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FIRST THINGS FIRST

# EARLY CHILDHOOD SUMMIT 2015

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## First Things First Child Welfare Policies

Tuesday August 25<sup>th</sup>  
10:15 – 11:45 am

# Family Support Team

- Dr. Aaliyah A. Samuel, Senior Director  
Family Support and Literacy
- Christine Bach, Quality Assurance  
Specialist

# Definition of a Family

- “All families – including birth families, kinship care families, adoptive families, and foster families – experience challenges raising their children and need support at times.” pg. 1

# First Things First Policies

- Suspected Child Treatment Mandated Reporting Policy (created for SFY2016)
- Child Welfare Policy (revised for SFY2016)\

# Mandated Reporting

WHY...

State Law mandates A.R.S. §13-3620.A

- Any “person” who reasonably believes
  - Nurse, social worker, behavioral health professional...
  - Any other person who has responsibility for the care or treatment of the minor

# A.R.S. §13-3620.A

When and what should a person report?

- Reasonably believes
- A child is a victim
- Suspected current or past
- Non-accidental physical injury, abuse and/or neglect

# What is Child Maltreatment

There are four maltreatment types that are used by the Department of Child Safety:

- Physical Abuse
- Neglect
- Emotional Abuse
- Sexual Abuse

# Mandated Reporting

## The FTF Policy

- Aligns with state law
- Applicable to 25 FTF Strategies
- Requires professional development on
  - Identification of suspected child maltreatment
  - Established reporting protocols

# Reporting Child Maltreatment

- 911
- 1-888-SOS-CHILD(888-767-2445)
- TDD: 602-530-1831 (1-800-530-1831)
- Indian Country Child Abuse Hotline 1-800-663-5155

# Reporting Online

- Mandated reporters
- Non emergency cases
- Traditional business hours

[https://www.azdes.gov/dcyf/cps/mandated\\_reporters/](https://www.azdes.gov/dcyf/cps/mandated_reporters/)

# What to expect

- Family demographic and composition information
- Interview questions geared toward source type
- Information about child safety is collected around the fundamental safety questions
- Outcome of the information provided will be explained

# Professional Development

[http://childhelpinfocenter.org/index.php?option=com\\_content&task=view&id=135&Itemid=164](http://childhelpinfocenter.org/index.php?option=com_content&task=view&id=135&Itemid=164)

# Discussion

Challenges related to mandated reporting

- Identification of child maltreatment
- Preserving the therapeutic relationship with families
- Capacity of the child welfare agency

# Child Welfare

Why...

- Ensure families receive appropriate services
- Minimize duplication

# Child Welfare Policy

Applicable to four FTF Strategies

- Home Visitation
- Family Support Coordination
- Family Support Children with Special Needs
- Parenting Education

# Roles and Responsibilities

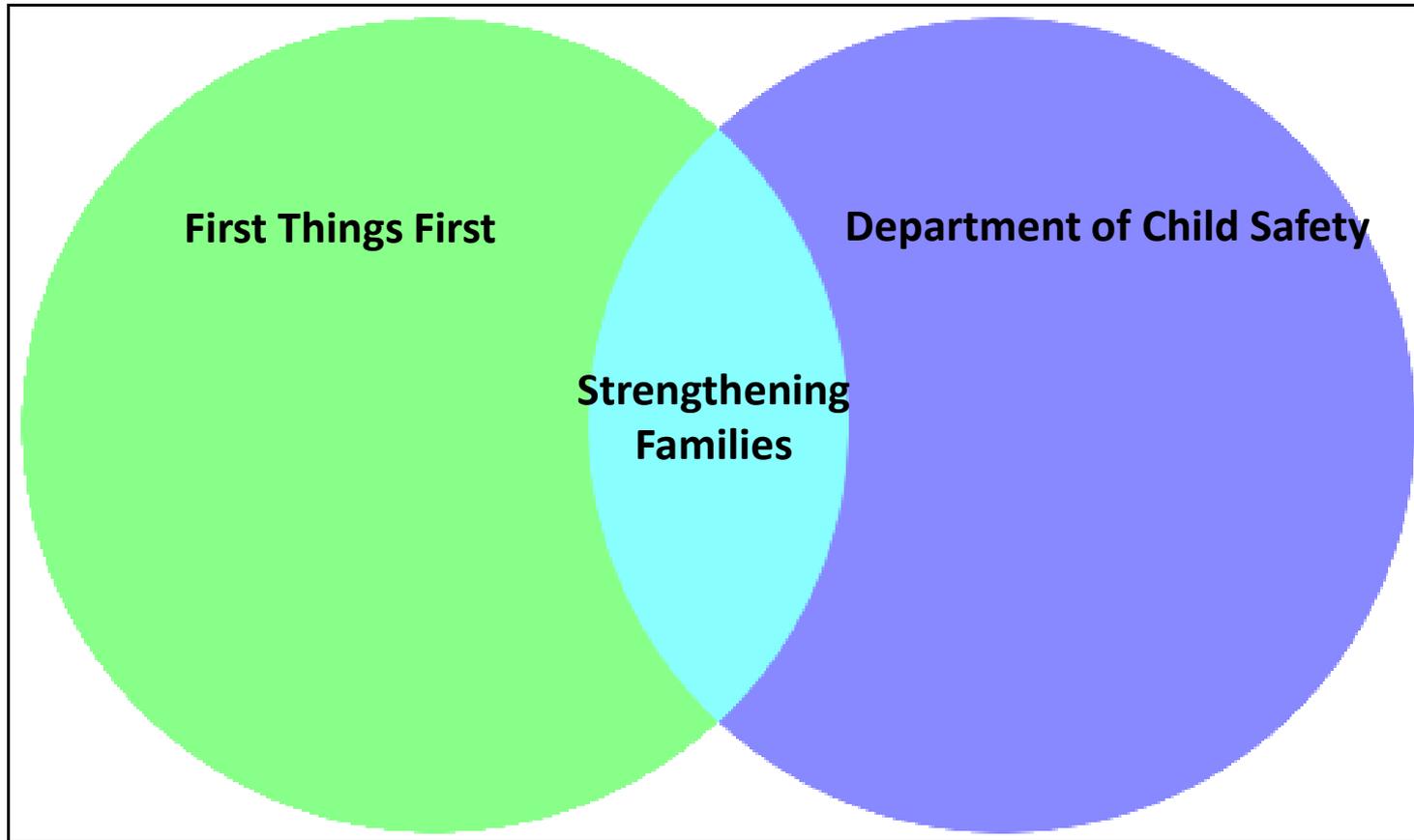
## First Things First

- Offer early childhood development and health programs
  - Family Support
  - Childcare/preschool
  - Health screenings
  - Preventative health services

## Department of Child Safety

- Protect children
  - Investigate reports of abuse and neglect
  - Assess, promote, and support child safety
  - Permanency services
  - Prevention, intervention, treatment of child abuse

# Shared Goal



# Key Components

- Assessment of the family
- Decision point
- Discontinuing FTF program with family
- Providing FTF program to family

# Family Assessment

Grant partner needs to gather information from family regarding

- DCS case status
- Family member's role in DCS case
- Services offered by DCS
- Family's engagement in DCS services
- Family need/level of functioning
- Ability to fully participate in FTF program

# Decision Point

Deciding to discontinue FTF services, one of the following are present:

- Duplication of services
- Family cannot fully participate in the critical components of the FTF program
- The family needs are beyond those of preventative services (i.e., treatment is required)

# Scenario 1

A biological mother of a 3 year old child not in her physical custody would like to assistance applying for TANF. She goes to her local Family Resource Center funded by FTF for a referral and assistance completing the necessary documents.

- Is the FRC permitted to provide the referral and assistance?

# Scenario 2

The mother attended a parenting workshop at the family resource center and learned that she would benefit from learning more about child development and positive parenting. The Parenting Education program offered at the FRC is Incredible Years which requires parent child interactions during the sessions. The mother is not allowed visitation of her 3 year old.

- Should the FRC enroll the mother in the Parenting Education program?

# Scenario 3

A FTF home visitor learns that a mother in the Parents as Teachers program is also receiving home visitation, Healthy Families, funded by the Department of Child Safety. The assessment determined a duplication of services.

- Which program should be discontinued?

# Scenario 4

A grandmother and her grandchild attend the first session of your parenting education series. During the introductions, she explains she does not have legal custody, but while the child's biological parents are working with DCS she is the primary caregiver.

What are possible responses from the PE program?



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# Discontinuing FTF Services

Transition to child welfare services only:

- Provide written notification to family
- Obtain permission to share information with child welfare agency
- Terminate services within 30 days of the decision
- Document in case record

# Providing FTF Services

Grant partners must critically examine **their** capacity:

- Staff's experience working with high needs families
- Clinical supervision needed to support staff and families
- Professional skills and knowledge

# Providing FTF Services

## Working with families:

- Develop a plan to address needs
- Consistent monitoring of implementation
- Ongoing communication with child welfare agency
- Documentation

# Discussion

- Challenges working with child welfare
- Availability of intervention/treatment services
- Continuity of care
- Confidentiality versus Transparency