
Child Welfare League of America

Keeping Families Together and Safe

A Curriculum for Child Protective Services
Workers and Homeless Services Workers



Participant Resource Manual

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KEEPING FAMILIES TOGETHER AND SAFE

A Curriculum for Child Protective Services Workers and Homeless Services Workers

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Introduction to the Keeping Families Together and Safe Curriculum

Each year, thousands of children in America are separated from their families due to critical housing needs. Families with children are among the fastest growing segments of our nation's homeless population. Families with inadequate housing conditions such as overcrowding, disrepair, or housing instability face enormous challenges in adequately caring for and protecting their children. These families need concrete support to provide for the care and protection of their children. Child protection workers are in the unique position of offering housing assistance that could prevent children from experiencing homelessness and its residual adverse effects, and homeless services workers can identify families who are at risk of abuse and neglect or are suspected of maltreating their children.

Quality service delivery requires an appropriate child protection response to reports of and intervention in child neglect. The child welfare system long ago recognized that the job of protecting children is the collective responsibility of many human services professionals. To a large extent, the ability of a child welfare agency to meet the needs of the children and families that come to its attention depends on its capacity to be responsive through partnerships with other service systems. Homeless services workers and child protection workers have overlapping concerns. Much like existing collaborations with mental health, substance abuse, and domestic violence service providers, professionals who provide shelter or housing assistance and child protective services can begin the partnership process by embarking on a continuum of conversation, cooperation, coordination, and collaboration. This continuum begins with mutual education and cross-systems training.

The intended audiences for this training are child welfare front-line workers—child protection and family service workers (in family preservation and family support services) and homeless services workers who provide direct services to the homeless and the precariously housed through housing assistance, shelter, and support services.

The Child Welfare League of America (CWLA), with support from the Freddie Mac Foundation, has developed this curriculum to promote and initiate cross-systems education, training, and collaboration for child protective services workers and housing providers to address the housing and safety issues that cause many children to be separated from their families.

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Advisory Group Members and CWLA Staff

The Keeping Families Together and Safe project is guided by the knowledge and practice wisdom of a group of advisors. Their ongoing commitment, contributions, and expertise ensure the successful development of this project. We express our deep gratitude to these professionals for their dedication to collaboration between local child protective services and housing services systems that will improve the lives of children and their families who receive these services.

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Part I

Introduction to
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Resource 1

Keeping Families Together and Safe Agenda

Part I: Introduction to the Link Between Child Protection and Safety and Homelessness/Housing Issues

- A. Welcome and introductions
- B. Bingo game
- C. Overview of the day
- D. Meet Jennifer Mendez and her family
- E. It's everybody's job! What we believe about shared values and goals

Part II: How Collaboration Works for Everyone!

- A. What's the connection? The link between child protection and safety and housing issues, and the effect of both on children and families
- B. The lingo game
- C. Pathways through each system
- D. Awareness and assessment: Addressing each other's needs and the needs of the community and the client
- E. Building a collaborative plan with the Mendez family

Part III: Where Do We Go From Here? Resource Sharing and Action Planning

- A. The resource scavenger hunt
- B. Individual and group action planning
- C. Q & A, evaluations, and wrap-up

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Keeping Families Together and Safe Competencies

- Child protective services (CPS) workers and homeless services workers understand the link between child protection and safety, and unstable or transitional housing and homelessness. (Hereafter, the term housing issues is defined as including unstable or transitional housing concerns as well as homelessness.)
- CPS staff and homeless services workers know the language, organization, and shared values and goals of both systems.
- CPS staff and homeless services workers collaborate on service planning with families who present with both child protection and safety concerns as well as housing issues to intervene effectively and prevent escalating problems for the families with whom they work.
- CPS staff and homeless services workers know and learn how to help families develop access to culturally appropriate formal and informal resources in their community.

In-Session Learning Objectives

As a result of participation in this training, CPS staff and homeless services workers will be able to:

- Show empathy for families who present with child protection and safety concerns as well as housing issues.
- Understand the complexities of the issues facing families who present with child protection and safety concerns as well as housing issues.
- Understand that the goals for families receiving services in either or both systems are complementary and interrelated: keeping these families together and safe; intervening effectively, with families being involved in their own service planning; and preventing escalating problems for the families they serve.
- Articulate the values and goals of both systems, emphasizing commonalities.
- Illustrate how effective collaboration can assist each group with its work.
- Understand the link between child protection and safety as well as housing issues and the effects of both on children and families.

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- Understand the importance of the timely delivery of child protection or homeless services at the initial point of contact into either system to achieve (or optimize) the short- and long-term safety and stability of families seeking services.
- Understand the importance of permanent, stable housing as a base for more effective service delivery and improved outcomes.
- Understand the definition of key terms in both systems.
- Describe the basic organization of each system.
- Know the legal mandates, policies, and practices governing both systems.
- Understand the needs and perspectives of collaboration counterparts as well as families.
- Raise awareness of the areas in which professionals of both systems may require more information about each other or special client needs.
- Develop a basic understanding of the collaboration skills of communication, cooperation, coordination, negotiation, and commitment through a simulated case study activity.
- Practice the development of a collaborative plan for service delivery to families with both child welfare and housing needs while applying collaborative and basic assessment skills to help families determine their needs.
- Develop a list of formal, community, and culturally focused service providers as well as other groups in the community that provide services to children and families.
- Develop a contingency plan that identifies alternate resources and strategies when shelters are full.
- Develop an individual action plan and, with a cross-systems team, develop a team action plan for contact, collaboration, and cooperation in the weeks and months after the training.

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Meet Jennifer Mendez and Her Family

I would like to introduce you to Jennifer Mendez. You will get to know Jennifer and her family and more about her circumstances a bit later in the training. Jennifer is 30 years old and has three children, Jimmy, 15, William, 5, and Lisa, 6 months. She has recently moved in with her cousin, Gina, following an eviction. Jennifer lost her apartment because she fell behind on the rent after her husband, Ricardo, left her several months ago. Jennifer feels like a failure because although she really does love her children, she just cannot seem to provide for them on her own. She feels like every time she takes a step forward, something pushes her three steps backwards. I invite you to step into Jennifer's shoes for a day.

- **6:00 A.M.** The baby wakes up sick, but you have to take her to day care anyway because you cannot afford to take any more sick days at work. (*sick baby*)
- **6:45 A.M.** You wake the children, get them dressed, and send Jimmy and William off to school. You need to send them early enough so they can have the breakfast that their schools provide, because, as usual, you have no food for them on hand. You drop the baby off at day care and return home to get ready for work. (*food insecurity*)
- **7:45 A.M.** The day care calls and tells you to pick up Lisa because she has pinkeye. She will have to see a doctor and be treated for at least 24 hours before she can come back. Before you leave to pick her up, you call your boss and tell him you cannot come in today. (*child care problems, job attendance problem*)
- **9:00 A.M.** When you return home from day care, the human resources director from work calls to inform you that you have used all of your sick leave and your employment will be terminated if you miss another day of work. She offers to have a counseling meeting with you to plan for improving your absentee record. You thank her and agree to the meeting. (*potential loss of income*)
- **9:30 A.M.** You decide that you really must take the baby to the emergency room to get eye drops prescribed and a note to give to your day care provider that Lisa was seen by a doctor. This requires an hour-long bus ride across town. (*no health insurance, limited transportation*)
- **1:30 P.M.** After sitting in the emergency room for several hours without being seen, you become anxious about arriving home to be there when William returns from school. (*helplessness*)

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- **2:00 P.M.** You start calling family and friends on your cell phone from the emergency room to find someone to meet William after school. Everyone is busy, and your sister and mother respond that they cannot understand why you are in the mess you are in and that you should not expect either of them to come to your rescue. (*no family support*)
- **3:00 P.M.** Lisa is finally seen by a doctor, who prescribes eye drops and writes a note for the day care provider. You inform the doctor, with translation provided by one of the medical assistants, that you had to drop out of your company insurance plan because it got too expensive so you cannot afford the drops. She agrees, against hospital policy, to give you a bottle of eye drops, but she advises you to call your local Medicaid office to find out if your children are eligible. (*no health insurance, language barriers*)
- **5:30 P.M.** You arrive at home via city bus an hour and a half after leaving the hospital. Your cousin, Gina, informs you that when she arrived home at 4:45, your son, William, was sitting in the property manager's office and had been there for over an hour. The property manager informed Gina that she is in violation of the lease agreement and the Section 8 rules for letting another family live in her apartment. He informally offers Gina a week to get the family out of her apartment. Gina goes on to say that although she would like to continue to be helpful, you have to leave or she may get evicted. (*potential homelessness, child left unsupervised*)
- **6:00 P.M.** You call everyone you can think of to find a place to stay, but you have exhausted all of your personal resources. Although your friend Francesca is unable to give you a place to stay, she does tell you about a local shelter hotline. She believes they have Spanish-speaking staff and services. They can help you locate a shelter that you can get into next week. A feeling of helplessness and frustration settles on you as you struggle to put a meal together for dinner. (*communication and cultural barriers, despair*)
- **6:30 P.M.** Over dinner, you inform your children that next week you will all have to go to the shelter and that tomorrow, Jimmy has to stay home from school to take care of Lisa so you can go to work or you will lose your job. Jimmy is so angry about the possibility of being homeless and taking on your responsibilities again that he slaps you. You sob uncontrollably, as does William. Overhearing all of this, Gina rushes in and agrees to help in any way that she can—babysitting or whatever to help you get through this. (*family conflict, school attendance problems*)

Shared Values and Goals of the Child Protection and Housing Professions

Write down the values and goals of your profession:

What are the commonalities between the values and goals of both professions as highlighted by the discussion?

The next two pages provide a list of the values of the child welfare and housing fields. Feel free to review this material once you have completed answering the questions above.

Values of the Child Welfare Field

All child welfare professionals, no matter the position or location, are guided through these roles by specific values and principles. Though the wording may be slightly different for different agencies, the meanings are often the same. A list of these key tenets (CWLA, 1999) may include:

- The most desirable place for children to grow up is in a permanent home with their own families.
- Most parents strive to be good parents, and the majority of parents who experience difficulty can be helped with appropriate services.
- Every child has a right to adequate care and supervision and to be free from abuse, neglect, and exploitation.
- Every child's family, however family is defined, is unique and has value, worth, and integrity.
- When parents cannot or will not fulfill their protective responsibilities, the community has the right and obligation to intervene directly in the child's behalf.

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- Services are family driven, culturally responsive, and community based; services and supports to the family recognize the strengths of the unit and its individual members and embrace ways families can enhance these assets.
- Families are involved in planning all the services they will receive.
- Services are rendered according to the unique gifts and challenges of each individual family.
- The family chooses the people they want to help with their service plan (e.g., minister, other family members, and neighbors).
- All services systems work together in behalf of the child's best interests.

Values of the Housing Profession

The values and principles that housing professionals adhere to are not much different from those that guide child welfare work, in their ideological perspective. Many in the housing field use the following guiding principles (National Low Income Housing Coalition, 2004):

- Housing is a basic human need, and all people have a right to safe, decent, affordable, and permanent housing.
- All people are valuable and capable of being valuable residents and valuable community members.
- Housing and services should be integrated to enhance the social and economic well-being of residents and to build healthy communities.
- Residents, owners, property managers, and service providers should work as a team in integrated housing and services initiatives.
- Programs should be based on assessments of resident's and the community's strengths and needs, supported by ongoing monitoring and evaluation.
- Programs should strengthen and expand resident participation to improve the community's capacity to create change.
- Residents' participation in programs should be voluntary, with an emphasis on outreach to the most vulnerable.
- Community development activities should be extended to the neighboring area and residents.
- Assessment, intervention, and evaluation should be multilevel, focusing on individual residents, groups, and the community.
- Services should maximize the use of existing resources, avoid duplication, and expand the economic, social, and political resources available to residents.

The Connection Between Homelessness and the Protection and Safety of Children

Resource 5

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- According to the Third National Incidence Study of Child Abuse and Neglect, physical neglect is clearly associated with poverty. Forty-seven percent of children with demonstrable harm from abuse or neglect and 95.9% of endangered children came from families whose income was less than \$15,000 a year (U.S. Department of Health and Human Services, 1996b).
- Homelessness, inadequate housing, and physical hazards in available housing are problems attendant to poverty.
- 20% of child welfare cases reviewed indicated the families' lack of appropriate housing influenced the decision to remove the child from the home or led to a delay in family reunification. (Chau, Fitzpatrick, Hulchanski, Leslie, & Schatia, 2001)
- 30% of children in the foster care system have a homeless or unstably housed parent. (GAO, 1998)
- A survey of 195 children in foster care indicated that half of the children's birth parents had a history of homelessness. (Zlotnick, Kronstadr & Klee, 1998)
- 3 in 10 of the nation's homeless adults report foster care history. (Roman & Wolfe, 1995)
- Homeless parents who report a history of foster care are almost twice as likely to have their own children placed in foster care as homeless people who were never in foster care. (Roman & Wolfe, 1995)
- Three studies have shown that as many as 30% of children in foster care could be reunited with their parents if safe, affordable housing were available (Dorre & Mihaly, 1996).
- Reunification rates for families in foster care are approximately 50% lower for families who experienced a homeless episode in the 12 months before the child was placed into foster care. (Courtney, McMurty, & Zinn, 2005)
- A study published in the journal *Child Welfare* states that in families whose children were in out-of-home care, 26% reported an eviction, 42% reported living in a doubled-up situation, and 29% reported experiencing homelessness (Courtney, McMurty, & Zinn, 2004).
- According to National Survey of Homeless Assistance Providers and Clients (U.S. Department of Health and Human Services, 1996a), 27% of homeless clients had lived in foster care, a group home, or another institutional setting for part of their childhood—and those are just the ones who disclosed.

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- A lack of adequate housing contributes to an array of health, education, and social problems for both children and families. Homeless children experience many of these problems at much higher rates than non-homeless children. They have
 - four times as many respiratory infections,
 - five times as many stomach and diarrheal infections,
 - six times as many speech and stammering problems,
 - four times the rate of asthma, and
 - four times the rate of delayed development. (Committee Temporary Shelter, 2004)
- Homeless children are in special education programs at a rate three times higher than other children, and they are suspended twice as often as non-homeless children and attend an average of two different schools in a single year (Committee on Temporary Shelter, 2004).
- The effects of child abuse and neglect can be devastating. A growing body of evidence suggests the experience of abuse and neglect inhibits a child's healthy psychological, emotional, cognitive, and social development and can impair adult functioning. As they get older, children who have been abused and neglected are more likely to:
 - perform poorly in school,
 - commit delinquent or criminal acts,
 - experience emotional and sexual problems, and
 - abuse alcohol and other substances. (Widom, 2000)

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The Lingo Game

Resource 6

Match the term with the corresponding definition by placing the correct letter next to the term.

Term	My Match	Team Match	Definition
ESOL	_____	_____	A. Termination of parental rights by a court
Section 8	_____	_____	B. Individuals who, as part of their professional responsibilities, have regular access to or contact with children
AMI	_____	_____	C. English for speakers of other language (also referred to as English as a Second Language)
Emergency shelter	_____	_____	D. Housing choice vouchers that allow very low-income families to choose and lease or purchase safe, decent, and affordable privately-owned rental housing
Substantiation	_____	_____	E. Area median income
TPR	_____	_____	F. Adoption and Safe Families Act of 1997
FUP	_____	_____	G. A finding of credible evidence that a child has been abused or neglected
Public housing agencies	_____	_____	H. Vouchers specifically made available to families facing the immediate threat of separation or prevention of reunification due to housing issues
Mandated reporter	_____	_____	I. Short-term facilities that provide an immediate place to eat and sleep
ASFA	_____	_____	J. Local agencies that administer public housing and Section 8

Resource 7

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Important Definitions in the Child Protection Field

Abuse and Neglect: As defined in the Child Abuse Prevention and Treatment Act (CAPTA), any recent act or failure to act on the part of a parent or caregiver which results in death, serious physical or emotional harm, or sexual abuse or exploitation; an act or failure to act which presents an imminent risk of serious harm.

Adoption and Safe Families Act of 1997 (ASFA): Amending the Adoption Assistance and Child Welfare Act of 1980, ASFA promotes timeliness in achieving permanence by regulating the length of time a child spends in foster care. It attempts to refocus attention on child safety, permanence, and system accountability.

Assessment: The process used with a family to determine whether a child has been abused or neglected and if intervention is needed to ensure child safety and reduce the risk of future abuse or neglect. This process includes, but is not limited to, what has traditionally been called a child abuse or neglect investigation. Assessment occurs throughout the life of the agency's involvement with the family.

Case planning: CPS develops a case plan, a written agreement, with the family, CPS worker, and other service providers. It outlines the tasks necessary by all involved individuals to achieve the goals and objectives identified to reduce the risk of future child abuse and neglect and assist and support the family in meeting its related needs.

Child Abuse Prevention and Treatment Act (CAPTA): Initially passed in 1974 and amended most recently in 2003, CAPTA helps states and communities improve their practices in preventing, reporting, assessing, investigating, identifying, and treating child abuse and neglect.

Child neglect: The overarching category of child maltreatment that refers to the failure to provide for a child's basic needs for reasons not solely due to poverty.

Child protection: Keeping children safe from child abuse and neglect.

Child protective services (CPS): Usually part of the state or county public child welfare system and the first point of contact when a report of abuse or neglect is made.

Confidentiality: The protection of information from release to organizations or individuals not entitled to such information by law.

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Differential response (or alternative response, dual track, and multiple response): Recognizing that one approach does not meet the needs of every family, these programs use more than one method of responding to reports of suspected abuse or neglect. Services, for example, may be provided to families without a formal determination of abuse or neglect or labeling someone as a perpetrator and listing them in the state's central child abuse registry. This approach minimizes the stigma of being reported to CPS.

Educational neglect: Failure to educate a child or attend to special education needs.

Emotional neglect: Inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs.

Endangerment Standard: Includes all children who meet the Harm Standard but adds others as well. It allows children who have not yet been harmed by maltreatment to be counted in the abused and neglected estimates if a non-CPS sentinel considered them to be endangered by maltreatment or if their maltreatment was substantiated or indicated in a CPS investigation. In addition, this standard is slightly more lenient than the Harm Standard concerning the identity of allowable perpetrators, in that it includes maltreatment by adult caregivers other than parents in certain categories as well as sexual abuse perpetrated by teenage caregivers.

Evaluation: This is the determination made regarding the family's progress following the provision of services and at regular intervals during the life of the case. Ultimately, this assessment results in the closure of the case and the conclusion of the CPS agency's involvement with this family.

Family: Defined broadly, a variety of formations, including single-parent and blended units. Members may include birth- or adoptive parents, grandparents, siblings, foster parents, legal guardians, or any other person in a parental role.

Indicated: A term the National Child Abuse and Neglect Data System uses to define cases in which some reasons exist to believe maltreatment has occurred or risk exists, but which do not meet the evidentiary requirements for substantiated abuse.

Initial response/assessment: This is the information and evidence gathering process that is used with the family to determine if a child has been abused or neglected, whether the child is safe or at risk of future harm, and whether intervention is necessary. This is when CPS decides whether the case should be opened for services, if the child should be removed from his or her home, and whether court action is needed to achieve safety.

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Intervention/service delivery: This is the ongoing role that falls to the CPS worker. Once the team has agreed on a case plan, the system must deliver all services that have been identified. Regularly monitoring the family's progress as a result of service provision and changes in the family's status and making adjustments that need to be made along the way is a critical job for the CPS worker and any other partner agency.

Investigation: A process that CPS or law enforcement uses to determine the validity of a report of child abuse or neglect and to determine if a crime has been committed.

Mandated reporter: Individuals who as part of their professional responsibilities have regular access to or contact with children. These individuals are mandated by law to report any suspicion of child abuse and neglect or they can be prosecuted. Mandated reporters typically include teachers, doctors, nurses, day care providers, social workers, and law enforcement and mental health professionals. Housing and homeless services workers are included in this list.

Medical neglect: Failure to provide necessary medical or mental health treatment.

Petition: A legal document filed with the court to initiate court action. In CPS, the petition is filed with juvenile or family court and sets forth the alleged grounds for the court to take jurisdiction of the case and place legal custody of the child with the child protection agency.

Physical neglect: Failure to provide necessary food or shelter, or lack of appropriate supervision.

Reasonable efforts: P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, requires that CPS workers make reasonable efforts to prevent or eliminate the need for removal of a dependent neglected or abused child from his or her home and to reunify the family if the child is removed. The reasonable efforts requirement of the federal law is designed to ensure that families are provided with services to prevent their disruption and to respond to the problems of unnecessary disruption of families and foster care drift. To enforce this provision, the juvenile court must determine, in each case in which federal reimbursement is sought, whether the agency has made the required reasonable efforts.

Report of child abuse or neglect: When a suspicion of abuse or neglect of a child or group of children is reported to CPS, usually by a mandated reporter.

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Safety: A condition assessed by child welfare agency personnel when a report of alleged child abuse or neglect has been received. The *safety assessment* assesses the child's **present** danger and the interventions currently needed to protect the child. A child is determined to be safe when consideration of all available information leads to the conclusion that the child is not in immediate danger of harm and no safety interventions are necessary to ensure the child's safety in the current living environment.

Screening report/intake: This first step involves screening the initial report received. It involves an assessment of the nature of the report and an evaluation of its credibility. Key decisions made at this juncture include whether the report should be accepted for investigation or assessment as well as the urgency and timeline of the response.

Shelter care: In child welfare, this is the emergency removal of a child from his or her home without the parents' consent prior to a court hearing. Shelter care is temporary and intended to keep the child safe while the attorneys and their clients prepare to put their facts before the court.

Substantiated: A finding after a child protection assessment that credible evidence exists that a child has been abused or neglected.

Termination of parental rights (TPR): Voluntary or involuntary legal extinction by a court of the rights of a parent to the care, custody, and control of a child.

Unsubstantiated: A finding after a child protection assessment that insufficient credible evidence exists to show that a child has been abused or neglected.

Resource 7

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Resource 8

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Important Definitions in the Housing and Homeless Services Field

Adequate shelter: Living arrangements that include appropriate heat, sanitation, and sleeping conditions and the absence of environmental hazards in the home or on the property.

Affordable housing: The generally accepted definition of affordability is for a household to pay no more than 30 percent of its annual income on housing.

Area median income (AMI): The middle value in the distribution of all household incomes in a given geographic neighborhood.

Displaced family: A family in which each member, or whose sole member, is a person who has lost access to his or her home as a result of government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.

Emergency shelters: Short-term facilities that provide an immediate place to stay, eat, and sleep. The length of stay varies by facility, as does the type of resident. Specific shelters exist for men, women, and families. Staff often assist with passing on resources for things like housing, employment, medical, or mental health care. Shelters are staffed 24 hours a day, seven days a week.

Environmental hazards: Property conditions that include but are not limited to broken windows or glass, gas leaks, open and accessible containers of dangerous drugs or household poisons, exposed electric wiring, scalding water, unprotected space heaters, lead-based paint, discarded refrigerators with doors attached, open wells without covers, animal and human waste or feces, rodents, and insects.

Eviction: The displacement of a tenant from a leased unit as a result of the termination of tenancy by the landlord or other individual with control of the property, including a termination prior to the end of a lease term.

Extremely low-income household: A family whose annual income does not exceed 30% of the median income for the area, as determined by the U.S. Department of Housing and Urban Development (HUD), with adjustments based on household size. In addition, HUD may establish income ceilings higher or lower than 30% of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family income (see 24 Code of Federal Regulations, section 5.603).

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Fair Housing Act: The Fair Housing Act is a broad federal statute that prohibits discrimination based on race, color, religion, sex, national origin, disability, or familial status in most housing and housing-related transactions.

Fair Market Rents (FMRs): FMRs determine the eligibility of rental housing units for the Section 8 Housing Assistance Payments program. Section 8 Rental Certificate program participants cannot rent units whose rents exceed the FMRs. FMRs are gross rent estimates. They include the shelter rent plus the cost of all utilities, except telephones. HUD sets FMRs to assure that a sufficient supply of rental housing is available to program participants.

Family Unification Program (FUP): These vouchers are specifically made available to families facing the immediate threat of separation of children due to housing issues, or prevention of unification of families due to housing issues. The vouchers enable families to rent safe and affordable housing in the private housing market. To implement the Family Unification Program, housing authorities and child welfare agencies need to collaborate.

Homeless Management Information Service (HMIS): Congress requires jurisdictions to collect an array of data on homelessness, including unduplicated counts, use of services, and the effectiveness of the local homeless assistance system. HMIS is the computer database jurisdictions use to report this information.

Homeless children and youth: Individuals younger than 18 who are sharing the housing of other people due to loss of housing, economic hardship, or a similar reason; who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; who are living in emergency or transitional shelters; who are abandoned in hospitals; who are awaiting foster care placement; who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and who are migratory (as the term is defined in Section 1309 of the Elementary and Secondary Education Act of 1965).

Homeless prevention funds: Funds available through the Emergency Shelter Grant Program to qualified families at risk of eviction for nonpayment of rent.

Housing choice vouchers: More commonly known and referred to as Section 8, this is the federal government's largest program for assisting low-income families. It provides decent, safe, and sanitary housing in the private market. Families may apply through their local housing authority. Waiting lists vary from six months to 40 years, depending on the location. Families or individuals who qualify may use the vouchers to find their own housing.

Resource 8

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Housing First: Housing first is an alternative to the current system of emergency shelter/transitional housing approaches which sometimes prolongs the length of time that families remain homeless. This methodology is premised on the belief that vulnerable and at-risk homeless families are more responsive to interventions and social services supports after they obtain their own housing, rather than while living in temporary/transitional facilities or housing programs. With permanent housing, these families can begin to regain the self-confidence and control over their lives they lost when they became homeless.

Inadequate shelter: Insufficient or inappropriate heat, sanitation, and sleeping arrangements as well as the presence of environmental hazards in the home or on the property.

Low-income household: A household whose annual income does not exceed 80% of the area median income, as determined by HUD, with adjustments depending on household size.

Minimum rent: The lowest tenant payment permitted for tenants receiving Section 8 housing assistance. The minimum rent is \$50 and is used when 30% of the family's or individual's adjusted monthly income, 10% of the family's or individual's gross monthly income, and the welfare rent are all less than \$25. The minimum rent covers the tenant's contribution for rent and utilities.

Permanent supportive housing: This is aimed at families who have endured long-term or repeated episodes of homelessness. It is affordable rental housing with support services that are available to help the tenants remain housed and build the necessary skills to live independently.

Private market rental housing: Low-cost rental housing without government subsidy that is not linked to services provision.

Public housing: Administered by HUD through local housing agencies, this is rental housing for eligible low-income families. Public housing may be single-family houses, high-rise apartments, or anything in between.

Public housing authorities: Local agencies that administer Public Housing and Housing Choice Voucher (Section 8) rent subsidies.

Service-enriched housing: Affordable rental housing and linkages to services including crisis intervention, case management, and monitoring, as well as referrals to other services.

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Shelter Plus Care programs: A federal program that provides rental assistance for individuals with disabilities who are homeless and also provides social services. Assistance may be used for a variety of housing options, including group homes and individual units.

Single-room occupancy: Housing units for occupancy by one person that may include food preparation, sanitary facilities, or both.

Tenant Rights: According to HUD, tenant rights include that management agents and property owners communicate with residents on any and all issues; owners and managers give prompt consideration of valid resident complaints and resolve them as quickly as possible; and that resident have the right to organize and participate in the decisions regarding the well-being of the project and their home.

Transitional housing program: Transitional housing programs generally serve clients up to two years by providing them with partial rental subsidies, tools and opportunities for social and skills development. They may target any homeless subpopulation, such as persons with mental illnesses, persons with AIDS, runaway youths, victims of domestic violence, homeless veterans, etc.

U.S. Department of Housing and Urban Development (HUD): HUD administers federal funds designed to increase access to affordable housing free from discrimination. This includes low-income housing, homeless services, housing production, and other housing-related services for families.

Very low-income household: A household whose annual income does not exceed 50% of the area median income, as determined by HUD, with adjustments for family size.

Resource 8

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Legislation that Affects the Child Welfare and Housing Fields

Child Welfare

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA was designed to help states and communities improve their practices in preventing, reporting, assessing, investigating, identifying, and treating child abuse and neglect. CAPTA's critical components are that it:

- Establishes basic requirements for state child welfare systems to receive federal funds dedicated to the prevention, reporting, assessment, investigation, identification, and treatment of child abuse and neglect.
- Provides the definitions of child abuse and neglect that are reportable to CPS.
- Mandates that certain professionals, who in the course of carrying out their professional responsibilities have regular access to or contact with children, report suspected child abuse and neglect.
- Supports innovations in state child protective services and community-based preventive services, as well as research, training, data collection, and program evaluation.

Adoption Assistance and Child Welfare Act of 1980

This child welfare law:

- Provides federal funding support for family preservation and family reunification services.
- Regulates the amount of time children spend in foster care.
- Establishes a court oversight process to achieve permanence within 18 months.

Adoption and Safe Families Act (ASFA)

ASFA reinforces the Adoption Assistance and Child Welfare Act and:

- Provides increasing statutory focus on safety and permanence for children.
- Requires that children do not linger in foster care but rather are reunified with their birthfamilies or move on to adoption.

- Provides federal funding for a range of services, including family preservation and support services and time-limited family reunification services.
- Mandates TPR petitions under certain circumstances.

Housing

The McKinney-Vento Homeless Assistance Act of 1987 (P.L. 100-77)

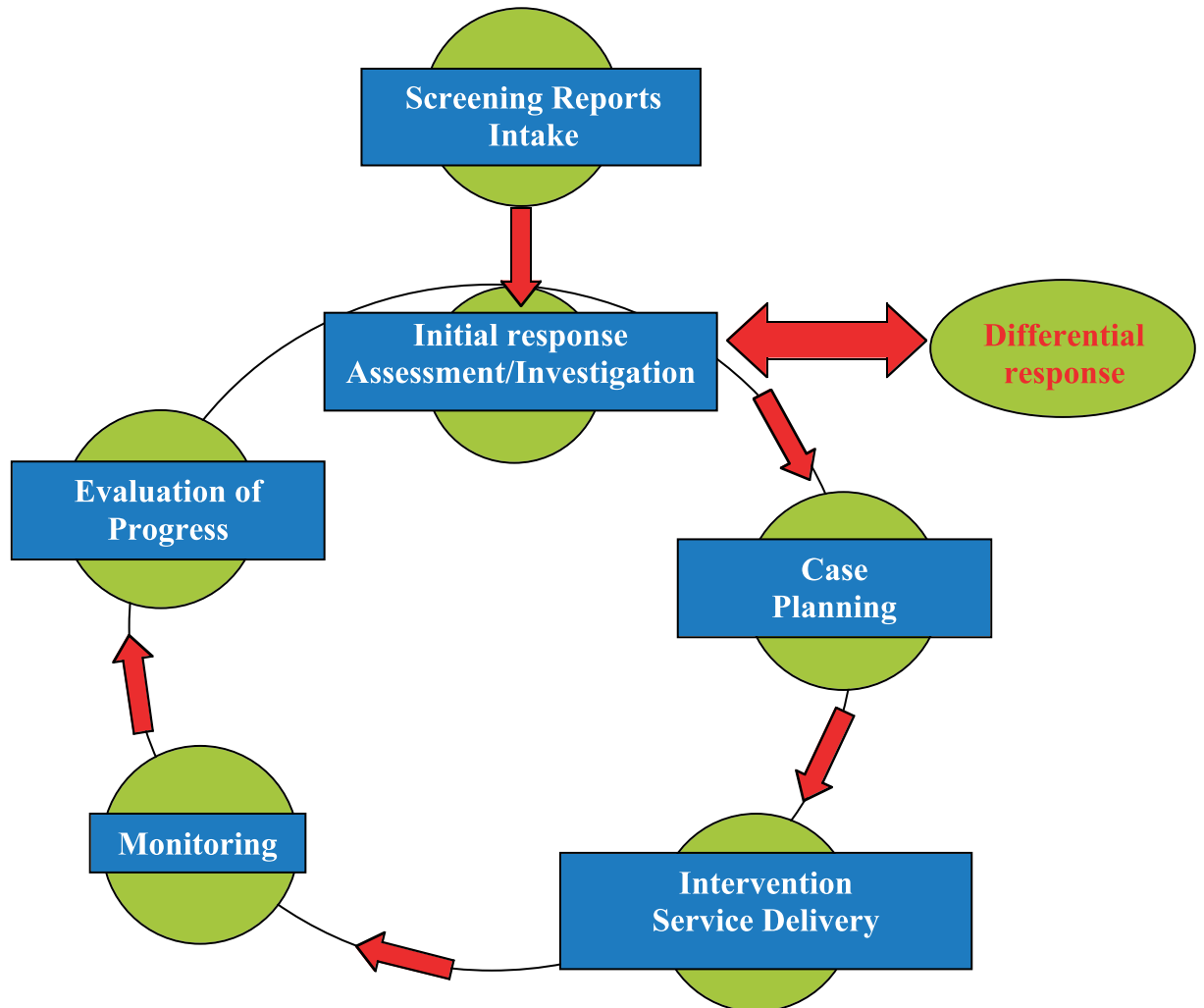
The McKinney Act has become the main federal funding source for services to homeless families. Included under the McKinney Act are:

- The Emergency Food and Shelter Program
- Emergency Shelter Grants and transitional housing programs
- An extension of the Veterans Job Training Act
- Inclusion of homeless individuals to the Food Stamp program
- Continuum of care programs: the Shelter Plus Care program, a single-room occupancy program, and transitional housing programs

Child Protection and Child Welfare Casework Process

This is a generic model that depicts the casework process and shows how the parts of the process are connected in a circular, not linear, manner. The caseworker may find that assessment of the family leads directly to planning and implementation or that the monitoring function redirects the worker to reassess and revise the plan.

Casework Process Diagram



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Screening Reports/Intake: The first step that CPS takes in its work with children and families is the screening of the initial report of child abuse and neglect. Screening involves an assessment of the nature of the report, an evaluation of the credibility of the report, and an explanation of the agency's responsibility for and services to the reporter. The reporter is given the opportunity to explain his or her concerns and why a response from the agency is warranted. The CPS agency will decide whether to accept the report and conduct an investigation or assessment or not accept the report, in which case CPS may offer another alternative, such as a referral to voluntary services. The CPS agency informs the reporter of its decision and its reasons regarding acceptance or nonacceptance of the report. CPS agencies are expected to respond to reports of child abuse and neglect 24 hours a day.

Initial Response/Assessment or Investigation: After the CPS agency has accepted the report and assigned the case to a caseworker or social worker, the focus is on the safety of the child and whether the events that transpired constitute child abuse or neglect as defined by state law. The social worker conducts a comprehensive investigation or assessment to determine the child's safety and the risk of future harm to the child. This process typically includes interviews with the reporting source, the child, the child's siblings, parents (custodial and noncustodial), and the person suspected of abuse or neglect. The social worker gathers information from individuals who are familiar with the family and who may have information about the alleged child maltreatment, such as neighbors, teachers, and other family members. The social worker also observes the home, neighborhood, environment, and interactions among family members. When law enforcement officers are involved, they gather physical evidence related to the alleged maltreatment. The social worker uses the information to assess child and family safety and risks and then makes the decision whether sufficient evidence substantiates the allegation of child abuse or neglect. If the report is substantiated, the social worker then decides whether the child can safely remain with his or her parents in the home.

Nearly half of states use programs that provide an alternative response or differential response to the investigation of reports of child abuse and neglect. Recognizing that one approach does not meet the needs of every family, these programs use more than one method of responding to reports of suspected abuse or neglect. For example, CPS may provide services to families without a formal determination of abuse or neglect or without labeling someone as a perpetrator and listing them in the state's central child abuse registry. This approach minimizes the stigma of being reported to CPS.

Resource 10

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Case Planning: When the decision is made that a child can remain safely at home but a family is in need of services, CPS agencies refer the family to community resources or provide in-home services. When families receive in-home services, a social worker develops a case plan with the family that identifies service and resource needs, such as housing assistance. In these cases, the social worker develops a written case plan with the family and other service providers to address the family's service needs, build on the family's strengths, and develop a plan for addressing the problems that placed the child at risk of harm. The case plan outlines the specific steps that each of the involved individuals, such as the parents and the social worker, must take to ensure the safety of the child and reduce the risk of future child abuse and neglect.

When the decision is made that the child cannot safely remain in the home, the social worker will file a dependency petition with the juvenile court that gives the agency legal custody of the child. The child then may be placed with a relative or unrelated foster family. The case planning process, comparable to the one described previously, applies to families whose children have been separated from their parents and placed with a relative or unrelated foster family.

Intervention/Service Delivery: After developing the case plan with the family (whether the child remains with the family or has been placed in foster care), the social worker is responsible for ensuring that the identified services are available to the family. The social worker and any community agencies that are serving the family regularly assess the family's progress and work with them to refine the case plan and services as needed.

Evaluation of Progress: Following the provision of services, the CPS agency must make a determination regarding the family's progress, and in cases in which the child has been removed from the family, decide whether the child can safely return home. This assessment is made periodically throughout the family's involvement with CPS. The CPS worker will likely be involved with the court, court-appointed special advocates or guardians ad litem, other service providers, family members, and others in making this assessment. Although the CPS social worker is not the final arbiter, he or she will have a significant level of influence on the decisions that are made regarding the outcomes for children and their families.

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Staffing

Although child protection agencies vary considerably, they have three primary positions:

Front-line worker: This is most often a caseworker or social worker, who provides the first direct contact with the child or family. One or more caseworkers will most likely be the primary point of communication during the activities associated with intake, investigation (if so determined), service planning, implementation, and oversight.

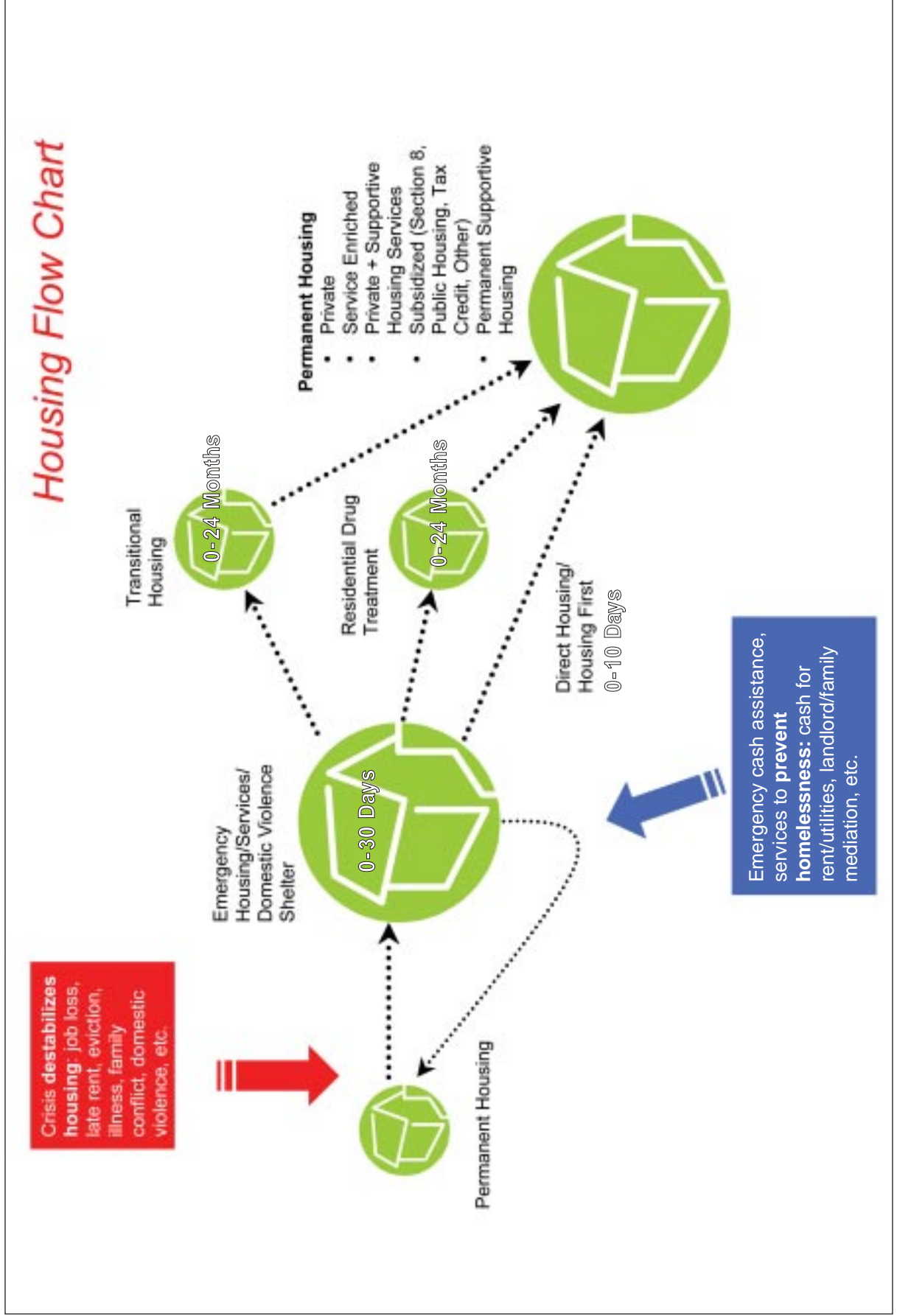
Supervisor: This person provides support, assistance, information, and instruction to the workers in his or her charge. Supervisors should be proficient in the core competencies expected of child welfare workers under their supervision, as well as in supervisory competencies necessary to support workers and guide them in their daily practice.

Administrator: He or she provides leadership and a model for working with people. It the duty of the administrator to uphold the mission of the organization, satisfy legal mandates, and ensure delivery of quality services. In addition, the administrator must ensure the fiscal responsibility of the agency and act as a liaison and communicator with other child welfare professionals, service administrators, community representatives, and the public at large.

Resource 10

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How the Housing System Works



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When most families experience a crisis—job loss, illness, divorce—they rely on each other or extended relatives for support. Others are able to tap into savings or create extra cash by selling something of value or cutting back on their spending. Using extra cash or credit and a supportive network of family and friends, these families regain their footing and move on.

In the face of a growing affordable housing crisis, stagnant wages, and an increasingly limited safety net, however, more and more families are finding themselves unable to stave off and manage crisis. As a result, tens of thousands of families enter the homeless services system each year.

Emergency Homeless Services

At emergency housing programs, workers help families determine what it will take for them to obtain stable, permanent housing and arrange for families to enter temporary living arrangements if necessary. Frequently, programs can provide a family with emergency cash assistance or tenant/landlord mediation to prevent homelessness. These families avoid spending time in a homeless shelter.

If a family cannot return home, they may enter an emergency shelter placement for up to 30 days. The family may have access to services, housing search assistance, and transportation. Also, the shelter staff should ensure that the children are able to attend school. The parents work with the staff to develop a plan to return to permanent housing as soon as possible. With help, some families are able to secure permanent housing quickly. Using a “housing first” or “direct housing” model, sometimes shelters can re-house families within 10 days or so.

Transitional Housing

Families who need additional time and assistance to secure safe, decent, affordable housing may be referred to transitional housing by the emergency shelter staff. If a community has a severe lack of affordable housing, some families spend time in transitional housing simply because they are unable to find housing they can afford or while they wait for public housing or Section 8. Nonetheless, transitional housing programs tend to offer services such as intensive case management, transportation, child care, health care, counseling, parenting classes, and vocational or educational opportunities. Families often live in their own apartments rather than the congregate settings common among emergency shelters. Transitional housing programs should help families build a solid plan to move into permanent housing as quickly and successfully as possible.

Resource 11

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Resource 11

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Residential Drug Treatment Programs

For families or single adults who are battling addiction, some communities have residential drug treatment programs available. In these programs, families may enter together, or in the case of a single mother-headed family, may be reunited while in the facility. In the case of reunification, a program will make arrangements for a woman to have an apartment large enough for her children to move in with her. In addition to counseling and support groups, these programs offer similar services to transitional housing. Much like other transitional housing programs, ample time should be devoted to helping families build a solid plan to move into permanent housing as quickly and successfully as possible.

Permanent Housing

Increasingly, the homeless services system is devoting available resources to move families back into permanent housing as soon as possible following a housing crisis. The resources they rely on are as varied as the families themselves. The occasional family needs only to be oriented to a new neighborhood and connections to potential employers. This family might find a landlord, an apartment, a job, and a church to help with the security deposit and utility connection fees with little to no assistance from the shelter staff. They will spend only a few nights in the shelter.

Other families will need a Section 8 voucher to afford housing on their own because of the mismatch between minimum wage and housing costs. This will lengthen their shelter stay. In many cases, moving these families on to the permanent housing available through the service-enriched housing model may be a desirable permanent option. This will also dramatically shorten their episode of homelessness.

At the other end of the spectrum are families who will need to spend a few years in permanent supportive housing where a case manager is available to them to ensure their safety for them to live independently.

Ultimately, all families are entitled to gain the skills and resources necessary for them to live independently and raise their children in their own home. Permanent housing is the foundation on which families live together safely.

Resource 13

Components of Successful Collaboration

Communication

To work together effectively, people need to understand each other. To understand each other, CPS workers, homeless services workers, and families need to understand and adhere to the following concepts:

- Establish a common language, with agreed-on definitions.
- Make a commitment not to use jargon or abbreviations.
- Know who is mandated to report child abuse and neglect and what protections are afforded to mandated reporters.
- Be guided by the rules of confidentiality and informed consent.
- Establish a climate that encourages questions and clarification.

Cooperation

To work effectively, staff and families need to have shared and agreed-on expectations:

- Establish the common benefits to everyone of attaining goals in a cost-effective, comprehensive, sustainable manner.
- Be clear in expectations of all parties.
- Establish ground rules for handling conflict and frustration, and commit to following them.

Coordination

To work together more effectively, teams need synchronicity and flexibility in the way things are handled:

- Coordinate schedules, appointments, visits, and other tasks.
- Examine established protocols for flexibility, modifications, and new opportunities for integrated approaches to the work.
- Continuously revisit the initial plan to insure adequate communication on shared tasks.

Commitment

To work together effectively, teams must steadfastly adhere to the collaboration:

- Everyone must be 100% behind the idea of effective collaboration.
- Leadership needs to model the vision and provide the necessary resources and direction to sustain it.

Mendez Family Case Study

Resource 14

Composition

Jennifer Mendez is 30 years old and has three children, Jimmy, 15, William, 5, and Lisa, 6 months. Jennifer, a legal immigrant, migrated from Ecuador when she was 14 years old. Jennifer considers herself to be the common-law wife of Lisa's father, Ricardo Lopez, 35. Several months ago, Ricardo abandoned the family. The father of her two boys, Juan Torres, had some legal problems and fled the country. Jennifer's mother, Eileen Mendez, 58, brother, Ronnie Mendez, 28, and older sister Kathy, 32, also live in the same city. Her relationship with them is strained and they are not a resource for her.

Other Information

Jennifer works during the day for a large hotel chain nearby, cleaning rooms. She has child care for her daughter and is able to get home in the afternoon before her youngest son returns from school at 4:00. She is a reliable employee but is known for frequently using up all of her sick leave to take care of her children. She is regarded as being an attentive parent and a good mother by her coworkers and the children's teachers.

Until Ricardo left the country, Jennifer was able to just make ends meet. Now, with the loss of income and nothing in reserve, she has recently been evicted for non-payment of rent. She and her children have moved in with her cousin Gina and her two small children in a Section 8 apartment. She sleeps on the couch.

Jennifer fears that when she finally moves into her own place, it will likely be in an unsafe neighborhood in an undesirable, perhaps dangerous school district. Although Jennifer has been in the United States since she was a teen, her English is limited. She has always been a bit shy about her language ability and has never quite mastered it. She often depends on those around her to translate, including Ricardo and her children. Jennifer always surrounds herself with people who speak Spanish. All of her friends and most of her coworkers communicate with her in her native language.

Current Situation

Jennifer and the children are finding it difficult to live in cramped conditions in another family's space. Her cousin, Gina, works a split shift as a waitress (three

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nights and two days a week) at the bar where Jennifer used to work. Gina barely makes enough to pay her own rent and was happy to have a roommate to help divide the rent and utilities. Gina is rarely home to supervise her own children at night. As a result, Jennifer is often responsible for her own children as well as the care of her cousin's two toddlers. There is very little to eat in the home, so the children rely heavily on the school breakfast and lunch programs as well as the local food bank.

This week, the property manager made a call to CPS after he found 5-year-old William unattended in the building. Gina has told her that she must leave because the property manager discovered that Jennifer and her children are living there and her Section 8 subsidy is in jeopardy. Gina was apologetic to her cousin but gave her a week to find a new place. The prospect of having to move back into a shelter and to miss school to care for his siblings again has made Jimmy angry. He resents his mother for putting them in this situation, and this evening, he lost control of his temper and slapped her.

In response to the property manager's report, CPS has called Jennifer and notified her that they need to come and assess the safety of her children.

Case Planning Worksheet

Resource 15

Using the questions below as a guide, discuss the formulation of a service plan for the Mendez family. You may consult Resource 15, “Criteria for Child Protective Services Workers to Guide Your Assessment of the Family’s Basic Needs.” Elect a recorder to document your plan.

What is the family’s Number One need right now? How will that need be met?

What are the next top three priorities? How will those needs be met?

What services can be put in place for this family? Who will arrange for these services?

What housing barriers need to be overcome and how will you accomplish that?

Are there any special or cultural needs the family may have? How will these be addressed?

What resources might the family need later in the coming weeks and months?

Resource 16

Page 1

Criteria for Child Protective Services Workers to Guide Your Assessment of the Family's Basic Needs

In addition to overt questions to determine whether the child or family is homeless or has need for stable housing, other indicators exist that the CPS worker should be alert to that may be indicative of a problem with housing. Here are a few indicators that may be useful:

- Difficulty paying the rent or mortgage, or being evicted for failure to pay rent or mortgage.
- Difficulty paying for utilities or loss of utilities for failure to pay.
- No telephone service or intermittent telephone service.
- Family moves frequently (more than once every six months).
- Children change schools frequently, or miss school frequently because they have not enrolled in a new school or are taking care of their siblings.
- Children miss medical check-ups frequently due to changes in housing.
- Children request or take excess food from school and bring it home.

If the initial assessment for child safety takes place in the family's home, the CPS worker should be alert to the following indicators that inadequate shelter is a concern for the family:

- Problem with pests
- Leaking roof or ceiling
- Broken windows
- Exposed wires
- Nonworking plumbing
- Holes in wall or ceiling
- Holes in floor
- Nonworking or absence of appliances
- Overcrowding (more than 1.5 people per room)

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CPS should also assess how the case came to the attention of the agency. For instance, did the school report that the family is living in a car, overcrowded situation, or without utilities? If the family came in under these circumstances, the worker must:

- Establish where and how the family is living
- Determine if the family has supports
- Determine if the family needs emergency assistance to cover some overdue utility bills or emergency funding for a hotel
- Establish whether all options have been explored and are exhausted

Resource 16

Page 2

Assessment Criteria for Homeless Services Workers to Determine Suspected Child Abuse and Neglect

In addition to the obvious signs of potential child abuse and neglect—bruises, injury, unseasonal clothing, and so forth—other signs exist that homeless services workers can look for or ask the family about. The following is a list of warning signs or assessment criteria.

Signs of Physical Abuse

- bruising, welts, or burns that cannot be sufficiently explained, particularly bruises on the face, lips, and mouth of infants or on several surface planes at the same time;
- withdrawn, fearful or extreme behavior;
- clusters of bruises, welts, or burns, indicating repeated contact with a hand or instrument;
- burns that are insufficiently explained, for example, cigarette burns; and
- injuries on children where children do not usually get injured (e.g., the torso, back, neck, buttocks, or thighs).

Signs of Sexual Abuse

- difficulty walking or sitting;
- pain or itching in the genital area;
- torn, stained, or bloody underclothing;
- frequent complaints of stomachaches or headaches;
- venereal disease;
- bruises or bleeding in external genitalia;
- feeling threatened by physical contact;
- inappropriate sex play or premature understanding of sex; and
- frequent urinary or yeast infections.

Signs of Emotional Injury

- speech disorders,
- inability to play as most children do,
- sleeping problems,
- antisocial behavior or behavioral extremes, and
- delays in emotional and intellectual growth.

Resource 17

Page 2

Signs of Neglect

- lack of medical or dental care;
- being chronically dirty or unbathed;
- lack of adequate school attendance;
- lack of supervision, for example, young children left unattended or with other children too young to protect or care for them;
- lack of proper nutrition;
- lack of adequate shelter;
- self-destructive feelings or behavior; and
- alcohol or drug abuse.

Resource 18

Scavenger Hunt

Using your address books or electronic resources, please list as many community resources as you can in each of the four categories. The trainer will call time in five to six minutes. After you have completed your team list, the trainer will give you five to six minutes to “scavenge” the lists of the other teams. Use the index cards to copy the resources to bring back to your team captain to add to your list.

Formal System Providers (i.e., public child welfare agency, local housing authority, police department):

Community Service Providers (i.e., churches, civic groups, schools, food bank, Boys and Girls Club):

Culturally Focused Service Providers (i.e., church or advocacy groups that provide translation services, youth groups, legal services):

Other groups that are specific to your community that provide services to families (i.e., an elder resident who everyone knows and trusts, carpools, home day care providers):

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Part III

Where Do We
Go From Here?
Resource Sharing
and Action
Planning

Telephone Desk Reference

Resource 19

When you return to work, take a few minutes to complete this form with the contact information for the positions listed below. Keep it handy and updated.

Local service _____ Name _____

Contact information _____

Shelter hotline _____

Abuse/neglect hotline _____

Child welfare general number _____

Public housing authority _____

Emergency rent assistance _____

Utility assistance (Low Income Housing and Emergency) office

Food bank _____

School board _____

Public health department _____

Hospital/emergency room _____

Legal aid _____

Public Officials _____

Child welfare ombudsman (if position exists in your area) _____

Commissioner, child welfare agency _____

Public housing authority executive director _____

State housing finance administration director _____

Mayor's office _____

Governor's office _____

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Resource 20

My Individual Action Plan

What is the most important thing I learned today?

List three things you will commit to do to enhance collaboration based on today's session. Include time frames, barriers, and resources. Resources include time, money, other staff, your supervisor, and yourself. Refer to the areas you and your partners identified as ones you thought you needed help with developing your action plan (see Resource 14).

Action Step	Time Frame	Barriers	Resources
1.			
2.			
3.			

How can I involve my supervisor and my colleagues in this effort?

What are my cultural awareness and competence needs and how will I address those? (For example, do I need more information on the demographics of my community or where to find culturally relevant resources)

Team Action Plan

Resource 21

As part of this session, you are being asked to carry the concepts and ideas forward to capitalize on the momentum started today. Your team of partners is the vehicle for beginning or enhancing a real collaborative effort.

As part of the collaboration process, please discuss the unique talents and expertise that each partner brings to the team, as well as specific ways partners can assist each other in your work. You can share your individual action steps with your team.

Listed below are several ideas for maintaining contact. You may also think of others. Discuss these ideas and make a commitment to getting together or staying in touch over the next six months. Once you have developed your plan, share contact information in Resource 20.

Unique talents and expertise of my team:

Specific ways we can assist each other in our work (Are there individual action steps you listed that may assist your team in their work?):

Commitment for contact:

In two months, our team will:

Date:

In four months, our team will:

Date:

In six months, our team will:

Date:

Ideas for maintaining contact:

1. Meet for a brown bag lunch.
2. Visit each other's agencies.
3. Share relevant articles via e-mail.
4. Become active advocates together on local, state, county, and national levels.
5. Schedule a conference call.
6. Participate together in training.

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Resource 22

Contact Information

(Please print clearly)

Name: _____
Title: _____
Agency: _____
Address: _____
Phone/Fax: _____ E-mail: _____

Name: _____
Title: _____
Agency: _____
Address: _____
Phone/Fax: _____ E-mail: _____

Name: _____
Title: _____
Agency: _____
Address: _____
Phone/Fax: _____ E-mail: _____

Name: _____
Title: _____
Agency: _____
Address: _____
Phone/Fax: _____ E-mail: _____

Name: _____
Title: _____
Agency: _____
Address: _____
Phone/Fax: _____ E-mail: _____

Name: _____
Title: _____
Agency: _____
Address: _____
Phone/Fax: _____ E-mail: _____

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Resource 23

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Part III

Where Do We
Go From Here?
Resource Sharing
and Action
Planning

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Resource 24

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Keeping Families Together and Safe Training Evaluation

1. Prior to this training, please rate the extent to which you collaborated with your cross-systems partners.

1 **2** **3** **4**
Not at all Some extent Moderate extent Great extent

2. As a result of this training, please rate your willingness to collaborate in the future:

1 **2** **3** **4**
Less willing Somewhat willing Willing Very willing

3. As a result of this training, please rate your intention to collaborate in the future:

1 **2** **3** **4**
Little intention Some intention Strong intention Very strong
intention

4. As a result of this training, please rate your belief about collaboration being useful to your work:

1 **2** **3** **4**
Not very useful Somewhat useful Useful Very useful

5. Please comment on the activities, content, resources, and effectiveness of the training:

Activities:

Content:

Resources:

Trainer:

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6. Recommendations you would make for changes to this session:

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7. Overall, rate this session:

1	2	3	4
Poor	Fair	Good	Excellent

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Page 2

Notes

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Notes

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