

UTAH CHILD AND FAMILY SERVICES

OUR MISSION

Our mission at Utah Child and Family Services is “Safe Children, Strengthened Families.” Our goal is to have communities where children grow up safe from abuse and neglect, where adults are protected from domestic violence, and where parents can be strengthened in their capacity to keep their family safe.

OUR SERVICES

- Investigation of child abuse and neglect concerns
- In-home services to keep children safely with their parents
- Child abuse and neglect prevention education and outreach
- Domestic violence services – including counseling and shelters
- Foster care for children who cannot remain safely in their home
- Adoption services for children who cannot return to their biological parents
- Transition to Adult Living (TAL) program – designed to promote self-sufficiency for children who transition out of foster care

CONTACT INFORMATION

Child and Family Services State Office and Constituent Services
801-538-4100

24-Hour Child Abuse Hotline
1-855-323-DCFS (3237)

Domestic Violence Hotline
1-800-897-LINK (5465)

Court-Appointed Child Advocates
CASA, Britany Brundage—801-574-1472, www.utahcasa.org

QUICK FACTS:

- Our 24-hour center was contacted 71,461 times (phone or email)
- 37,599 contacts were concerns of abuse or neglect
- 24,286 children were investigated as potential victims; 9,233 were found to be victims
- 8,965 children received in-home services, including home-studies
- 91% of child clients did not experience abuse or neglect for at least one year following the end of in-home services
- 4,693 children were served in foster care
- 38% percent of children in foster care were placed with a kinship caregiver at some point during the year
- 1,557 adults and 1,368 children were served by domestic violence shelters

PROFESSIONAL PRINCIPLES AND SKILLS

The following principles and skills provide the foundation, philosophy, techniques and tasks necessary for caseworkers to do their jobs effectively while empowering families to achieve their goals.

PRINCIPLES

Protection: Children's safety is paramount. Children and adults have a right to live free from abuse.

Development: Children and their families need consistent nurturing in a healthy environment to achieve their development potential.

Permanency: All children need and are entitled to enduring relationships that provide a family, stability and belonging and a sense of self that connects children to their past, present and future.

Cultural Responsiveness: Children and families are to be understood within the context of their own family rules, traditions, history and culture.

Partnership: The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

Organizational Competence: Committed, qualified, trained and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.

Professional Competence: Children and families need a relationship with an accepting, concerned, empathic worker who can confront difficult issues and effectively assist them in their process toward change.

SKILLS

Engaging: The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Teaming: The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

Assessing: The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.

Planning: The skill necessary to tailor the planning process uniquely to each child and family is crucial. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.

Intervening: The skill to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from budgeting to child/parent relationship building.

THE INTAKE PROCESS

Any person who has reason to believe that a child has been subjected to abuse, neglect or dependency must report the abuse or neglect to our 24-hour intake line, a peace officer or law enforcement agency. This notification is called a referral.

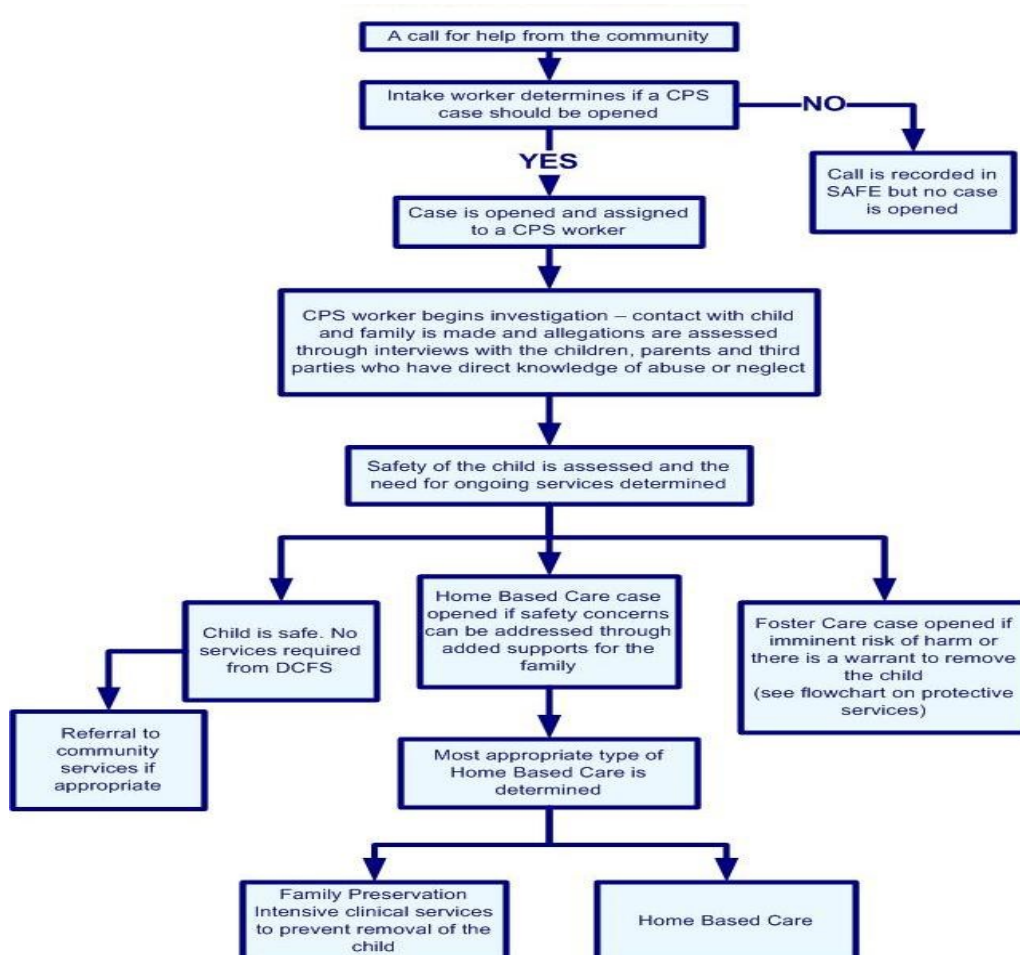
What Happens When A Referral Is Made?

Based on information gathered during the referral, the intake worker assesses the immediate risk/danger to the child and determines a “priority.” The priority determines the timeframe in which DCFS will respond to the referral. Three referral priorities are considered:

Priority 1: Immediate need of protection—face-to-face contact required within 60 minutes

Priority 2: Risk of physical evidence being lost—face-to-face contact required within 24 hours

Priority 3: Low risk to child—face-to-face contact required by midnight on the third working day



CHILD PROTECTIVE SERVICES

Initial Assessment and Investigation

When a report of child abuse or neglect is received, the caseworker who receives the report via our 24-hour hotline must determine if it meets statutory definition of child abuse or neglect. If it is determined that a Child Protective Services (CPS) case must be opened, the assigned caseworker will conduct an investigation of the allegation(s). This investigation may include the following:

- Face-to-face interviews with the child, the child's parent(s) or guardian(s), and alleged perpetrator(s).
- Contact with the referent (individual who made the report of child abuse or neglect to our Hotline) and any friends, relatives or professionals that may provide relevant information regarding the family.
- A visit to the family's home.
- A review of any necessary documents including DCFS case history, medical reports, police reports etc.

Case Findings and Closure

After the investigation has been completed the caseworker will determine the appropriate finding at the closure of the case. For each allegation on a case, one of the following findings will be made:

- Supported,
- Unsupported
- Without Merit

What to Expect if You Make a Referral

As a referent in a case, you can expect the following:

- Your information will remain confidential.
- You will be contacted during the investigation by the caseworker to confirm details or gather more information about your report.
- You will be notified of the case closure, dependent on your role and relationship to the child, you may not be entitled to any other information regarding the case.

Service Provision

The main objective and responsibility of a CPS caseworker is to assess the child's safety. They will also assess future risk of abuse and/or neglect for the child, and gather information about the strengths and needs of the family. This allows the caseworker and other community professionals to determine if services are needed, and if so what type of services will be the most effective in ensuring safety and reducing risk for the child. Services that may be offered include community-based services, in-home services, and out-of-home services.

Services are provided to keep families together and children safely in the home whenever possible, and reunify children with their families as quickly as possible if safety cannot be assured in the home.

IN-HOME SERVICES

We believe that children should remain with their families whenever it is possible and safe. In-Home Services are most appropriate when any of the following conditions exist:

- A child has experienced abuse or neglect but can remain safely in the home
- A child is returned home from out-of-home care
- An adoptive placement may disrupt or dissolve and intensive services are needed to maintain the family in the adoptive home

Types of In-Home Services

Child and Family Services provides the following three types of In-Home Services to children at risk of abuse, neglect, or dependency, and to their family members who may be helped in providing permanent, safe homes for them:

- Voluntary services (Protective Services Counseling)
- Court-ordered services (Protective Services Supervision)
- Intensive services (Protective Family Preservation). These intensive services are provided to children who are at immediate risk of an out-of-home placement

In-Home Services use the least intrusive, solution-focused interventions to promote the safety and well-being of families. Services can include teaching parenting skills, developing child safety plans, teaching conflict resolution and problem solving skills, and linking the family to broad-based community resources. The expected outcomes of home-based services for families are:

- Ensure and enhance safety within the home
- Preserve the family unit within the home
- Strengthen family support systems

OUT-OF-HOME SERVICES

Out-of-Home Services are designed to ensure the child's safety and provide for the child's health and well-being in an appropriate, temporary setting. The child remains in an out-of-home placement until reunification, permanent guardianship, adoption or independent living can be attained.

Types of Out-of-Home Care

There are several different types of out-of-home care available for children. Kinship Care, full-time care of a child by relatives, is the first option when a child cannot safely remain in their home. Foster care is provided to children who have no relatives with whom they can be placed and cannot immediately return home due to safety issues. Proctor Care is similar to foster care, with additional therapeutic supports for the child and the proctor family if needed. If children have treatment needs or behavior issues that are too extensive for foster homes, a temporary intervention of Residential/Group Care may be needed. Transition to Adult Living (TAL) prepares youth, ages 14 and over, for the transition from foster care to living independently.

All foster care families receive training, by Utah Foster Care Foundation, prior to placement of a child in their home. In addition, foster parents and any household members, ages 18 and older, are required to meet licensing standards and pass a background check.

Most children leaving foster care are reunited with their parents or caregiver. If a child is not able to reunify, custody is given to relatives in almost one-third of the cases. Adoption services are considered when it becomes apparent it is the most appropriate method of providing a permanent home for children in custody. Post adoption services, such as training and support groups, are available.

