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Questions from Directors

We have a new mother who has not accepted the fact that her child was born severely developmentally delayed. She uses the visits to “pray” over her child, loudly, saying very negative things about the judge, social workers, and visit staff during those prayers. I have never heard this type of prayer before. In fact, it’s really not a prayer, just a long complaint about the child and the system. The foster parent holds the child during the visits, because the child can not walk. When we encourage the mother to hold the child, she holds him so that he faces away from her. She says she does not want him at home. Staff are very upset about this case. Should we tell the mother that she should not be saying these things during visits?

No, please don't silence the mother. Although she is saying inappropriate things during visits, the court and case manager need to know what is said. The referrals sources need information about this mother and child. If you silence the client, you won't be able to share the information. In addition, there is the possibility that the mother will have a change of heart and begin to accept her child. Be professional and supportive. Tell the mother that her baby is beautiful. Tell her that all babies bring their parents happiness as the years go on. Comment when the baby does something cute (like smile or burp). Help the mother make eye contact with the baby. Coo, and say enthusiastic things. Help her learn to care for the baby. Have the foster mom help her change the baby's diaper. Teach the mother to feed the baby. Ask the mother to read a book to the child. Call attention to the child's needs. It may not make a difference to this mother, but it is your job, and you must do whatever you can to try to build a relationship. Meanwhile, document as much as possible in this case to provide information to the decision-makers. Communicate with the case manager. If this case goes to TPR, your records may be important.

We have a mother who has implied that she wants her child back so she can receive a disability check for him. She neglected him when he was in her care, and now he has brain damage as a result. She does the minimum with him during visits, and my staff is terrified that she will get him back. He is sweet and beautiful. What can we do?

The cases this month were very sad. Supervised visitation staff have a very difficult job – there are very few “warm and fuzzy” moments in this work. This is another case in which documentation is essential. Be sure that you write down the things that the mother has said. Write down actual statements, not just summaries. Communicate with the case manager and the GAL (to be sure they know what’s going on at visits). But also work to try to build the relationship: it could save this child’s life. Spend time showing the mother how sweet her child is. Teach her to care for her child in as many ways as you can. Try to build empathy, and try to show her ways to care for him and enjoy him. This is not an easy task, but again, it’s crucial to this child.

We have African American families and wonder about the problem of recognizing bruising on black or brown skin. Is there any information you can give us about such bruising?

Clearinghouse staff could not find much information on this question, so we consulted with the Tallahassee Police Department and present the information below.

Identifying Bruises on Darker Skin

Bruising is often the earliest and most easily identifiable sign of physical abuse.

However, bruises may be more difficult to identify when they appear on darker skin. The best way to identify bruises on darker skin is to know more about bruises and where they are commonly found on domestic violence or child abuse victims.

The ages and stages of bruises

0– 2 Days	Typically red/pinkish
2 – 4 Days	Purple, blue, or even blackish
5 – 10 Days	Yellow or green
10 – 14 Days	Light brown or faint yellow

14+ Days	Bruise tends to fade away
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Since bruises are blood pooling under the skin, skin with more melanin, what gives skin its color, may not be as apparent as bruises on lighter skinned people.

If a victim states that he/she has bruises, they may be easier to see when pointed out. Remember that these bruises may be fainter, lighter, and less apparent than bruises in individuals with lighter skin, but it does not mean they are less severe.

What to look for

Types of Bruising:

Strangulation

- Recent bruises from strangulation may appear red, whereas older bruises can be purple, yellow, green, blue, or blackish.
 - Red bruises may be difficult or impossible to see on dark skin.
- Bruises may be in a semi-circle from a hand, angled to one side from an object like a belt, rope, or wire.
- Some strangulation bruises may be flat from a blunt object placed across the victim's throat.
- Recent bruises from strangulation may not be apparent. Examine the victim's eyes for red spots, which can be a sign of a lack of oxygen from strangulation.
 - Red spots in the eyes will be visible regardless of the color of the victim's skin, but may not appear for all victims who have been strangled.

Fixed Object Bruises

- Coat hangers, wrenches, handles, paddles, or other flat, sturdy objects leave flat bruises. These bruises do not curve around the victim's body.
- Belts, cords, rope, and whips often leave lines that contour to the shape of the victim's body.

Bruises Caused by the Aggressor's Body

- Bruises may appear in the shape of an open hand (in the shape of a hand or bruised around the outline of a hand).
- Knuckle marks and finger marks may appear and line up with the shape of the aggressor's hand.
- Bruises from grabbing the victim may appear on the wrists, ankles, shoulders, neck, or thighs.

In Infants and Children:

- Infants rarely accidentally bruise before they begin crawling or walking.
- Accidental bruises on cushioned areas like the baby's bottom are uncommon due to padding from diapers.
 - **This area is often a target of intentional harm.**
- Children may also have bruises on their shoulders, arms, thighs, or legs from being aggressively grabbed, or under their eyes from being hit on the head.
- Children who appear bruised: Ask the parent or caregiver how the bruise was obtained.
 - An older bruise may very well have come from an accidental fall a week or two ago.
 - Older bruises explained by recent falls, or recent bruises that were explained by past injuries may raise suspicion. Contact the Hotline.
 - Bruises that look like hands, fingers, knuckles, or objects (belt buckles, wrenches, rope/cords, hangers) are most likely intentional bruises. Contact the Hotline.
- Any genital bruises or discolorations should be reported to the Hotline.

**Remember, if you suspect that a child is
being abused, call the Hotline at
1-800-96-ABUSE (22873)**

http://kidshealth.org/teen/your_body/skin_stuff/bruises.html

Web Tip:

Free trainings on cultural competency issues:

<http://www.njphtc.org/>

(these relate to medical professionals, but the issues have relevancy to SV personnel)

Diabetes and Supervised Visitation

By Cristina Batista

Over the years, Florida's SV programs have dealt with diabetes at visit; the condition affects many people. Be prepared for clients with the condition. Use the following information to train staff and volunteers. Think about the tips at the end of the training.

Introduction

Diabetes is a disease that affects how the body uses glucose, the main type of sugar in the blood. Currently, in the United States, 25.8 million people, 8.3% of the total population, are living with diabetes.

This article will explore the two types of diabetes, how they are treated, and ways in which they can affect clients in Supervised Visitation settings.

Types of Diabetes

There are two forms of diabetes that must be taken in to consideration when dealing with the illness: Type 1 Diabetes and Type 2 Diabetes.

Type 1 Diabetes (T1D)

- **What is T1D?**
 - Type 1 Diabetes is also known as insulin-dependent or juvenile diabetes. In this type of diabetes, a person's pancreas produces little to no insulin.
- **At what age does it occur?**

- T1D can occur at any age, but is mostly diagnosed from infancy to the late 30s.
- **When?**
 - T1D occurs when the body's defense system attacks and destroys the cells producing insulin in the pancreas.
- **Why?**
 - While its causes are not entirely understood, many scientists believe that both genetic factors and environmental triggers are involved. Meaning, **its onset has nothing to do with the diet or lifestyle of the individual.**
- **Can you prevent T1D?**
 - There is nothing you can do to prevent T1D, and there hasn't been anything found to cure it yet.
- **Is type 1 diabetes hereditary?**
 - One in 400-500 people in the general population develops T1D, but 1 in 20 people are at risk if a parent, sibling, or child also has the disease. Research has shown that genes however are not the only factor, and concludes that environmental factors can play a role in T1D as well.
 - Research has also shown that at most, only 15 percent of people with type 1 diabetes (T1D) have an affected first-degree relative, meaning a sibling, parent, or offspring.
 - In general, it is a myth that T1D is a familial disease that primarily occurs in families. In reality, only about 10% of individuals who are diagnosed with T1D have a family history of it.

What Are the Warning Signs & Symptoms of Type 1 Diabetes (T1D)

Sometimes, type 1 diabetes can occur suddenly he warning signs and symptoms of may occur suddenly and can include:

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| ● Extreme thirst | ● Increased appetite |
| ● Frequent urination | ● Sudden weight loss |
| ● Sudden vision changes | ● Drowsiness, lethargy |
| ● Sugar in urine | ● Heavy, labored breathing |
| ● Fruity or wine-like odor on breath | ● Stupor, unconsciousness |

Types 2 Diabetes (T2D)

- **What is T2D?**
 - Type 2 Diabetes is the most Common form of diabetes. It is also known as non-insulin-dependent or adult-onset diabetes. In this form of diabetes, the

pancreas still produces insulin, but the body does not produce enough or is not able to use it effectively. This is also known as insulin resistance.

- **At what age does it occur?**
 - Type 2 diabetes usually develops after age 40, but can appear earlier, and has recently begun to appear with more frequency in children.
- **Individuals most prone to T2D?**
 - Are over 40
 - Are obese or overweight
 - Have had gestational diabetes
 - Have family members who have type 2 diabetes
 - Have pre-diabetes
 - Are inactive
 - Have low HDL cholesterol or high triglycerides levels
 - Have high blood pressure
 - Are members of certain racial or ethnic groups
- **What Causes T2D?**
 - Although it is more common than type 1 diabetes, Type 2 diabetes is less well understood, because it is likely caused by multiple factors and not a single problem.
 - Type Two Diabetes can run in families, however, the exact nature of how it's inherited is not known.

The Risks of living with Diabetes

One major risk factor of living with diabetes is diabetic shock caused by hypoglycemia or hyperglycemia.

- *Hypoglycemia (low blood sugar)*- a reaction that happens when there is too much insulin and not enough sugar in the blood that can result in fainting, and in extreme cases, coma or death.
- *Hyperglycemia (high blood sugar)*- a reaction that happens when the person who has diabetes has eaten too much, is sick, has too little insulin in his or her body or is under a lot of stress.

What causes hypoglycemia?

- Increased physical activity
- Taking insulin at a different time than usual
- Skipping a meal
- Drinking alcohol excessively without eating

Symptoms of hyperglycemia include the following:

- Frequent urination

- Extreme thirst
- Blurry vision
- Feeling very tired

What are the warning signs of a diabetic shock?

- Dizziness
- Irritability
- Moodiness
- Hunger
- Shakiness
- Sweating
- Rapid heart-beat
- Confusion
- Headache



Common foods and drinks that help prevent diabetic shock:

- Glucose tablets
- Half-cup of fruit juice or non-diet soda
- Candy
- Cup of milk
- One tablespoon of sugar or honey
- Quarter-cup of raisins

Diabetes and Visitation Settings

For children, adjustment to a diagnosis of diabetes can take from 6–9 months. Feelings that a child can experience when diagnosed with diabetes are listed below. A visit monitor needs to be aware of these issues and check up on the child to make sure if the visits with their non-custodial parent is improving or worsening their feelings.

- **Denial.** Because kids want to blend in or be like other kids, they may sometimes pretend that they don't have diabetes, which can be dangerous if they avoid blood sugar testing and medication.
- **Depression.** Feelings of depression, sadness, and hopelessness are common among kids with diabetes. A child may cry a lot, feel exhausted, have changes in eating or sleeping habits, or have a hard time sticking to the diabetes management plan because he or she is depressed.

- **Guilt.** Some kids may feel like diabetes is their fault or like they're causing problems for parents, siblings, and teachers because of their diabetes.
- **Anger, frustration, and resentment.** Your child might be angry at you because you oversee testing and treatment, in addition to being frustrated by the diagnosis. Many kids resent the restrictions that diabetes can place on their everyday activities.
- **Fear and anxiety.** Blood sugar control problems, needles, and the potential for long-term health problems can be scary for kids. And in some cases, fearfulness can be the result of incorrect information they receive about diabetes.
- **Embarrassment.** Kids with diabetes might be embarrassed about the extra attention they get, like when they're testing blood sugar and injecting insulin at school, at friends' homes, and in front of other kids.
- **Dependence.** When kids find out they have diabetes, they might begin acting younger than their age and depending on parents more than their peers. The progress that they'd typically be making toward self-reliance can stop or reverse course.

Care Kit



Visit monitors should always make sure that the child is carrying their care kit, or something like it, at all times. This bag holds important medicines and care tools that can be used in preventing further complications from hypoglycemia and diabetic shock if the child begins to experience problematic symptoms.

Included in that bag may be a glucagon injection kit, which must be prescribed by doctor and can be very helpful in an emergency situation. Glucagon is a natural hormone that increases blood sugar, and can be injected if a child becomes unconscious from hypoglycemia.

If the child does not have an injection kit, it may be a good idea to talk to the parents and explain the necessity of having it, along with informing them of any resources available if they can't afford it.

Parents of Diabetic Children

For parents the adjustment period can be from 9–12 months. Diabetes control and usual family functioning are difficult during this period and require support from the medical team. This is important for visit monitors to be aware of when supervised visitation takes place.

Good questions to keep in mind are: How long ago was the child diagnosed? Is there any connection between the client's illness and the reason for the supervised visitation? How does the parent respond and/or comment on the child's diabetes?

Suggestions

- Be sure to ask about medical conditions of all family members who participate at the visitation program. Knowledge is the best tool for responding to health problems at visits.
- If a parent or child has diabetes, be sure that he or she has a care kit, or medicine kit, on hand during visits.
- Have some snacks at the center that are set aside for any children who have diabetes. Make sure that they are the appropriate type of snacks for the child and that the child's parent(s) knows what they are
- Learn everything you can about diabetes, the more you know, the greater your chances are of helping!
- Be sympathetic. Diabetes is a medical condition, and those who have it didn't ask for it. Don't be annoyed or tense when someone tells you he or she has the condition.
- Encourage games or activities that keep the child active when they are feeling well.
- Learn to recognize signs of problems.
- It's always a good idea to call 911 if someone loses consciousness due to fainting.

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Florida Law Updates

Below are changes relevant to supervised visitation programs that have gone into effect for Florida.

Florida Safe Harbor Act- Florida Statute 39.401

One of the most important changes of the 2012 legislative session was the “Florida Safe Harbor act” which expands section 39 to authorize agents of the Department of Children and Families to deliver children, who are determined to be dependent and victims of sexual exploitation, to short term safe houses.

The act provides that if the law enforcement officer who makes initial contact with the child has probable cause to believe that the child is the victim of sexual exploitation then that officer shall deliver the child to the department then an agent of the department may assess the child’s situation and determine if it is appropriate to place the child in a short-term safe house.

The definition of dependency was broadened to include all victims of child sexual exploitation as dependent. And, the definition of sexual exploitation was expanded to include children who are the victims of sex trafficking and child prostitution.

The assessment of the child, for short-term safe house eligibility, should focus on: information from any law enforcement reports; any psychological testing or evaluation that has occurred; information from the guardian ad litem, if one has been assigned; information from any current therapist, teacher, or other professional who has knowledge of the child and has worked with the child; and any other information concerning the availability and suitability of safe-house placement. It is important to note that this assessment and its results **must** be included in the child’s next judicial review. At each subsequent judicial review, the court must be advised in writing of the status of the child’s placement, with special reference regarding the stability of the placement and the permanency planning for the child.

If after the assessment the department or agent finds that placement in a short-term safe house is appropriate then the child may be placed in a safe house, but only if a safe house is located either in the local circuit or a short distance away.

The department must maintain data on: the number of children who were referred to a safe house but for whom placement was unavailable, and the counties in which such placement was unavailable.

By December 1st of each year, the department shall report to the legislature on the placement of children in safe houses during the year, including the criteria used to determine the placement of children, the number of children who were evaluated for placement, the number of children who were placed based upon the evaluation, and the number of children who were not placed. The data from this report will be used by the legislature to determine appropriations for the upcoming year.

Summary:

- If a Law Enforcement officer has probable cause to believe a child is a victim of sexual exploitation then the officer will bring the child to an agent of the department to assess whether the child should be placed in a safe house.
- The assessment should include all relevant factors with respect to the child’s history and environment.
- The department must maintain data on the number of children referred to safe houses and safe house availability.
- The department must prepare a report, which incorporates the child placement data, for the legislature by December 1st of each year.

Florida Coalition Against Domestic Violence- Florida Statutes 39.903- 39.905

In its 2012 legislative session the legislature shifted many of the domestic violence programs, traditionally administered by the Department of Children and Families, to the Florida Coalition Against domestic violence. The Department said the coalition will be required to work together on additional domestic violence programs.

For example, the Department will continue to have the responsibility of **initially** approving and certifying new domestic violence centers. But, once those centers are approved the responsibility of creating periodic monitoring reports for the centers will fall on the coalition. The ultimate responsibility of renewing the certification of a domestic violence center will fall on the Department. Decisions regarding capital improvement grants for domestic violence centers will fall on the Department.

The three step process for certifying domestic violence centers:

- 1.) The Department provides initial approval and certification for the domestic violence center.
- 2.) The Coalition monitors the center and provides reports to the Department.
- 3.) The Department makes the decision, based on the monitoring reports, whether or not to renew a domestic violence center’s certification.

Decisions regarding contracts and grants for the State’s domestic violence programs will be made jointly by the Department and the Coalition.

The implementation and administration of services provided by the State’s domestic violence centers will be the responsibility of the Coalition.

The Coalition will have the responsibility of making funding decisions for the State’s domestic violence centers. Periodic monitoring of the centers for compliance with State standards will also be the responsibility of the coalition.

Department of Children and Families	FCADV
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<ul style="list-style-type: none"> • Initially approve and certify domestic violence centers • Decide whether or not to annual certifications for domestic violence centers • Make grant decisions with respect to capital improvement grants for domestic violence centers. 	<ul style="list-style-type: none"> • Implement and supervise day-to-day operations of domestic violence centers. • Make general funding decisions with respect to domestic violence centers. • Monitor the domestic violence centers for compliance with state standards and provide periodic status reports to the department.
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The responsibility to prepare an annual report on domestic violence has been transferred from the Department of Children and Families to the Coalition. The report must be delivered to the President of the State Senate and the Speaker of the House by January 1st of each year.

The report must include:

- (1) The incidence of domestic violence in this state.
- (2) An identification of the areas of the state where domestic violence is of significant proportions, indicating the number of cases of domestic violence officially reported, as well as an assessment of the degree of unreported cases of domestic violence.
- (3) An identification and description of the types of programs in the state that assist victims of domestic violence or persons who commit domestic violence, including information on funding for the programs.
- (4) The number of persons who receive services from local certified domestic violence programs that receive funding through the coalition.
- (5) The incidence of domestic violence homicides in the state, including information and data collected from state and local domestic violence fatality review teams

Adoption Information Center- Florida Statute 63.167

The Department of Children and Families no longer has the rulemaking authority to establish an adoption information center.

Guardian Ad Litem- Florida Statutes 39.8296-39.8297

The legislature amended section 39 to allow guardians ad litem **to provide transportation services for the children they work with. Transportation must be voluntarily provided by the guardian and cannot be mandated by the guardian ad litem program or the court.** Florida Statute 39.8296(7).

The legislature also gave county governments the ability to work with the statewide guardian ad litem office in order to fund additional local guardian ad litem positions. Counties will not be

allocated additional state funding to support these local positions. While these local guardians ad litem will technically be county employees, the local positions must be supervised and managed by the statewide guardian ad litem office. These positions will not be included as employees for the purposes of determining the effectiveness and funding of the statewide guardian ad litem program. Florida Statute 39.8297.

Summary:

- Guardians ad litem will be able to voluntarily provide transportation for the children they work with.
- Counties will be able to independently fund additional local guardians ad litem.
- The state will not be obligated to provide additional funds to counties to support these local positions.
- The local positions will be managed by the executive director of the statewide guardian ad litem program.

Technology and Innovation- Florida Statute 39.201

In addition to maintaining a central phone hotline for the reporting of child abuse, abandonment, or neglect the Department of Children and Family Services will be required to provide a web-chat hotline and update other web-based forms for reporting child abuse, abandonment, or neglect.

The Department's web-based services must be updated to:

- A. Include qualifying questions in order to obtain necessary information required to assess need and a response.
- B. Indicate which fields are required to submit the report.
- C. Allow a reporter to save his or her report and return to it a later time

The Legislature also required that the Department commission a study on the use of text messages as a method of reporting abuse to the central abuse hotline. The legislature also requested that the Department collect statistical data on child abuse and child sexual abuse on campuses of colleges and universities. Finally, the legislature asked that the Department develop a public awareness campaign for the central abuse hotline.

Reporting Child Abuse, Abandonment, or Neglect- Florida Statute 39.307

In its 2012 session the legislature further defined the procedures for cooperation between the department and local sheriff's offices with respect to reports of child abuse, abandonment, or neglect. The legislature also increased penalties for knowingly failing to report child abuse.

For example, reports of abuse by non- caretaker adults that are made to the State abuse hotline will be forwarded immediately to the local sheriff's office.

In the case of a report made against a known or suspected juvenile sex offender the procedures for cooperation depend on the age of the suspected offender.

If the suspected offender is 12 years old or younger then the department must, in addition to immediately contacting the local sheriff's office, contact the family of the victim as well as the

alleged offender and provide the appropriate services to both parties. If the suspected offender is over 13 years old then the Department is only required to contact local law enforcement immediately.

Any call received from a parent or legal custodian seeking assistance for himself or herself which does not meet the criteria for being a report of child abuse, abandonment, or neglect may be accepted by the hotline. In response to such a call the hotline may refer the caller to voluntary community services which might provide the caller with assistance in caring for the child.

Training and Skills Requirements for Hotline Staff- Florida Statute 39.301

During the 2012 session the legislature codified the skills necessary for hotline staff to effectively address reports of potential child abuse, abandonment or neglect. The department's training program at the regional and district levels must include results of qualitative reviews of child protective investigation cases in order to identify weaknesses as well as examples of effective interventions.

Staff must:

1. Know how to fully inform parents or legal custodians of their rights and options, including opportunities for audio or video recording of child protective responder interviews with parents or legal custodians or children.
2. Know how and when to use the injunction process to remove a perpetrator of domestic violence from the home as an intervention to protect the child.
3. Know how to explain to the parent, legal custodian, or person who is alleged to have caused the abuse, neglect, or abandonment the results of the investigation and to provide information about his or her right to access confidential reports prior to closing the case.

Child Protective Investigations- Florida Statute 39.301

Child protective investigations are **no longer required** to be conducted on site by local sheriffs or agents of the department. This investigation, and subsequent report, should consider all relevant contextual information surrounding the initial report of child abuse, abandonment, or neglect made to the hotline. After conducting the investigation the department will determine what action is appropriate with respect to the safety of the child. The agent of the department has discretion as to whether the person making the report should be contacted before the face-to-face interviews with the child and family members.

Any information regarding potential criminal activity that is uncovered in the child protective investigation shall be used solely for purposes supporting the detection, apprehension, prosecution, pretrial release, post-trial release, or rehabilitation of criminal offenders or persons accused of the crimes of child abuse, abandonment, or neglect and may not be further disseminated or used for any other purpose.

Depending the results of the child protective investigation any of the following actions may be taken:

1. If the department or the sheriff providing child protective investigative services determines that the interests of the child and the public will be best served by providing the child care or other treatment voluntarily accepted by the child and the parents or legal custodians, the parent or legal custodian and child may be referred for such care, case management, or other community resources.
2. If the department or the sheriff providing child protective investigative services determines that the child is in need of protection and supervision, the department may file a petition for dependency.
3. If a petition for dependency is not being filed by the department, the person or agency originating the report shall be advised of the right to file a petition for dependency.
4. At the close of an investigation, the department or the sheriff providing child protective services shall provide to the person who is alleged to have caused the abuse, neglect, or abandonment and the parent or legal custodian a summary of findings from the investigation and provide information about their right to access confidential reports.

State Automated Child Welfare Information System (SACWIS)- Florida Statute 39.0138

The Department of Children and Families is **now required to conduct a records check, through SACWIS, as well as a state and local criminal records check for all people**, including, parents being considered as potential placement opportunities for a child. These checks must be completed for all members of a potential household that are over 12 years old. An out-of-state criminal records check must be conducted for all members of the household 18 years old or older that have resided in another state.

Injunction Pending Disposition of a Petition- Florida Statute 39.504

In cases where the Department fears for the safety of a child in the interim period between the filing of an injunction and the hearing on the matter, the department may request a temporary injunction while the hearing is pending.

The petitioner seeking the injunction shall file a verified petition, or a petition along with an affidavit, setting forth the specific actions by the alleged offender from which the child must be protected and all remedies sought. Upon filing the petition, the court shall set a hearing to be held at the earliest possible time.

Pending the hearing, the court may issue a temporary ex parte injunction, with verified pleadings or affidavits as evidence. **The temporary ex parte injunction pending a hearing is effective for up to 15 days.** The hearing may be held sooner if the alleged offender has received reasonable notice. The hearing must be held within that 15 day period unless continued for good cause shown. Good cause includes obtaining service of process, in which case the temporary ex parte injunction shall be extended for the continuance period. Before the hearing, the alleged offender must be personally served with a copy of the petition, all other pleadings related to the petition, a notice of hearing, and, if one has been entered, the temporary injunction.

During the temporary injunction hearing the court may award the costs of medical, psychiatric, and psychological treatment for the child incurred due to the abuse, and similar costs for other family members as relief.

The person against whom an injunction is entered under this section does not automatically become a party to a subsequent dependency action concerning the same child, that person must be named a party in the dependency petition. Jurisdiction for a circuit court can now attach upon the filing of a petition of dependency.

Termination of Parental Rights- Florida Statute 39.802

An important change from the 2012 session of the Florida Legislature is that the requirements necessary for a petition to terminate parental rights under section 39 **now require that the department of children and families inform the parents of a child that private placement of the child through a licensed adoption entity is available.**

Case Plans and Permanency- Florida Statute 39.6011

The department has long held that permanent reunification of the child with his or her parent or legal guardian should be the goal of all case plans. In 2012 the legislature further specified how to make this goal a reality.

1. If a child has not been removed from a parent, but is found to be dependent, even if adjudication of dependency is withheld, the court may leave the child in the current placement.
2. If a child has been removed from one parent and is placed with the other parent, the court may leave the child in the placement with the parent from whom the child was not removed.
3. If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent.

Grandfamilies: Grandparents as Parents



In the United States, over **2.5 million** grandparents take on primary responsibility for their grandchildren's basic needs. Of those:

- 19% are Hispanic/Latino
- 31% are African American
- 2% are Asian
- 47% are White

Florida ranks fourth in the nation in terms of kinship care and 9% of all children in the state live in households lead by grandparents. Of the Florida Grandfamilies, 64% of grandparents are under the age of 60 and 18% of grandparents live in poverty.

Grandparents raising grandchildren face various challenges when caring for their grandchildren. Often, grandparents are in need of:

- Financial assistance
- Supportive counseling
- Advocacy
- Legal assistance
- Respite care

Below are resources that grandparents can use on a National, State, and County level to address the different needs they have.

National

Relatives as Parents Program (RAPP): Promotes the creation and expansion of services for grandparents and relatives who are raising their grandchild, niece, nephew etc. <http://www.brookdalefoundation.org/rapp/rapp.html>

AARP

GrandFacts: Information for grandparents and other relatives raising children
<http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-national.pdf>

GrandFamilies Guide: Resources, tips and tools for services and support for Grandparents who parent their grandkids.

<http://www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html>

Kinship Care Resource Kit: Basic information about helping grandparents and other relatives who are raising children.

<http://www.childrensdefense.org/child->



[research-data-publications/data/kinship-care-organization-resource-kit.pdf](https://www.childwelfare.gov/publications/data/kinship-care-organization-resource-kit.pdf)

GrandFamilies of America: Legal information and help for grandparents who are parenting their grandchildren

<http://www.grandfamiliesofamerica.com/>.

Child Welfare Information Gateway-

Grandparents Raising Grandchildren: How to provide the best possible care for your grandchildren while still preserving your own health and well-being

<http://www.childwelfare.gov/preventing/supporting/resources/grandparents.cfm>.

Generations United: Works to improve the connection throughout each generation by advocacy, policy, intergenerational programs and a special emphasis on “grandfamilies.” <http://www.gu.org/>



State

Florida Kinship Center: Provides an emotion support hotline and legal services hotline for “kinship caregivers” (grandparents and other relatives who are raising kids). Also builds awareness and research on this topic. Florida Kinship Center Warmline, 1-800-640-6444 <http://kinshipcenter.cbcs.usf.edu/default/index.cfm>

GrandsPlace: Outlines legal assistance, education, support, and advocacy for grandparents and special others parenting children. <http://www.grandsplace.org/>

Kid Central: The Kinship Care Corner offers a calendar of support groups in various Florida counties. <http://www.kidscentralinc.org/kinship-care-corner/>

Federation of Families of Florida, Inc.: Grandparents raising grandchildren support and activity groups.

http://www.floridafederation.org/index.php?option=com_content&view=article&id=50&Itemid=55

County

Brevard



Grandparents Raising Grandchildren of Brevard County: Provides support, resources and advocacy for families in Brevard.

<http://grandparentsraisinggrandchildren.org/>

Brevard Family Partnership: Provides child abuse prevention, foster care and support, adoption, independent living and community

outreach services to the children and families of Brevard County.

http://www.brevardfp.org/home/pages/News_09152010_29.cfm

Dade

Urgent inc Intergenerational: Activities offered include monthly caregiver support groups, parenting skills workshops, sitter service, caregiver respite and family field trips. <http://www.urgentinc.org/Intergenerational-Project.html>

Duval

RAPPJAX Relatives as Parents Program of Jacksonville: Provides educational training, support, resources and referrals to relative caregivers.

<http://www.coj.net/departments/childrens-commission/grands-rappjax.aspx>

Flagler

Grandparents Parenting Again, Santa Maria del Mar: Offer encouragement as well as tools and support to grandparents parenting their grandchildren (Faith based).

<http://www.smdmcc.org/ministries/grandparents-parenting-again/>

Hillsborough

Children's Home, Inc: Kinship support services like resources and support groups.

<http://www.childrenshome.org/programs-and-services/finding-forever-families/kinship-support-services.aspx>

Family Enrichment Center: Grandparents Assistance Program promotes family stability through support groups, respite care, child enrichment activities and referrals.

http://fectampa.org/grandparent_assist_prog.php

Lee



GRIP (grandparents returning into parenting) – Olgeta Beckworth Foundation: Provides basic needs, support groups, education and respite care for grandparents parenting grandkids (Faith based).
<http://www.grip.witnesstoday.org/>

Leon

GaP Support Lunch: Luncheon for grandparent and other relative caregivers.
<http://www.talgov.com/main/CityofTallahasseeMasterCalendarEventDetail/7761.aspx>

Manatee

GAP and Relative Caregivers-Manatee Children's Services: Provides support groups, workshops, advocacy and resource and referrals.
<http://www.manateechildrenergicities.com/gap.php>

Local Kinship Warmline, Nancy Darr, (941) 756-8197

Nassau

Support Group: Yules Elementary School 86063 Felmore Road Yulee, FL 32097-
Lisa Weaver 904-225-5192

Palm Beach

Families First of Palm Beach County: Kin Support Project assists these families through advocacy, community resource linkage, legal advice and services, counseling, support groups, healthcare information and financial guidance.
<http://www.familiesfirstpbc.org/index.cfm?fuseaction=pages.insupportproject&>

Pasco

Children's Home, Inc: Kinship support services like resources and support groups.
<http://www.childrenshome.org/programs-and-services/finding-forever-families/kinship-support-services.aspx>

Pinellas

Children's Home, Inc: Kinship support services like resources and support groups.
<http://www.childrenshome.org/programs-and-services/finding-forever-families/kinship-support-services.aspx>



Family Resources: Kinship Care program assists with accessing needed mainstream supports, legal assistance, family counseling, financial benefits, child care, respite, mental health or substance abuse services, transportation, housing and ongoing community based support groups. <http://www.family-resources.org/Programs/Support/Kinship/tabid/234/Default.aspx>

Kinship Services Network of Pinellas

Provides network of service providers. <http://www.jwbpinellas.org/kinship-services-network>

HOW TO:

Set up a Facebook Page for your SV Program

If you missed the last phone conference, you missed the information on setting up social media to help raise awareness and funds for your program. Here it is again, with an added section on the Important things to Remember about Social Media.

Reasons for Supervised Visitation Programs to have a Facebook page:

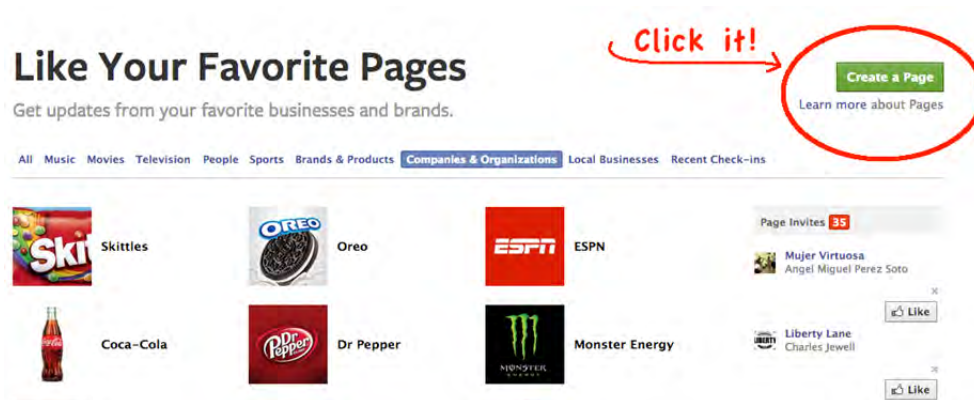
1. The ability to quickly reach out to one *huge* pool of potential members, volunteers, and supporters, and the ability to customize that audience.
2. FREE – advertising costs money, but through social networking, you can easily get thousands of people involved in the mission of your organization through personal Facebook invitation and sharing your page on others' profiles.
3. Events! – as the administrator of your organization's web page, you are able to set up events and invite followers of your page to be a part of them.
4. Communication – the most important aspect of social networking! With a Facebook page, you are given the ability to communicate with your followers on a 24/7 basis, and in a way that is not offensive to professional etiquette. Social networking is quickly replacing "email" as the preferred route to internet-based communication.

Before you begin, make sure you have the approval of the larger organization you serve, if any. Some agencies only allow one social media tool. Also, for cautions about the use of social media, attend Clearinghouse trainings and use common sense.

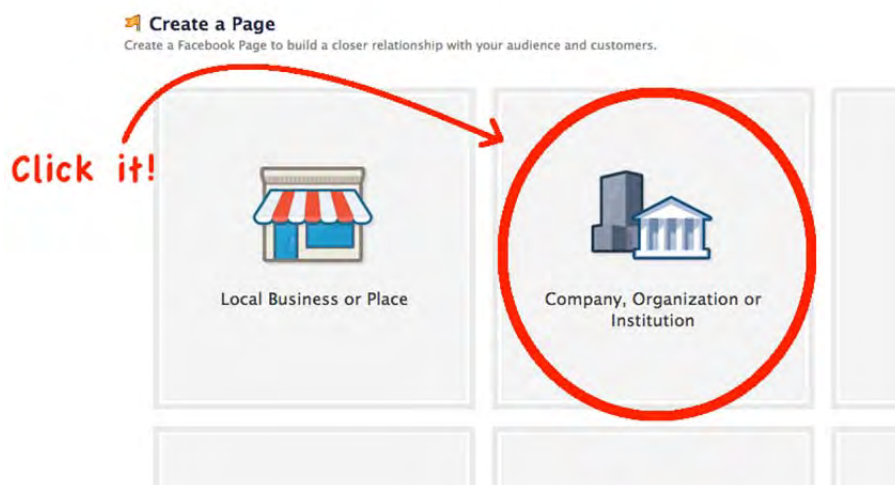
If you do create a page for your program, be sure that there is only ONE approved administrator.

Below is a set of simple instructions on how to create a Facebook page. Marked in red will be visual directions to go with the typed instructions, which will give a more in-depth description of each step.

1. Login to Facebook using your personal account. (This first step ensures that you will be the administrator of your page.)
2. Go to: www.facebook.com/pages and click "Create Page" to get start



3. Now, select the "type" of group for which the page is being made. (If you are building a page for a non-profit/not-for-profit organization, it will be under this circled selection.)



4. Once you select "Company, Organization or Institution," you are asked to choose a category and a company name. Click on the box to agree to their terms and then click "Get Started."

🚩 Create a Page

Create a Facebook Page to build a closer relationship with your audience and customers.

The screenshot shows the 'Create a Page' form for a 'Local Business or Place'. A red box highlights the 'Company, Organization or Institution' section, which includes the following steps:

1. Choose a category
2. Company Name
3. I agree to Facebook Pages Terms
4. **Get Started**

1. Choose a category
2. Type the name of your organization
3. Agree to "Facebook Pages Terms" by selecting this box
4. Let's get started -- Click it!

5. Now that you have created a page, you can customize it to fit your needs – and the needs of your audience. First, you must choose a “Profile Picture” for your organization. You can choose:

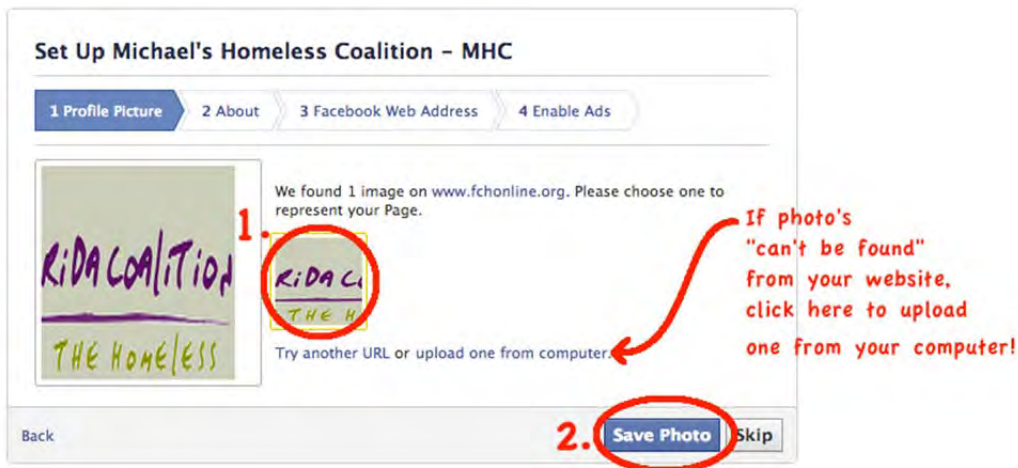
- to import that picture from your own organization’s website, or
- you can upload one from your computer.

The screenshot shows the 'Set Up Michael's Homeless Coalition - MHC' page setup screen. The progress bar indicates the current step is '1 Profile Picture'. The main content area features a placeholder image of a flag and two options: 'Upload From Computer' and 'Import From Website'. The 'Import From Website' option is circled in red. A red text overlay reads: 'Click this to take a picture right from your organization's website!'. At the bottom right, there are 'Save Photo' and 'Skip' buttons.

6. Here, I selected “Import From Website.” Copy and paste your organization’s URL into this box and click “Import.” In the next screen it will show pictures from your website.



7. Click on the picture that you want to set as your page's profile picture, then save the photo. If for whatever reason it says they cannot access a photo from your site, feel free to "upload one from [your own] computer."



8. Now that you have set a profile *picture*, you will need to edit your profile *information* in this "About" section. Follow the steps written in red on this picture.

1. Write a description of your organization
2. Copy and paste your organization's URL here
3. Select "Yes"
4. Click "Save Info"

Set Up Michael's Homeless Coalition - MHC

1 Profile Picture > **2 About** > 3 Facebook Web Address > 4 Enable Ads

We found a description about Michael's Homeless Coalition - MHC on your website. You can choose to keep it, edit it, or add a new one.

Tip: Add a description and website to improve the ranking of your page in search.

The Florida Coalition for the Homeless strives to make homelessness one of the states priorities.

Add Another Site

Will this Page represent a real organization, school or government? [?] Yes No

Visit Help Center

9. After you "Save Info" above, follow these next instructions on creating a web address for your Facebook page. (Note: The simpler, the better!)

1. Type a unique -- but simple -- Facebook address
2. "Set Address"

Set Up Michael's Homeless Coalition - MHC

1 Profile Picture > 2 About > **3 Facebook Web Address** > 4 Enable Ads

Choose a unique Facebook web address to make it easier for people to find your Page. We've made a suggestion below, but you can also choose your own. Once this is set, it can't be changed.

10. If you are familiar with Facebook, you know that businesses are constantly advertising (these ads are usually seen on the sides of your news feed). As this portion states, advertisements are a great way to expand your audience. However, people will be more drawn to purchase a *product* through an ad than to join or support an *organization*. It might be better – and more cost efficient – to reach out to people via personal invites (which we will discuss in the next two steps). Click "Skip" to move on, or click "Enable Ads" to enter an online payment system for advertising your page.

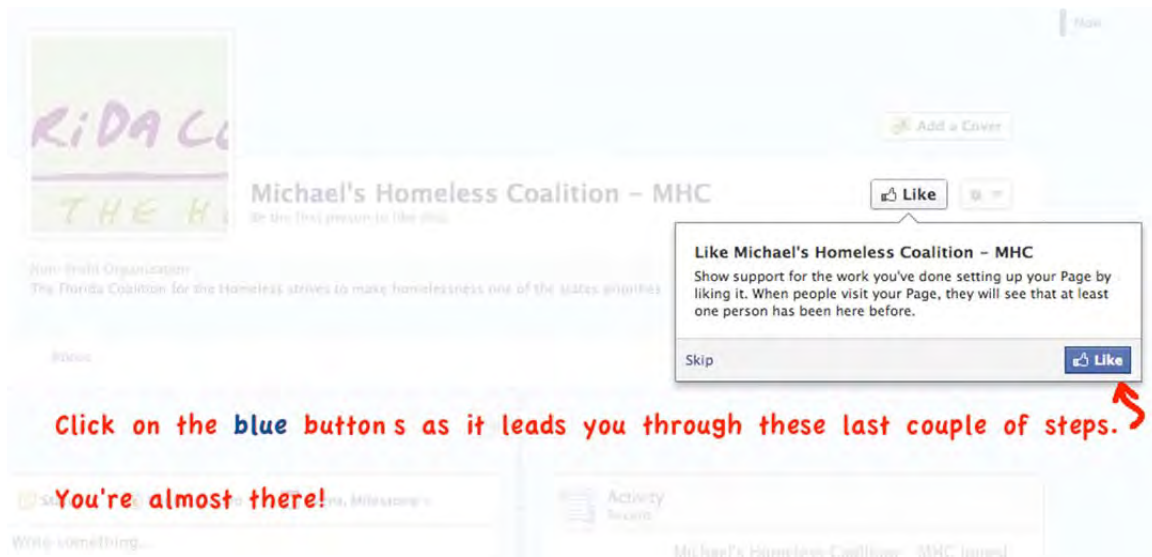
Set Up Michael's Homeless Coalition - MHC

1 Profile Picture > 2 About > 3 Facebook Web Address > **4 Enable Ads**

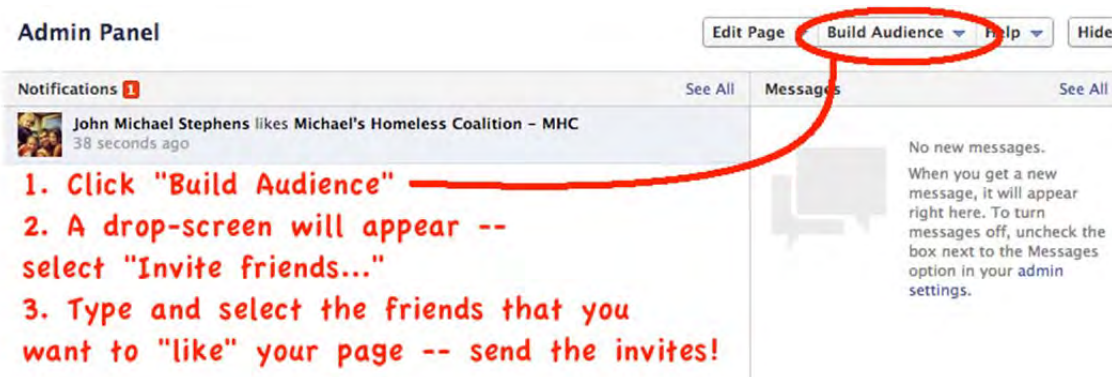
Advertising your Page is one of the best ways to grow your audience and be successful on Facebook.

Add a funding source to enable advertising.

11. Scroll down until you see this box – Facebook is now offering brief suggestions on how to support and spread your new page. Read the information in the boxes and click the blue buttons to move on.



12. This last step is the most important – building an audience! Click on this tab to “Invite Friends.” Once you select your friends, click “Send Invites.”



Congratulations!

You have successfully created a Facebook page. Take some time to navigate through the page to learn more about all of its functions. Good luck!

Do's and Don'ts and NEVERs: *Facebook Page Edition*

DO

Keep the Number of Administrators Low

The larger the number of Administrators, or “Admins,” the larger the risk... It is much more challenging to prevent outside dangers from creeping their way into your page if there are fifteen different possible opportunities (or computers) to do so.

Get the Approval of Others

When posting pictures of your organization, make sure to get the approval of all the faces in the photo! Always avoid posting pictures of clients, and take caution in posting pictures of yourself. Once a picture is in the world of social media, it is nearly impossible to get rid of it.

Share!

Fewer than 1% of fans (aka those that “like” your page) communicate with the pages they follow. Be proactive by both posting frequently in your page, but also by requesting that your fans – and staff – repost, or “share,” your page with their friends. Facebook is designed to respond to popularity: the more fans that like or share your page’s posts, the more likely the page’s post will show up on *every* fan’s news feed. It’s a cycle!

Be Consistent

Businesses and organizations will often post events or news on their pages to update fans on current happenings. Make sure that these posts are consistent with flyers, emails, word-of-mouth – all other forms of communication with followers.

Leave Your Facebook Page Open

DON'T

Always log out to prevent intruders (or your own children!) from jumping on and posting things that maybe you don’t want your organization to say. You will always have the ability to delete posts, but unfortunately you will never know who has already read something. Always “log out” before leaving your computer to prevent this!

“Friend” Clients

Facebook Pages are a great way to get supporters and build friendships – but it is important to consider the Social Work Code of Ethics. Keep all counselor-client relationships professional. You can’t keep a client from liking your page, but it might be in your best interest and in the best interest of the client to not befriend them on Facebook.

Use the Wrong Name

A new feature recently added to Facebook pages is the ability to choose your alias. At the very top of the page, there is a bar that says, “You are posting, commenting, and liking as [name of organization] – **Change to [Your Name]**.” To be safe, always stick with posting as the organization, not as yourself.

Sell Things

Fans are least likely to be receptive to your posts if they are constantly being asked for money.

Remember, NEVER:

- Post personal information about or pictures of clients
- Post personal information about staff
- Post personal information about yourself