

Report from the

# Citizen Review Panel

for Children's Protective Services, Foster Care, and Adoption

Governor's Task Force on Child Abuse and Neglect



January 1, 2016

# Report from the **Citizen Review Panel** for Children's Protective Services, Foster Care, and Adoption

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# Report from the **Citizen Review Panel** for Children's Protective Services, Foster Care, and Adoption

## Members of the Governor's Task Force on Child Abuse and Neglect

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Term expires 12/31/15

*Judges and attorneys*

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Term expires 12/31/15

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## Preamble

Pursuant to sections 106(b)(2)(A)(x) and (c) of the Child Abuse Prevention and Treatment Act (CAPTA) as amended (42 U.S.C. 5101 et seq.), the United States Congress mandated that states receiving CAPTA funding establish a minimum of three Citizen Review Panels to assess and develop recommendations for the improvement of a state's child protection system. One of these panels being the Citizen Review Panel for Children's Protective Services (CPS), Foster Care, and Adoption (panel). Members from the Michigan Governor's Task Force on Child Abuse and Neglect (GTFCAN) serve on this panel.

The panels must be composed of volunteer members who are broadly representative of the State and who possess expertise in the prevention and treatment of child abuse and neglect. Each Citizen Review Panel must perform the following functions:

- Evaluate the extent to which the State agency is effectively fulfilling its child protection responsibilities in accordance with the CAPTA State Plan, as well as other criteria that the panel considers important to ensure the protection of children. The review must incorporate examining the policies and procedures of State and local agencies and how the CPS system is coordinated with different portions of foster care and adoption programs.
- Review the extent to which the State CPS system is coordinated with the foster care and adoption programs.
- Review child fatalities and near fatalities.
- Examine the practices as well as the policies and procedures of the State and local agencies to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities.
- Provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
- Make recommendations to the State and public on improving the child protection services system at the State and local levels.

Federal law and regulation do not prescribe the depth or breadth of review of the above issues, which the panels must conduct. Therefore, one panel may choose to conduct in-depth reviews of one of the prescribed functions and less extensive reviews of the other issues. Panels may also add issues.

Michigan established three panels in 1999 along with an Executive Steering Committee to coordinate the work of the three panels. The panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect, and the State Child Death Review Team.

Members of the Governor's Task Force on Child Abuse and Neglect (GTFCAN) serve on the Citizen Review Panel for Children's Protective Services, Foster Care, and Adoption (panel). The panel began its work in early 2013. The panel set out to accomplish the task to strengthen the current system for primary and secondary trauma. The panel solicited feedback from a variety of stakeholders to determine how to effectively respond to child abuse and neglect and strengthen the child welfare system designed to support children and families.

# Report from the Citizen Review Panel for Children's Protective Services, Foster Care, and Adoption

Panel members met in part or in entirety at least five times in 2013 and 2014; the panel has met in part or in entirety at least four times in 2015 thus far. In its early stages, the panel sought out technical assistance from Michigan's other Citizen Review Panels to acquire planning and topic ideas. Numerous planning sessions were held by the panel to determine the best course of action when tackling the large issue of trauma. It was found that there was not substantive information regarding primary and secondary trauma experienced by not only front line child protective services (CPS) workers and foster care workers, but also by children, foster parents, adoptive parents, medical professionals, and law enforcement. Trauma is a subject that many persons in the area wanted to tackle but were unsure how it actually affected individuals involved in the child welfare area on a personal level.

The panel came to the conclusion that the best way to determine how trauma was affecting all people within the child welfare system was to host open discussions with a variety of stakeholders throughout different communities. The panel also worked with Dr. James Henry, Project Director of the Western Michigan University Children's Trauma Assessment Center, on creating a trauma focused questionnaire that persons who were not available to attend these open discussions or did not feel comfortable in openly discussing their trauma to still provide the panel information as to their experience with primary and secondary trauma. The panel discussions were held open to foster care workers, child protective services workers, parents of children within the system, children who had aged out of the system, law enforcement, court personnel, medical professionals, tribal members, foster parents, adoptive parents, and any other individuals who had been involved in the child welfare system who wanted to speak about the challenges they had faced when dealing with the issues of trauma.

The panel held open discussions in several Michigan communities over a period of 18 months. The panel traveled all over the state to attempt to cover urban, rural, and metro areas in order to capture a broad range of issues related to primary and secondary trauma:

- Grand Rapids, MI: December 10, 2013
- Flint, MI: May 8, 2014
- Alpena, MI: June 3, 2014
- Marquette, MI: August 7, 2014
- Mount Pleasant, MI: April 21, 2015
- Detroit, MI: June 18, 2015

Following these panel discussions and receipt of written questionnaires, an analysis of the data was completed. This analysis included a qualitative review of the citizen testimony provided to panel members from each Michigan site. Each statement was read by multiple reviewers and then categorized according to a relevant topic area. The questionnaire responses were coded and labeled based on content and aggregated to present frequency of responses and primary themes.

Below are the findings and results of the panel discussions and written questionnaires, along with recommendations for the Michigan Department of Health and Human Services—as the state leader in response to child abuse and child neglect—to address primary and secondary trauma through the child welfare system as well as other concerns. The recommendations apply to private and state agencies throughout the state of Michigan and may be relevant for other agencies and organizations serving children and families in Michigan.

## Findings from panel hearings

**Overarching themes.** A number of themes emerged across the six Michigan sites:

- 1 Caregiver support.** The need for training, concrete assistance, better communication, and teamwork to address the challenges and trauma associated with caregiving for adoptive, foster, and kinship care parents.
- 2 Worker support.** The identification of a number of stressors for professionals, including being overworked, under-supported, and inadequately trained. Across sites, it was noted that workers struggle with a sense of safety and responding to primary and secondary trauma. These challenges are compounded by worker isolation and inexperience for new workers.
- 3 Lack of well-being for children and youth.** The concern that children and youths' responses to trauma are missed or misunderstood, leaving children and youth with increasing risk factors and future vulnerability.
- 4 Turnover hurts.** Multiple workers for the same child, multiple foster homes for children, worker burnout, and secondary trauma impact the ability to maintain and sustain helping, professional relationships.
- 5 Resiliency helps.** Teamwork, communication, cross-system training and community collaboration buffer system stressors and enhance effective responses to children, youth, and caregivers.

The testimony from community participants was summarized and categorized according to concerns related to caregivers (adoptive and foster parents), children/youth, the workforce, and other aspects of the child welfare system.

# Report from the **Citizen Review Panel** for Children's Protective Services, Foster Care, and Adoption

## With regard to **caregivers/foster parents and adoptive parents:**

- 1** The need for support for adoptive and foster parents was frequently noted ("our family has been torn apart"), with unsuccessful attempts to locate in-person or online supportive resources.
- 2** A number of financial concerns were identified, including the need for more funding for foster parents, late payments to parents, and financial stressors compounded by unreimbursed expenses such as travel.
- 3** Training needs were highlighted (not prepared "for what is going on in their homes") by requests for more training; also stating there was an inadequate number of hours of required training particularly when caring for children with multiple needs and trauma, and noting that the lack of training leads to blowups and placement insecurity.
- 4** Teamwork and communication needs were underlined. Foster parents noted receiving late notifications of appointments; little or late consultation on schedules/appointments; and being left out of decision-making.
- 5** Caregivers need support as well as training to address the trauma experienced by children in their care and the caregivers' secondary trauma.
- 6** A means to evaluate foster homes and parents was requested.

## With regard to **children/youth well-being and permanency:**

- 1** Recognize that children have been traumatized in their homes, through the removal process, and in a new and unfamiliar foster home. This trauma for children was increased by being placed in foster homes far away from parents and children (re-traumatized by this distance/separation); by numerous placements; by separating siblings ("youth are split up like puppies"); by frequent disruptions of schooling for court and other matters; and a child's trauma reactions are mislabeled and punished.
- 2** Counseling services for children and youth need to be more widely available. Trauma informed counseling is needed (the limitations of using cognitive interventions when cognition is dysregulated).
- 3** Placement problems were experienced such as no available foster homes (children slept in the office with worker supervision) or denial of placement due to religious objection (LGBT foster parent not considered for placement).
- 4** Challenges for youth who are about to or have aged out of care include: (a) lack of information about services; (b) existing services are inadequate or unhelpful ("treated like a number," "I had to explain policy to the worker"), (c) lack of access to mental health services and health services, (d) when eligible for financial assistance, experiencing long delays; (e) housing insecurity; (f) youth who do not go to college get "left behind"; and, (g) youth experience challenges well beyond age 21.
- 5** Knowledge about and how to respond effectively to youth behaviors is needed: when youth harm other youth in care, running away to see family members and siblings, displays of anger. Need to recognize connection to trauma and the need for a therapeutic response.

# Report from the Citizen Review Panel for Children's Protective Services, Foster Care, and Adoption

## With regard to **workforce/workers/other professionals:**

- 1 There needs to be more support for workers, including more trauma training and resources for responding to primary trauma and addressing secondary trauma; training opportunities are not known or accessible.
- 2 Particular concerns for new workers who are dealing with primary and secondary trauma as secondary trauma is a daily occurrence (for example, mother asks worker to reassure her that if the mother's husband kills her tonight, he will not get to keep the children). New workers need mentoring, support, and training to build dignified relationships with families to reduce trauma.
- 3 New worker difficulties have been compounded by making the staff mobile. With mobility as implemented, there is a loss of a sense of teamwork, increased isolation and the feeling that one is "on their own." There needs to be a strategy for adding back the support system lost by a mobile workforce. Closed offices have also reduced resources for clients. With unreliable Internet and cellphones, there is the feeling of no support.
- 4 With too much to do, caseloads too high (as measured by the number of contacts), adjusting to time-consuming SACWIS, and too much paperwork, the sense of not getting done adds to worker stress and the sense of being overwhelmed. This is further compounded by frequent changes in policy and agency procedures.
- 5 There is worker guilt about self-care, including reluctance to share problems with others (must appear to be strong) and to burden co-workers by sharing problems and asking for help. One worker reported that screaming helps her cope.
- 6 Workers report that it is very difficult to maintain work-life balance.
- 7 Child welfare professionals experience hostile, dangerous, armed, and angry parents. They also experience and hear about child deaths. Fear for one's safety and the safety of one's own family increases. Their job is placed in the "worst possible light," and that affects how workers are viewed/treated.
- 8 Workers reported that even if they were willing to seek help, they were unaware of opportunities for therapy for staff.
- 9 There are additional stressors for workers in private agencies, including low pay, high turnover, using one's own vehicle for client transportation, and a resentment of public workers (due primarily to pay differential). Some public agency workers stated they are resentful of private agency workers who turn over so quickly that the state worker ends up doing the private agency worker's job.
- 10 Workers reported a lack of training resources, lack of money to support travel for training, that work demands limit time for training, and little training for tribal workers.
- 11 Medical leave due to burnout leaves the office short-staffed; workers return to work when their leave is over whether or not they are improved.
- 12 High turnover undermines agency work and affects other workers, frustrates parents, and results in children not knowing their worker and workers not knowing children.



# Report from the Citizen Review Panel for Children's Protective Services, Foster Care, and Adoption

## With regard to **other areas of concern:**

- 1 Challenges related to substance abuse, particularly for some regions of the state. These challenges included lack of rehabilitation and treatment options, lack of knowledge about addictions and treatment (for medical personnel and workers), and concerns about co-existing disorders (substance abuse and mental illness) and high substance abuse/use among youth who have aged out of care.
- 2 Lack of awareness about the needs of children and policy conflicts (courts and judges) and how the child welfare system works (law enforcement).
- 3 Need for better teamwork and cross training between MDHHS and law enforcement; better teamwork and communication, in general.
- 4 Loss of prevention workers due to budget cuts; short staffed, high caseloads, too much work.
- 5 Infrequent visits by some L-GALs.
- 6 Cost and length of wait for trauma assessments.

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**Positive features and strengths.** Participants were invited to share their observations about the child welfare system, trauma, and their experiences. These observations included a number of positive features.

- 1 The ability to handle traumatic situations and respond effectively to consumers was enhanced by working together as a team of professionals. Positive features included a team approach and being a close-knit staff, humor, and meeting regularly, being listened to and supported by supervisors, and an agency trauma committee to help respond to client/worker issues.
- 2 Having a physical setting that is comfortable for workers and a good place to interview children (in a "living room" setting).
- 3 Effective work conditions were advanced by collaborative and positive relationships between agencies (DHHS and courts), with community partners and schools; implemented through cross agency meetings and interagency networks.
- 4 It made a difference when a community was passionate about children.
- 5 Competent, ethical, and well-educated staff members make a difference.
- 6 The work of particular community professionals was noted: for example, GALs who are independent, represent the children, specialize, and excel with their representation.
- 7 Leadership that works together, listens and supports the team, communicates well, and addresses staff burnout. Reflective supervision is valuable.
- 8 Support for foster parents, including weekly meetings with foster parents, staff availability, including foster parents in the team, and having required additional hours of training.
- 9 The development of supplemental training resources (such as a video on drug addicted babies) was a positive training resource.
- 10 Specific positive approaches and programs were cited: Pathways to Potential, CASA (noted as sometimes the only person who sticks with a case without turnover); court mediation programs, CTAC assessments.
- 11 A University internship prior to hiring was viewed as helpful as was having a university nearby. University-based education and training opportunities.
- 12 Foster care youth/aging out youth become a family to each other.
- 13 In one location, there was a grant-funded trainer for the local office staff members to help deal with secondary trauma.
- 14 Law enforcement personnel provide support for workers experiencing secondary trauma due to shootings and serious crime.
- 15 To address the need for money management, one agency had a program to teach foster care youth about banking and money matters.

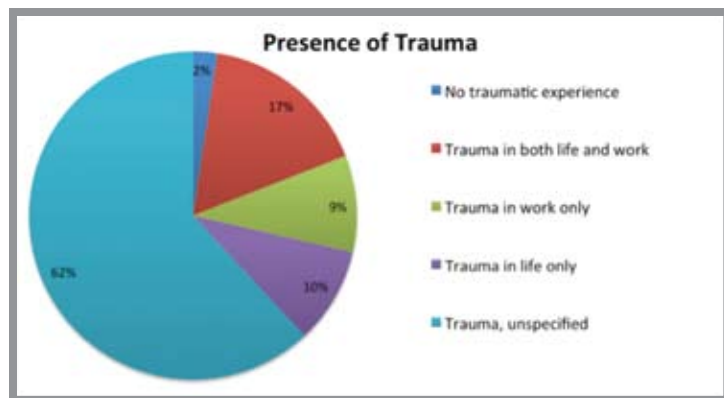
## Findings from questionnaires

The Citizen Review Panel Questionnaire was distributed to persons who attended the panel discussion meetings and was made available online to public and private child welfare workers. It consisted of 13 open-ended questions regarding trauma. For the purpose of ensuring anonymity, the only demographic information requested was the participant's county. Forty-one people returned completed questionnaires, representing 15 counties in Michigan. The handwritten data was manually entered into a spreadsheet, which was imported into Dedoose, a Computer-Assisted Qualitative Analysis tool. Dedoose was used to code and analyze the responses.

Below is a list of the 13 questions along with highlights from the data analysis.

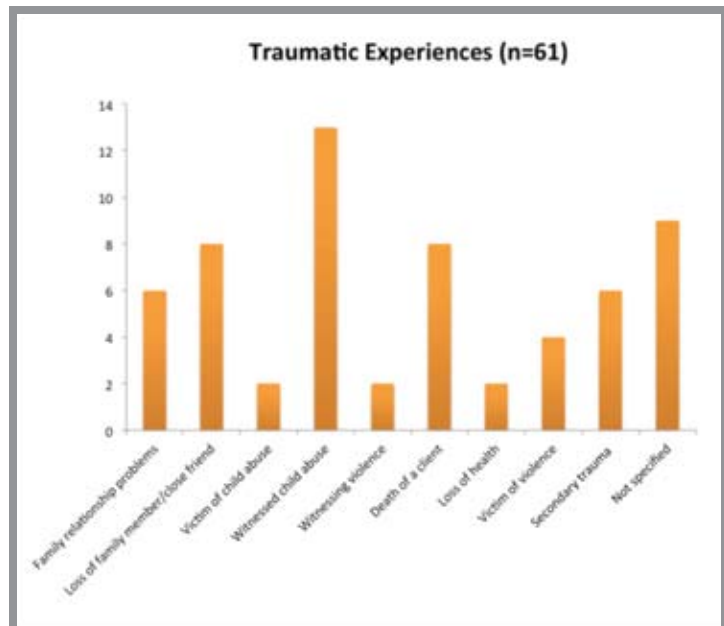
### 1 Have you experienced a traumatic situation(s) in your life and/or work?

- 98% (all but one) reported experiencing trauma.
- Of those who specified where they experienced trauma, 64% reported experiencing trauma at work, and 44% reported experiencing trauma in both life and work.



### 2 What events have resulted in a traumatic experience for you or the people you work with and care about?

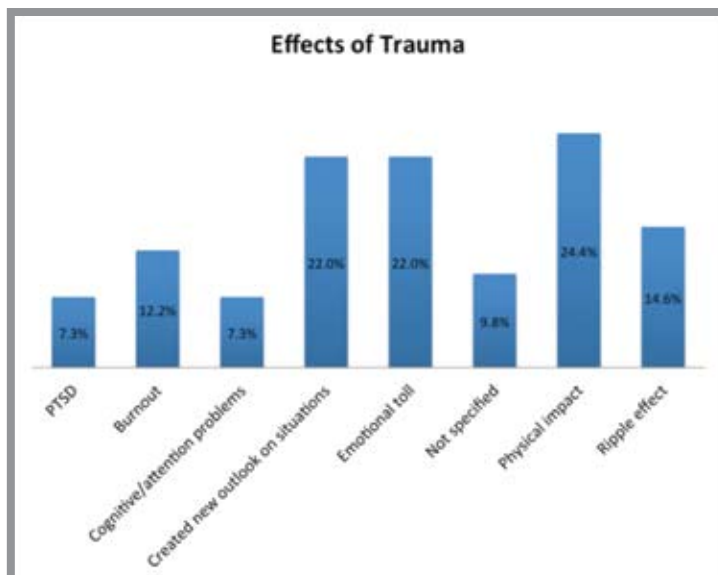
- 40 participants reported 61 different traumatic experiences.
- 22% of the responses were a description of witnessing child abuse.
- 13% of the responses were a description of a loss of a family member/close friend.
- 13% of the responses were a description of a death of a client.



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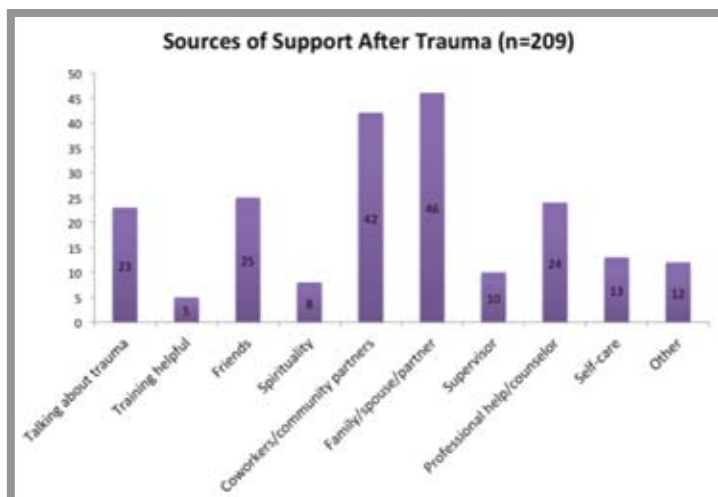
### 3 How would you describe the effects of a traumatic experience? How has it impacted your life and work or others?

- 24% reported physical impacts (loss of sleep, unhealthy eating habits, etc.).
- 22% reported a heavy emotional toll.
- 22% reported a new outlook on trauma due to their experience.



### 4-6 Participants were asked three distinct questions about sources of support and help after experiencing trauma. All answers were coded together. [4. When you have experienced or observed a traumatic experience, who have you turned to for comfort and help, if anyone? 5. Who has been most helpful when you were involved in a traumatic experience? 6. What has been most helpful in dealing with the traumatic experience?]

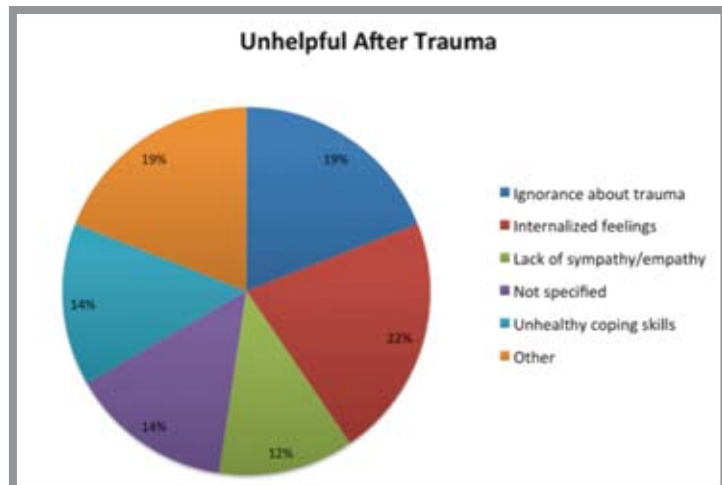
- Participants listed 209 sources of support and help after experiencing trauma that fit into 14 categories.
- Family, spouse, or partner was described 46 times.
- Coworkers and community partners were described 42 times.
- Friends were described 25 times.
- Professional help or a counselor was described 24 times.
- Processing and talking about the traumatic experiences were described 23 times.



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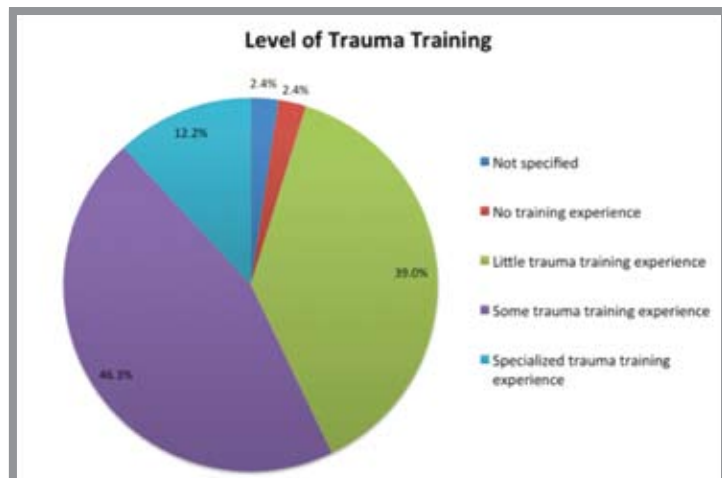
## 7 What has been less helpful in dealing with the traumatic experience?

- 22% reported internalized feelings.
- 19% reported ignorance about trauma.
- 14% reported unhealthy coping mechanisms.
- Others reported difficulties in finding the help they needed, being overworked, and that their supervisor was unhelpful.



## 8 How much training have you experienced with regard to trauma and its effects and treatment?

- 46% reported some trauma training.
- 39% reported little trauma training.
- 12% reported specialized trauma training.
- 2% reported no trauma training.



## 9 What lessons have you learned from trauma experiences and working with others who have experienced traumas?

- 27% reported that trauma is experienced uniquely and individually from person to person.
- 22% reported learning more about trauma and its effects.
- 15% reported that empathy and patience is needed when dealing with trauma.
- 15% reported that getting help/support is important.

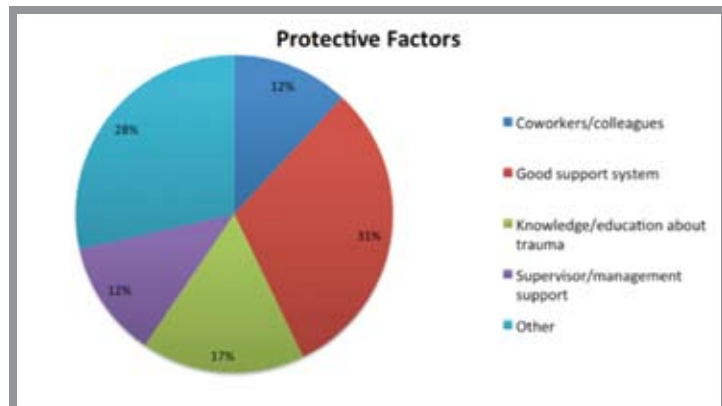
## 10 What advice would you give to various professionals to be able to respond most effectively to traumatic situations?

- 20% suggested finding support/help.
- 15% suggested processing emotions/talking to others.
- 15% suggested being familiar with signs of trauma.
- 15% suggested being a good listener.
- 15% suggested participating in more training.

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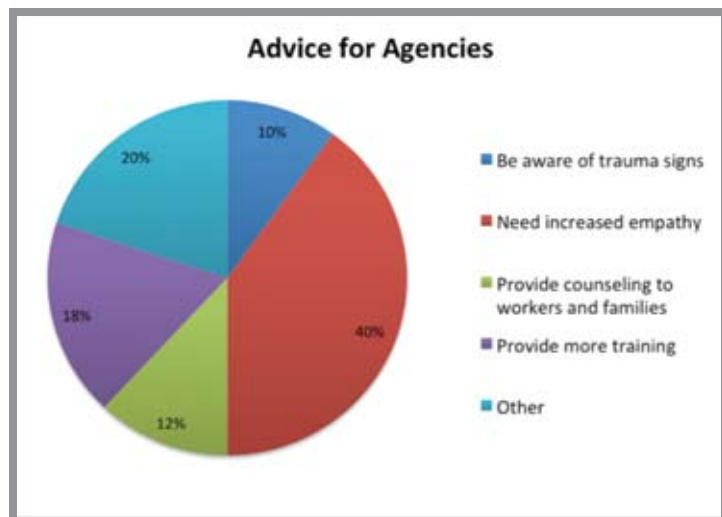
## 11 Are there any factors that helped cushion the traumatic blow or experience? Can you identify some protective factors for you in the experience of a trauma?

- 55% reported relationships that were supportive: 31% reported a good support system, 12% reported supportive colleagues, 12% reported supportive supervisors/management.
- 17% reported knowledge/education about trauma.
- Others reported protective factors such as faith, supportive courts, and self-care.



## 12 Any advice for organizations and agencies in responding to victims of trauma?

- 51 pieces of advice were given across 14 categories.
- 40% of advice was given in regards to improving communication between supervisors/coworkers or increased empathy.
- 18% of advice described the need for more training.
- 12% of advice suggested providing counseling for workers/families.
- 10% of advice described the need to better recognize the symptoms of trauma.
- Other advice included discontinuing mobile offices, providing more/better resources, and encouraging self-care.



## 13 Any general feedback or ideas that might help Michigan citizens who experience or observe trauma?

- There were 24 responses with a variety of themes. The theme with the highest frequency (6 responses) was a need for more trauma awareness.
- Other ideas mentioned more than once were making sure the system is working for children (2), creating support groups for workers (3), provide more training (3), and seek/improve counseling (3).

## Recommendations

The purposes of this Citizen Review Panel process included giving stakeholders an opportunity to voice their observations and concerns, to gain information and knowledge about the functioning of the child welfare system with special attention to trauma issues, and to compose a number of recommendations for systemic improvement based on the information learned from this community and consumer feedback.

These recommendations comprise information from the testimony of participants and input from the questionnaires. Recommendations are crafted from statements of stakeholders and the Citizen Review Panel and Task Force membership.

### **1 Enhance the well-being and resilience of caregivers, workers, and supervisors by building supportive work environments:**

#### **a. Caregivers/adoptive, foster, and kinship parents:**

- (1) Online and web-based resources (list serv/website) for accessibility and timely support.
- (2) Financial assistance (travel allowance) for travel for visits, appointments, and training.
- (3) Training: assure relevant topics (for example, child trauma) and supportive training environments, and increase training hour requirement (at least in certain situations, for example, when the child has a diagnosis/trauma, child sexual abuse, or trafficking); specify some training topics.
- (4) Support for foster parents with regard to secondary trauma and other stressors (particularly new foster parents); teach and support self-care.
- (5) Establish and support an independent statewide foster parent association; provide resources for such an organization but respecting foster parent leadership and viewpoints.
- (6) Ongoing feedback systematically and intentionally collected on a regular basis.
- (7) Engage foster parents and other veteran caregivers as mentors and trainers.
- (8) Establish a mechanism for foster/kin parents to receive immediate informed support when faced with a behavioral crisis. This mechanism might be a 24-hour hotline or a member of the potential foster parent association.

**Foster parents need more support and training.** We recommend that training be delivered in a purposeful, planful manner so that key topics are consistently addressed (such as trauma); that training opportunities be accessible and increased (particularly for caregivers with children/youth who have experienced trauma, are at high risk for behavioral challenges, or present other complications); and that an organization such as a statewide foster parent association be considered so that foster parents have positive and ongoing opportunities for mentorships and other support, resources and training, and a voice in the child welfare system.

#### **b. Child welfare workers:**

- (1) Teach and support self-care to enhance the management of professional and personal stress.
- (2) Establish a formal mentoring system (particularly for new workers) using experienced workers or others with training to provide mentoring.
- (3) Assist with paperwork and reporting responsibilities (case aide/ tech support).

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- (4) Review and strengthen policy with regard to dangerous cases and risk; work with law enforcement to enhance training and service response safety, including after work safety issues, self-defense, and other training options.
- (5) Support groups for workers (particularly new workers) to discuss trauma and address factors that may affect turnover.
- (6) Assess the needs of longer serving workers to address issues related to burnout, fatigue, and accumulated stress and trauma responses.

c. **Supervisors:**

- (1) Teach engagement and empathy skills within a supervisory relationship.
- (2) Train supervisors in skills to foster a supportive climate for their employees.
- (3) Train to recognize secondary trauma and to develop supportive plans for workers; require counseling when there is a traumatic incident such as a child fatality; require mental health counseling for a worker.

d. **Agency:**

- (1) Address need for community, safety, and support related to workforce mobility. Provide a safe space for meetings; encourage strategies for connecting and supporting teams and workers. Hybrid—recognize mobility but also the need for an anchoring, safe gathering place for planning, support, and team building.
- (2) Expand and publicize methods for counseling and support for workers who have experienced trauma or need other support to continue to provide effective services. Establish an employee assistance program that is proactive and reaches out to the workforce.
- (3) Address turnover; develop agency-wide and office-specific proactive measures to support worker retention.
- (4) View caregivers as team members.
- (5) Examine caseload size (beyond MSA requirements) and consider variables that may differentiate workload such as number of children, family members, community agencies. Assign caseloads not by number of cases but by number of contacts, level of severity within the cases, for example.
- (6) Assign high risk or exceptionally difficult cases to a team, rather than a single worker.

**Creating and supporting a highly competent workforce must be a priority.** Without a strong workforce, agency initiatives, interventions, and practice models will fail. This support includes: special attention to new workers and the establishment of a mentoring system, addressing safety concerns, supporting team-building within a mobile environment, prioritizing training and supervisory skill particularly with regard to training on trauma, and addressing workload issues that pose obstacles to good work.

## 2 **Develop a trauma-informed system of care (incorporate practices recommended by the National Child Traumatic Stress Network and the Chadwick Center).**

- a. Educate workers, caregivers, and youth on signs and symptoms of traumatic stress and how to effectively respond.
- b. Conduct routine trauma screens (use trauma screens that can be applied in a timely manner).
- c. Address secondary trauma for staff to minimize and treat secondary traumatic stress and increase staff resilience.
- d. Assume child, youth, parent, and caregiver trauma and routinize trauma assessments and intervention.



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- e. Refine methods for educating children regarding the foster care system so it is potentially less mysterious and overwhelming; provide age appropriate, relevant written guidance and information.
- f. Increase collaboration with and training for other systems such as education, legal, and law enforcement.
- g. Be proactive with foster parents—assume secondary trauma; train on how to talk to and support children in care, their own children, and themselves.

**A trauma informed system is an essential quality for child welfare agencies, accomplished through training of all stakeholders, services to address secondary trauma, and supportive work with children and youth.**

## 3 Increase communication and learning.

- a. Exit interviews for children/youth leaving foster care (How was your experience? What was most helpful and least helpful? What could have been more helpful? Recommendations for foster parents? Workers? Other professionals?).
- b. Interviews with foster parents at the conclusion of a placement (How was your worker? What was most helpful? What could have improved the experience for the child, bio parents, and for you? How was the agency?).
- c. Customer satisfaction surveys.
- d. Schedule routine stakeholder assessment activities (every three years, for example).

**Gaining feedback and regular communication with children/youth, caregivers, professionals, and community partners is an important aspect of improving service delivery and building public confidence in the child welfare system.**

## 4 Address system issues.

- a. Address public-private issues such as pay differential and oversight.

## 5 Advance training

- a. Expand online learning and address access to in-person training; provide time and travel support. Some areas have a lot of training (“trauma training fatigue”); others have very little available.
- b. Value training.
- c. Expand knowledge about addiction.
- d. Use foster parents/caregivers and foster care youth as trainers/co-trainers.
- e. Provide “first responder” training to workers.
- f. Training for judges/courts on the child welfare system.

**Trauma training needs to be accessible statewide and available to systems that work with the child welfare system. In addition, special topics, such as dealing with substance abuse, need to be incorporated into training. A number of training initiatives have been implemented; workers need the support and time to fully benefit from these opportunities.**

# Report from the Citizen Review Panel for Children's Protective Services, Foster Care, and Adoption

## 6 Make service improvements.

- a. More services for substance abuse.
- b. Geographic proximity for placements.
- c. Support the child connection to family; transportation expenses for foster parents and for bio parents/sibling visits, use of technology to support connections.
- d. Aging out issues need to be further addressed; improve and expand Youth In Transition programs.
- e. Need for upfront, longer term prevention services that prevent placement.
- f. Encourage interagency teamwork.
- g. Provide access number/e-mail/passport for a child to contact key people such as caseworker and GAL.
- h. Examine felony convictions and the loss of services.
- i. Reduce removals of children from school for case processes/legal meetings.
- j. Need for quality, accessible counseling resources.
- k. Permanency roundtables for youth aging out of care.

**Permanency considerations for children and youth are crucial for positive outcomes.** Permanency efforts are compromised by worker turnover and placement instability. Addressing these factors must be a priority. Youth aging out of care continue to face multiple challenges and service needs. The programs to assist youth to get to college have had some success; there needs to be other initiatives to address the many youth who feel left behind and have ongoing complications due to the trauma experiences in their lives.

**It is also recommended that a citizen review panel process be conducted every three years** following the issuance of a report. These information-gathering initiatives can focus on specific issues identified in previous reports or be general in nature, but they should be conducted in a manner that respects the privacy and viewpoints of all participants.

## Summary

The testimony of Michigan citizens and professionals from all across the state affirm that the challenges to the child welfare system are complex and numerous:

**Caregivers** who have stepped up to take vulnerable children into their homes have reported the need for more social/psychological support; the need for increased and secure funding; more attention to training focused on the multiple needs of children in their care, particularly trauma and related reactions; and engagement with the agency as a valued partner working toward the safety, permanency, and well-being of children and families.

**Children and youth** need counseling and support, provided by consistent, dedicated and well-trained professionals, as these children and youth experience the trauma of abuse and neglect, the trauma associated with removal and placement, multiple workers and the impact of turnover, multiple placements, separation and distance from family and siblings, and other traumatic disruptions. The difficulties are compounded for youth aging out of care and/or already exiting foster care. Due to their age and status, opportunities for gaining resources and securing help are further removed from them.

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**Workers** report the need for additional support and training, skilled supervision, agency resources to address secondary trauma, and effective teamwork. The disconnectedness, heightened by going mobile, the difficulty in acknowledging, accepting, and finding helping resources, the distress associated with poor self-care and public criticism, and the demands of a new computer system, high caseloads, and lack of resources combine to provide conditions that promote burnout, illness, and turnover. These stressors are even greater for new workers. Service delivery is further complicated due to the impact of substance abuse and insufficient knowledge and resources to address these issues and the failure of systems to work together effectively.

The testimony of **Michigan citizens** also noted strengths: particularly the ability to do a good job when there is training and support with regard to primary and secondary trauma, strong teamwork within the agency, strong connections between community agencies, and a well-educated and skillfully led workforce. There are programs that have a positive reputation, and despite many challenges, many dedicated workers and supervisors make a positive difference in people's lives.

**What should be done?** Multiple recommendations were identified by participants and committee members. Highlights include:

- 1 Communication with, support for, and coordinated, planful training for foster parents** and other caregivers and engagement with these caregivers as crucial partners. An effective statewide foster parent organization could be one method for addressing this need for support and training.
- 2** In addition to continued accessible training, a **mentoring system for workers**, particularly new workers, and agency supported initiatives to **address secondary trauma and turnover** are important steps toward supporting a healthy workforce.
- 3 Supervisors have a crucial role** in promoting good practice, teamwork, engagement with workers and caregivers, and addressing trauma. Training and supporting supervisors, particularly given the current range of stressors, is critical.
- 4** Child welfare agencies should aim to become **trauma-informed systems of care**.
- 5 Advanced training, communication, evaluation, and community connections** are needed to support the child welfare system.

**Recommendations noted in this report require funding and resources. Making the case for funding and resource maintenance and expansion is needed. The priority of assuring the well-being of the workforce to further assure the safety and well-being of the children and families served is imperative.**

## Conclusion

**T**he Citizen Review Panel members are grateful for the Michigan citizens and professionals who participated in the panel discussions and by submitting questionnaires. The committee would also like to express its appreciation to the Michigan Department of Health and Human Services for supporting this exploratory process and to the Governor's Task Force for their encouragement and support. We look forward to working with MDHHS and other stakeholders to advance a trauma informed and trauma sensitive child welfare system.

# Notes

Chadwick Trauma Informed Systems Project ([www.chadwickcenter.org/CTISP](http://www.chadwickcenter.org/CTISP)); resources for administrators with regard to a trauma-informed system.

National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org)).