



## CHILD PROTECTION, PREVENTION, AND IN-HOME SERVICES

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## INTRODUCTIONS

Tammy Francisco, MSW, Child Protection Consultant with VDSS,

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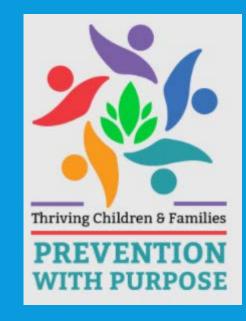
• Elizabeth "Hope" Yeary, Family Services Supervisor, with Washington County DSS





### APRIL IS NATIONAL CHILD ABUSE PREVENTION MONTH

National Child Abuse Prevention Month recognizes the importance of families and communities working together to strengthen families to prevent child abuse and neglect. Through this collaboration, prevention services and supports help protect children and produce thriving families.



## VDSS AND THE LOCAL DSS



## The Virginia Department of Social Services (VDSS) has oversight responsibility for Child and Family Services in Virginia

 The mission of the Virginia Social Services System is: People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.

## Virginia has a State-Supervised, Locally Administered Child and Family Services System:

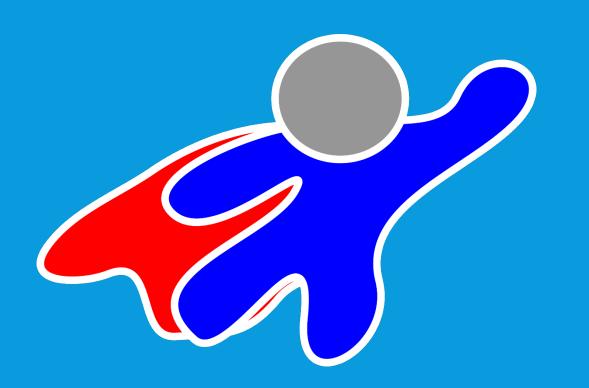
 The Division of Family Services is responsible for providing leadership, developing policies and budgets, providing guidance and information to LDSS, collaborating with state and Federal level partners, and identifying and giving the information to LDSS.

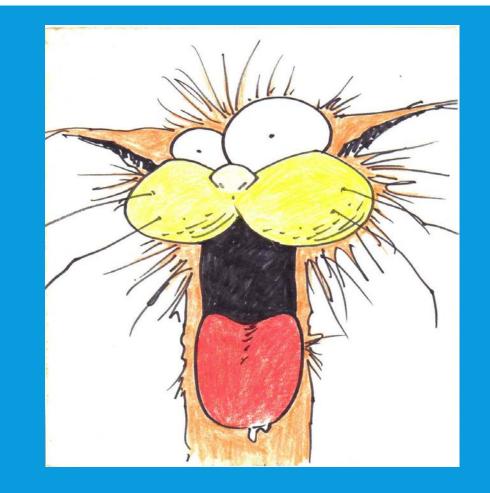




- We believe that all children and communities deserve to be safe.
  - We believe in family, child, and youth-driven practice.
    - We believe that children do best raised in families.
- We believe that all children and youth need and deserve a permanent family.
- We believe in partnering with others to support child and family success in a system that is family focused, child-centered, and community-based.
- We believe that how we do our work is as important as the work we do.

## THANK A SOCIAL WORKER TODAY!!!





## GOALS OF CPS



Child Protective Services (CPS) in Virginia is a continuum of specialized services designed to assist families who are unable to safely care for their children or who need interventions in order to safely care for their children. It encompasses the *identification*, *assessment*, *investigation*, and treatment of children and families.

#### Responsibilities of Child Protective Services:

- · Receive reports of child maltreatment.
- Respond to reports of child maltreatment: To identify abused and neglected children
- Facilitate services to children and families: Enhance parental capacity to nurture their children in a safe and healthy environment
- Support and strengthen families of abused or neglected children: Prevent (re)occurrence of child maltreatment

# HOW MANY CHILDREN WERE REPORTED AS VICTIMS OF ABUSE OR NEGLECT IN VIRGINIA?

### During State Fiscal Year (SFY) 2021,

- There were 30,223 approved reports of child abuse or neglect completed by Virginia's city and county departments of social services.
- There were 52,263 children involved as possible victims in those completed reports.
- There were 1,320 reports of substance-exposed infants.
- There were 15 Human Trafficking Assessments conducted.



## MANDATED REPORTING



- Make a report when you have reason to suspect a child is abused or neglected.
- Report immediately, to the local department or to the VDSS toll-free child abuse and neglect hotline or VaCPS.
- Disclose all the information that is the basis of the report to the local department including any records or reports documenting the basis of the allegation.
- As a mandated reporter, you may be asked to provide information about possible child abuse or neglect, even when you are not the reporter of the complaint.
- Mandated reporters are immune from liability unless bad faith or malicious intent is proven.

## WHO ARE MANDATED REPORTERS IN VA?

- Medical professionals such as doctors, nurses, interns, emergency medical responders
- Social workers, probation officers, eligibility workers, CASA, mental health providers, mediators
- Teachers, child care providers
- Law enforcement, animal control officers
- Staff in residential centers or group homes
- Others



### WHO REPORTED SUSPICIONS OF ABUSE OR NEGLECT TO DEPARTMENTS OF SOCIAL SERVICES?

In SFY 2021, 76,632 persons reported suspected child abuse or neglect to local and state departments of social services. They included:

law enforcement/legal/courts (21.8%);

educators (14.8%);

relatives/parents (13.9%);

anonymous (12.1%);

mental health professionals (11.9%);

other categories (9.3%);

medical community (8.9%)

; social services staff (4.8%);

child care providers (.7%)



## **CPS RESPONSE IN VIRGINIA**

## CPS can only respond to valid reports of child abuse or neglect, unless the report alleges the trafficking of a child.

What constitutes a valid report?

### Four Validity Criteria:

- 1. Age of the child–under the age of 18 at the time of the report.
- 2. Caretaker—alleged abuser/neglector was in a caretaking role at the time the abuse/neglect occurred.
- 3. Jurisdiction—the abuse/neglect occurred in a jurisdiction in Virginia or the jurisdiction where the child and family reside in Virginia.
- 4. Allegations meet a definition of abuse or neglect.



## ABUSED OR NEGLECTED CHILD



The Code of Virginia defines an Abused or Neglected Child as a child whose parents or caretakers:

- Causes or threatens to cause non-accidental physical or mental injury;
- Exposes them to sale/manufacture of certain controlled substances;
- Neglects to provide food, clothing, shelter, emotional nurturing, or health care;
- Abandons child or fails to provide adequate supervision;
- Commits or allows to be committed any illegal sexual act;
- Knowingly leaves the child alone with person, not related by blood/marriage, who is required to register as violent sex offender; or
- Trafficks the child.

## **TYPES OF CHILD MALTREATMENT**

Types of Child Maltreatment Physical Abuse Physical Neglect Sexual Abuse Medical Neglect Mental Abuse/Neglect



## THE TYPES OF MALTREATMENT IN FOUNDED INVESTIGATIONS-FY2021

- 59.0 % of the maltreatment was due **to physical neglect.**
- 23.4 % of the maltreatment was due **to physical abuse.**
- 11.4% of the maltreatment was due **to sexual abuse**.
- 4.14 % of the maltreatment was due to **mental abuse/neglect.**
- •1.93 % of the maltreatment was due to **medical neglect**.

## FACTORS ASSOCIATE WITH MALTREATMENT

- Parental history of abuse/neglect as a child
- Stress marital, employment, financial
- Parental substance abuse
- Lack of knowledge of child development
- Low self esteem, poor impulse control, isolation
- Children with disabilities



# Physical Neglect

- Abandonment
- Inadequate Food, Clothing, Shelter, Supervision, Hygiene
- Failure to Thrive
- Malnutrition
- Medical Neglect
- Knowingly leave a child with violent sex offender in specific circumstances







# Physical Abuse

- Asphyxiation
- Burns
- Bruises, Cuts etc.
- Sprains
- Bizarre Discipline
- Gunshot
- Bone Fracture
- Internal Injuries
- Head Injury
- Poisoning









- Stabbing
- Exposure to Sale or Manufacture of Certain Controlled Substance







# Sexual Abuse

Parent or other person responsible for his care commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.





## Mental Abuse / Neglect

Mental abuse or neglect occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a mental injury by other than accidental means or creates a substantial risk of impairment of mental functions.





## Substance Exposed Infants

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#### 3 circumstances:

- 1. A finding is made by a health care provider within six (6) weeks of birth that the child is born affected by substance abuse or is experiencing withdrawal symptoms resulting from in utero drug exposure
- 2.Diagnosis made by a health care provider that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance
- 3. A health care provider can make the diagnosis that the child has a fetal alcohol spectrum disorder (FASD) attributable to in utero exposure to alcohol





## **Questionable Situations**

Corporal Punishment
Abuse or Accident?
"Latchkey" children
Medical Care









# Outside the Scope of CPS

- Truancy or educational neglect
- Failure to immunize
- Preventive dental or health care
- Failure to wear seat belts/ car seats
- Non-caretaker sexual abuse
- Abuse occurred outside of Virginia







## DIFFERENTIAL RESPONSE

#### **Family Assessment**

- Assess child safety
- Strengthen and support families
- Assess risk of future maltreatment
- Prevent further abuse

#### **Investigation**

- ➢Assess child safety
- Strengthen and support families
- >Assess risk of future maltreatment
- Prevent further abuse
- Determine if abuse or neglect occurred



## **Family Assessment Outcomes**

- Emphasis and focus is on family needs and strengths versus did the abuse or neglect occur
- Risk Assessment and determination of Services needed/Services Not Needed
- Retained for 3 years









## **INVESTIGATION OUTCOMES**

#### Founded

- Reveals by a preponderance of the evidence that abuse or neglect occurred.
- Right to Appeal.
- Name in Central Registry- 3, 7 or 18 years.

#### Unfounded

- Reveals insufficient evidence that abuse or neglect occurred.
- Does not mean it did not occur.
- Three year retention.



### **CHILD FATALITIES**



- VDSS actively monitors child deaths that are investigated by CPS for possible abuse or neglect.
- There are 5 regional child fatality review teams in Virginia
- There is 1 State Child Fatality Review
- Joint investigations with LE, DSS, and CA
- In state physical year 2020 the number one cause of death was unsafe sleep

## CHILD FATALITY STATEWIDE SFY 2020

- In SFY 2020:
- LDSS investigated 139 child deaths suspected of being caused by abuse or neglect.
- There were 42 children whose deaths were the result of abuse or neglect.
- There were 93 investigations that resulted in an unfounded disposition;
- The child death rate in Virginia decreased to 2.2 deaths per 100,000 children in SFY 2020. This rate is below the national death rate of 2.5 deaths per 100,000 children.
- Children who died as a result of abuse or neglect ranged in age from birth to 17 years with more than 88% who were three and under.
- More male children (26) died from abuse or neglect than female children (16).

## CHILD FATALITY STATEWIDE INFORMATION

- Thirty of the caretakers were female and 21 were male.
- Sixty-nine percent (69%) of the 55 caretakers were biological parents, and 27 (49%) of them were less than 30 years of age.
- Twenty-eight (67%) of the 42 abuse-or-neglect-related child deaths involved physical neglect, and 13 (31%) child deaths involved physical abuse. Some children died from more than one type of abuse and/or in combination with physical neglect or medical neglect
- The Eastern Region investigated the most reports (57) followed by Piedmont (27), Central (22) and Northern (22) and Western (11).

#### Statewide

• We continue to see a high number of child deaths across the state related to 1) unsafe sleep practices, 2) gun related deaths, and 3) water related deaths.

## SFY 2020 REGIONAL RECOMMENDATIONS

- Increase training for mandated reporters on a variety of topics including trauma informed care, identifying signs of abuse or neglect
- Enhance public awareness campaigns related to safe sleep practices, gun safety, and water safety.
- Improve data collection and reporting of child maltreatment fatalities.
- Strengthen collaboration between law enforcement and CPS on joint investigations involving child deaths.



## **GOALS OF CPS**



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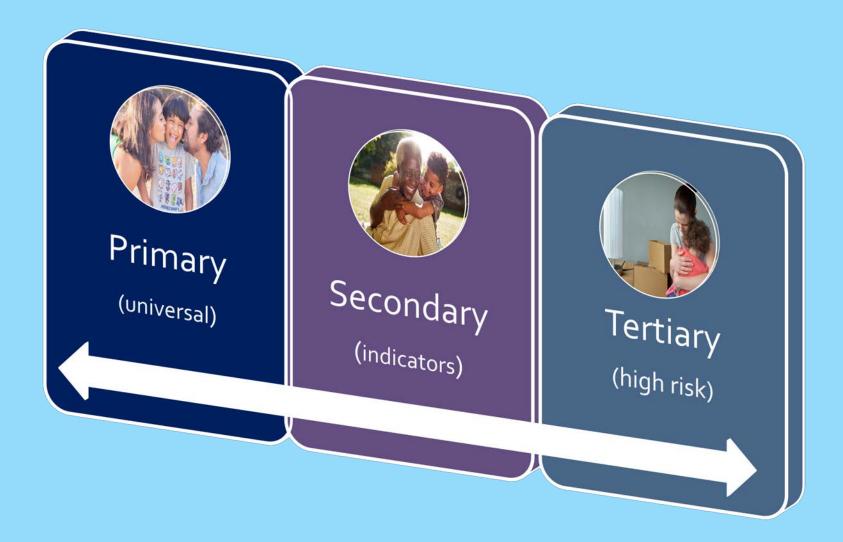
## PREVENTION

Prevention services include, but are not limited to, providing information and services intended to accomplish the following goals:

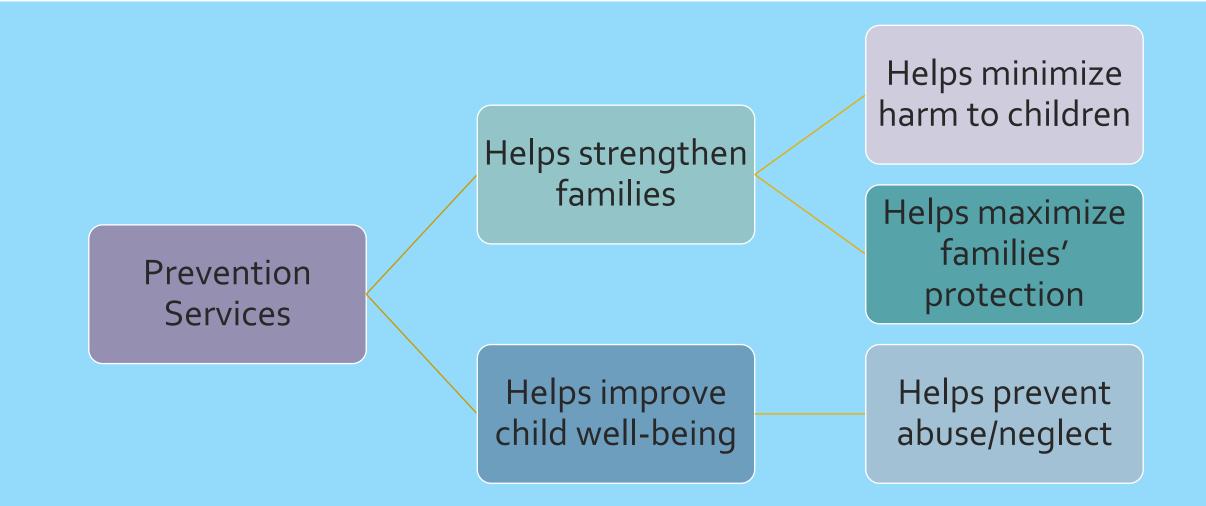
- Strengthen families.
- Promote child well-being, safety, and permanency.
- Minimize harm to children.
- Maximize the abilities of families to protect and care for their children.
- Prevent the occurrence or reoccurrence of child maltreatment.
- Prevent out-of-home care, including preventing foster care.



### **Prevention Services Continuum**



### **UNFOLDING PREVENTION**



### **Primary Prevention**

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- Directed at general population
- Seeks to raise awareness about scope and problems of child maltreatment
- Attempts to address maltreatment before it occurs through:
  - Public service announcements
  - Parent education programs
  - Family support groups

### **Secondary Prevention**

- Offered to populations that have one or more risk factors associated with child maltreatment
- Targets services for communities that have a high incidence of any or all of the following risk factors:
  - Poverty
  - Parental substance abuse
  - Young parental age
  - Parental mental health concerns
  - Parental or child disabilities

### Tertiary Prevention (In-Home Services)

- Focuses on families where maltreatment has already occurred
- Seeks to reduce the negative consequences of the maltreatment and prevent recurrence
- Prevention programs may include services such as:
  - Intensive family preservation services with trained mental or behavioral health providers
  - Parent mentor programs
  - Parent support groups
  - Mental health services

## Secondary Prevention:

Prevention Services For At-Risk Families



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Poverty

Parental Substance Use Disorder



Young Parental Age



Parental or Child Disabilities

Parental Mental Health Concerns

### **FAMILY SUPPORT**

Voluntary services and NOT in need of formal services to prevent out of home placement Services provided are intended to help families alleviate crises and promote family wellbeing (low risk cases)

Can include: services ordered by the court related to custody or court ordered custody, visitation

Early, short term services to support the family

Tertiary Prevention: In-Home Services and Foster Care Prevention

- safely maintains children in own homes or with relative/fictive kin caregivers in their own communities
- addresses identified safety and risk concerns
- reduces reoccurrence of child maltreatment
- engages family, their support systems, and service providers and relies on teaming framework
- uses evidence-based tools & assessments to assist in determining needs of child and family
- can utilize federal funding



### **In-Home Suite of Tools**

- Safety Assessment
- Risk Assessment

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- CANS assessment
- Candidacy Determination

## SAFETY AND RISK ASSESSMENTS

- Also called the SDM® Tools
- Safety Assessment\*
- Risk Assessment\*
- Risk Reassessment
- Family Strengths and Needs Assessment



### The CANS: Child and Adolescent Needs and Strengths Assessment

- Is completed for all children and their caregivers
- Identifies and prioritizes strengths and needs of child and family
- Helps guide service planning
- Helps track child and family outcomes
- Promotes resource development and supports decision-making

# Service Plan

- Documents all services to prevent further child maltreatment, outof-home care, or placement into foster care (22 VAC 40-705-10)
- Components of an effective service plan are:
  - ✓ achievable goals
  - ✓ individualized, measurable, time-limited objectives that reflect behavioral change

Prior history with CPS (if applicable)	CPS Family Assessment or Investigation (if applicable)	Family Service Agreement (if applicable)	most recent Safety Assessment
Recommendations from FPM (if already conducted)	most recent safety plan	most recent Risk Assessment	<b>Completed CANS</b> (prior to service plan development)
What's in a Service Plan?	Candidacy Determination	Reports received from collateral sources	<b>court orders</b> (if applicable)

## **TEAMING FRAMEWORK**

- Family Partnership Meetings
- Child and Family Team Meetings



# USE OF FEDERAL IV-E FUNDING







Family First changed the way Title IV-E funds can be spent to keep families intact

## **EVIDENCE-BASED SERVICES**

- Must meet series of rigorous standards
- Must prove it helps meet treatment goals
- Must have a book that specifies components and protocols
- Must illustrate benefits outweigh risks
- Must possess valid outcome measures
- Must be consistently and accurately administered



The Title IV-E Prevention Services Clearinghouse creates a list of services and programs that meet evidence-based requirements

https://preventionservices.abtsites.com https://familyfirstvirginia.com/prevserv/evbased.html



# **Tertiary Prevention Services**

Federally Funded

Trauma Informed

**Evidence-Based** 

Mental Health Prevention and Treatment Services

Substance Use Disorder Prevention and Treatment Services

In-Home Parent Skill-Based Programs

# Eligibility...

- ✓ there is no income eligibility requirement for Title IV-E prevention services.
- ✓ the parent or caregiver of an eligible child is automatically eligible for prevention services.
- Family First does not limit the number of recipients who can receive Title IV-E prevention services at the same time.



### TIME FRAMES...

- ✓ the child's parent and relative caregiver may both receive evidenced-based services at the same time.
- ✓ There is a 12 month time frame
- ✓ there is no lifetime limit on a child or family accessing federally funded evidence-based prevention services



### Additional Components...

- ✓ if a child does not live with their parents, they are still eligible for Title IV-E prevention services
- ✓ even if a service is *not listed* on the Virginia's Evidence Based Services List, Virginia promotes all evidence based services and can be accessed from other funding sources





### Resources:

Families Forward: https://www.familiesforwardva.org/

Virginia.gov https://www.dss.virginia.gov/family/prevention.cgi

Child Welfare Information Gateway: <a href="https://www.childwelfare.gov/pubPDFs/guide\_2021.pdf">https://www.childwelfare.gov/pubPDFs/guide\_2021.pdf</a>

Family First: <u>https://familyfirstvirginia.com/</u>





# It's a simple idea: We all do better when we work together and invest in our future.

Elizabeth Warren

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Questions?