, typically every year, and provides foster parents with the ongoing education and information that they need to continue to develop their competence as foster parents. Specific training topics can be tailored to individual needs of the foster parents, and may cover topics such as managing relationships with parents, dealing with the challenges of fostering a child with specific needs, and helping children prepare for reunification or adoption.⁵¹

Although federal regulations do not mandate specific training requirements for foster parents, they do require agencies to apply the same training standards to all foster parents. According to HHS, "[i]f a State maintains certain training requirements as a standard to be met for full licensure, the standard must be applied to all foster family homes licensed or approved by the State."⁵² Additionally, best practice standards support the provision of training for all foster parents. CWLA recommends that all prospective and licensed foster parents receive training to acquire the knowledge and skills necessary "to provide quality family foster care."⁵³ Specifically regarding kinship foster parents, CWLA standards state that "[t]he child welfare agency should offer and require orientation and education for all kinship caregivers at the point of initial contact and on a continuing basis."⁵⁴

Despite nearly all states' requiring some form of foster parent training, little is known about its effectiveness.⁵⁵ Some foster parent training programs have been criticized for paying too much attention to procedures and policies and too little attention to effective parenting techniques and meeting the needs of children and youth in care. Most training programs have not undergone the rigorous study needed to evaluate their content or efficacy.

The argument has been made that kinship foster parents should receive training that is specifically tailored to address the issues they may confront as foster parents. These can include issues related to unplanned parenting, often for a second time and/or later in life; resolving sibling and extended family conflict around placement; addressing financial issues and resources; and the importance of

⁵⁰ Child Welfare League of America. (1995). *CWLA standards of excellence for family foster care services* (Rev. ed.). Washington, D.C.: Author.

⁵¹ *Ibid.*

⁵² U.S. Department of Health and Human Services. Child welfare policy manual, section 8.3A.8c. *TITLE IV-E, foster care maintenance payments program, eligibility, facilities requirements, licensing*. Retrieved March 3, 2010, from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=26

⁵³ Child Welfare League of America, op. cit.: 50, p.90.

⁵⁴ Child Welfare League of America. (2003). *CWLA best practice guidelines: Child maltreatment in foster care*. Washington, D.C.: Author, p. 16.

⁵⁵ Dorsey, S., Farmer, F., Barth, R., Greene, K., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training foster and treatment foster parents. *Children and Youth Services Review, 30*(12), 1403-1416.

participating in case planning and permanency planning activities.⁵⁶ While kin may already have a relationship with the child and the child's family, these pre-existing relationships can, in some cases, serve to complicate the relative's role as foster parent. Since some kinship caregivers may have difficulty believing that the parent abused or neglected the child, they may find it challenging to limit the parent's contact with the child, and/or may be reluctant to disclose to the caseworker concerns that arise during visits, kinship foster parent training should include a focus on their particular issues. These might include "managing good relationships with birth parents, setting boundaries with birth parents and cooperating with the agency to protect foster children from further maltreatment."⁵⁷ Caseworkers must also be vigilant regarding these potential concerns as they work with these children and families.

There is still much to be learned about the benefits and challenges of kinship foster care and the needs of kinship care providers. As more is learned, it is imperative that state and local child welfare agencies implement rigorous quality assurance protocols to ensure the safety, well-being, and permanent placement of children residing in kinship care and to review and revise their policies, protocols, and training curricula as new knowledge becomes available.

VI. STRUCTURE AND PERFORMANCE OF WISCONSIN'S CHILD WELFARE SYSTEM

Structure of the Wisconsin Child Welfare System

In some states the child welfare system is administered at the state level while in other states the system is administered by the counties who are expected to run their systems in accordance with state policies and procedures and whose operations are overseen by the state. Wisconsin's child welfare system is a county-administered system, which is overseen by the state's Department of Children and Families (DCF). Wisconsin comprises of 72 counties, and each county's child welfare system is administered by a distinct public child welfare agency, except in Milwaukee County. As a result of a class action lawsuit filed by Children's Rights in 1993, the state took over the Milwaukee child welfare system in 1998 and continues to run the Bureau of Milwaukee Child Welfare (BMCW).⁵⁸

Each county, and the state in Milwaukee County, must abide by state law and the regulations set forth in the Wisconsin Children's Code and the DCF Administrative Code. However, the counties have some flexibility in how policies and required practices are implemented. They can also implement additional policies and practices as they see fit as long as they do not contradict state law and regulations. The state provides funds for a portion of the child welfare services in the counties (including federal funds), the amount of which is based on numerous factors, including child population, child welfare need, and programming demand. Each county is responsible for allocating the remainder of funds needed to provide child welfare services.⁵⁹ As a result, depending on a county's programs (including those required by state and federal law) and the way in which they are administered, local funding levels and program allocations vary from county to county.

⁵⁶ Child Welfare League of America, *op. cit.*: 44.

⁵⁷ Coakley, T. M., Cuddeback, G., Buehler, C., & Cox, M. E. (2006). Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review*, 29(1), p. 106.

⁵⁸ See generally Complaint, *Jeanine B. v. Thompson*, 877 F. Supp. 1268 (E.D. Wis. 1995) (Dkt. No. 1); see also Modified Settlement Agreement at 1, 877 F. Supp. 1286 (Dkt. No. 517).

⁵⁹ K. Taylor (personal communication, August 10, 2010).

The General State of Wisconsin's Child Welfare System

The federal government reviews each state's child welfare system through its Child and Family Services Review (CFSR). Two rounds of reviews have now been completed. The purpose of these reviews is to ensure that states are in conformity with federal requirements, understand what is happening to the children and families involved with child welfare services, and help states improve outcomes for these children and families, with a particular focus on safety, well-being, and permanency.⁶⁰ During the first round of reviews, no state passed all aspects of the review and each state was required to develop a program improvement plan (PIP) that addressed areas in need of improvement. Following its first review, Wisconsin developed 20 broad action steps and more than 100 specific actions to be taken to improve its performance.

Wisconsin recently completed its second round of the CFSR. The findings from this review, which were published in August 2010, note that the state met the standards set for absence of maltreatment of children in foster care and timeliness to adoption, both of which were improvements from the previous review. The state had also reduced the rate of foster care re-entry but was still far above the federal standard. In addition, the state almost reached the required performance level regarding the physical health of children in its care, which was an improvement from the first CFSR, and the standard set for children's educational needs, which was a slight decrease in performance compared to the first review. HHS also recognized the state's quality improvement efforts and its "dedication to maintaining effective partnerships with its State, Tribal, and community stakeholders."⁶¹

However, the second Wisconsin CFSR identified numerous additional areas in which the state did not meet the federal requirements, including the following:

- Caseworker visits with parents;
- Assessing and addressing the needs of children, parents, and foster parents;
- Relative placement;
- Involving children and parents in case planning;
- Placement stability;
- Achieving reunification, guardianship, and adoption;
- Staff and provider training;
- Adequate array of services;
- Resource development; and
- Case review system.⁶²

DCF recently submitted its second PIP, which includes action steps to enhance performance and outcomes for children and families. As can be seen in the list above, the state has numerous concerns to address regarding child welfare practice generally and kinship care specifically.

⁶⁰ U.S. Department of Health and Human Services. *Children's Bureau Child and Family Services fact sheet*. Retrieved September 3, 2010, from <http://www.acf.hhs.gov/programs/cb/cwmonitoring/recruit/cfsrfactsheet.htm>

⁶¹ U.S. Department of Health and Human Services. (2010). *Final report - Wisconsin Child and Family Services Review*. p. 4. Retrieved October 8, 2010, from http://basis.caliber.com/cwig/ws/cwmd/docs/cb_web/Blob/871.pdf?w=NATIVE%28%27DT+ph+is+%27%27CFSR+Final+Report%27%27+and+STATE+%3D+%27%27Wisconsin%27%27+and+RPERIOD+%3D+%27%272nd++Round+CFSR%27%27+and+DO C_AVAILABILITY+%5E%3D+%27%27Not+publicly+available+on+the+Children%27%27%27s+Bureau+website%27%27%29&m=1

⁶² *Ibid.*

The CFSR results highlight the need for the state to hold each county accountable for reporting data as required, and the state must engage counties in developing corrective action plans and take more severe actions when these requirements are not met. Although quantitative data is certainly not the only information needed to evaluate practice, and DCF does gather qualitative information, reliable quantitative data can provide a comprehensive picture of what is occurring in a locale and is the most easily obtainable and reliable source of data for tracking numerous compliance measures.

One way in which DCF tracks performance and compliance is through its statewide automated child welfare information system, eWiSACWIS. Federal financial support for the development, implementation, and staff training of information systems was available to states that elected to implement such a system. Such systems are “expected to be a comprehensive case management tool” into which “staff are expected to enter all case management information.”⁶³ Wisconsin’s eWiSACWIS is operational but, at this time, not fully utilized by county based staff; required case management information is not always entered or not entered in a timely way.

DCF has developed a new eWiSACWIS report that it is using to identify and track the progress of previously unlicensed court-ordered kinship caregivers through the application and licensing process. However, all of the data are not being entered in a timely way and the information currently contained in the report is not complete.⁶⁴ Until September 2010, workers had up to six months to enter these data,⁶⁵ but DCF now requires licensing data to be entered “within 5 days or by the end of the calendar month, whichever is earlier.”⁶⁶ Creation of this new report and the significantly enhanced licensing data entry requirement are steps in the right direction. However, all case practice data, not just data related to the licensing process, should be entered within a reasonable amount of time. DCF must ensure that all of the necessary data to complete this report and others are being entered within appropriate timeframes at the county level and that the information provided by the counties is reliable and valid.

Incomplete, delayed, and inaccurate eWiSACWIS data entry seriously compromises the state’s ability to monitor and track variations in practices between counties and outcomes for children and families, including tracking the implementation of the Levels of Care licensing system and the training of foster care providers. Without timely, complete, and accurate data regarding the new licensing system, it has been and will continue to be nearly impossible for DCF to comprehensively evaluate the kinship licensing process, particularly during the transition period currently under way. This raises considerable concern, as many questions about the implementation, effectiveness, and efficiency of the system will go unanswered, possibly for quite some time. For example, are court-ordered kinship caregivers applying for licenses as required? Are they being licensed in a timely way? Are licensing policies and procedures being implemented as required? Are kinship foster parents receiving the mandated training?

In addition, data regarding case practice with these children and families must also be entered and analyzed in a timely way to ensure that kinship foster families and the children placed in their homes are receiving the services and supports they need. For example, are children placed in licensed kinship homes being visited by their caseworkers as often as is required? Is their safety being assessed regularly? Are they and their caregivers receiving the assistance they need? The list goes on. Without the comprehensive and timely data needed to evaluate the implementation of the Levels of Care licensing system,

⁶³ U.S. Department of Health and Human Services. *About SACWIS*. Retrieved August 24, 2010, from <http://www.acf.hhs.gov/programs/cb/systems/sacwis/about.htm>

⁶⁴ J. Brom, (personal communication, October 25, 2010).

⁶⁵ P. Lancour (personal communication, January 26, 2011).

⁶⁶ Wisconsin Department of Children and Families. *Funding changes for foster care and kinship care*. DSP Memo Series 2010-09, p. 3. Retrieved September 20, 2010, from http://dcf.wisconsin.gov/memos/num_memos/DSP/2010/2010-09.pdf

DCF has had to rely for many months on incomplete data sets and anecdotal reports of what is happening in the counties, seriously limiting its ability to quickly identify what is working and what is not working both statewide and county by county.

According to recent conversations with DCF, data entry has improved and tracking has begun.⁶⁷ However, comprehensive data have not yet been provided and therefore an assessment of the implementation or impact of the Levels of Care licensing system on children and families cannot be made. DCF does utilize other continuous quality improvement processes to track performance and develop corrective action plans, including KidStat and Quality Service Reviews (QSR). The KidStat process, which began in 2009 and is currently implemented at the state level and in Milwaukee County, is a quantitative review process that utilizes data to highlight current practice and track progress over time on key performance measures. DCF's QSR process, which was implemented in 2005, is a qualitative review process used by DCF to assess the quality of child welfare practice. As of December 2009, 54 counties were reviewed using the QSR process.⁶⁸ However, KidStat and the QSR do not focus specifically on the Levels of Care licensing system and are not substitutes for systemwide data analysis regarding the issues inherent in the licensing of court-ordered kinship caregivers. DCF reports that in FY 2011 it will "implement improvement strategies to better integrate information collected through the QSR reviews and...from eWiSACWIS...and [the Children's Court Initiative]⁶⁹ to better support and target program improvements."⁷⁰

VII. KINSHIP CARE IN WISCONSIN

Many states have passed legislation and created policies that required more formal assessments and oversight of kinship care placements, including an increased focus on licensing kinship foster homes. As of 2007, at least 30 states, including Wisconsin, offered full or provisional foster home licenses to kin, while other states "approve" rather than fully license this group of caregivers.⁷¹

Until the passage of new legislation in 2009, Wisconsin neither systematically encouraged nor required court-ordered kinship caregivers to apply for a foster home license. As a result, prior to the implementation of the Levels of Care licensing system, 19% of children in foster care in Wisconsin were placed with court-ordered kinship caregivers, but only 6% of children were placed with kin who were licensed.⁷² Now, all court-ordered kinship caregivers in Wisconsin who receive a Temporary Assistance for Needy Families (TANF) payment must apply for a license. They do not all have to be licensed, which will be discussed in detail below, but they are required to apply for a license.

⁶⁷ P. Lancour (personal communication, January 26, 2011).

⁶⁸ Wisconsin Department of Children and Families. (2010). *Wisconsin's child and family services plan, annual progress and services report for FFY 2011*. Retrieved October 8, 2010, from <http://dcf.wisconsin.gov/cwreview/fedPlans/CFSP2011.pdf>

⁶⁹ "The mission of CCI [Children's Court Initiative] is to assist the court system and those providing services to it in achieving safety, permanency, due process, and timeliness outcomes for children and families in child welfare proceedings. CCI works in partnership with the Division of Children and Family Services and its Continuous Quality Improvement (CQI) program." "CCI is an internal review designed to determine whether counties are meeting minimum practice standards and to identify best practices and any areas that need improvement." "Approximately fifteen counties are reviewed each year." State of Wisconsin, Children's Court Initiative. (2008). *Wisconsin Children's Court Initiative, summary report*, p. 2. Retrieved September 13, 2010, from <http://www.wicourts.gov/about/organization/programs/docs/ccisummaryreport.pdf>

⁷⁰ Wisconsin Department of Children and Families, *op. cit.*: 68, p. 127.

⁷¹ National Resource Center for Family-Centered Practice and Permanency Planning. (2007). *Licensing of family foster homes*. New York: NRCFCPPP, Hunter College School of Social Work. The document does not provide kinship licensing information for all 50 states.

⁷² Children's Rights calculation based on data provided by the Wisconsin Department of Children and Families, October 22, 2010.

The “basic program eligibility requirements” for Wisconsin’s Kinship Care program are:

1. “The basic needs of the child can be better met with the relative than with the parent;
2. The placement with the relative is in the best interests of the child; and
3. The child currently or would potentially meet the requirements for court jurisdiction as being in need of protection or services if the child were to remain with his or her parent(s).”⁷³

Although licensing court-ordered kinship caregivers does not guarantee that concerns will not arise regarding the care and safety of children in these homes, the licensing process does require a more thorough evaluation of these caregivers and others living in the home, as well as the home’s physical environment. Licensed foster parents must also be re-evaluated and reassessed on a regular basis, and thus changes in the home environment can be identified and addressed. Licensed foster parents, whether kin or non-kin, are also provided with training, and, in some circumstances, with more financial support and more services than unlicensed relative caregivers.

Regardless of whether court-ordered kinship caregivers are licensed, it is critical that these families receive the necessary level of training, support, and services to ensure that the children placed in their homes are safe, thriving, and moving toward permanency. In order to do this, caseworkers and supervisors must be provided with the training, guidance, mentoring, and support that they need to meet the special needs of court-ordered kinship caregivers and the children placed in their care.

VIII. RECENT WISCONSIN LEGISLATION AND THE CREATION OF THE LEVELS OF CARE LICENSING SYSTEM

In 2009, numerous legislative acts were passed that revised the Wisconsin Children’s Code⁷⁴ and the statutory responsibilities and authority of DCF.⁷⁵ One of the most significant changes in the Children’s Code required DCF to create a “Levels of Care” system for licensing, training, and reimbursing foster care providers and for placing children in the most appropriate out-of-home care settings based on each child’s strengths and needs. The level of care that each licensed foster parent is certified to provide must be based on the “knowledge, skills, training, experience, and other qualifications” of the licensed foster parent, “the level of responsibilities that are expected,” “and the needs of the children who are placed” with these foster parents.⁷⁶ Currently, DCF has now created regulations regarding all five levels of foster care. This report addresses only Levels 1 and 2; an Emergency Rule published in January 2011 focuses primarily on Levels 3, 4, and 5 for the care of children who require a higher level of medical, developmental, emotional, and/or behavioral supports and services. Kin and non-kin can now be licensed and certified to provide any one of the five levels of care. It is important to note that although each foster parent is certified to provide a particular level of care, foster parents can provide care to children who require that level of care or a lower level of care. For example, foster parents who are certified as Level 3 providers can also care for children who require a Level 1 or 2 placement. Further, in some cases “a child with a level of need that is higher than the level of care that a foster home is certified to provide” can be placed in that foster home “if the placing agency grants an exception and documents... what services and supports will be provided to meet the child’s needs...”⁷⁷

⁷³ Wisconsin Department of Children and Families, *op. cit.*: 68, p. 95.

⁷⁴ The Wisconsin Children’s Code provides the legal framework and statutory requirements for the protection and care of children through the courts and the agencies responsible for child welfare.

⁷⁵ Wisconsin’s child welfare system is county run with state oversight, except in Milwaukee County. The Bureau of Milwaukee Child Welfare is run by the state as part of the Jeanine B. settlement agreement that resulted from litigation brought by Children’s Rights.

⁷⁶ Wis. STAT. § 48.62(8)(a) (2010).

⁷⁷ Wis. ADMIN. CODE DCF § 56.22(7)(a)(b) (as amended by State Department of Children and Families Emergency Rule dated Jan. 1, 2011).

In order to evaluate the needs of the children in foster care and select the appropriate level of care and placement for each child, DCF was required to implement a standardized assessment tool.⁷⁸ DCF selected the Child Adolescent Needs and Strengths (CANS) tool, which is widely used across the country. The CANS assessment tool assists child welfare agencies “in the management and planning of services to children and adolescents and their families with the primary objectives of permanency, safety, and improved quality of life.”⁷⁹ The tool can be used to assess a child’s strengths and needs in a variety of areas including development, emotional functioning, trauma experiences, risk behaviors, and resiliency factors, and uses a standardized rating system.⁸⁰ The results can be used to inform individual case planning decisions and identify service needs, and can be aggregated and used to track system outcomes and inform quality improvement strategies.⁸¹ In Wisconsin, the CANS tool will be used to identify the most appropriate level of care for each child in need of out-of-home placement by identifying their physical, behavioral, mental health, and education needs. Children must be assessed either before placement or within 30 days of placement, and every six months thereafter. The needs of the child’s foster parent must also be assessed and reassessed every six months.⁸² These assessments will also be used to identify and provide the services needed by each child and foster parent.

According to the Buddin Praed Foundation, which developed the CANS, the tool “has demonstrated reliability and validity... [and with] training, anyone with a bachelor’s degree can learn to complete the tool reliably.”⁸³ Milwaukee County began using the CANS in July 2010 to assess mental health needs and the more comprehensive CANS tool will be implemented statewide in February 2011 to assess child and caregiver strengths and needs.⁸⁴ Until that time, counties continue to use a variety of approaches for determining children’s placement needs and making placement decisions.

The new statutory requirements assumed that most court-ordered kinship caregivers would apply for a license to operate a foster home in 2010, as would new court-ordered kinship caregivers.⁸⁵ This is because if a court-ordered kinship caregiver who had a relative child placed with them prior to January 1, 2010 did not apply for a foster home license, he or she could not receive payments at the foster care rate to care for the child; he or she could only receive the child-only TANF payment. This rate was \$215 per child per month in 2010 and is \$220 per child per month in 2011, the same amount as a Level 1 certification rate but lower than the rates for other levels of care. However, both the agency and the court must approve continuation of these placements. Kin who had or will have a child placed with them after January 1, 2010 must apply for a license. If these kin do not apply for a license, the agency must approve the continued placement, but the kinship caregiver will not receive any financial support for the care of the child and the court does not have make a determination that the placement is “safe, appropriate, and necessary.”⁸⁶

⁷⁸ WIS. STAT. § 48.62(8)(b) (2010).

⁷⁹ Buddin Praed Foundation. About the CANS, p. 1. Retrieved September 28, 2010, from <http://www.buddinpraed.org/cans>

⁸⁰ Buddin Praed Foundation. *Child and Adolescent Needs and Strengths (CANS)*. Retrieved December 16, 2010, from <http://praedfoundation.org/CANS-Comprehensive%20form.pdf>

⁸¹ *Ibid.*

⁸² WIS. ADMIN. CODE DCF § 56.22(1), (3)(a)(b) (as amended by State Department of Children and Families Emergency Rule eff. Jan. 1, 2011).

⁸³ Buddin Praed Foundation, *op. cit.*: 79.

⁸⁴ P. Lancour (personal communication, January 26, 2011).

⁸⁵ WIS. ADMIN. CODE DCF § 58.04(1) (2010).

⁸⁶ Wisconsin Department of Children and Families. *Webcast 1: Levels of care foster care licensing initiative*. Retrieved September 20, 2010, from <http://dwdmedia.wi.gov/main/Viewer/?peid=f3599a312d914d4da00e3fa0174f40fb>.

The Children's Code was also amended to bring Wisconsin statutes in line with the Fostering Connections Act. For example, the Fostering Connections Act requires public child welfare agencies to make diligent efforts to locate and inform a child's relatives of the child's placement in foster care within 30 days.⁸⁷ The Children's Code now requires DCF to exercise this due diligence and to inform relatives of the option of becoming a potential placement resource for the child.⁸⁸ Regarding the legal definition of who is considered a relative, federal legislation permits states to establish their own legal definition. In Wisconsin, the Children's Code defines adult relative as a "grandparent, great-grandparent, aunt, uncle, brother, sister, half-brother, or half-sister of a child, whether by blood, marriage, or legal adoption, who has attained 18 years of age."⁸⁹ Some states include fictive kin, such as a clergy member, teacher, or coach with whom a child has a significant relationship, in their legal definition of relative, but Wisconsin does not.

The Children's Code also created certain procedural rights and responsibilities that must be afforded licensed kinship caregivers, which were already provided to non-kinship foster parents. These include requiring an agency to enter into a written agreement with a kinship foster parent when a child is placed. The agency must also provide written notice and an explanation of intent to remove a child from the home of a kinship foster parent if the child has been placed in the relative's home for six months or more. Under these circumstances, kinship foster parents have the right to a hearing if they object to the removal.⁹⁰ Further, the new statutes also require DCF to create administrative rules requiring all foster parents to complete training regarding the care and support of children in foster care.⁹¹

These new statutory requirements have already and will continue to impact many children and court-ordered kinship caregivers across the state of Wisconsin. On December 31, 2009, the day before the new statutory mandate requiring court-ordered kinship caregivers to apply for a foster care license went into effect, there were 6,545 children in foster care in Wisconsin. Of those children, 1,221 were residing in approximately 880 unlicensed, court-ordered kinship care placements. These 1,221 children represented 19% of the total out-of-home care population in Wisconsin.⁹²

As required, DCF published an Emergency Rule in December 2009, creating the first two levels of the Levels of Care licensing system.⁹³ This Emergency Rule went into effect on January 1, 2010, and the relevant chapters of the Wisconsin Administrative Code (hereafter referred to as the Administrative Code) were revised and published in September 2010. In January 2011, DCF published another Emergency Rule, which primarily addresses Levels 3 through 5 but also adds to and clarifies some of the regulations regarding Levels 1 and 2 of the licensing system.

Both kin and non-kin caregivers who are licensed with a Level 1 certification can provide care only for specified children. A Level 1 provider must either be a relative or must have a pre-existing relationship with the child or the child's family.⁹⁴ As noted above, certification at Level 2 or higher allows foster parents to care for foster children at or below the foster parents' level of certification. The only difference in the licensing process between a Level 1 and a Level 2 certification is that the Level 2 applicant must submit three letters of reference and attend additional training.⁹⁵

⁸⁷ Fostering Connections to Success and Increasing Adoptions Act of 2008, Pub. L. No. 110-351, 122 Stat. 3949 (2008).

⁸⁸ Wis. STAT. § 48.21(5)(e)(2) (2010).

⁸⁹ *Id.* at § 48.21(5)(e)(1).

⁹⁰ *Id.* at § 48.64(1)(m).

⁹¹ *Id.* at § 48.67(4).

⁹² Data provided by the Wisconsin Department of Children and Families, October 22, 2010.

⁹³ Wis. ADMIN. CODE DCF § 56 Emergency Rule eff. Jan. 1, 2010, retrieved January 28, 2010, from http://dcf.wisconsin.gov/memos/num_memos/DSP/2009/2009-11Rule.pdf

⁹⁴ Wis. ADMIN. CODE DCF § 56.13(1) (2010).

⁹⁵ *Id.* at § 56.13(4)(b).

Regardless of the type of certification a court-ordered kinship caregiver obtains, DCF and the counties must ensure that the children who are placed with kin receive the same protections, services, and supports that are provided to children placed with non-kin. These include being free from abuse and neglect; having regular contact with their ongoing case managers; having all of their physical, emotional, medical, and educational needs met; and achieving permanency in a reasonable amount of time. It is the responsibility of DCF and each individual county to carry out the necessary staff training, staff supervision, and quality assurance processes to make certain that each case receives the attention necessary to ensure that all children in foster care, whether placed with kin or non-kin, are safe, appropriately cared for, and exiting foster care to permanent homes in a timely fashion.

IX. KEY AREAS OF PRACTICE AFFECTED BY THE LEVELS OF CARE SYSTEM

Licensing Process

As noted above, since January 1, 2010, all current and future court-ordered kinship caregivers must apply for licensure. If a court-ordered kinship caregiver who had a relative child placed with them prior to January 1, 2010 does not apply for a foster home license, he or she can continue to care for the child if the agency supports the placement and the court determines that it is safe, appropriate, and necessary for the child to remain in the home. These unlicensed court-ordered kinship caregivers receive the child-only TANF payment.⁹⁶

Kin who had or will have a child placed with them after January 1, 2010 must also apply for a license. If a court-ordered kinship caregiver who had a child placed with them after January 1, 2010 refuses to apply for a license but wants to continue to care for the child, the placement can continue if the agency agrees, but the caregiver will not receive any financial support.⁹⁷

Once a court-ordered kinship caregiver submits the licensing application, the same process and procedures must be followed for kinship applicants as for non-kinship applicants. The licensing agency must assign a caseworker to carry out the licensing process and make a decision regarding whether the court-ordered kinship caregiver meets all of the eligibility requirements for licensure. This process involves numerous steps, including completing a home assessment, interviewing prospective foster parents and other adults living in their home, completing criminal background checks, and reviewing child abuse and neglect histories. To assist the agency in carrying out these responsibilities, all potential foster parents, kin and non-kin, must comply with certain specific requirements. For example, an applicant must provide the agency with information needed to complete criminal background checks and child abuse record searches for all adults residing in the home.⁹⁸

The Administrative Code does give licensing agencies the authority to grant exceptions to some of the licensing requirements, as long as the exceptions do not “jeopardize the health, safety or welfare of the foster children.”⁹⁹ To begin this process, the licensing applicant or licensee can request an exception, but must also propose an acceptable alternative that meets “the intent of the requirement” for which

⁹⁶ Wisconsin Department of Children and Families, *op. cit.*: 86.

⁹⁷ *Ibid.*

⁹⁸ Wis. STAT. § 48.685(2) (2010).

⁹⁹ Wis. ADMIN. CODE DCF § 56.02(2)(a)(1) (2010).

they are seeking the exception.¹⁰⁰ For example, one of the requirements is that “a responsible care provider shall sleep within call of [the] foster children during the night.” An exception can be granted “if the child is at least 16 years of age and the supervising agency gives its approval.”¹⁰¹ If a licensing applicant or licensee wants to request that an exception be granted for a requirement that the licensing agency cannot grant on its own, the applicant or licensee can request that the department exceptions panel grant the exception, as long as the licensing agency supports the request.¹⁰²

One exception that can be granted for adult relatives who live in the home of a court-ordered kinship caregiver is that a written statement from a physician, physician assistant, or nurse practitioner be provided that indicates whether the household member has “any physical or mental conditions that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child.”¹⁰³ The court-ordered kinship care applicant must provide this written statement from a medical professional, and the statement must be based on a medical examination performed within the previous six months. This requirement holds for all non-kin who are applying for a foster care license and other members of their households. However, the Administrative Code states that if “a member of the household of an applicant who is a relative of a foster child is not covered by health insurance or a medical examination would be a significant financial burden to the household member, the licensing agency may grant an exception to the [above] requirement...If the licensing agency grants this exception, the household member shall submit a personally signed statement that indicates any physical or mental conditions he or she has that would affect the ability of the family to provide care for a foster child or threaten the health or safety of a foster child.”¹⁰⁴ The Administrative Code does authorize the licensing agency to require medical or mental health evaluations or alcohol or drug abuse assessments when the agency “has reason to believe that the physical or mental health of an applicant, licensee or other household member may pose a threat to the health, safety or welfare of children in care.”¹⁰⁵

Federal law, including the Fostering Connections Act, permits public child welfare agencies to waive non-safety licensing requirements for kin only. Waivers, unlike exceptions, do not require an alternative acceptable arrangement; a waiver releases the kinship applicant or licensee from the licensing requirement. In Wisconsin, the licensing agency or the department exceptions panel can grant waivers to kin. Kin may be granted a waiver for a number of “non-safety” requirements pursuant to the Administrative Code, including:

- Provision of employment history for initial licensees;
- Homeowner’s or renter’s liability insurance;
- Minimum space requirements;
- Certain types of sleeping arrangements for foster children;
- Clothing and personal storage space for foster children;
- Outdoor recreation; and
- Private study space.¹⁰⁶

¹⁰⁰ *Id.* at § 56.02(2)(a)(2).

¹⁰¹ *Id.* at § 56.07(4)(h).

¹⁰² *Id.* at § 56.02(2)(b).

¹⁰³ *Id.* at § 56.04(4)(a)(4).

¹⁰⁴ *Id.* at § 56.04(4)(a)(3), (4)(a)(4).

¹⁰⁵ *Id.* at § 56.05(1)(e)(3).

¹⁰⁶ *Id.* at § 56.02(2)(c)(1), (2)(c)(2).

Licensing Decisions

The licensing agency has up to 60 days from the time it receives a kinship licensing application to make a licensing decision. Any delays that are caused by the applicant are not included in the 60 day time limit.¹⁰⁷ Further, the licensing agency can extend the process for up to 30 days “if the extension is needed to allow the agency to collect information necessary to make an informed decision.”¹⁰⁸ While the licensing decision is pending, court-ordered kinship caregivers can receive kinship care payments for up to four months after they submit a completed licensing application.¹⁰⁹

There are three licensing decisions that can be made. The agency can approve or deny the application, or the applicant can withdraw their application either because they are deemed unlicensable or because they do not wish to be licensed. In Wisconsin, when approved, a foster home license is issued for a period of up to two years and can be renewed “upon successful completion of relicensing requirements.”¹¹⁰

In limited instances an alternative to licensing is available to some kinship applicants who are denied a license but want to continue to care for a relative child. When the agency supports continuing the placement without the kin being licensed, the court must determine that it is safe, appropriate, and necessary for the child to remain in the unlicensed home. In addition, when a court-ordered kinship caregiver is deemed unlicensable and the licensing application is withdrawn, the agency may still support the child’s continued placement in the home; in these cases as well, the court must determine that it is safe, appropriate, and necessary for the child to continue placement in the home. If the court approves continued kinship placement, the court-ordered kinship caregiver will continue to receive TANF payments for the care of the child. Should either the license or payment be denied by the agency or the court, the court-ordered kinship caregiver may request a review or file an appeal, depending on the circumstances.¹¹¹

If a court-ordered kinship caregiver refuses to be licensed, their only option if they want to continue to care for the child is to be an unlicensed, unpaid caregiver. This scenario is possible only if the agency supports the placement. Court approval is not required for unlicensed placements made after January 1, 2010.¹¹²

In an effort to assist counties with the cost of licensing existing court-ordered kinship caregivers, DCF provided “conversion incentive funds” to counties that licensed more than 60% of their existing unlicensed court-ordered kinship caregivers in 2010. Once a county reached the 60% threshold, the county qualified for \$1,000 in state funds for each additional child whose court-ordered kinship caregiver became licensed. These licensing decisions must have been made in 2010, but the funds will be provided to the counties in 2011.¹¹³ Given this incentive, careful and thorough oversight, by both the counties and DCF, was needed to ensure that only appropriate kin caregivers were licensed during this period.

To help counties carry out the licensing process for both the many existing court-ordered kinship caregivers who must now apply for a license and for new court-ordered kinship care applicants, DCF has contracted with a private company to provide regional out-of-home care liaisons. These liaisons

¹⁰⁷ *Id.* at § 56.04(5)(b).

¹⁰⁸ *Id.* at § 56.04(5)(c).

¹⁰⁹ *Id.* at § 58.065(1), (2).

¹¹⁰ *Id.* at § 56.04(7).

¹¹¹ *Id.* at § 58.08(1), (2).

¹¹² Wisconsin Department of Children and Families, *op. cit.*: 86.

¹¹³ Wisconsin Department of Children and Families, *op. cit.*: 66, p. 3.

can assume numerous functions, all of which currently involve assisting licensing specialists with tasks related to processing relative caregiver licensing applications.¹¹⁴

Data provided by DCF shows that 342 court-ordered kinship care families completed the licensing process in 2010. Of those, 145 (42%) have been licensed, 3 (< 1%) have been denied a license, and 194 (57%) have withdrawn their applications either because the family did not meet the licensing criteria, did not complete the licensing process, or the child left the home. Of the 145 court-ordered kinship caregivers who have been licensed, 23 (16%) received a Level 1 certification, 104 (72%) received a Level 2 certification, and 7 (5%) caregivers' certification levels were unknown due to missing data.¹¹⁵

Ongoing Contact with Foster Parents and Children

Once a Level 1 or 2 foster home has been approved and licensed, the licensing agency, placing agency, or supervising agency must maintain monthly contact with the foster parent.¹¹⁶ The contacts with the foster family should “focus on safety, permanence, and well-being of the child to evaluate the compatibility of the child with the foster parent and other household members and the ability of the foster care parent to meet the needs of the child in a safe manner.”¹¹⁷ In addition, these contacts should “include discussion of any additional support needed by the foster parent to safely maintain any child in foster care living in the foster home.”¹¹⁸ These contacts can be in-person, by telephone, or through interactive electronic communication.¹¹⁹

Regarding children placed in Levels 1 and 2, the licensing agency, placing agency, or supervising agency must have “at least one in-person contact with a child each full calendar month that the child is placed in the home” and more than half of these contacts must occur in the child’s foster home.¹²⁰ In cases involving more than one agency, the agencies must develop a “contact plan” to ensure that the required contacts are made with foster parents and children.¹²¹

Training

As noted above, the research regarding the efficacy of foster parent training is mixed, and gaps in the effectiveness research exist. Nonetheless, the need for foster parent training is widely accepted. Comprehensive training is believed to provide both foster parents and agency staff with the framework and information they need to begin to adapt to their roles and to carry out their responsibilities. When implementing a new system of care, providing training to new and existing foster parents and staff is seen as critical to a smooth transition and to ensuring that children are safe and well cared for.

¹¹⁴ Wisconsin Department of Children and Families. *Out-of-Home Care liaisons*. DSP Info Memo 2010-09. Retrieved January 10, 2011, from <http://dcf.wisconsin.gov/memos/infomemos/DSP/2010/2010-09.pdf>

¹¹⁵ Data provided to Children’s Rights by the Wisconsin Department of Children and Families, January 28, 2011.

¹¹⁶ Wis. ADMIN. CODE DCF § 56.18(1) (as amended by State Department of Children and Families Emergency Rule eff. Jan. 1, 2011).

¹¹⁷ *Id.* at § 56.18(3).

¹¹⁸ *Id.* at § 56.18(3).

¹¹⁹ *Id.* at § 56.18(1)(a).

¹²⁰ *Id.* at § 56.19(1)(a), (3).

¹²¹ *Id.* at § 56.19(2).

Foster Parent Training

In Wisconsin, all prospective and licensed foster parents must be provided with a copy of the licensing agency's foster parent handbook. Among the topics that must be included are information regarding the child welfare, foster care, and juvenile court systems; agency expectations and requirements; caring for foster children; child maltreatment reporting requirements; and resources for foster families.¹²² Providing this handbook to foster parents is not and should not be a substitute for fulfilling DCF's foster parent training requirements.¹²³

DCF believes that “comprehensive, competency based training is critical to recruiting, supporting and retaining quality foster parents...[and] not only enhances...foster parents' knowledge and comfort in their role...[but] promotes better outcomes for children in out-of-home care.”¹²⁴ However, prior to the implementation of the Levels of Care licensing system, DCF permitted each licensing agency to establish its own training requirements,¹²⁵ and agencies were permitted to require no foster parent training whatsoever.

According to the Administrative Code, “the purposes of foster parent training are to:

1. Improve the quality of care provided to children who live in foster or adoptive homes.
2. Prepare foster and adoptive families to care for and provide stability for foster children in their homes.
3. Promote communication, respect, and understanding among all involved parties, with a focus on working for the best interests of the foster child.
4. Provide opportunities to foster parents to mutually explore their values, strengths, limitations, and needs as they relate to compatibility with foster and adoptive children.
5. Develop an understanding of the child welfare system and the importance of permanency for children.
6. Encourage foster and adoptive parent networking and the use of resources.”¹²⁶

A statewide advisory committee meets regularly to discuss, create, and revise both the training requirements and materials.¹²⁷ As for the selection of trainers and the provision of state funds for training, the Administrative Code describes some general qualifications for foster parent trainers and mandates DCF to provide funds to ensure that foster parents are able to attend training, including funds for transportation, child care services, training materials, and fees.¹²⁸ DCF is also responsible for “maintaining an inventory of resources for foster parent training and...[coordinating] statewide, regional, and local training programs to prevent duplication of effort.”¹²⁹

¹²² Wis. ADMIN. CODE DCF § 56.12(1)-(4) (2010).

¹²³ P. Lancour (personal communication, January 26, 2011).

¹²⁴ Wisconsin Department of Health and Family Services, Division of Children and Family Services. (2002). *Foster parent pre-service training and federal Title IV-E reimbursement*. DCFS Memo Series 2002-12, September 18, 2002.

¹²⁵ Wisconsin Administrative Code, Annotated, Ch. HFS 56, at 39. Retrieved March 2, 2010, from http://dcf.wisconsin.gov/memos/num_memos/2002/2002-04_hfs56%20attachment.pdf

¹²⁶ Wis. ADMIN. CODE DCF § 56.14(1)(a)-(f) (2010).

¹²⁷ P. Lancour (personal communication, January 26, 2011).

¹²⁸ Wis. ADMIN. CODE DCF § 56.14(3)-(4) (2010).

¹²⁹ *Id.* at § 56.14(8)(c).

Pre-Placement Training. As of January 2008, only Oregon, Virginia, and Wisconsin did not require pre-placement foster parent training.¹³⁰ This type of training is now required for all new foster parents in Wisconsin. The Administrative Code specifies that a six-hour course approved by DCF, which includes information on “[f]oster care...; expectations of foster parents; caring for children in foster care; developing and maintaining family connections; [and] foster family self care”¹³¹ be provided. The Wisconsin Child Welfare Training System partnership, which includes DCF, county child welfare agencies, and the University of Wisconsin, has revised the pre-placement training curriculum to better meet the demands of the Levels of Care licensing system. The curriculum is now targeted to both kinship and non-kinship foster parents, and contains some discrete information for kinship foster parents regarding, for example, their changing role within the family and particular challenges that kinship foster parents may encounter.¹³²

As previously noted, many children are placed with kin who have not yet been fully assessed for licensing or had the time to attend pre-placement training. In these cases, the caseworker must, at a minimum, ensure that there are no apparent safety concerns in the home, conduct an interview with the potential relative caregiver(s) and possibly others living in the home (including the child), and determine that the relative(s) and other adults living in the home do not have a history of child abuse or neglect. For these relatives, pre-placement training is not completed prior to the actual placement, and, therefore, information regarding policies, procedures, and responsibilities is often provided by the ongoing case manager.¹³³

There is some evidence that kinship foster parent training is most effective when it is conducted as early as possible in the placement process.¹³⁴ The current requirement in Wisconsin regarding pre-placement training states that “[e]ach foster parent who operates a foster home with a Level 1 certification shall complete a minimum of 6 hours of pre-placement training...within 6 months after the date of initial licensure.”¹³⁵ Level 2 foster parents must also complete pre-placement training.¹³⁶ However, the Administrative Code allows for a significant exception, stating that “[a] foster parent who obtains a license to operate a foster home before January 1, 2011, is not required to complete the pre-placement training...unless...required by the licensing agency.”¹³⁷

Initial Training. The Administrative Code also addresses the issue of initial licensing training, which is required during the initial licensing period, stating that DCF must approve a standardized curriculum that includes information regarding the following: “[p]ermanency; cultural dynamics in placement; child abuse and neglect; the impact of maltreatment on child development; attachment; separation and placement; the importance of maintaining a foster child’s family connections; guidance and positive discipline; [and] access to resources.”¹³⁸ The Wisconsin Child Welfare Training System partnership has also developed a new “foundation” curriculum for initial foster parent training.¹³⁹ The competency

¹³⁰ National Resource Center for Family-Centered Practice and Permanency Planning. (2008). *Foster parent pre-service training*. NY, NY: Hunter College School of Social Work.

¹³¹ Wis. ADMIN. CODE DCF § 56.14(6)(a) (2010).

¹³² Wisconsin Child Welfare Training System Partnership. *Foster parent pre-placement training*. Retrieved January 24, 2011, from <http://www.wcwts.wisc.edu/foster-parent-training/Default.aspx>

¹³³ P. Lancour (personal communication, January 26, 2011).

¹³⁴ Casey Family Programs. (2007). *Supporting kinship care: Promising practices and lessons learned* (Series Number 003). Seattle, WA: Author.

¹³⁵ Wis. ADMIN. CODE DCF § 56.13(3)(b) (2010).

¹³⁶ Wis. ADMIN. CODE DCF § 56.13(4)(a)-(b) (as amended by State Department of Children and Families Emergency Rule eff. Jan. 1, 2011).

¹³⁷ *Id.* at § 56.14(6)(c).

¹³⁸ Wis. ADMIN. CODE DCF § 56.14(7)(a) (2010).

¹³⁹ P. Lancour (personal communication, January 26, 2011).

areas include permanency, cultural dynamics, maintaining family connectedness, guidance and positive discipline, and the effects of fostering on the foster parent's family, but do not contain any references to kinship foster parents specifically.¹⁴⁰ We have not been provided with the training modules themselves.

Level 2 foster parents must complete 30 hours of initial training during their initial licensing period.¹⁴¹ However, Level 2 foster parents who are licensed prior to January 1, 2011 do not have to complete initial training until January 1, 2015.¹⁴² In addition to the lengthy period of time that many Level 2 foster parents have to complete initial licensing training, the Administrative Code also provides an exception to this requirement. A Level 2 foster parent who was licensed before January 1, 2011, and “who provides verification to the licensing agency that he or she successfully completed a competency-based, pre-service foster parent training...is not required” to complete initial licensing training.¹⁴³ According to DCF, only those families who received Partners in Alternate Care Education (PACE) training are exempted from this requirement automatically. Prior to the development of the new training curricula, PACE training was reportedly used in 38 counties. DCF must review the training used in other counties prior to permitting an exception to the initial licensing training requirement.¹⁴⁴ It is important to note that Level 1 foster parents do not have to complete any initial training.

Ongoing Training. As of April 2007, Wisconsin was one of only four states that did not require a minimum number of in-service foster parent training hours during each licensing period.¹⁴⁵ The Administrative Code now states that Level 2 foster parents must complete 10 hours of training each year following their initial licensing period.¹⁴⁶ The licensing agency and the foster parent should “develop an individualized training plan for the foster parent based on his or her demonstrated need for training in particular topics or in managing specific case situations.”¹⁴⁷ This type of training can be provided in many different formats, including face-to-face consultations; video, audio, and web-based presentations; books and periodicals; television and radio presentations; and conferences, workshops, seminars, and webinars.¹⁴⁸ In addition, “the cost of a particular training option and the usefulness of the skills or knowledge that is expected to be gained shall be considered” when developing the training plan.¹⁴⁹ Again, it should be noted that Level 1 foster parents do not have to complete any ongoing training.

Currently, DCF's Statewide Automated Child Welfare Information System can track foster parents' compliance with training requirements. DCF plans to implement a new system, the Learning Management System, which will also capture foster parent training information.¹⁵⁰

¹⁴⁰ Appendix: Foundation training competency areas. Document provided to Children's Rights by DCF on January 27, 2011.

¹⁴¹ *Id.* at § 56.13(4)(a)(2).

¹⁴² Wis. ADMIN. CODE DCF § 56.14(7)(c) (as amended by State Department of Children and Families Emergency Rule eff. Jan. 1, 2011).

¹⁴³ *Id.* at § 56.14(7)(d)

¹⁴⁴ P. Lancour (personal communication, January 26, 2011).

¹⁴⁵ National Resource Center for Family-Centered Practice and Permanency Planning. (2007). *Foster parent in-service training*. New York: NRCFCPPP, Hunter College School of Social Work.

¹⁴⁶ Wis. ADMIN. CODE DCF § 56.13(4)(a)(3) (2010).

¹⁴⁷ *Id.* at § 56.14(8)(a).

¹⁴⁸ *Id.* at § 56.14(8)(b)(2),

¹⁴⁹ *Id.* at § 56.14(8)(b)(4).

¹⁵⁰ Wisconsin Department of Children and Families. (2010). *Program Improvement Plan, draft*. Retrieved September 20, 2010, from http://dcf.wisconsin.gov/cwreview/cfsr/pdf/pip_formal_draft091410.pdf

Caseworker Training (licensing worker, ongoing case manager)

Training all levels of licensing and casework staff is critical if an understanding of the new Levels of Care licensing system requirements and expertise in the implementation of new requirements are to be achieved. Regarding licensing workers in particular, DCF has identified the need to “implement extensive training, technical assistance, and monitoring efforts to standardize foster care licensing.”¹⁵¹ DCF has offered and will continue to offer face-to-face training as well as online webcasts. According to DCF, more than 400 staff have attended face-to-face training regarding the Levels of Care licensing system, and DCF provides ongoing technical assistance on individual cases.

As part of its current effort to adequately train both licensing and ongoing case managers with regard to the Levels of Care licensing system, DCF has thus far created the following seven webcast trainings:

1. Levels of Care – Foster Care Licensing Initiative – Court Process for Relative Caregivers.
2. Who Does Levels of Care Apply to and When?
3. Guardianships and Levels of Care Documentation in eWiSACWIS.
4. Foster Care – The Difference Between Exceptions & Waiver and Kinship Care Appeals.
5. Levels of Care Reference Guide.
6. Funding and Conversion Tracking Reports.
7. Levels of Care and CANS¹⁵²

These webcasts are targeted to licensing and foster care agency staff as well as other public child welfare agency staff. They are also accessible to the public.

Foster Parent Maintenance Payments

In order to receive federal matching funds for eligible children, state and local child welfare systems are obligated by federal law to provide payments to foster parents to cover the expenses of caring for their foster children (e.g., food, clothing, shelter, basic transportation, and personal items).¹⁵³ However, there is no federally required minimum payment or methodology for establishing foster care rates; states and localities have discretion in setting their foster care maintenance payment rates.

Under the new Levels of Care licensing system, Wisconsin is providing Level 1 foster parents, both kin and non-kin, a “basic maintenance payment,” which was \$215 per month during 2010, and increased to \$220 per month in 2011, regardless of the child’s age.¹⁵⁴ For Level 2 foster parents, the basic monthly maintenance payment is calculated based on the child’s age.¹⁵⁵ Figure 2 provides the basic Level 2 monthly maintenance payment amounts for 2010 and 2011.

¹⁵¹ *Ibid.*, p. 17.

¹⁵² Wisconsin Department of Children and Families. *Levels of care webcasts*. Retrieved January 24, 2011, from http://dcf.wisconsin.gov/children/foster/levels_of_care/default.htm

¹⁵³ Social Security Act §§ 475(4)(A), 42 U.S.C. § 675(4)(A) (2010).

¹⁵⁴ Wis. STAT. § 48.62(4) (2010).

¹⁵⁵ Foster parents who are certified to provide care at a level higher than Level 1 can receive Supplemental Rate payments when caring for children with special care needs or Exceptional Rate payments when caring for children with extraordinary needs. These rates are not included here.

Figure 2: Basic Level 2 Monthly Foster Care Maintenance Payments¹⁵⁶

Age	2010	2011
under 5 y.o.	\$349	\$366
5 - 11 y.o.	\$381	\$400
12 - 14 y. o.	\$433	\$455
15 y.o. and older	\$452	\$475

In 2007, Children’s Rights, the National Foster Parent Association, and the University of Maryland School of Social Work published *Hitting the M.A.R.C., Establishing Foster Care Minimum Adequate Rates for Children*. The Minimum Adequate Rate for Children (M.A.R.C.) sets basic foster care rates for children ages 4 and younger, 5 to 13, and 14 to 18, which were “calculated by analyzing consumer expenditure data reflecting the costs of caring for a child; identifying and accounting for additional costs particular to children in foster care; and applying a geographic cost-of-living adjustment, in order to develop specific rates for each state and the District of Columbia.”¹⁵⁷ The Foster Care M.A.R.C. includes adequate funds to meet a child’s basic physical needs and cover the costs of “normalizing” childhood activities, such as after-school sports and arts programs, which are particularly important for children who have been traumatized or isolated by their experiences of abuse and neglect and placement in foster care.¹⁵⁸ Figure 3 provides the Wisconsin M.A.R.C. As shown, neither the Level 1 nor the Level 2 rates detailed above approach the Foster Care M.A.R.C. for Wisconsin.

Figure 3: Wisconsin Foster Care M.A.R.C.¹⁵⁹

Age	M.A.R.C.
4 or under	\$648
5 - 13 y.o.	\$743
14 - 18 y.o.	\$814

Case Practice

According to DCF, the same policies, procedures, and practices regarding casework have been and continue to be required when providing casework services to all licensed foster parents, whether kin or non-kin, as well as when working with unlicensed court-ordered kinship caregivers.

One service that is specifically addressed in DCF’s new regulations is respite care, which can be provided to a child “during a planned absence of the foster parent for more than 48 hours” and can be “paid for by a licensing, supervising, or placing agency.”¹⁶⁰ A licensing agency must pay for and arrange respite

¹⁵⁶ Wis. STAT. § 48.62(4) (2010).

¹⁵⁷ Children’s Rights, The National Foster Parent Association, & The University of Maryland School of Social Work. (2007). *Hitting the M.A.R.C.: Establishing foster care minimum adequate rates for children*. New York, NY: Children’s Rights, p. 2. The Foster Care M.A.R.C. is based on expenditures that are allowable under the Title IV-E Foster Care Maintenance Program of the Social Security Act, which defines foster care maintenance payments as covering the cost of providing food, clothing, shelter, daily supervision, school supplies, personal incidentals, insurance and travel for visitation with a child’s biological family. The Foster Care M.A.R.C. does not include the cost of transporting a child to visit with his or her biological family or the cost of full-time child care for working foster parents. Given the variability in these expenditures from case to case, states and localities should reimburse foster parents based on their actual expenditures, in addition to the Foster Care M.A.R.C.

¹⁵⁸ *Ibid.*, p. 2.

¹⁵⁹ *Ibid.*, p. 6.

¹⁶⁰ Wis. ADMIN. CODE DCF § 56.21(1)(a)(b) (as amended by State Department of Children and Families Emergency Rule eff. Jan. 1, 2011).

for foster parents who are certified at Levels 3 and 4 and are caring for foster children with those levels of need.¹⁶¹ These foster parents are entitled to 8-24 consecutive hours of respite per month.¹⁶² Licensing agencies may fund respite care for foster parents with a Level 1 or Level 2 certification, but are not required to do so.¹⁶³

X. CONFORMITY WITH BEST CASE PRACTICES

The state of Wisconsin has taken major steps to move its kinship care policies toward conformity with many of the best practice principles that have been articulated for the field. The new law and attendant policies put into place regarding kinship placements is a critical step forward. These changes should help ensure that children placed in these families will more likely be free from abuse and neglect; be in homes that are prepared to meet their needs; have regular contact with their ongoing case managers; and have their physical, emotional, medical, and educational needs met.¹⁶⁴ The reservations cited in the following sections should be taken within this context.

Procedural Safeguards

We support Wisconsin's extensions of procedural rights to kinship foster parents through the changes made in its Administrative Code. Requiring the agency to enter into a written agreement with a relative caregiver when a child is placed, providing written notice and an explanation of intent to remove a child from the home of a kinship foster parent if the child has been placed in the relative's home for six months or more, and affording kinship foster parents the right to a hearing if they object to the removal provide kinship foster parents with important administrative protections if appropriately implemented.

Licensing Process

Wisconsin's new Levels of Care licensing system and current kinship foster care licensing requirements and procedures adhere to federal guidelines for this type of licensing. Only non-safety requirements are being waived for kin, and kin must go through many of the same processes as non-kinship applicants. Licensing agencies must complete the licensing process within the same period of time for kin and non-kin, and must collect the same types of information on both types of potential foster parents.

Requiring court-ordered kinship caregivers to apply for a license while also providing strictly enforced alternatives for kin who cannot obtain licenses but can continue to safely care for children has the potential to provide children with safe and stable placements. However, it is critical to ensure that each case-by-case decision is fully informed and that court-ordered kinship care families and the children placed in their homes receive high quality casework services throughout the licensing process and the child's stay in care.

¹⁶¹ *Id.* at § 56.21(4)(b).

¹⁶² *Id.* at § 56.21(4)(b).

¹⁶³ *Id.* at § 56.21(4)(a).

¹⁶⁴ Child Welfare League of America. (1994). *Kinship care: A natural bridge*. Washington DC: Author. Child Welfare League of America, op. cit.: 44.

Regarding waiving non-safety licensing requirements, it is critical that licensing agencies throughout the state have a clear understanding of the non-safety licensing requirements that can be waived for kinship applicants and what it means to grant such a waiver. For example, all licensing staff need to understand that if a kinship home is licensed and a waiver is granted permitting less than the required amount of space per child, this waiver cannot be used to maintain the license for the placement of unrelated children in the home. It is also important for staff to understand that inadequate space is an appropriate reason for denying a license only when the space issue presents a safety concern for a child. Given that waivers are an important aspect of kinship licensing, DCF and the counties must ensure that licensing staff in each county have a clear understanding of when and how to utilize waivers and are applying the standards for waivers in a uniform way.

However, we find unacceptable the exception that allows other relatives living in the kinship applicant's household to submit a letter stating they do not have any health conditions that could affect their parenting. Although the Administrative Code does authorize licensing agencies to require medical, mental health, alcohol, or other drug abuse assessments when a concern is identified, we do not think this appropriately ensures the safety of all children in court-ordered kinship care.

The Social Security Act requires that states establish and maintain “standards for foster family homes and child care institutions which are reasonably in accord with recommended standards of national organizations concerned with standards for such institutions or homes, including standards related to admission policies, safety, sanitation, and protection of civil rights.”¹⁶⁵ According to the CWLA Standards of Excellence for Kinship Care Services, agencies should assess the “ability of the prospective kinship caregiver to provide a safe, stable, nurturing home and to meet the child’s developmental and safety needs,” and the entire kinship family should be included in the assessment.¹⁶⁶ This standard implies that the agency must have a valid assessment of the physical and mental health of not only the potential kinship foster parent but also all of the other members of the household to determine whether the family can safely and appropriately care for a particular child. In addition, as noted above, DCF itself requires all household members to be free of any physical or mental health conditions that might compromise a foster child’s safety or well-being or interfere with their care. Without an actual medical evaluation, this assessment process is seriously compromised.

We understand the state’s concerns for adult family members of kinship applicants who are not covered by medical insurance or for whom a medical examination would be a significant financial burden. However, relying on the family member of a kinship licensing applicant to submit a written statement in lieu of professional evaluation or on a caseworker to identify the need for such an evaluation raises potential safety concerns. The more appropriate step for the state is to explore other options for providing medical evaluations for kinship family members who cannot afford them or by reimbursing family members in these circumstances. This health evaluation exception does not apply to other adults residing in the homes of non-kinship foster care licensing applicants and should not apply to kinship homes.

Licensing and Certification Decisions

DCF has created numerous new regulations and procedures regarding licensing and certification. Regarding licensing decisions, DCF has implemented three options: the agency can approve or deny the application, or the applicant can withdraw their application either because they are deemed unlicensable or because they do not wish to be licensed. Procedures for maintaining a child’s placement in unlicensed court-ordered kinship care when the home has been denied a license, the licensing application is withdrawn, or the caregiver has refused licensing have also been set forth.

¹⁶⁵ Social Security Act § 471(a)(10), 42 U.S.C. § 671(a)(10) (2010).

¹⁶⁶ Child Welfare League of America, *op. cit.*: 44, p. 28.

Court-ordered kinship caregivers who are licensed are also certified to provide specific levels of care. This will provide relatives the opportunity to care for their kin and receive training, support, and services. As a result, many more children should be able to be placed with licensed kin, even when they have a higher level of need. The Children's Code requires uniform implementation of certifying kin applicants based on their knowledge, skills, training, experience, and other qualifications; the types of responsibilities that will fall to the kin; and the needs of the children.

Although the state sets the licensing standards and policies, DCF and WCCF are currently reporting differences in how counties are implementing the initial licensure and certification of relatives at Level 1 and Level 2. In some counties, for example, kin are reportedly being encouraged to obtain child-specific Level 1 certification, while in other counties most kin are being certified as Level 2 foster parents.¹⁶⁷ In addition, some court-ordered kinship caregivers are refusing to be licensed and others cannot be licensed because they do not meet one or more of the licensing criteria. In some of these cases, the child may be permitted to remain in the home even though the home will not be licensed.

Of concern is the lack of a court determination as to the appropriateness of a kinship placement made after January 1, 2010, when the kinship caregiver refuses licensure. As noted earlier, the agency can allow such a child's placement to continue in the kinship home without a finding from the court that the placement is safe, appropriate, and necessary. However, when a court-ordered kinship caregiver is denied a license or is deemed unlicensable and must withdraw their application, not only must the agency support the continuation of the placement but the court must make a finding that the placement is safe, appropriate, and necessary for the child's placement to continue. This same court determination should be required for all kinship caregivers who must apply for a license, regardless of whether they refuse to do so, are denied a license, or withdraw their application.

The decision by an agency to deny a court-ordered kinship caregiver a license but to support one or more relative foster children's placement in the home also raises concerns. While there may be some circumstances that may support this decision, such as a potential kinship caregiver who has a thirty-year-old criminal conviction that precludes them from obtaining a foster care license, the utmost caution must be used when both the agency and the court consider whether it is safe for a relative child to be placed in that home. If the placement is permitted, the child and kinship caregiver must receive vigilant oversight to ensure that the child is not in harm's way. Although agencies in Wisconsin are required to provide the same supports and services to these children and families as must be provided to children living in licensed foster homes and their foster parents, compliance with this requirement as well as the quality of the oversight provided must be closely monitored.

DCF has created a new eWiSACWIS report that tracks information regarding licensing decisions and the reasons behind them. However, delays in data entry have occurred and may still be occurring at the county level, making it difficult for DCF to report what is happening on the ground in a timely way. Systematic tracking of licensing and certification decisions and reasons that licensing applications are being denied or withdrawn is extremely important to ensure that children are not being needlessly moved out of kinship homes and that the standards are being applied evenly across jurisdictions within the state.

DCF has reported that initial data for 2010 show that more than half (57%) of kinship foster care applications have been withdrawn either because the family did not meet the licensing criteria, the family did not complete the licensing process, or the child left the home. This is a very large proportion of kinship applicants, and additional information is needed to understand the reasons for the decisions and the impact they have on children. It is important to know what proportion of these children "left the home" because they achieved permanency, which is a positive outcome, and what proportion were

¹⁶⁷ K. Taylor (personal communication, September 28, 2010).

moved from the home for other reasons. In addition, analyzing why kinship applicants did not meet the licensing requirements, why they did not complete the licensing process, and whether the foster children residing in these kinship homes were able to safely remain there are also important questions to answer. DCF reports that data regarding these issues are being entered and tracked, but these data have not been shared as of yet.

Ongoing Contacts with Foster Parents and Children

As discussed above, monthly contact between the licensing agency, the placing agency, or the supervising agency and the foster parent is required when a child is placed in the foster home. This contact is intended to provide the agency (or agencies in some cases) the opportunity to form ongoing working relationships with foster parents and ensure that children are safe, well cared for, and appropriately placed in their foster homes. However, the language in this section of the Administrative Code permits any of the following types of monthly contact with foster parents: 1) in-person; 2) telephone; or 3) interactive electronic communication, and does not specify any requirement regarding the frequency or location of in-person contact between agency workers and foster parents. As a result, all post-licensing contacts with foster parents could, for example, be accomplished using electronic communication without any verbal or face-to-face communication. This issue raises serious concerns regarding agencies' abilities to achieve the stated purpose of these contacts.

Further, in cases involving more than one agency, it is critical that the required contact plan be established immediately and that workers maintain regular contact with each other in order to discuss their observations and assessments, ensure that children are safe and well cared for, and ensure that foster parents are receiving the support and assistance that they need to successfully care for the foster children placed in their homes. Further, ongoing case managers must understand that they are primarily responsible for ensuring that foster homes, once licensed, are safe and that the foster parents are meeting all of the child's needs.

Training

Foster Parent Training

The new foster parent training requirements being instituted in Wisconsin are clearly a step in the right direction. Moving from having no uniform, statewide requirements to requiring pre-placement training for all new foster parents is a very positive development. However, a number of concerns remain in this area.

The exception in the Administrative Code that allows Level 1 and Level 2 foster parents who are licensed before January 1, 2011 to opt out of pre-placement training unless their licensing agency requires them to attend is problematic. We believe the Administrative Code should require pre-placement training for all prospective and newly licensed foster parents; such training should not be at the discretion of the licensing agency. Placing children with foster parents, kin and non-kin, who do not receive pre-placement training that includes information regarding how to care for a maltreated child may put these children at risk of a number of harms, including abuse in care and placement instability.

In addition, Level 1 foster parents are not required to attend either initial or ongoing training; they are only required to attend pre-placement training. This minimal training requirement may, in many cases, not be sufficient. A great deal of new and complex information will be provided during the six-hour pre-placement training, and Level 1 foster parents could benefit greatly from the 30 hours of initial training, which would revisit and expand on the information and lessons offered during pre-placement training. In addition, Level 1 foster parents should be assessed for ongoing, individualized training needs when they are going through the licensing renewal process and provided with that training as needed.

According to DCF, foster parents are strongly encouraged to seek additional training. Further, ongoing case managers can and do make recommendations for foster parents to receive additional training. Compliance with such a recommendation is not considered a condition of licensing in these instances but may be a requirement for continuing a child's placement in the home.¹⁶⁸ Both encouraging and requiring additional training in certain situations is appropriate; however, this is not a sufficient substitute for requiring initial and ongoing training of all foster parents.

We are also concerned that Level 2 foster parents who are licensed prior to January 1, 2011 do not have to complete initial training until January 1, 2015. This allows these foster parents a window of four years to complete initial licensing training. In addition to the lengthy period of time that they have to complete initial licensing training, a Level 2 foster parent who is licensed before January 1, 2011, and “who provides verification to the licensing agency that he or she successfully completed a competency-based, pre-service foster parent training...is not required” to complete initial licensing training.¹⁶⁹ This too is a concern, for the same reasons noted regarding the lack of an initial training requirement for Level 1 foster parents. Given that Wisconsin is moving from having no statewide foster parent training requirements, it will certainly take some time for the state to implement these processes and procedures. However, these provisions mean that many foster parents will either not need to complete all of the otherwise required licensing training or will wait years to do so.

We are aware that some court-ordered kinship caregivers have decided not to pursue licensing because they find the training requirements to be burdensome. This is not surprising given that these families were not previously required to attend training. However, it is the responsibility of licensing agencies and ongoing case managers to explain the benefits of both licensing and training, which is currently minimal for Level 1 foster parents. To make these requirements less onerous, training opportunities should be conveniently scheduled and located in accessible places, financial and other supports should be provided when needed, and training programs should offer ancillary services, such as child care, to those required to attend.

Comprehensive, timely, and reliable tracking of compliance with these complex and idiosyncratic training requirements is essential to ensure that foster parents receive the training that is needed to meet the needs of the children placed in their homes. Currently, eWisACWIS can track compliance with the foster parent training requirements, and DCF plans to implement a new system, the Learning Management System, which will also capture foster parent training information.¹⁷⁰ It will be critical that DCF and the counties regularly generate and review the applicable reports so that they are able to ascertain compliance with the training requirements. In addition, qualitative reviews will be needed to ensure that the individualized training plans that are developed are appropriate and actually provide foster parents with the knowledge and skills that they need to meet the needs of their foster children.

¹⁶⁸ P. Lancour (personal communication, January 26, 2011).

¹⁶⁹ Wis. ADMIN. CODE DCF § 56.14(7)(d) (as amended by State Department of Children and Families Emergency Rule eff. Jan. 1, 2011).

¹⁷⁰ Wisconsin Department of Children and Families, op. cit.: 150.

Using one training curriculum for both kinship and non-kinship foster parents is a concern, as such a curriculum may not “be tailored to the characteristics that make kinship care different from care provided by unrelated foster parents.”¹⁷¹ CWLA recommends that training for kinship caregivers specifically include kinship-related topics such as “the shift in authority and responsibility between the birthparent and the kinship caregiver; the role of the kinship caregiver as a change agent in the family and as a role model for positive parenting...the stress of full-time parenting for the second time, the dynamics involved in parenting young children as an older adult, and the special emotional stresses inherent in family dynamics with the birthparent and other family members; and agency policies and procedures that affect kinship families.”¹⁷²

The newly revised five-module pre-placement training curriculum is described as taking less than four hours to complete online,¹⁷³ although the training requirement is for six hours of pre-placement training. Two of the training modules provide some specific information for kinship foster parents regarding developing and maintaining family connections and foster family self care. The online information targeted to kinship foster parents includes the changing familial roles of the kinship foster parent, the parents, and the child, and the feelings that may result from these changes; the impact on family interactions; and the need in some cases to assist parents in their efforts to learn new parenting skills. The training also alludes to the likelihood that kinship foster parents often do not have time to prepare for their new role but does not offer any information regarding how to cope with these issues.¹⁷⁴

Regarding the Foundation Training, we were able to review the competency areas for each of the nine modules but not the training materials themselves. Although the competencies appear to be thorough regarding what the “parent or caregiver” should know after completing each training module, this document does not include any specific references to kinship foster parents.¹⁷⁵

As described above, kinship foster parents may experience numerous stressors that are particular to their situation, which can affect their ability to provide a safe and nurturing home for a foster child. At the very least, DCF should create a kinship-specific chapter in the foster parent handbook and a kinship-specific foster parent training module that thoroughly address the unique needs of kinship foster parents and the children in their care.

Caseworker Training

Although DCF offers and requires caseworker training, it does not currently have a mechanism for tracking whether casework staff has completed all required training.¹⁷⁶ DCF plans to use the Learning Management System to track compliance for caseworker as well as foster parent training requirements, and to “measure and evaluate the efficacy of training.”¹⁷⁷ These are critical goals, which should be implemented as soon as possible. Without the ability to track and evaluate caseworker training, steps cannot be taken to ensure that training mandates are being followed or to identify ineffective training models.

¹⁷¹ Child Welfare League of America, *op. cit.*: 54, p. 16.

¹⁷² *Ibid.*, pp. 16-17.

¹⁷³ Wisconsin Child Welfare Training System Partnership, *op. cit.*: 132.

¹⁷⁴ *Ibid.*, see training modules 4 and 5.

¹⁷⁵ *Appendix: Foundation training competency areas*. Document provided to Children’s Rights by DCF on January 27, 2011.

¹⁷⁶ Wisconsin Department of Children and Families, *op. cit.*: 150.

¹⁷⁷ *Ibid.*, p. 10.

Foster Parent Maintenance Payments

Licensing and certifying kin as Level 2 foster parents provides these relatives with a higher reimbursement rate than they were receiving when they were unlicensed. Kin can now also be certified to provide care for children with more serious needs and receive even higher reimbursement rates given the child's level of need. This illustrates a commitment by DCF to providing some kinship foster parents with additional financial support even in difficult economic times.

However, relatives who are certified as Level 1 foster parents will receive the same amount of financial support that they would have received under the old system – the equivalent of the TANF rate. The only additional benefits that these relatives may receive are a one-time clothing allowance if this is the child's first placement, and the protection of the foster parent insurance program. But now, these court-ordered kinship caregivers have to complete the licensing process and, once licensed and certified to provide Level 1 care, attend pre-placement training. These additional requirements coupled with the same level of financial support may be a disincentive for some court-ordered kinship caregivers to become licensed.

Neither the Level 1 nor the Level 2 rates approach the Foster Care M.A.R.C. for Wisconsin. In its "Guidelines for use of the Basic Rate," DCF notes that "the cost of raising a child is more than the amount provided through the Basic Maintenance Rate."¹⁷⁸ As a result, DCF provides a breakdown of the percentages of the basic maintenance rate that it suggests be used for food, clothing, housing, personal care, and other expenses. For example, for children between the ages of 5 and 11, DCF recommended using 6% of the 2010 basic Level 1 maintenance rate of \$215 for clothing, which is \$13 per month.¹⁷⁹ It is particularly difficult to imagine outfitting a child with winter clothes for \$13 per month; even the Level 2 recommendations do not come close to the actual costs that many, if not all, foster parents incur while caring for foster children.

While these are difficult economic times, Wisconsin raised the foster care maintenance payments in 2011. However, the small increase in the 2011 rates does not bring the rates to a level that approaches the actual cost of caring for a child in Wisconsin. Many current and potential foster families are struggling financially just to care for their own families, a fact that is particularly relevant to kinship foster parents who tend to have lower incomes than their non-kinship counterparts. When foster parents are not financially able to cover the difference between what the state and counties provide and what it actually costs to care for foster children, the foster children may suffer.

Case Practice

DCF does not distinguish between court-ordered kinship care and non-kinship care in regard to the level of support and services that caseworkers must provide. However, serious concerns have arisen regarding whether the same intensity of support, services, and supervision is actually provided to children in court-ordered kinship care. And since court-ordered kinship caregivers often need specific types of support and services to address the complex family dynamics that can arise in their particular situations, one must wonder whether these issues are appropriately addressed in the limited meetings with workers that do take place. Caseworkers and supervisors must have a clear understanding of the case practice requirements and of the unique challenges often confronted by court-ordered kinship caregivers and address them in an appropriate manner. And licensing workers must explore and assess

¹⁷⁸ Wisconsin Department of Children and Families. *Understanding the uniform foster care rate*. Retrieved September 10, 2010, from http://dcf.wisconsin.gov/publications/pdf/dcf_p_pfs0142.pdf

¹⁷⁹ *Ibid.*

the potential challenges that court-ordered kinship caregivers may face as they evaluate kin's ability to provide appropriate care for foster children.

It is also essential that DCF and each county ensure, through robust quality assurance processes, that all caregivers and foster children receive the support and supervision that is required by policy and that they need. For example, one key aspect of foster care administration that must be analyzed and tracked is caseloads, both for licensing workers and ongoing case managers. DCF tracks these data for the Bureau of Milwaukee Child Welfare; the other counties track their own caseload data.¹⁸⁰ The CWLA recommends that foster care caseworkers carry caseloads of no more than 12 to 15 children.¹⁸¹ Although there are no established standards for licensing worker caseloads, their caseloads must also be carefully monitored to ensure that they are not rising to unmanageable levels due to the Levels of Care licensing system and a potential influx of licensing applications from court-ordered kinship caregivers.

Further, one service that can help to ensure a child's safety and stability in their foster home placement is respite care, which provides a foster parent with a temporary break in their foster parenting responsibilities. Recently promulgated DCF regulations require licensing agencies to fund respite care for Level 3 and 4 foster parents, but leave it up to licensing agencies to determine whether to fund this service for Level 1 and 2 foster parents. Although some foster parents who are caring for children with lower levels of need may not require this service, and others may require respite less often, DCF and the counties should ensure that all foster parents that need respite care receive it. Providing a brief but much needed break can make a difference in the quality and viability of a child's placement.

Currently, no systemic data have been provided that would permit an examination of whether disparate practice is occurring either among counties or between kin and non-kin families. DCF, in conjunction with the counties, must ensure that appropriate quality assurance activities that systematically review and compare practice with kinship and non-kinship caregivers are in place. Without such monitoring, both during and subsequent to the implementation of the Levels of Care licensing system, the efficacy and impact on children of this system reform cannot be assessed and adjusted as needed.

XI. IMPLICATIONS AND RECOMMENDATIONS

Implementing the Levels of Care licensing system for all foster care providers and, at the same time, requiring all court-ordered kinship caregivers to apply for a foster home license is a considerable undertaking. Wisconsin DCF, the counties, and the private agencies with whom they contract must work together to ensure that each child is placed in a safe and appropriate home and that the children, their families, and their caregivers are receiving the services and supports that they need. This effort to license as many court-ordered kinship caregivers as possible must also be accomplished without unnecessarily disrupting children's kinship placements.

This shift in Wisconsin's approach to court-ordered kinship care and to assessing and meeting children's needs requires significant resources, professional capacity, and oversight. DCF and the counties have invested significant resources into staff training and development thus far. Policy memos have been distributed throughout the system, and DCF staff have traveled to many jurisdictions across the state to train, obtain feedback, and provide guidance regarding implementation. In addition, DCF provides technical support through phone conversations and email, and has contracted for regional out-of-home care liaisons to assist with the kinship licensing process. Such supports are critical during this time of transition.

¹⁸⁰ P. Lancour (personal communication, January 25, 2011).

¹⁸¹ Child Welfare League of America, *op. cit.*: 50.

While the ability to draw down more federal funds as a result of licensing more court-ordered kinship caregivers will reduce some of the financial burden on the state, this increased federal funding in and of itself does not address some critical issues. All levels of staff must be thoroughly trained, supported, and supervised so that they can competently carry out their duties. Developing the staff's understanding of the new policies and procedures, as well as training staff in the skills necessary to put these policies and procedures into practice, is essential.

Further, tracking progress and making necessary policy and procedural adjustments based on learned lessons and data gathered during the implementation process is a critical DCF function. DCF is aware of the issues regarding data entry compliance in many counties across the state and that obtaining timely baseline and ongoing data has been extremely difficult. In response, DCF has developed new tracking mechanisms and plans to develop additional methods.¹⁸² DCF has also implemented new requirements regarding licensing data entry time frames, but data entry issues also extend to other case practice data. Without the ability to track each piece of the implementation process, as well as the outcomes for children placed with kin and their families, in a thorough and timely way, neither DCF nor the counties can reliably ensure that the needs of children and families are being met.

Finally, as DCF, the counties, and the private agencies with whom they contract continue to implement and monitor the Levels of Care licensing system, Children's Rights and WCCF continue to have serious concerns regarding some of the policies, licensing procedures, foster parent training requirements, and the foster parent maintenance payments that have been established. We encourage DCF and state legislators to revisit these issues and revise the Children's Code and the Administrative Code to better ensure that children who are placed with kin are safe, secure, and receiving all of the supports and services that they and their caregivers need during their stay in out-of-home care.

Children's Rights and WCCF offer the following recommendations in an effort to ensure that children who are placed with court-ordered kinship caregivers are protected, well cared for, and provided with the services that they and their caregivers need as the new policies and procedures are implemented and throughout their stay in foster care. Children's Rights and WCCF believe that the Levels of Care licensing system is an important step forward in better supporting kinship foster parents and the children placed with them. We do not want our concerns about the implementation of this effort to be misunderstood and used as a reason to return to the prior system; that would be a step backwards. Support for court-ordered kinship care needs to be further strengthened, not weakened.

Proposed Statutory and Regulatory Revisions

1. Require and provide resources to ensure that all adult relatives living in the homes of kinship licensing applicants receive medical evaluations prior to licensing.
2. Require a court determination that continuing placements with relatives who refuse to apply for licensure are safe, appropriate, and necessary, regardless of when the placements were approved.
3. Require all licensing applicants and licensees, regardless of kinship status or certification level sought or obtained, to attend pre-placement and initial licensing training.
4. Require all foster parents to complete initial licensing training within 18 months of licensure.

¹⁸² P. Lancour (personal communication, January 26, 2011).

5. Amend the Children's Code to conform to the requirements of the federal Kinship Guardianship Assistance Payment Program and establish subsidized kinship guardianship as another permanency alternative. Once the statutes are in place, apply for the available federal funding.
6. Raise the level of foster care payment for court-ordered kinship caregivers certified at Level 1 above the TANF payment so as to remove this disincentive to being licensed.
7. Increase all foster parent maintenance payments to align with the actual costs of raising children.

To Meet the Needs of Court-Ordered Kinship Caregivers and the Children in their Care

8. Add a kinship care chapter to the Foster Care Handbook that specifically describes the particular benefits and challenges to providing kinship care, as well as the kinship-specific services that are available.
9. Develop and implement pre-service and initial (foundation) training modules specifically for kinship foster parents that include, at a minimum, the topics deemed important for kinship caregivers by CWLA and other national standard-setting organizations.
10. Encourage foster care providers and community organizations to establish support groups for licensed kinship caregivers and children placed in their care.
11. Ensure that all foster parents who would benefit from respite services receive such services.

To Prepare and Support Staff and Others Involved with the Child Welfare System

12. Develop and implement pre-service and in-service training modules for staff focused on issues specific to kinship care.
13. Develop and implement multidisciplinary training, bringing together child welfare staff, judges, attorneys, school personnel, and other service providers who work with court-ordered kinship care families, to ensure a shared understanding of policies, procedures, and issues related to kinship care.
14. Develop and implement reasonable workload and caseload standards for licensing workers, ongoing case managers, and supervisors. Once developed, ensure that counties address issues of non-compliance with caseloads standards.

To Monitor the Implementation of the Levels of Care Licensing System and Identify and Correct Issues in a Timely Way

15. Ensure that each county complies with all eWiSACWIS data entry requirements, including the data elements that must be entered and the timing of their entry.
16. Evaluate the need to enhance the eWiSACWIS system to ensure that all necessary information regarding court-ordered kinship care practice and outcomes can be systematically collected and analyzed so that the implementation and performance of the Levels of Care licensing system can be evaluated.
17. Utilize quantitative and qualitative review processes to identify disparities in kinship and non-kinship case practice, including gaps in service availability, and use such data to address practice disparities and ensure that needed services are accessible.



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