

Best Start Family Strengthening Network Home Visitation Programs

Updated 4.28.14

Child Abuse and Neglect Recommended Guidelines for Adhering to Reporting Responsibilities And Promoting Recommended Practices When Working with Families with Young Children, Prenatal to Five.

Purpose

The Child Abuse and Neglect guide is intended to provide agencies with a tool to facilitate consistent planning and understanding of the reporting responsibilities involved for the First 5 LA, Best Start Family Strengthening Network Home Visitation programs. The need to standardized the policy for Child Abuse Reporting further stems from the importance to strengthen policies and procedures that adhere to California specific state penal codes, align to Home Visitation model standards (Healthy Families America, Parents As Teachers, Triple P), and meet First 5 LA contractual requirements.

Many of the agencies participating in the Family Strengthening Network Home Visitation (FSNHV) programs might already adhere to organizational policy mandates for reporting child abuse and upholding safety. The aim for developing this Child Abuse and Neglect learning guide for the Home Visitation programs is to build common understanding and promote the need for standardized protocols for reporting physical and emotional safety when working with families with young children (ages 0-5).

The guide is intended to provide agencies and their staff with a basic resource to align organizational practice, policies and procedures with home visitation model specific content areas to be included in Child Abuse protocols. This guide is not intended to provide the agencies or their staff with a comprehensive understanding of the reporting procedures for Child Abuse and Neglect. For a complete listing of California Specific State Penal Codes, reporting mandates and resources tools about child abuse, please consult with the Los Angeles Child Abuse and Neglect Protocol developed by the Inter-Agency Council on Child Abuse and Neglect and the Child Health and Human Service Administration For Children and Families.

It is our vision to work collaboratively with the agencies providing the home visitation services to facilitate adoption of evidence-based recommended practices to address Child Abuse and Neglect reporting at the program level to ensure responsive solutions to reduce child abuse. Together, we promote standardized practices that support the health and wellbeing of families with young children, prenatal to five.

Please review your agencies' existing policy and procedure to be certain that the following recommended Child Abuse and Neglect reporting protocols include the following content areas.

- The content areas outlined below **do not** replace California specific state penal codes or agency specific mandates.
- Child Abuse and Neglect reporting practices and planning may vary across agencies and will be influenced by the staff's role and responsibilities in the home visitation program.

Home visiting staff needs vary according to their role, responsibilities and training. It is recommended that agencies include in their Child Abuse and Neglect Reporting policies, procedures that address knowledge, learning, responsibilities and activities for each individual role within the program. This includes program directors, managers, supervisors, home visitors/parent educators, administrative coordinators, among others.

Mission Statement and Purpose

In accordance with the Family Strengthening Network's strength-based and family-centered philosophies, child abuse and neglect issues will be addressed in a non-punitive manner with parents/caregivers in the context of the relationship between parent/caregiver and staff, as well as parent/caregiver and child. Families will be reminded of confidentiality standards of the program, as well as limits of confidentiality, including child abuse and neglect laws. When child abuse is suspected, families will be informed of the Home Visitor's mandate to report the suspected abuse, unless serious safety concerns exist that preclude this practice. Home Visitors will provide support to parents/caregivers and children during their initial involvement with the Department of Child and Family Services (DCFS), while ensuring their own safety. Home Visitors may provide ongoing support based on an assessment of individual needs.

Definitions:

Reportable child abuse or neglect includes:

- Sexual abuse {PC §11165.1}
- Physical injury which is inflicted by other than accidental means on a child by another person {PC §11165.6}
- Willful cruelty or unjustifiable punishment of a child {PC §11165.3 and PC §273a}
- Unlawful corporal punishment or injury {PC §11165.4 and PC §273d}
- Neglect {PC §11165.2}
- Abuse or neglect in out-of-home care {PC §11165.5}

Roles and Responsibilities: All programs should address the importance of roles in responsibilities by the home visitor, supervisor and administrator when addressing safety and mandated reporting issues such as child abuse and related safety issues (e.g., elder abuse, domestic violence, etc). All mandated reporters shall report if they have knowledge of or observe a child, defined as any person under age 18, while in their professional capacity or within the scope of the job, and they know or reasonably suspect that the child has been abused or neglected. {PC §11166(a)}

Mandated Reporter: Mandated reporter occupations have been defined under PC §11165.4. Additionally, anyone providing services to a minor under WIC §12300.1 is considered a mandated reporter. Employees must receive training from agency that fulfills their legal obligation as mandated reporter of suspected Child Abuse. Training must provide the employee with child abuse awareness, legal reporting guideline and individual responsibility information to make a telephone and written report to the appropriate agency.

Suspected Prenatal Substance Abuse (PC § 11165.13):

If there is any indication of maternal substance abuse, a health practitioner or a medical social worker must assess the needs of the child and mother pursuant to Health and Safety Code § 123605. A positive toxicology screen at the time of birth is not, by itself a sufficient basis for reporting child abuse or neglect. However, if there are additional factors which indicate a risk to the child, then a child abuse report should be made to DCFS. A report that is based solely on a parent's inability to care for the child due to a substance abuse problem should be made to the

county welfare or probation department.

Failure to Report: The individual employee is liable for failure to report suspected Child Abuse and comply with policies which may include possible actions such as termination, revocation of credential, etc. PLEASE check with supervisor for agency specific policies to reporting.

- a. According to Article 2.5 of the penal code, it is a crime for certain professionals and laypersons who have a special working relationship or contact with children not to report suspected abuse to the proper authorities. "Failure to report by telephone immediately, or as soon as practically possible, and in writing within 36 hours is a misdemeanor" punishable by confinement in county jail for a term not to exceed six months or by a fine of not more than \$1,000 or by both. {PC, 11172d (e)}.

Mandated Reporter Training: All Employees must complete awareness training about Child Abuse Reporting and understanding risk when working with families. Staff should document having completed training and sign "*An Acknowledgement of Suspected Child Abuse Reporting Policy*" at initial employment before their work with families. Consideration for reviewing agency specific policy and protocol with supervisor is encouraged annually.

Screening and Assessment: Home visitors will be trained to conduct ongoing screening and assessment of child abuse and neglect from the initial contact with a family. Assessments can be done through observation, interviews, and other appropriate risk assessment tools at any stage of treatment. Staff is encouraged to work in collaboration with supervisor to build their skills and knowledge about screening and reporting.

Supervision & On-going Training: Foundational to providing quality, culturally and linguistically sensitive service delivery requires ongoing training, information-sharing and supervision for the Home Visiting Staff. Agencies should provide supervisors, home visitor, and related staff involved with the project mandatory training and learning opportunities about the following Child Abuse topic areas:

- a. An overview of mandated child abuse reporting
- b. Risk assessment for safety (domestic violence, drug use, suicide, etc.)
- c. Recognizing risk factors when working with families with children, 0-5 and pregnant women.
- d. Working with cultural and linguistically diverse families
- e. Reflective supervision to provide ongoing assistance and guidance

Disclosure: To encourage disclosure of child abuse, it is important for home visitors to provide a safe, quiet and private space for children and/or family members to communicate information about the abuse. The mandated reporter is not responsible for investigating or obtaining a detailed history of the abuse. The mandated reporter should ensure that communication is done in the child's language most comfortable to the child. This may involve the use of an interpreter.

Confidentiality: During the first home visit, the Home Visitor will provide information regarding the program's Confidentiality and Child Abuse/Neglect Reporting Procedures. Informed Consent and Authorization for Release of Information Forms will be discussed and completed.

If a child report is made, it is important to maintain confidentiality. Disclosure of reports to agencies or persons may be limited according to PC §11167.5(b). Failure to maintain confidentiality as mandated by law can result in criminal liability.

Members of a multidisciplinary personnel team engaged in the prevention, identification, and treatment of child abuse may disclose and exchange information and writings to and with one another relating to any incidents of child abuse that may also be a part of a juvenile court record or otherwise designated as confidential under state law. (WIC § 830)

Reporting Procedures

Standards for Reporting (PC § 11166):

A report is required when a person has reasonable suspicion, based upon facts that could cause a reasonable person to draw on appropriate training or experience to suspect child abuse or neglect. 'Reasonable suspicion' does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any reasonable suspicion is sufficient. If you suspect child abuse or a child is in **immediate danger and immediate action must take place**, the Home Visitor must take the following steps:

- a. Call 911 and or local authorities for immediate intervention.
- b. Call [insert agency specific [insert agency specific direct Supervisor] to report incident and seek guidance.
- c. Call [insert agency specific Clinical Supervisor] if direct Supervisor is unavailable.
- d. If you suspect child abuse, Call Department of Child and Family Services (DCFS) at **1-800-540-4000** to report incident (24 hours per day- 7 days per week) which will include:
 - Name of the child
 - Present location of the child
 - Nature and extent of the injury
 - Any other information requested by DCFS, including the incident that led the person to suspect child abuse
- e. Complete written report within 36 hours of making the telephone report (available online). You complete the report online or hard copy to the respected agency:
DCFS- Child Abuse Hotline
1-800-540-4000, Los Angeles, California

If you file an electronic report directly on the DCFS website at dcfs.co.la.ca.us, you don't have to mail. Print report and file accordingly to agency specific policy.
<http://dcfs.co.la.ca.us/contactus/childabuse.html>

Local Law Enforcement Department (City Police Department and Los Angeles County Sheriff's Department or LAPD- Child Abuse Unit; reporting depends on local law enforcement that has jurisdiction over location of where the suspected child abuse occurred)

____ - ____ - ____ Los Angeles, California (*consider placing the local address of your community's police office*)

- f. When an incident of suspected child abuse occurs outside of the home, consult with your supervisor immediately to assess whether additional parties need to be notified or additional documentation is needed.
- g. A copy of the report must be put into the client file.
- h. Request that the DCFS worker follow-up with Home Visitor regarding steps taken to protect the child.

- i. Document the incident and all steps in the reporting process on the progress notes, which includes:
 - Documentation of the incident that caused suspicion of child abuse and/or neglect. This information should include the names or contact information of people or sources that provide information or could serve as witness to you ascertaining risk level and suspicion.
 - Documentation of all supervisory guidance and consultations with DCFS. Include the following information:
 - Document the date and time of the call was made;
 - Record the name and address of the agency called and the name of the person taking the report noting their title and badge/identification number
 - Documentation of all additional follow up related to the abuse/neglect issue. Ascertain and record agency's follow up plan with the family or immediate actions they will take.
 - Documentation of communication with client/family regarding the reporting process.
- J. Submit client file to Clinical Supervisor upon completion of all documentation as soon as possible for review.

In the event that a Home Visitor has reason to suspect child abuse and/or neglect, what steps does the agency or supervisor want the home visitor to take? Consider identifying the following steps specifically to assist the home visitor:

- a. Contact [*insert agency specific direct Supervisor for consultation*].
- b. [*insert agency specific Team Supervisor will consult with Clinical Supervisor*].
- c. If the [*insert agency specific Team Supervisor or Clinical Supervisor*] deems it is warranted, they will call the DCFS Consultation Hotline at **1 800-540-4000** to discuss case (this is not the official filing of a report of child abuse and/or neglect).
- d. Based on the recommendation of the DCFS worker and [*insert agency specific Clinical Supervisor*], report the incident to DCFS at **1 800-540-4000**.
- e. Complete a written report within 36 hours of making the telephone report (available online).
- f. A copy of the report must be put into the client file.
- g. Document the incident and all steps in the reporting process on the progress notes, which includes:
 - Documentation of the incident that caused suspicion of child abuse and/or neglect.
 - Documentation of all supervisory guidance and consultations with DCFS.
 - Documentation of communication with client/family regarding the reporting process.
 - Documentation of all additional follow up related to the abuse/neglect issue.
- h. Talk to the family (if the Home Visitor feels safe to do so) about the incident and the possibility of reporting it in order to empower the family and help them understand what is considered child abuse/neglect.
- i. Develop a plan with the DCFS worker and the family to provide support and work on goals to improve parenting.
- j. Submit client file to [*insert agency specific Clinical Supervisor*] upon completion of all documentation as soon as possible for review.

Hospital Protocols: California law (SB 2669, Chapter 1603, Statutes of 1990), mandates that any indication of maternal substance abuse shall lead to an assessment by a health care practitioner or medical social worker of the needed services of the mother and infant prior to discharge of the infant from the hospital. While a positive toxicology screen at the time of delivery is not, in and of itself, grounds for report to the Department of Children & Family Services (DCFS), a negative toxicology screen result does not preclude a suspected child abuse report if there are other risk factors present. The responsibility for evaluating infants exposed to potentially harmful substances rests with all persons who are either required or permitted to report under Section 11165-11166 of the Penal Code which includes, but is not limited to physicians, nurses, and social workers.

Joint Reporting: If during a home visit or coordination of service, two or more mandated reporters, become aware of a suspected child abuse and are both in agreement, the individuals may designate one of themselves to make the required telephone and written report. If the members, however, are in disagreement or have knowledge of failure to report a suspected child abuse issue, the member becoming aware of the suspected abuse then must make the report and follow protocol {PC §11166(h)-(i)}. The reporter must then document the date and time of the knowledge of suspected child abuse, call the protective child agency and complete the written report. Documentation must include relevant knowledge and information that accounts for failure to report and others involved

Community Resource & Collaboration: Home Visitation agencies should develop a practical resource list that provides the staff with information on how and with whom to seek immediate assistance or consultation when reporting child abuse or addressing safety concerns. The listing might include the telephone, address, name of person, etc., for contacting supervisor, reporting agency, local law enforcement department, mental health agency etc.

- a. Attached is an additional listing with national, state and local resources to promote ongoing learning and understanding about Child Abuse and Neglect. (See Appendix A).

References

California Welfare and Institutions Code
California Legislative Information. Retrieved from
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