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EPRESS

Working with Non-Offending Parents

When a child has been abused by a parent, the other, non-offending parent may have a variety of reactions. This short article explores those reactions.

First, according to the research, it is important for supervised visitation providers to understand that non-offending parents may sometimes have:

- Drug and Alcohol Dependency Problems
- Heightened levels of Depression
- Heightened Levels of Anxiety

Thus, it is important that non-offending parents get the help they need in terms of counseling, treatment, support, and other important resources. The chart below explores possible reactions and how those reactions might be expressed at supervised visits.

Possible Reactions of Non-Offending Parents to Supervised Visitation	
Reaction	**Reaction to Supervised Visitation**
Denial of Sexual Abuse	The parent may express denial of any knowledge of the sexual abuse of the child(ren) to visit monitors. The parent may make statements saying there has been a big mistake, someone is making all of this up, etc. The parent may also try to convince the visit monitor that the alleged abuse couldn't have happened.
Rationalization	Non-offending parents exhibiting rationalization may try to involve supervised visitation staff in convincing DCF or the court that the allegations are inaccurate by statements such as, "Can you please tell the judge or my DFC investigator how nice my husband is to Casey? He's just a very affectionate father." Remember, it is not the role of supervised visitation staff to determine whether an allegation is true or not.

Possible Reactions of Non-Offending Parents to Supervised Visitation	
Reaction	**Reaction to Supervised Visitation**
Minimization	Minimization may be demonstrated by the non-offending parent in statements made to supervised visitation staff which indicate an effort to diminish the sexual abuse. For example, statements like, “it only happened once or twice,” “it was only fondling, it could have been much worse” indicate minimization of the abusive experience.
Defensiveness	Non-offending parents may exhibit signs of defensiveness to visit monitors. They may tell staff repeatedly that they had no role in the abuse nor were they aware that it was happening. They may seek some kind of affirmation from staff about their parenting. Remember, treat all parents respectfully.
Guilt	Parents may experience guilt for not recognizing symptoms of sexual abuse in their children, and may express this guilt to supervised visitation staff. Parents may tell staff that they feels just terrible. “How could the abuse happen?” they may ask staff.
Sadness or Depression	Non-offending parents may express sadness or exhibit signs of depression (weeping, flat affect, sighing, slowed body motions) during their interactions with authorities.
Fear	Non-offending parents may be vary fearful that their child(ren) will not be protected during visits with the offending parent. They may make such statements as “Are you sure your staff will not let anything happen?” and “What if my husband tries to do something else during the visit? Visitation staff must assuage that fear.
Anger	Non-offending parents may also be very angry at both the offending parent as well as the child(ren) reporting the abuse. This may result in angry outbursts during intake at visitation programs or during scheduled times to drop off or pick up the children.

Possible Reactions of Non-Offending Parents to Supervised Visitation	
Reaction	**Reaction to Supervised Visitation**
Regret	Non-Offending parents may have regret about the offending parent. The non-offending parent may regret marrying the offending parent or regret leaving the child(ren) in his/her care.
Hatred	Non-offending parents may feel hatred toward the offending parent because the offender committed a crime.
Hurt and Betrayal/Disbelief	A non-offending may experience hurt and betrayal/disbelief at supervised visitation because he/she may remember the "good times" and non abusive behavior in the relationship.
Confusion	A non-offending parent may be confused about everything. He or she may have the following thoughts: "Did this really happen?" "Is it a good idea to allow the offending parent to see the child(ren)?"
Financial Worries (when the offending parent was finally supporting the family)	Parents may have financial worries about visitation, especially if the judge scheduled the visitation during normal work hours. Try to be as flexible as possible to accommodate the parents' schedules.

Questions from Directors

Question One: I've seen the recommendations of the Standards Committee on gifts, but I'm not sure how to turn those recommendations into a policy. I went through the holidays without one! Can you help me?

Sure. The language is all there in the Report to the Florida Legislature. So let's call this the

Sunshine Visitation Program Gift Giving Policy

It is the policy of the Sunshine Visitation Program to allow gift-giving with certain limitations.

A. In developing the Program's gift-giving policy, the following best practices from the Clearinghouse on Supervised Visitation were considered:

- The potential for manipulation of the child by the parent through gift-giving;
- The potential for the gift to create a trigger that reminds the child of prior abuse;
- The opportunity for the parent/visitor to use the gift as a means to communicate with the other parent, contrary to court order;
- The socio-economic constraints of some parents, and the possible embarrassment a child may feel when seeing other children receive gifts at visits;
- The potential for other families to feel as though they must compete with the gifts;
- The need to treat all program participants fairly;

- The fact that, in dependency out-of-home cases, parents are often encouraged to bring toys, clothes, food, etc. to visits with their child(ren);
- The "normal" expectation of a child to receive a gift on or around his/her birthday, or certain holidays;
- The degree to which (if at all), food brought to the visit is to be considered a gift;
- The degree to which (if at all), money, gift cards, or items such as diapers and formula are to be considered gifts, when provided by the parent/visitor for the benefit, care, and/or maintenance of the child.

B. Thus, the program director (or designated staff person) of the Sunshine Visitation Program has the authority to prohibit the giving of a gift in any situation where it appears that the gift may be inappropriate, potentially harmful, or disturbing to the child.
C. In addition, all gifts brought for the child must be unwrapped or in a gift bag to allow for staff inspection prior to the visit.
D. Any items brought to the visit but not permitted in the visitation room will be returned to the parent/visitor at the conclusion of the visit.
E. Program staff will require that the parent/visitor refrain from engaging in any discussions, activities or giving of gifts that are deemed inappropriate;
F. No electronic devices (i.e., radio, CD players, head phones, tape recorders, cell phones, cameras, MP3 players, etc.) are permitted in the visitation room;

G. In making the case-by-case determination as to whether or not gift-giving is to be permitted, appropriate weight may, at the staff's discretion, be given to the following:

- Input from the non-offending/custodial parent;
- Information obtained from the dependency case manager (if applicable);
- Information obtained at the time of the initial program intake;
- Information gleaned from on-going assessment of the child and parent/visitor.

Special thanks to the Supervised Visitation Standards Committee and Trish Waterman, Supervised Visitation Standards Committee member.

Question Two: In my Intake form, a parent noted that she has epilepsy. What do I need to know about this?

We've researched so you understand the basics. The most important safety precaution is knowing that the person has the condition, asking about past seizures, and letting the person know that you will call 911 whenever you are worried about the person's safety or health.

What is Epilepsy?

A neurological, or brain, disorder characterized by seizures caused by permanent change in brain tissue which causes the nervous system to be more excitable

Seizures, or convulsions, are caused by abnormal electrical activity in the brain and are characterized by rapid, uncontrollable bodily shaking. This shaking happens because the muscles of the body contract and relax repeatedly.

Who does it affect? There are around 180,000 new cases of epilepsy each year. About 30% occur in children. Children and elderly adults are most often affected.

Causes of epilepsy and seizures vary widely

- Abnormal blood glucose or sodium levels
- Drug abuse or withdrawal
- Choking
- Brain infection, injury, birth defect, or tumor
- Fever
- Heart disease
- Poisoning
- Kidney or liver failure
- Low blood sugar/ hypoglycemia
- High blood pressure/malignant hypertension

First Aid *Goal: Safety of person until seizure stops naturally*

- Stay calm
- Do not try to hold person down or try to stop their movements
- Time the seizure with your watch
- Remove anything hard or sharp from around person
- Loosen anything around his or her neck that may make breathing difficult
- Cushion head with something flat and soft
- Turn him or her gently on one side to keep airway clear
- Stay with person until seizure subsides naturally
- Be friendly and reassuring as person regains consciousness

Call an ambulance in any case in which you're unsure. When:

- the adult doesn't have identification that confirms that seizure is caused by epilepsy
- you know the adult has epilepsy, but she is pregnant, injured, or some other pre-existing condition exists
- you know the adult has epilepsy, but his seizure lasts more than a few minutes

- you know that the adult has epilepsy, but he remains sick, unconscious, or in pain after a short seizure subsides.

For children who have seizures: If you did not know that the child was epileptic, and had not discussed the issue with the custodian beforehand, or if the child is hurt in any way, call 911. In any case, if you're not sure whether to call an ambulance, go ahead and **call 911. Call the custodian immediately, too.**

Once the Situation is Resolved

Talk to the parents or children who have witnessed the seizure. Tell custodial parents if a child has witnessed someone's seizure at a visit. Explain that sometimes people have medical conditions, but that the person is under a doctor's care, will be okay, and there's no reason to worry.

Be sure to ask about medical conditions at intake. You will be better prepared for witnessing a seizure if you know that there's a potential for it. Preparation is key.

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Next in our Series on Trauma –Informed Care

Polyvictimization

The Clearinghouse has conducted a series of trainings on trauma-informed care. This new training alerts staff to a new issue: Children's Exposure to Multiple Types of Violence, Crime, and Abuse

Very often children are victims of violence, crime, and abuse. This victimization may take the form of physical assault, child maltreatment, sexual abuse, or bullying. They may also witness such events in their homes, schools, and communities.

Statistics

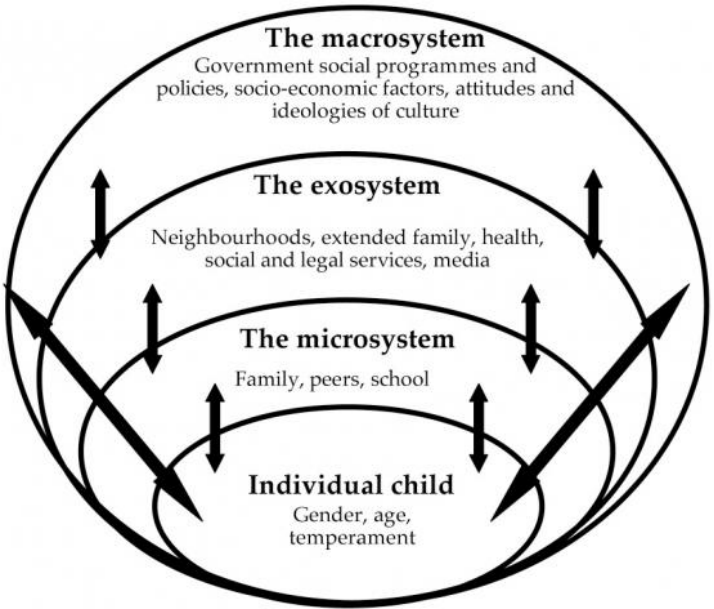
- 38.7% reported in the previous year **more than one type** of direct victimization

(a victimization directed toward the child, as opposed to an incident that the child witnessed, heard, or was otherwise exposed to).

- Of those who reported any direct victimization, **64.5% reported more than one type**.
- A significant number of children reported high levels of exposure to different types

of violence in the past year: **10.9% reported 5 or more direct exposures** to different types of violence.

- 1.4% reported 10 or more direct victimizations.



National Survey of Children's Exposure to Violence (NatSCEV):

- NatSCEV is the first national incidence and prevalence study to comprehensively examine the extent and nature of children's exposure to

violence across all ages, settings, and timeframes.

- Conducted between January and May 2008.
- It measured the past-year and lifetime exposure to violence for children age 17 and younger across several major categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community violence and family violence), school violence and threats, and Internet victimization.

Polyvictimization can be defined as having experienced multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, and exposure to family violence.

Characteristics of Polyvictims:

- High levels of distress
- Symptoms including: Anxiety, depression, and anger
- More likely to be boys than girls
- More likely to be African American than Hispanic
- More likely to be in an older youth group primarily ages 14-17

Finkelhor, David, Heather Turner, Sherry Hamby, and Richard Ormrod. "Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse." *National Survey of Children's Exposure to Violence* (Oct. 2011): n. pag. Print.

The Role of the Father

By: Lindsay Leverett

As part of the Clearinghouse's ongoing training on fatherhood issues, this "think piece" will explore the crucial role of the father in the family in the lives of children. Father involvement in a non-abusive, safe home is beneficial for the physical health, social development, emotional development, cognitive development, and well-being of children. The unique role of the father will be examined statistically, theoretically, and then practical steps as to how to improve fatherhood within the context of supervised visitations are provided.

Fatherhood Statistics

Social Workers and those who work with families should know the statistics behind fatherhood:

- According to the US Census Bureau, 24 million children in America—one out of three—live in biological father absent homes.
- Youths in father absent households had significantly higher odds of incarceration than those in mother-father families. Youths who never had a father in the household experienced the highest odds.
- Children born to single mothers show higher levels of aggressive behavior than children born to married mothers. Living in a single-mother household is equivalent to experiencing 5.25 partnership transitions.
- Children in father-absent homes are almost four times more likely to be poor.
- Being raised by a single mother raises the risk of teen pregnancy, marrying with less than a high school degree, and forming a marriage where both partners have less than a high school degree.
- The strongest predictor of empathic concern in children and adults is high levels of paternal involvement while a child.
- Infants of highly involved fathers, as measured by amount of interaction, including higher levels of play and caregiving activities, are more cognitively competent at 6 months and score higher on the Bayley Scales of Infant Development.
- School aged children of involved fathers are also better academic achievers.

Fatherhood Theory – Because Directors Should Know the Theory Behind the Practice!

Theory that supports the practical application of a healthy father is Augsburger's concept of dependence, independence, and interdependence. This helps provide a foundation for why fatherhood is key in the family. This model explains the healthy development of children that begins with dependency at birth, infancy, and early childhood. Independence is more common in middle and young adulthood as the child explores his/her own self-identity with the help of a

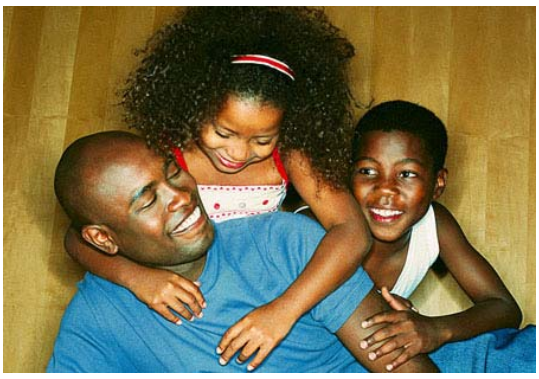
good father. Ultimately, the goal of the father is to help the child reach a state of interdependency as he/she matures into an adult. The role of the father greatly influences a fluid transition from childhood to adulthood.

- The dependent stage begins after birth when the child is dependent on the role of the primary caregivers to provide for the basic physical and biological growth. This creates the backdrop for a healthy and positive environment that fosters the emotional, social, cultural, and spiritual growth.
- The independent phase not only consists of becoming physically independent, but the individual begins to develop their own identity, self-esteem, and confidence. This stage comes when the child begins exploring freedoms and the ability to make independent decisions.
- The interdependent stage is where the individual has a healthy sense of self while also being connected and relating with others.

How can a man be a good father?

- Healthy father involvement can be shown by:
    - The quality of the relationship.
    - The investment in the paternal role as the father.
    - The amount of time spent with the child/children.
    - Engagement, accessibility & responsibility.
    - Be involved, be a good influence, and be affectionate with your child!

Too often fathers are seen as big, mysterious figures that children rarely engage with.



Practical Applications for Supervised Visitation Monitors to Help Fathers

The Facts:

- Too often, mothers are the assumed to be the only nurturing and affectionate paternal figures in a child's life; however, research is shows that it is just as important for fathers to be nurturing and affectionate as well.
- Fathers need to be more active and energetic when they play with their children- more children like this kind of play and respond well to it.
- Children look to their fathers for emotional intelligence, advice, and opinions.
- Praise and admiration from fathers can help children mature into strong, independent, confident adults.

Tips for Visitation Monitors:

- Safety always comes first: be sure that the child is safe with the father. Know that a positive response between a parent and a child does not mean that all safety issues have been resolved. Know how to separate *affection in a controlled environment* and *risk of danger in an unsupervised setting.*
- Know that children typically *want* to be close to their fathers, so encourage fathers to reciprocate that feeling to create a more healthy relationship. Reduce the feeling of isolation or rejection of the children by making them feel wanted by their father.
- Encourage fathers to comply with court orders for treatment and counseling. Compliance shows motivation for change.
- If a father did not have a strong male role model, he may need help learning how to be a good dad. Provide that help.
- Prepare fathers for visits. Encourage the father to let the children get to know him more personally. Encourage fathers to laugh with their children during play.
- Make sure the father is engaging with his children *intellectually* by asking them questions, reading books, and talking with them.
- Encourage the father to read, talk, listen, play, and/or learn a new skill with his children. Suggest age-appropriate activities and teach the basics of new games/activities. Be ready for active play: have activities that allow moving around (throwing a ball, jumping rope).
- Try and discourage any outside distractions to get in the way of the father and his children during supervised visitation. This will make the children feel noticed and special.

Tips for Fathers:

- Make sure the children know that you are always accessible to them while in supervised visitation. They may not see you every day, but let them know you can be reliable.

- Do not try to fit the stereotypical dad role- know your children, and know what it is they need from you. Try to adapt.
- Help with homework, set and enforce rules, and supervise the children's actions when in safe contact with them.
- Allow your children into your world. They're curious about the outside world, and depending on age, they want to hear about your work and learn what it is you do on a daily basis. This creates a bond and trust between you and your children.

Remain a safe, permanent, and loving presence in their lives.

Activity for Directors

Choose an active case in your files in which a father visits with his child(ren). Talk about this father and child with your staff. What are the risks in the case? How can you help the father and child build their relationship in a positive, safe way? What kinds of help does this father and child need? Will the father benefit from outside help, such as counseling or fatherhood program mentoring? Make referrals for the father. Follow up. Try to identify and remove barriers as a team with this dad.

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http://www.apa.org/pi/families/resources/changing-father.aspx

Foster Care 101

A brief overview

By Saadia Smith, Jessica Gambill, & Cristina Batista

Staff turnover in supervised visitation is common. Periodically the Clearinghouse provides information to supervised visitation program directors to use for training new staff. Because so many programs take dependency cases, we offer a Foster Care 101 refresher course. This training also includes a brief quiz for you to use with staff.

Objectives:

- Learn about the foster care system and how children end up in foster care.
- Identify Florida Statutes that apply to abused children or children in foster care.
- Learn about the types of foster care placements in Florida.
- Understand the process of becoming a foster parent.
- Understand how important foster parents are to the child protective system in Florida.
- Learn about reporting standards of child abuse.

What is Foster Care?

Foster care is a temporary placement for minors taken into custody by the public child welfare system which is overseen by the Florida Department of Children and Families (DCF).

When adverse circumstances, including cases of abuse or abandonment, cause apparent harm to a child, DCF may investigate the child's situation. If the situation calls for the child to be removed from his or her environment, the child is placed with fit and willing relatives or a foster care accommodation.

Florida Statute 39.01(31)

"Foster care" means care provided a child in a foster family or boarding home, group home, agency boarding home, child care institution, or any combination thereof.

Basically, foster care provides a safe home for children, under the age of 18, who are in need of quality care. The goal is to make the original home from which a child was removed a safe place to reunite a child with his or her family. If reunification is impossible, the state tries to find permanent homes for the child through adoption or another permanency goal.

These permanency goals are outlined in the Florida Statutes:

Florida Statute 39.01(52)

"Permanency goal" means the living arrangement identified for the child to return to or identified as the permanent living arrangement of the child. Permanency goals applicable under this chapter, listed in order of preference, are:

- **(a) Reunification;**
- **(b) Adoption when a petition for termination of parental rights has been or will be filed;**
- **(c) Permanent guardianship of a dependent child [with a relative or other court-approved adult] under s. 39.6221*;**
- **(d) Permanent placement with a fit and willing relative under s. 39.6231*; or**
- **(e) Placement in another planned permanent living arrangement under s. 39.6241*.**

***Under s. 39.6221; 39.6231; and 39.6241, permanent living arrangements via guardianship, relative, or other planned placement are alternatives when reunification is not in the best interest of a child and the court approves the alternative arrangement following conditions outlined in these statutes.**

Overview: In Florida

- Each year, between 9,000 and 10,000 children are removed from their homes because they experience neglect or abuse at the hands of a family member, legal custodian, or other caregiver.
- A local Community-Based Care (CBC) agency "combines the outsourcing of foster care and related services to competent service agencies" for children who have entered the child welfare system. With the delivery of services coming from local agencies instead of a centralized governmental agency, "accountability, resource development, and system performance is increased." http://www.myflfamilies.com/service-programs/community-based-care

Foster Care in Florida:

Foster family homes are provided by the state when:

- The child and/or his or her family has experienced crisis requiring it.

- Relatives are unable to provide temporary homes.

Florida has 4,303 licensed, active family foster homes.

After removal of a child from his or her home due to allegations of abuse or neglect, placement with a relative is always attempted first. The relative must be screened for criminal or child abuse history before a child is placed in the home. According to the Children's Defense Fund website, in Florida "of the 18,753 children in out-of-home care in 2010, 8,071 were living with relatives while in care." For those children who have no relatives willing and able to provide a home for them, foster care is the next option.

Types of Foster Care Placements

Traditional Foster Care
Traditional foster care is the most common form of foster care placement. This temporary placement occurs when the child is "removed from their home because of abuse or neglect." Foster care homes are regulated by the state and prior to becoming a foster parent, every person must complete the Model Approach to Partnerships in Parenting (MAPP) training. During foster care placement, an assigned caseworker focuses on providing services to the parents and child to facilitate safe reunification in the shortest amount of time possible. In some cases, concurrent case planning occurs, meaning that reasonable efforts are made to reunify the child with the parent or parents, but another permanency goal is set at the beginning of the case, in the event that the efforts to reunify fail. In this way, it is hoped that the goal of reaching permanency within a year of a child's removal can be reached.

Medical Foster Care Placement
Medical foster care placement is available for children (who qualify for Medicaid) to receive "specialized medical and therapeutic care to overcome the physical harm and emotional damage they have suffered." These children, from age 0 to 20, may have "medically-complex conditions." In Florida, "Children's Medical Services recruits medical foster care parents and provides training for them to care for the medically necessary needs of these children."

Therapeutic Foster Care Placement
Therapeutic Foster Care Placement is a family-based, residential mental health treatment intervention for children with severe emotional and behavioral disorders. It is available for children who need positive change and various treatment techniques to come to terms with their need for out of home placement. Training is provided by the local community based care agencies and other contracted agencies.

Emergency Family Shelter Homes
Emergency family shelter homes are for children in need of temporary, emergency placement. These homes are available to children specifically placed by investigators or assigned caseworkers and are accessible 24 hours a day.

Emergency Shelters

Charities, such as Tree House of Tallahassee, Inc., provide emergency placement for children who have been removed from their homes due to abuse, abandonment, or neglect. These private organizations partner with the Department of Children and Families and the community-based care agency to accommodate children when there are no beds available in emergency family shelter homes.

Group Homes

Some children in foster care live in group homes which house a number of nonrelated children, all of whom are unable to live with their birth families. These group homes are run by agencies such as Boys Town or Children's Home Society and are regulated by the Department of Children and Families.

Quality Parenting Initiative

Florida's Quality Parenting Initiative (QPI) is designed to aid foster parents in dealing with the challenges of caring for a child removed from his or her home. It has many helpful features to offer, including:

- "Just-in-Time" online training webinars that teach the parenting skills pertinent for nurturing a foster child.
- A central location for important foster care resources and documents.

The information provided by QPI is widespread and completely tailored to foster parents' needs. More information is available at www.QPIFlorida.com.

Child Protection Teams

The Children's Medical Services Program in the Department of Health is assigned the duty of developing and maintaining one or more multidisciplinary child protection teams in each of the DCF service districts. (Florida Statute s. 39.303). These teams are used by DCF when a report has been accepted and additional services may be necessary to assess the case. Supports provided by the team may include:

- Medical diagnosis and evaluation services
- Telephone consultation services
- Psychological and psychiatric services for those involved in the maltreatment case
- Medical, psychological, and other expert testimony in court cases
- Case staffing and the development of treatment plans
- Case coordination with other public and private agencies

These teams can be made up of representatives from:

- School districts
- Health and mental health agencies
- Social service agencies
- Legal services and law enforcement agencies

Lead Community-Based Care Agencies

When an investigation is complete, or a court order has been entered, lead community-based care agencies in the area become responsible for the delivery of services. "Community-based care was designed to…transition child protective services to local providers" as the child enters into the dependency system and possibly to the foster care system.

Click below for a list of lead community-based care agencies in Florida.
http://www.dcf.state.fl.us/programs/cbc/leadAgencySites.shtml

Being a foster parent is an important job that serves our families, communities, and nation. Below the steps to becoming a foster parent are outlined.

Requirements for a Foster Parent

If it is determined that a child needs foster care services (as permanency is being established), the search for a foster care parent begins. In most cases, foster care parents are non-relatives willing to share their homes with a child in need, on a temporary basis.

Step 1. An interested person decides to become a foster care parent

The qualifications to becoming a foster care parent include: being at least 21 years old and in good health. A good candidate for a foster care parent is one who is "stable, mature, dependable, and flexible" and one who can be a "team player" with those who are working with the child during this process, such as a DCF caseworker, a Guardian ad Litem volunteer, or a therapist. To ensure stability in the family, the individual must have been in their current marital status for at least 12 months.

- Education is necessary when becoming a foster care parent. Researching different resources about the realities of foster care is ideal. By contacting a local community-based care agency or those who have foster care experience, interested persons can make an informed decision as to whether or not they want to continue with the process.
- Requirements include: attendance at orientation and discussing the duties, responsibilities, and additional qualifications in preparation to becoming a foster care parent. Licensing and application processes are also discussed during the orientation.

Step 2. Apply to become a foster care parent

When applying to become a foster care parent, the following must be completed:

- Application for License to Provide Out-of-Home Care for Dependent Children,
- Release of Information,
- Authorization for Release of Health and Medical Information for Prospective Foster or Adoptive Parents,
- Signed bilateral service agreement between the supervising agency, lead agency and the applicant,
- Confidentiality Agreement,
- Signed and notarized Affidavit of Good Moral Character,

When applying to become a foster care parent, an individual will need to:

- Provide employment references and proof of income
- Provide a minimum of three non-relative personal references
- Provide references from all adult children
- Provide references from school personnel and child care providers of all children residing in home
- Provide references from two neighbors or two community members
- Provide marriage license or most recent divorce decree
- Provide proof of residency
- Provide drivers license and auto insurance coverage
- Provide pet vaccinations
- Participate in background and records checks from the Federal Bureau of Investigation, the Florida Department of Law Enforcement, local law enforcement, and the Florida Abuse Hotline
- Interview with case workers/licensing agent

- Attend pre-service trainings
    - Water safety training is required for applicants with a pool at home or who live near a body of water that is not secured by a gate 4 feet or higher
    - Model Approach to Partnerships in Parenting (MAPP) training is the required training for all persons interested in becoming foster care parents. Trainings are administered by a licensed child placing agency and are approximately 30 hours. MAPP "is designed to prepare potential foster and adoptive parents for their new role by providing information about children's feelings regarding their birth families, the realities of separation and attachment, the impact of incorporating a new child into day-to-day life, and how to parent children who have been abused, neglected or abandoned."

Step 3. Complete an in-depth home study

While the application process is underway, at least two in-depth home studies will be completed by a licensing agent. During the home study any recommendations for immediate repairs around the home will be made, in terms of the safety and well-being of the child. The home must pass a fire and safety inspection, be free of danger and garbage, and have actively working smoke detectors and a fire extinguisher. An assessment of the neighborhood and the physical space inside the home is also necessary. Details on the care of family pets, social history and driving records are also included in the summary of the in-depth home study.

Step 4. Get approved to be a foster care parent

Usually there is a waiting period as the caseworker/licensing agent verifies all the information that has been given during the application, interview, and in-depth home study process up to that point.

The caseworker/licensing agent will prepare a written report of the findings discovered through the process, which will include the applicant's childhood, mental health and employment history, and make a recommendation as to whether the applicant is eligible to foster, and include the age range and number of children recommended for the applicant's family.

Step 5. Receiving Foster Care Placement

Once licensure is obtained, the designated caseworker/placement coordinator will provide information, tools, and resources in preparation for the child entering the home. Placements can last anywhere from overnight to several months. In some cases, a child will remain with the foster family for years, as the child's parent attempts to complete a case plan, making progress, regressing, then moving forward again.

Can a Foster Parent be Involved in Supervised Visitation?

Yes! When foster parents want to be involved in visitation, they can provide an essential role of communicating to the parent how to take care of the child and helping the parent learn about his or her child. Often the foster parent knows a great deal about the child in his or her care – allow the foster parent – if he's willing – to share that information with the parent. As we've discussed in our phone trainings, medical foster parents provide an essential role in teaching parents how to care for their children who have medically complex needs. If you have questions about the role of the foster parent in the visit, call the Clearinghouse.

Reporting Abuse, Neglect, or Threatened Harm

Johana Hatcher of DCF is going to speak at the FEB. 7th 2013 Director's-Only Call about this!

Any adult who suspects child abandonment, abuse, neglect or threatened harm must report his or her suspicions or observations. This report can be in the form of either making a 911 phone call or calling the Florida Abuse Hotline directly (1-800-962-2873).

Florida law states that everyone is considered a mandatory reporter; however, certain professionals, set out below, are required to provide their name when giving a report. Pursuant to s. 39.202, Florida Statutes, a reporter's name is confidential and can only be released to certain agencies listed in the statute.

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;
- Health or mental health professional;
- Practitioner who relies solely on spiritual means for healing;
- School teacher or other school official or personnel;
- Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
- Law enforcement officer; or
- Judge.

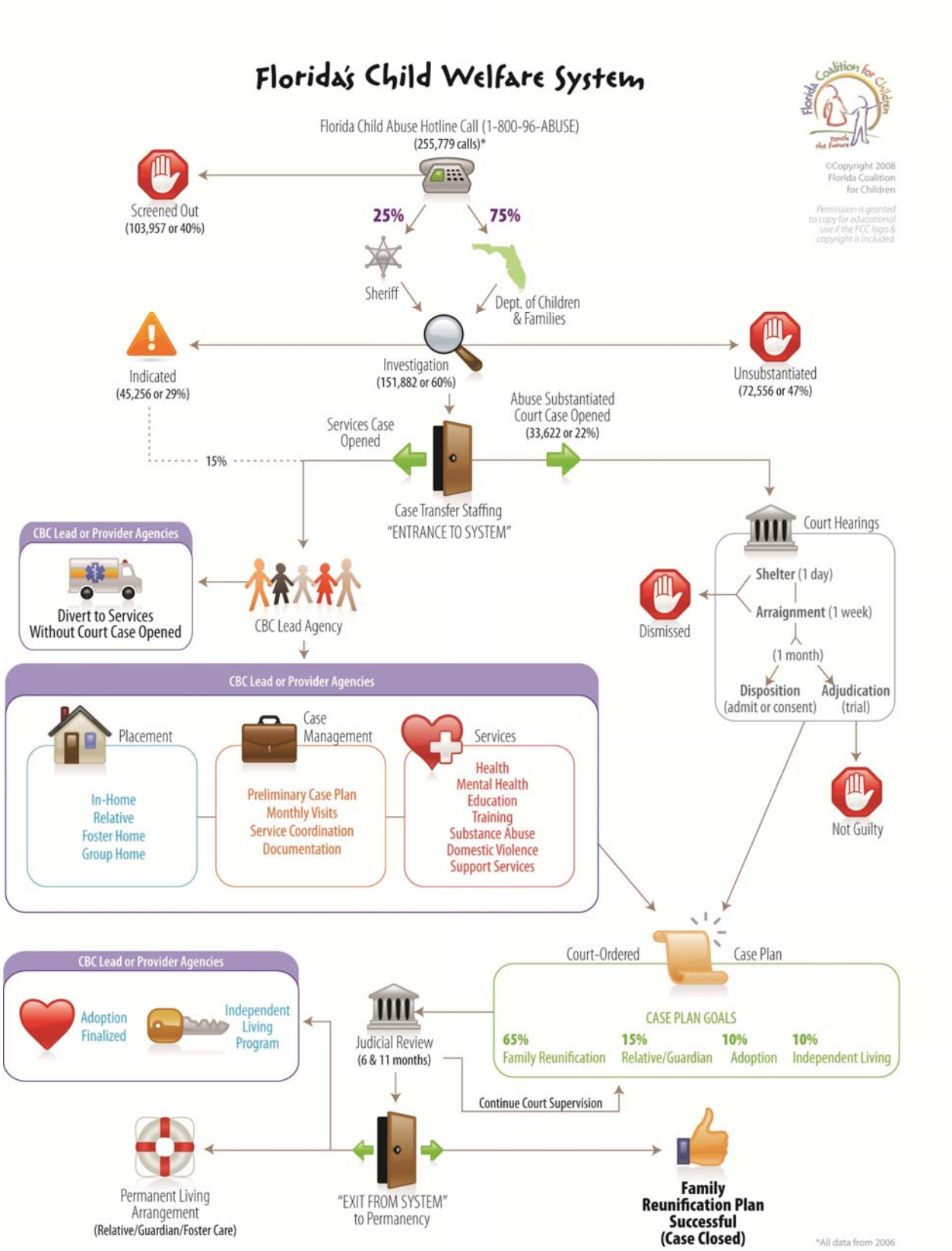
In addition, following the 2011 child abuse scandal at Pennsylvania State University, Florida Governor Rick Scott passed the Protection of Vulnerable Persons Measure HB 1355 in 2012, which became effective October 1, 2012. A link to the law is provided here: http://www.myfloridahouse.gov/sections/Bills/billsdetail.aspx?BillId=48669. This law increases accountability for reporting child abuse and penalties against those who fail to report. These changes include:

- Additional sanctions against those in higher education who know about allegations of child abuse and do not report them.
- Increases in the penalty of knowingly failing to report child abuse to a third degree felony (can be sentenced to prison for 10 to fifteen years or be fined thousands of dollars),
- An increase in funds provided by the state to hire more hotline workers for the increased amount of calls and to educate the public.

What Happens After a Report

With the ability to telephone, fax, or make web-based reports, reporters have the ability to communicate suspicions through various mediums. Once a report has been accepted, a review is conducted "of all relevant, available information specific to the child and family and alleged maltreatment; family child welfare history; local, state, and federal criminal records checks; and requests for law enforcement assistance provided by the abuse hotline."

If the report is screened out, then it has not been accepted because it did not meet the minimum guidelines that Florida has set for accepting a report. That's why it's essential to tell the Hotline operator when you are concerned about the child's safety. Be clear about your concerns.


Florida's Child Welfare System
Florida Child Abuse Hotline Call (1-800-96-ABUSE)
(255,779 calls)*
Screened Out
(103,957 or 40%)
25%
75%
Sheriff
Dept. of Children & Families
Indicated
(45,256 or 29%)
Investigation
(151,882 or 60%)
Unsubstantiated
(72,556 or 47%)
Abuse Substantiated
Court Case Opened
(33,622 or 22%)
Services Case Opened
15%
Case Transfer Staffing
"ENTRANCE TO SYSTEM"
CBC Lead or Provider Agencies
Divert to Services
Without Court Case Opened
CBC Lead Agency
Court Hearings
Shelter (1 day)
Arraignment (1 week)
(1 month)
Dismissed
Disposition
(admit or consent)
Adjudication
(trial)
Not Guilty
CBC Lead or Provider Agencies
Placement
In-Home
Relative
Foster Home
Group Home
Case Management
Preliminary Case Plan
Monthly Visits
Service Coordination
Documentation
Services
Health
Mental Health
Education
Training
Substance Abuse
Domestic Violence
Support Services
Court-Ordered
Case Plan
CASE PLAN GOALS
65% Family Reunification
15% Relative/Guardian
10% Adoption
10% Independent Living
CBC Lead or Provider Agencies
Adoption Finalized
Independent Living Program
Judicial Review
(6 & 11 months)
Continue Court Supervision
Permanent Living Arrangement
(Relative/Guardian/Foster Care)
"EXIT FROM SYSTEM"
to Permanency
Family Reunification Plan Successful
(Case Closed)
*All data from 2006
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After a report has been accepted

The child protective investigator or sheriff assigned to the area may be the designated person to respond to a case. There are seven counties in the state of Florida where the sheriffs' offices serve as the initial protective investigators: Broward, Seminole, Pinellas, Hillsborough, Citrus, Pasco and Manatee.

Depending on the severity of the case, the investigator's response time will vary. An immediate onsite investigation must be made when the hotline worker believes the child is at imminent risk of harm. All other initial responses must be conducted with an attempted onsite visit with the child within 24 hours.

The designated investigator must decide if the allegations were indicated (sufficient evidence) or unsubstantiated (insufficient evidence). In order to make such determinations, the investigator will do the following whenever possible:

1. Conduct face to face interviews with the child, siblings, and legal guardians
2. Assess the child's residence
3. Document the family's composition and household (i.e. home address, social security number, race, sex, date of birth)
4. Assess the child's safety and document present dangers, including the gathering of the criminal justice history of household members

Services

Services are made available to children in certain circumstances. These determinations are based on finding the least intrusive and safest option for the child. If the child appears to be in present danger once the investigator has his or her initial visit with the child, then the child will be removed from his or her home and a petition for placement in shelter care will be filed. On the other hand, in-home services are available when the investigator feels that the child's safety is not in immediate danger, but that the family could benefit from the provision of services, such as counseling or child care referral.

Once a report has been made, and even after it has been confirmed, referrals are in progress so that the children and/or family can receive services. Child protection teams and local community-based care agencies are available to begin the process of sustaining the child in a safe environment.

In-home services available

If it is decided that it is safe to leave the child in the home, even with some concerns, then a plan will be drafted by the assigned caseworker to provide in-home services. Recommendations and services available to the family depend on their assessed needs and in most cases are offered on a voluntary basis.

Examples of referrals and services include: necessary medical, emotional, psychological, psychiatric, and educational evaluations and treatment. Services can also include anything from parenting classes and respite care to transportation and child care. It was reported

that in October 2011, more than 11,000 children received in-home services through their local community based care agency.

The child protective investigator can also make the decision that the child requires immediate or long-term protection within the home, such as:

1. Medical or other health care; or
2. Homemaker care, day care, protective supervision, or other services to stabilize the home environment. This could even be in the form of intensive family preservation services through the Intensive Crisis Counseling Program.

Out-of-home services available

Children are kept with their families whenever possible. The Florida Department of Children and Families' first priority is to preserve the family. Florida Statute s. 39.4085 states that a child should "remain in the custody of their parents or legal custodians unless and until there has been a determination by a qualified person exercising competent professional judgment that removal is necessary to protect their physical, mental, or emotional health or safety."

The Court Process

Once it has been determined that the child will have to be removed from the home, then the department must file a petition for placement in shelter care. A hearing before a judge must be held within 24 hours of the child's removal.

If it is determined by the judge that the removal was appropriate, then the case begins to move through the dependency system. A petition for dependency must be filed by DCF, with a trial held if the parents do not consent to the entry of an order finding the child dependent. Most often, parents are represented by attorneys, who work with DCF to come up with a case plan, which will set out services needed by the family, which must be provided by DCF (through the community-based care agency). These services are designed to remedy the problems which caused the removal of the child and will allow a safe reunification of the child with his or her family. Ideally, this reunification should take place within a year of the child's removal, but often there are bumps in the road that cause the child to remain in foster care or with a relative longer than one year. If it becomes clear that a parent will not be able to complete the case plan, then the decision must be made as to whether a petition for termination of parental rights will be filed. If the child cannot be reunified with the parent and it is determined that termination of parental rights and adoption is not appropriate for the child, there are other permanency options, listed in Florida Statutes in the order in which they should be considered:

- Permanent guardianship
- Permanent placement with a fit and willing relative
- Placement in another planned permanent living arrangement (APPLA), which is defined as "any permanent living arrangement not enumerated in the statute."

Quiz

1. The term "permanency goal" refers to the living arrangement for the child to return to his or her _____ living arrangement.
A: local, B: temporary, C: permanent, D: favorite

2. What is the Florida Hotline Number? _____

3. In the state of Florida, who are mandated reporters?
A: Everyone, B: Doctors, C: Social Workers, D: All of the Above

4. When receiving a call about potential child abuse, investigators must conduct an investigation within the first _____ hours.
A: 24, B: 48, C: 72, D: 96

5. (T/F) Children of alcoholic or drug addicted caregivers are more likely to experience maltreatment.

Answers: 1 (c); 2 (1-800-96 ABUSE) ; 3 (d) 4 (a) 5 (true)

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