



Poverty Informed Care

Milwaukee Child Welfare
Partnership Council

February 2026



Children's
Wisconsin

Poverty Informed Care

Overview



Commitment

- In early 2025, Children's Wisconsin Child Well-Being committed to implementing a state-wide Poverty Informed Care (PIC) strategy with a goal of improving service delivery and outcomes for kids and families statewide.

Why Now? The Problem of Poverty

- In Wisconsin, 13% of children live below the poverty threshold.¹
- Disparities across race, ethnicity and geography are significant.
 - 30% of Black and 23% of Hispanic children,² and more than 70% of children in some zip codes in Milwaukee live in poverty.³
- Poverty is linked to a higher incidence of poor outcomes in physical and mental health, developmental delays, healthcare engagement and access, preventable crises, client and family experience, education and social outcomes.

Poverty and Health and Wellness

- Social drivers of health (SDOH) like housing, education, and income directly shape physical and mental wellbeing
- Poverty can cause mental illness and can result from it. It can lead to:
 - Increased rates of depression, anxiety, substance use, trauma, and other mental health issues
 - Chronic stress and feeling like you have little control over your life
 - Being stigmatized and feeling disconnected or alienated from others
- Health disparities follow a dose-response pattern: the more disadvantages a person faces → the worse their health outcomes.

The Problem of Poverty is Structural

- **Economic inequality:** Many people's pay hasn't kept up with the rising cost of living. The richest pay less in taxes. Jobs are often unstable, with unpredictable hours, no benefits, and little control over work.
- **Weak social safety nets & high costs:** Programs meant to help people in need have been cut, while housing, healthcare, and other living costs rise.
- **Discrimination and overlapping barriers:** Race, gender, disability, and other forms of bias make it harder for some people to get fair opportunities.
- **Blaming people instead of systems:** The idea that people just need to "pull themselves up by their bootstraps" ignores unfair systems and shifts blame to those experiencing poverty.
- **The "American Dream" myth:** The story that anyone can succeed if they work hard doesn't reflect the real barriers people face.

Intersectionality and Lived Experience

- Experiences of poverty are not uniform and vary by race, gender, disability, geography.
- Common experiences: stigma, shame, social exclusion, loss of dignity.
- Recognizing intersections of oppression is essential to removing barriers.

Why Now? Organizational Readiness

- Strong foundation in trauma-informed care, poverty-informed practices, and equity-driven care models,
- Integrated infrastructure (EHR/data systems) that enable cross-program coordination, and
- Established competencies in quality improvement, and translating evidence into practice.

What is Poverty Informed Care (PIC)?

- PIC is a way of organizing services to treat poverty as a community and system issue, not an individual weakness.
- It shapes how programs are designed, how services are delivered, and how leaders make decisions.
- The goal is to create more fair and supportive environments by reducing stigma, building trust, listening to clients, removing barriers, and holding organizations accountable for equity and respect.
- It requires change at all levels of the organization, from service design and delivery to leadership practices and values.



Our Opportunity

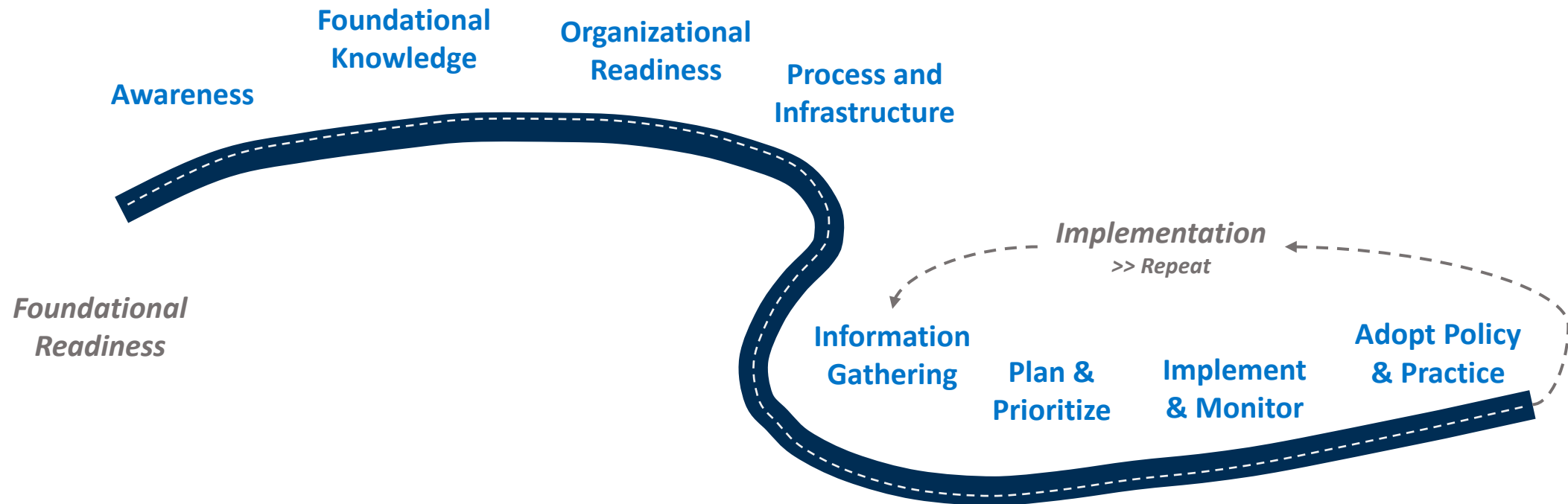
- Many of our programs already use poverty-informed tools and practices.
- This work will seek to elevate and support the tools and learnings from existing practices, while building an intentional framework to standardize and scale our efforts.
- Implementing a cohesive Poverty Informed Care strategy will improve access, engagement, trust, satisfaction, health equity, outcomes, and long-term costs.

Roadmap



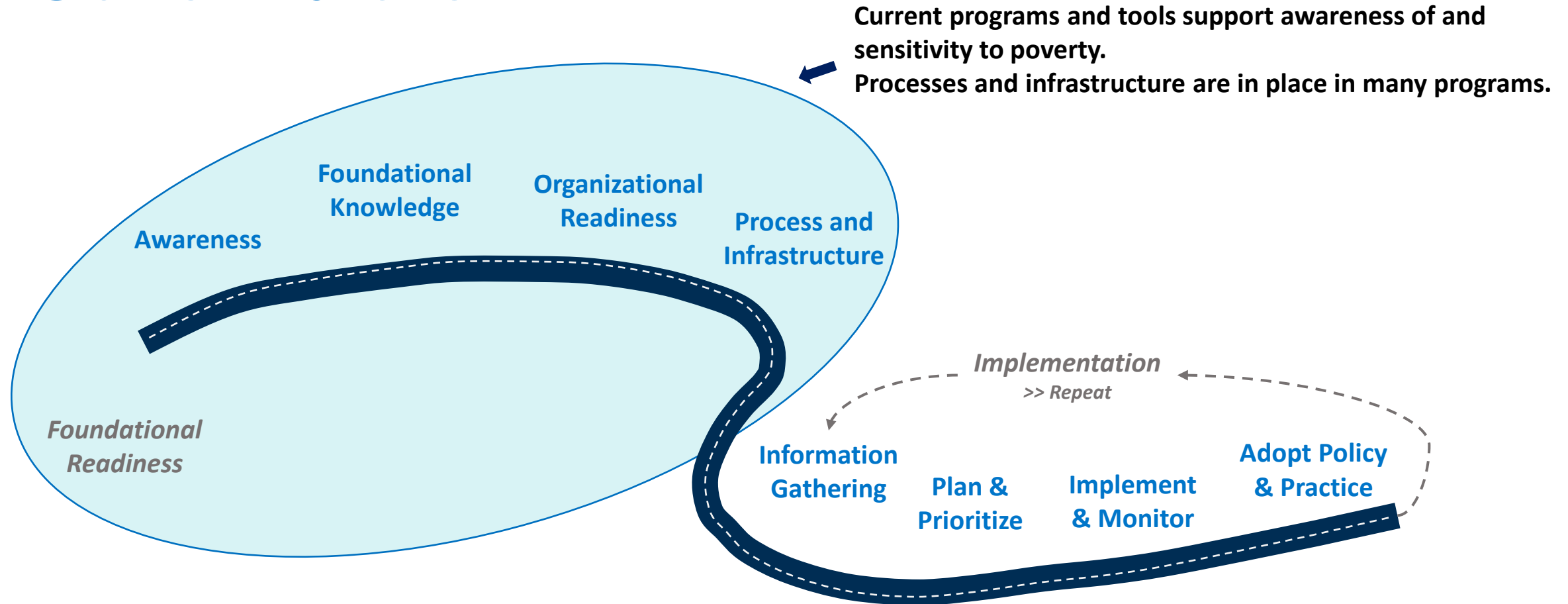
Roadmap to Poverty Informed Care (PIC)

*Borrowed from [Trauma Informed Oregon's Roadmap to Trauma Informed Care \(TIC\)](#)



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Current State



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Foundational Readiness

Programs and Models

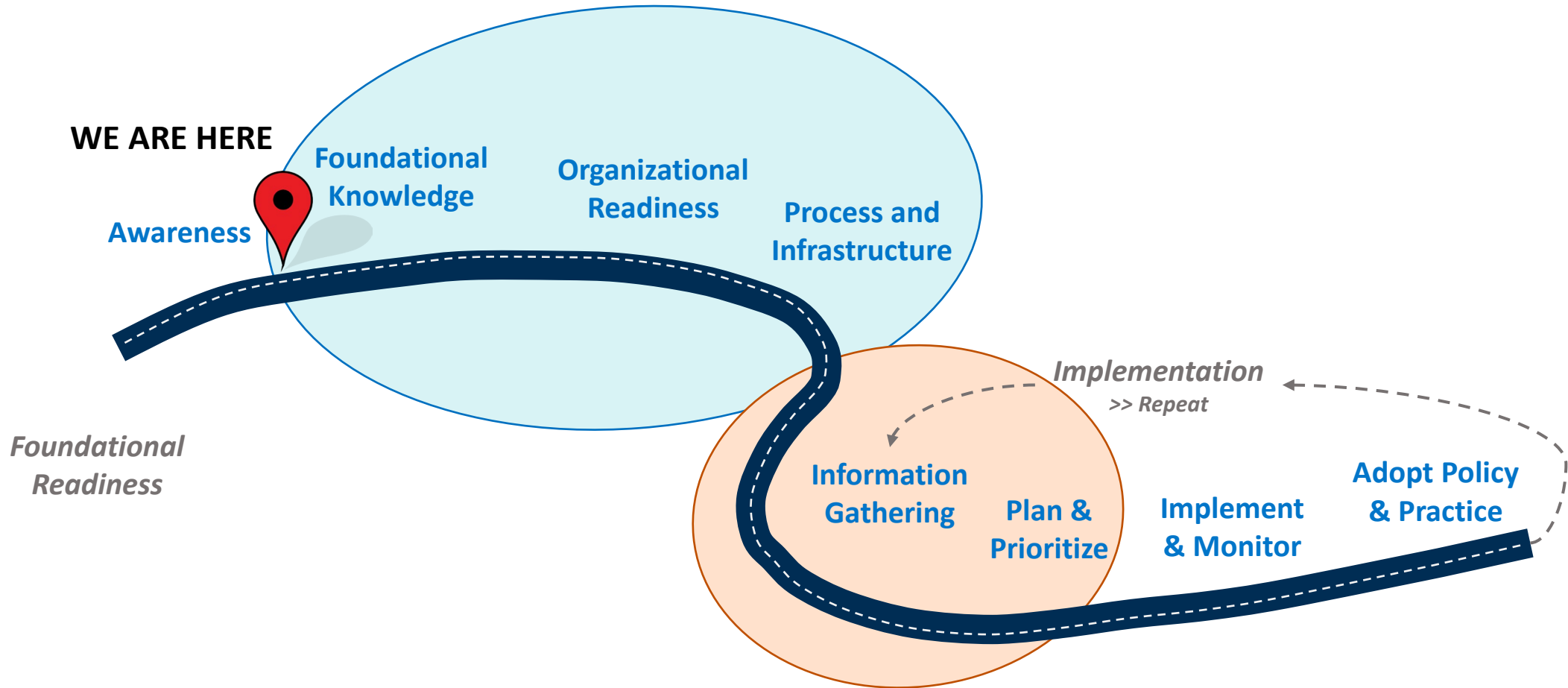
- EMPath's Mobility Mentoring
 - Used in 9+ program areas (e.g., Education & Employment, Family Connections, Family Support, Homeless Navigation, Home Visiting, Project Home).
 - Focus: Economic mobility coaching, goal-setting, and referrals.
- Protective Factors Framework
 - Used widely across Family Resource Centers, Supervised Visitation, Case Management, etc.
 - Focus: Building resilience, social connections, and access to concrete supports.
- Triple P (Positive Parenting Program)
 - Used in Family Support - Prevention, Home Visiting, and select regions.
 - Focus: Strengthening parenting practices and family relationships.
- SDOH Screening
- HFA (Healthy Families America)
- PAT (Parents as Teachers)

Tools

- Bridge to Family Stability (aligned with Mobility Mentoring)
- Participant Registration Forms
- Goal Action Plans (GAP)
- Resource and Referral (RR) Tracking
- Protective Factors Survey
- FROG Assessment (Home Visiting)
- HRSA Tools (Healthy Start)
- SAFE Tool (adoption/foster care)
- Poverty Simulation

2025 Priorities

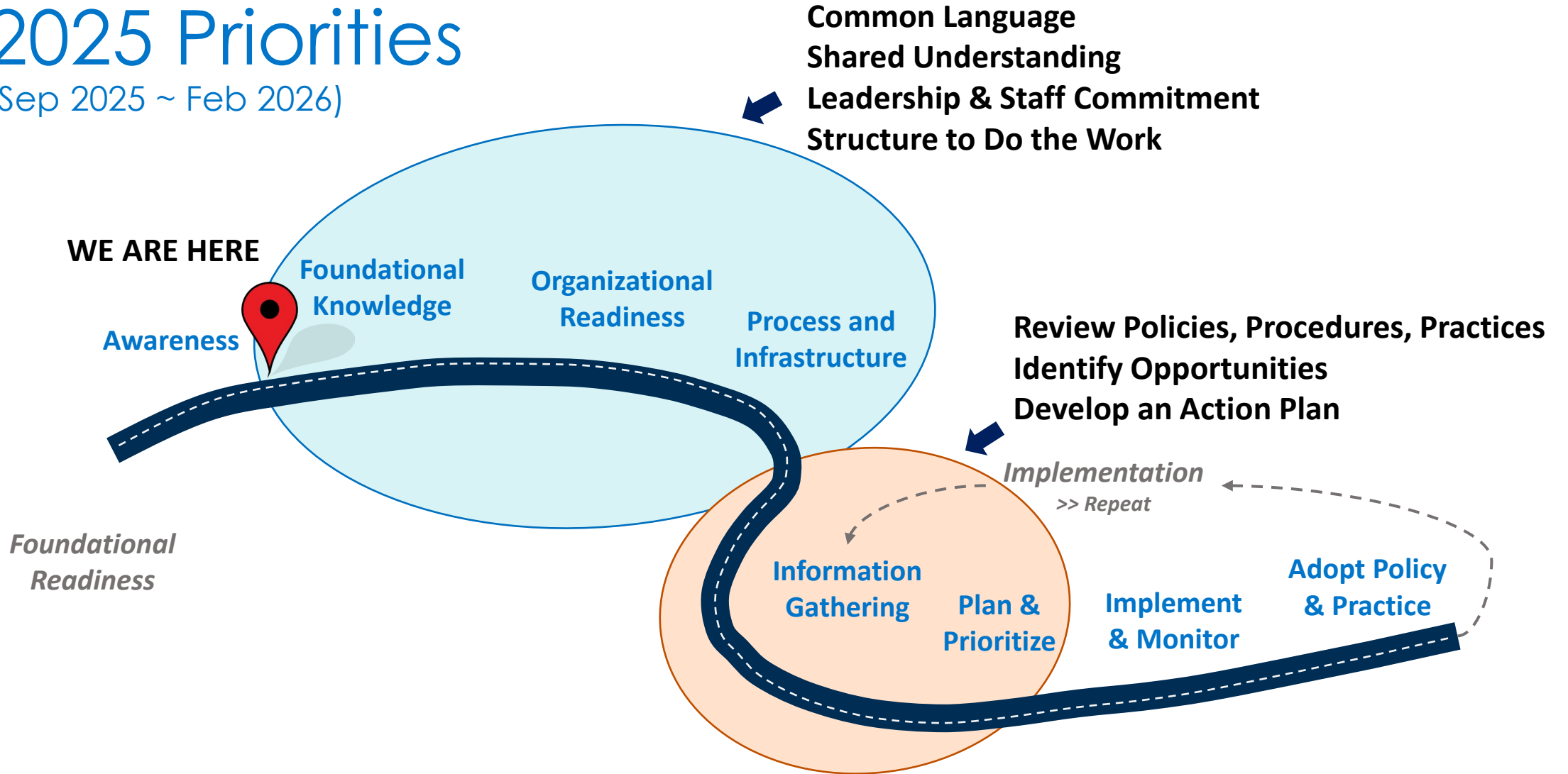
(Sep 2025 ~ Feb 2026)



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2025 Priorities

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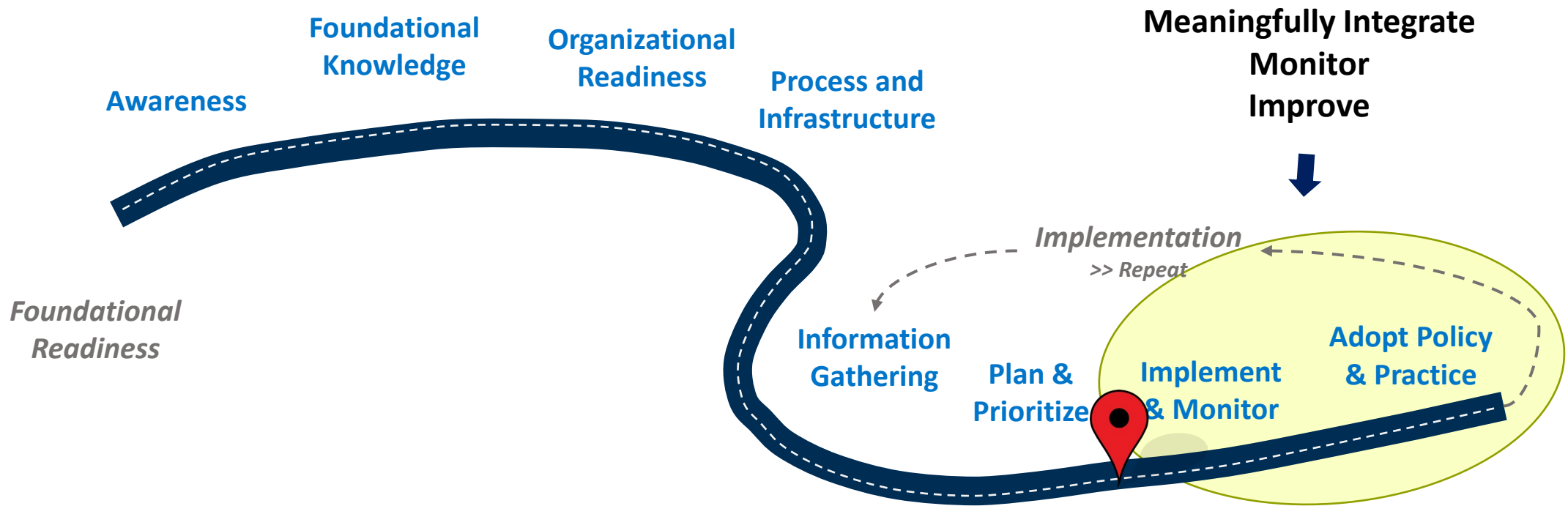


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2026 - Implementation

(~Mar 2026 – Dec 2026)



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At the Table

- Milwaukee Child Welfare
 - Director
 - Supervisors
 - Training Specialists
 - Family Support Specialists
 - Lived Experience Experts
- Kenosha Supervised Visitation
 - Manager
 - Project Home Case Worker
 - Supervised Visitation Facilitator
- Family Support and Preservation
 - Black River Falls Manager
 - Stevens Point Supervisor
 - Stevens Point Home Visitor
 - Wausau Supervisor

Thank you!

