

STANDARDS FOR EFFECTIVE PRACTICE  
**1.0 - CHILD ABUSE AND NEGLECT PREVENTION**

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**1.0 CHILD ABUSE AND NEGLECT PREVENTION PROGRAM STATEMENT**

Child abuse and neglect prevention strategies must be part of a broad-based community effort to prevent child abuse, neglect, and maltreatment. Effective prevention efforts include a continuum of programs and services designed to prevent the occurrence or recurrence of child abuse and/or neglect. Public Children Services Agencies (PCSAs) and other Child and Family Services Agencies (CFSAs) are ideally positioned to serve an important prevention role with children and families referred to the agency.

PCSAs are charged with the responsibility of responding to the community's concern for children who are abused, neglected, or dependent, or who are at risk of abuse, neglect, or dependency. As PCSAs fulfill these duties, it is incumbent upon them and other community partners to maximize the supports and resources available to caregivers to reduce the risk of abuse and neglect to children in the community.

For prevention efforts to be effective, they should be strength-based, recognizing the diversity of individuals, families, and their communities. PCSAs must be sensitive to differences in culture, ethnicity, and socioeconomic background in the families and children they serve.

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**1.1 BUILDING THE COMMUNITY SAFETY NET**

**Council on Accreditation Standards**

The Council on Accreditation Standards S38 (Prevention Services) and G9.9 (Community Involvement and Collaboration) link to and support Standard 1.1 *Building the Community Safety Net*.

**Administrative Code**

There are no Ohio Administrative Code Rules that directly address Standard 1.1 *Building the Community Safety Net*.

**I. Philosophy**

The safety and well being of families and children are the responsibility of the entire community. No single agency can successfully address all of the issues that put children at risk of abuse and neglect.

Research shows that when conditions such as poverty, inadequate housing, substance abuse, and teen pregnancy impact a family, an increased level of risk of child abuse or neglect can result. In addition to these conditions, there may be other factors specific to local communities that contribute to an increased level of risk to children (such as unemployment, domestic violence, etc.).

Child protection agencies must partner with other community entities to identify and address the risk factors that are of particular concern locally.

**II. Outcome**

CFSA staff will actively develop and maintain partnerships with community entities to minimize risk factors that contribute to child abuse and neglect.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- local and statewide data on abuse, neglect, dependency, emotional maltreatment, unruly/delinquent behavior;
- local and statewide data on poverty, substance abuse, mental health, affordable housing, teen parenthood, and other conditions that affect abuse and neglect;
- local and statewide data on the availability of support services, such as mental health services, alcohol and drug addiction services, cash assistance, nutrition assistance, subsidized child care, health insurance, and child support;
- local or statewide needs assessments which point to gaps in services;

- information on governmental agencies, service providers, area businesses, faith-based groups, and community organizations, and the extent to which they support the Community Safety Net.

#### **IV. Standards for Implementation**

- 1) The CFSA should consider the following sources of information when identifying the risk and protective factors that impact children and families in your community:
  - a. data collected by the CFSA- internal data collection, analysis, and dissemination are critical for management and staff to identify the primary issues of concern affecting agency clients- make the best use of the data that you have, since it will be the most accessible;
  - b. data compiled by external sources including the PCSAO factbook, ODJFS CPOE data, Ohio Department of Development demographic information, other government statistics, published research, etc.;
  - c. focus groups are a good source of information concerning the opinions of clients, community members, or the general public;
  - d. client surveys are an invaluable tool for feedback on needs, agency performance, and problems confronting individuals in the community- it is important that clients contribute to any statement of local concerns or needs;
  - e. strategic planning- the systems transformation process that is supported by PCSAO relies heavily on community input and buy-in. During this process, agency staff and community stakeholders define the unique contribution that the agency (CFSA) can make to the community-defined vision for children and families. In the initial phase of this process, the environmental scan, representatives from the community describe both the opportunities and barriers to service delivery facing the agency. The information gathered here represents the issues that are identified as important to the community, and often suggests new opportunities for partnerships; and
  - f. a local Needs Assessment.
- 2) CFSA's should seek prospective partners with the following qualities:
  - a. demonstrated success in the area in question;
  - b. responsibilities or interests that coincide with the objectives of the CFSA;
  - c. a history of success and an ongoing commitment to quality assurance, evaluation, and program excellence;
  - d. demonstrated accountability through clear contracts, timely reporting, and financial accountability through successful audits; and
  - e. responsiveness to the needs and the diversity of the community.
- 3) CFSA's should consider partnering with the following entities based on the identified concerns:
  - a. poverty - county DJFS, local chamber of commerce, unions, community development, small business administration, day care providers to encourage affordable child care during work hours, community colleges, businesses that can provide entry-level jobs, child support enforcement agency;
  - b. housing - zoning boards, community development corporation, political officials, building and industry association, lending institutions, metropolitan housing authorities, utilities commissions, homeless shelters, local codes and permits department to address unsafe or inadequate living conditions;

- c. substance abuse - ADAMH, hospitals, private treatment providers, law enforcement, drug court, insurance providers, employee assistance programs (EAPs);
  - d. health concerns - city or county health department, local hospital, physicians, DJFS (Healthy Start), local Family and Children First Council (Help Me Grow program), and Bureau for Children with Medical Handicaps (BCMh);
  - e. teen pregnancy - local Family and Children First Council, family planning groups (i.e., planned parenthood), school counselors, health care physicians, GRADs programs, parent education, adolescent health care clinics, churches, youth organizations; and
  - f. general - schools, departments of parks and recreation, and family resource and support agencies.
- 4) The CFSA should make contact with entities to plan partnership around shared concerns. Consider the following steps:
- a. Identify the right person in your agency/department to initiate contact, whether this is a director, board member, public information officer, program manager, foster parent, supervisor, or caseworkers.
  - b. Ask whether it is appropriate for you to contact the person directly- Do you need an intermediary? Does anyone within your organization already have a positive relationship with the other entity?
  - c. Determine the right person to contact inside the other organization. Is this person empowered to make decisions involving the commitment of services or resources that are integral to the safety net?
  - d. Get to know your Family and Children First Council coordinator. The FCFC coordinator can help identify other potential partners and often facilitate the collaborative work among members of the Family and Children First council.
- 5) The CFSA should continually work to develop new partnerships and maintain existing partnerships, keeping in mind the following:
- a. be creative in your approach to developing new collaboratives and partnerships- don't be afraid to try something that has not been done before- think outside the box;
  - b. be prepared to tell the other organization "what's in it for them"- bring data to support your point, explain how they benefit, you benefit, and the community benefits;
  - c. identify the point where your interest and/or values converge with the other entity, for example, if the mission statements of the organizations share a commitment to a common goal, value, or population, there may be an opportunity to partner more effectively- ask what you can do to help the other organization accomplish the common goal;
  - d. state your needs openly and honestly, as well as what you are willing to contribute to the process- once the needs and potential benefits are on the table, negotiations can occur;
  - e. join associations that enhance the CFSA's ability to progress toward its goals; and
  - f. maintain the relationship by sharing regular reports, important information, and success stories- provide regular feedback so you are not perceived as only making contact when you need something.

## **V. Financial Implications**

The costs associated with building and maintaining the Community Safety Net are an important part of the management of a CFSA. These costs are included in Standard 10.1 *Management of the CFSA*. The thorough implementation of this standard should also include the training/education of the CFSA governing board. These costs are reflected in Standard 10.3 *Children and Family Services Agencies Governing Boards*.

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**1.2 ONGOING FINANCIAL COMMITMENT TO CHILD ABUSE AND NEGLECT PREVENTION**

**Council on Accreditation Standards**

There are no Council on Accreditation Standards that directly link to and support Standard 1.2 *Ongoing Financial Commitment to Child Abuse and Neglect Prevention*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-39-06 (Preplacement Preventive Services, Reunification Services and Life Skill Services) addresses Standard 1.2 *Ongoing Financial Commitment to Child Abuse and Neglect Prevention*.

**I. Philosophy**

Child and Family Services Agencies (CFSAs) should dedicate ongoing funding to the prevention of child abuse and neglect. The CFSA must be a significant partner in pro-actively supporting prevention efforts, not just focusing on reactive services. CFSAs can demonstrate their commitment to prevention by establishing/designating a line item in their budget dedicated to prevention activities.

It is important that CFSA administrators demonstrate fiscal responsibility in using public funds. Prevention efforts are efficient and effective strategies for reducing the incidence of child abuse and neglect. CFSAs must demonstrate accountability and effectiveness through monitoring their efforts, conducting ongoing evaluation, and funding prevention programs that work.

**II. Outcome**

Families will have knowledge, skills, and resources to provide adequate care to their children.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- local and statewide data on abuse, neglect, dependency, emotional maltreatment, unruly/delinquent behavior;
- local and statewide data on poverty, substance abuse, mental health, affordable housing, teen parenthood, and other conditions that affect abuse and neglect;
- local and statewide data on the availability of support services such as mental health service, alcohol and drug addiction services, cash assistance, nutrition assistance, subsidized child care, health insurance, and child support;
- local or statewide needs assessments which point to gaps in services;
- information on effective prevention programs shown to impact the desired outcome(s);
- a cost benefit analysis evaluating predicted/actual return on prevention program investments.

#### **IV. Standards for Implementation**

- 1) The CFSA staff, Board members, and County Commissioners (if appropriate) should participate in training regarding the value of prevention strategies, implementation, and practice.
- 2) The CFSA should dedicate agency funds to support a specific line item in its budget for prevention efforts. When the CFSA actively supports prevention through dedicated funding, the agency is better able to self-direct prevention programming, rather than "chasing" unstable dollars for grants or initiatives.
- 3) The CFSA may also utilize supplemental resources, such as grants or funding from initiatives to further enhance prevention activities.
- 4) The CFSA should evaluate the outcomes of its prevention services and base continued funding on measures of effectiveness.

#### **V. Financial Implications**

The costs associated with making an ongoing financial commitment to the prevention of child abuse and neglect may be attributed to costs of programs or cost of staff. Program costs must be calculated on a case by case basis using all appropriate attributable costs. Staff costs may be estimated according to the figures in Standard 10.1 *Management of the CFSA*, which cites the average cost per worker as \$33,270. Implementation of this standard should include the training/education of the CFSA governing board. These costs are reflected in Standard 10.3 *Children and Family Services Agencies Governing Boards*.

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**1.3 PROMOTING PUBLIC AWARENESS ABOUT CHILD ABUSE AND NEGLECT PREVENTION**

**Council on Accreditation Standards**

The Council on Accreditation Standards G3.2 (Public Involvement); G3.3 (Advocacy) and G9.9 (Community Involvement and Collaboration) link to and support Standard 1.3 *Promoting Public Awareness about Child Abuse and Neglect Prevention*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-71 (The Child Abuse and Neglect Memorandum of Understanding) addresses Standard 1.3 *Promoting Public Awareness about Child Abuse and Neglect Prevention*.

**I. Philosophy**

CFASAs have an obligation to provide leadership in promoting community awareness and commitment to the prevention of child abuse and neglect. In providing such leadership, agencies should establish a comprehensive plan to ensure that their efforts serve a clear purpose, deliver maximum impact, and are cost effective.

**II. Outcome**

CFASAs will conduct prevention focused public awareness efforts with the goal of stimulating a community "call to action" to reduce the number of children who are abused and neglected.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- local and statewide data on abuse, neglect, dependency, emotional maltreatment, unruly/delinquent behavior;
- data from results of previous campaigns to promote public awareness about child abuse and neglect;
- information from local or statewide focus group reports;
- information gained from local environmental scans as part of a strategic planning process;
- data gained from results;
- information regarding the CFSA collected from comments at public events, agency surveys, client comment cards, or media sources.

#### IV. Standards for Implementation

- 1) The CFSA should assign Public Information duties and responsibilities to a member of the staff with appropriate knowledge and training.
  - a. CFSA's should designate an individual who has primary responsibility for coordinating and communicating prevention messages to the public.
  - b. Speakers Bureau should be implemented as a strategy for promoting public awareness about prevention. This should include other partners in the community safety net.
  
- 2) The CFSA should identify the issues by examining both current and historical data to provide insight into patterns and/or factors which may contribute to child maltreatment.
  - a. Possible Internal Sources of Data include:
    - i. Family and Children Services Information System (FACSIS);
    - ii. State Automated Child Welfare Information System (SACWIS);
    - iii. Child Protection Oversight and Evaluation (CPOE) report;
    - iv. Intake and casework staff (what patterns are workers in the field seeing?);
    - v. internal records of referrals and dispositions based on geographic mapping; and
    - vi. annual reports.
  - b. Possible External Sources of Data include:
    - i. Ohio Department of Development;
    - ii. Ohio Department of Corrections;
    - iii. State Departments (such as ODJFS, ODADAS, ODYS, ODMH, ODH, ODMRDD);
    - iv. Child Fatality Review Boards (CFRs);
    - v. Ohio Children's Trust Fund;
    - vi. Child Welfare League of America;
    - vii. Children's Defense Fund;
    - viii. Local Family and Children First Council;
    - ix. public health department, local hospitals;
    - x. colleges and universities;
    - xi. Prevent Child Abuse America;
    - xii. Prevent Child Abuse Ohio;
    - xiii. Federal Department of Health and Human Services;
    - xiv. PCSAO Factbook Focus Group Reports, website, tools, etc.;
    - xv. internet research; and
    - xvi. local media.
  
- 3) The CFSA should develop a plan for promoting public awareness about child abuse and neglect prevention. Consider the following:
  - a. The CFSA should choose a target audience. Begin this process by asking, "Who needs to hear the message?" (ex. High school Juniors/Seniors).
  - b. The CFSA should develop a message. Think in terms of the question, "What do you want to communicate?" Keep in mind that a good message is:
    - i. concise;
    - ii. written at a reading level that is appropriate for the intended audience;
    - iii. written in the language(s) that is appropriate for the intended audience;
    - iv. easy to remember- messages that are catchy or clever stand a better chance of sticking with the intended audience. Consider using a rhyme, pun, play on words, or a variation on a popular expression, for example: "hurt me I cry, shake me I die".

- c. The CFSA should choose the medium that can best convey the message to your audience, such as flyers, cards, mugs, pens, shirts, toys, or key chains (e.g. "help blow the whistle on child abuse" printed on a toy whistle).
  - d. The CSFA should select strategic channels of distribution and identify other organizations that can assist in reaching the target audience.
  - e. The CFSA should develop a time frame for implementation of this plan.
- 4) The CFSA must successfully implement the plan to promote public awareness.
- a. The CFSA should seek support from staff, volunteers, and board members in implementing the public awareness plan.
  - b. The CFSA should engage key community leaders in implementing the public awareness plan.
- 5) The CFSA should evaluate the impact of the plan to promote public awareness. The agency should measure whether desired outcomes have been achieved through an instrument such as a survey or pretest/post test. CAVEAT: Because public awareness of, and sensitivity to, child abuse and neglect can be elevated by effective public relations efforts, an increase in reports would not be unusual.
- 6) Nearly all public awareness messages present an opportunity to promote the mission of the CFSA and information on how to contact the agency. This gives the public valuable information regarding how to report concerns about child safety and well-being, what constitutes child abuse and neglect, and serves to make your agency more visible to the public. Materials should promote the agency as a helpful community resource. The following are examples of sample public awareness messages dealing with child abuse/neglect prevention:
- a. Don't Shake Your Baby - Shaken babies still account for a large percentage of preventable injuries and deaths to infants. It is important to communicate this education piece especially to new parents, teen parents, caretakers, babysitters, and the general public.
  - b. How Old Means Old Enough to Be Home Alone? Guidelines to help parents to understand when children are legally and developmentally old enough to be left at home alone. What are the responsibilities of the parent? What constitutes abandonment?
  - c. Wait to Respond Before Disciplining Your Child (stop and count to ten, or one hundred).
- 7) The following example shows a sample process for developing a Public Awareness Strategy:
- a. Question: What are the most frequent types of child maltreatment being seen in the county at this time?
  - b. Answer: We've been finding an increase in head traumas due to shaken baby syndrome.
  - c. Implications: Consider conducting an awareness campaign on the importance of not shaking babies.
  - d. Audience: The target audience will be teen parents.
  - f. Message: "Never Shake A Baby".
  - g. Method: Insert baby rattles imprinted with the message "Never Shake A Baby" into the Welcome Home Basket that is distributed to all teen mothers through the Help Me Grow program.

## **V. Financial Implications**

The costs associated promoting public awareness about child abuse and neglect prevention may be attributed to costs of program materials and/or cost of staff. Program material costs must be calculated on a case by case basis using all appropriate attributable costs. Staff costs may be estimated according to the figures in Standard 10.1 *Management of the CFSA* which cites the average cost per worker as \$33,270.

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**1.4 PREVENTION-FOCUSED FAMILY OUTREACH**

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.4 (Service Planning); G8.5 (Family Focused Service Planning); G9.9 (Service Modalities and Interventions); S38 (Prevention Services) and S38.4 (Community Education Services and Support Group Services) link to and support Standard 1.4 *Prevention-Focused Family Outreach*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-34-06 (Screening Child Abuse and Neglect Reports); 5101:2-35-62 (Intrastate and Interstate Referral Procedures for Children's Protective Services); 5101:2-35-77 (Procedures for Intervening in Cases Involving Alleged withholding of Appropriate Nutrition, Hydration, Medication, or Medically Indicated Treatment from Disabled Infants with Life-Threatening Conditions); 5101:2-39-06 (Preplacement Preventive Services, Reunification Services and Life Skill Services); 5101:2-39-07 (Supportive Services); and 5101:2-39-08 Requirements for PCSA Case Plan for In-Home Support Services [no court order]) address Standard 1.4 *Prevention-Focused Family Outreach*.

**I. Philosophy**

Within the population of referrals that are screened out (do not warrant an investigation), there are opportunities for public Child and Family Serving Agencies (CFSAs) to offer voluntary, prevention-focused, short-term services designed to support and strengthen the family. This level of service is closely aligned with the intake screening process and is a means to engage families in a manner conducive to the prevention of child abuse and neglect.

Since the purpose is to prevent child abuse/neglect and to strengthen families, the relationship between the worker and the family must be one of mutual trust. This type of prevention-focused outreach must be "family friendly". It should not be viewed as a means to "get in the door" or as a screening tool to gain investigative information on a family. However, there may be occasions when the worker must fulfill his/her responsibility as a mandated reporter.

**II. Outcome**

The ability of parents to provide for the safety and well-being of their children will be enhanced by involvement with appropriate community supports and services.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- data gathered from information from public CFSA screeners taking referrals;
- local and statewide data on reports of abuse, neglect, dependency, emotional maltreatment, and unruly/delinquent behavior;

- local and statewide data on poverty, substance abuse, mental health, affordable housing, teen parenthood, and other conditions that affect abuse and neglect;
- local and statewide data on the availability of support services, such as mental health services, alcohol and drug addiction services, cash assistance, nutrition assistance, subsidized child care, health insurance, and child support.

#### **IV. Standards for Implementation**

##### **A. Family Outreach Intervention**

- 1) When information is sufficient to make an informed decision that a referral does not indicate abuse and neglect, but there is reason to think that a family might benefit from community resources, the public CFSA will initiate face to face contact with the family and will offer prevention-focused, short term support services. This should occur except when the referral involves:
  - a. a referral requiring only Information and Referral (I & R);
  - b. an issue arising from a dispute over custody arrangements, without child abuse or neglect;
  - c. a request for information dealing with visitation;
  - d. an inquiry relating to child support information; or
  - e. a neighborhood dispute/conflict between neighbors.
- 2) The CFSA should utilize prevention-focused family outreach intervention only in accordance with the following criteria:
  - a. no specific allegations of abuse/neglect/dependency are reported;
  - b. the agency has not had an extensive history with the family and/or does not identify the family as having multiple issues of a complex nature;
  - c. the reported concerns constitute no more than a low/moderate level of risk according to the Risk Assessment Field Guide;
  - d. the concerns reported would not warrant criminal charges;
  - e. the family would benefit from public CFSA intervention (for support or assessment);
  - f. prevention strategies should be implemented.
- 3) Family outreach workers should have the following background and training:
  - a. Bachelor's degree (at minimum) in social work or related field;
  - b. core training and risk assessment training through the Ohio Child Welfare Training Program;
  - c. additional training that supports family focused intervention (i.e., family systems theory, mediation/conflict resolution).

##### **B. Practice Procedures**

- 1) A face to face contact with the family should occur within 24 hours of the report being received by the agency.
- 2) Outreach services should focus on the entire family unit as a system.
- 3) Outreach services should be risk focused rather than allegation-driven, focusing on helping the family achieve sufficiency as a healthy, well functioning unit.
- 4) Family outreach workers should promote family self-sufficiency and decision making.

- 5) Family outreach workers should carry with them supplies and other items necessary to carry out their job responsibilities. These items should include but not be limited to the following:
  - a. operational cell phone;
  - b. identifying information about the family;
  - c. release of information forms;
  - d. agency ID card;
  - e. worker's business cards; and/or
  - f. information about county agencies and services (including addresses and phone numbers).
- 6) Family outreach work should be done in the home or the family member's usual environment.
- 7) Family outreach work should be time limited and as brief as possible. The worker should meet with all members of the family for the purpose of:
  - a. discussing the reported concerns;
  - b. assuring the child(ren's) safety and well-being;
  - c. identifying and using the strengths of family members;
  - d. developing a plan to address identified risk issues.
- 8) The worker should assist the family in identifying people who are supportive and can assist the family in meeting its needs.
- 9) The worker should request a joint meeting with the family and identified support people to develop a plan for resolving issues of concern.
- 10) The worker should seek permission from the family before contacting potential support people and should make as many of those contacts as possible in the family's presence.
- 11) The worker should encourage the parents/caregivers to schedule appointments, arrange for services, etc., while the worker is in the home. If the family has no phone service, the worker should allow the parent/caretaker use of the agency cell phone.
- 12) At the conclusion of the family outreach effort, a letter should be sent to all report sources, and should include the following:
  - a. a thank you for the report;
  - b. a statement that the concerns were addressed and appropriate community resources were identified; and
  - c. a statement about the importance of community members supporting child abuse and neglect prevention including a request for the source's continued assistance in reporting concerns.
- 13) Workers should communicate clearly to families when outreach services have been completed; this may be done verbally or in writing.
- 14) If at any point the worker determines that the current risk and safety factors might warrant an investigation, the worker will fulfill his/her responsibility as a mandated reporter and make an immediate report to the agency intake screener.

## **V. Financial Implications**

The costs associated providing Prevention-Focused Family Outreach may be attributed to costs of program materials and/or cost of staff. Program material costs must be calculated on a case by case basis using all appropriate attributable costs (see recommended list of supplies included in this standard). If additional staff are necessary to conduct these activities, costs may be estimated according to the figures in Standard 10.1 *Management of the CFSA* which cites the average cost per worker as \$33,270.

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**1.5 SCHOOL-BASED PREVENTION SERVICES**

**Council on Accreditation Standards**

The Council on Accreditation Standards G9.4 (Service Continuity and Coordination); G9.9 (Service Modalities and Interventions); S38 (Prevention Services) and S38.1 (Access to Services) link to and support Standard 1.5 *School-Based Prevention Services*

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-33-55 (Education and In-Service Training Requirements for PCSA Caseworkers) addresses Standard 1.5 *School-Based Prevention Services*.

**I. Philosophy**

There are a number of reasons why schools can provide important partnership opportunities for CFSA's in the prevention of child abuse and neglect. First, schools often occupy a central location within the community and sometimes serve as a meeting place for community events.

Schools bring together a concentration of individuals with a vested interest in a child's well-being and successful development. These include, but are not limited to, teachers, principals, school nurses, guidance counselors, coaches, parents of the child, and other parents in the community.

The primary purpose of a school is to address the educational needs of children in the community. For this reason, coupled with the fact that schools bring together a broad spectrum of community members with an interest in promoting the success of children, the school presents an ideal forum for educating members of the community safety net on their roles in helping to prevent child abuse and neglect. Thus, schools provide a possible forum for educating school principals, teachers, nurses, parents, and the students themselves future parents.

The school setting allows professionals to have regular interaction with school-aged children in a safe, non-threatening environment where needs may be discovered and services offered. There may be issues present in the home that do not constitute abuse or neglect, but may contribute to future risk. These issues should be identified and evaluated early on by trained professionals with the ability to help children and families access appropriate services.

Early identification is important if the goal is to prevent child abuse and neglect, rather than to intervene after the fact. Early identification of risk factors can help to draw attention to a child or family's needs before a crisis with serious consequences occurs.

**II. Outcome**

The overall safety and well being of children is achieved by providing an earlier response to parents and school personnel regarding indicators of potential risk of child abuse and neglect, before a situation reaches a crisis level.

### **III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- data regarding the number of reports of child abuse, neglect, dependency, emotional maltreatment, and unruly/delinquent behavior within a specified school district or locality;
- comparative data on the incident of child abuse, neglect, and dependency both before and after the introduction of a CFSA worker in the school;
- data regarding the quality and quantity of support services provided to children and families through the intervention of the CFSA worker in the school;
- local and statewide data on the availability of support services such as mental health services, alcohol and drug addiction services, cash assistance, nutrition assistance, subsidized child care, health insurance, and child support.

### **IV. Standards for Implementation**

#### **A. School-Based Worker Qualifications**

- 1) CFSA workers in schools should have the following qualifications and training:
  - a. a minimum of a bachelor's degree in education, social or behavioral sciences;
  - b. core training and risk assessment training thru OCWTP;
  - c. continuing education with an emphasis on:
    - i. early childhood development;
    - ii. behavioral disorders;
    - iii. working with resistant clients;
    - iv. dealing with difficult parents;
    - v. IEP development; and
    - vi. testing and evaluation.

#### **B. Setting up the School-Based Prevention Outreach Position with other Community Partners**

- 1) Partners will help to determine the expectations involved with the position including:
  - a. the role of the CFSA worker (see job description below);
  - b. the work schedule for the CFSA worker position;
  - c. funding/salary/benefits (contract with school based on per pupil basis?);
  - d. supervision/accountability/evaluation;
  - e. liability; and
  - f. access to records/resources.

#### **C. Job Description**

- 1) A CFSA worker doing school-based prevention services should have a clear, specific written job description, agreed upon by the partners.  
The job description should contain information on how and when to engage students and families, when to report concerns (and to whom), what services are provided. It should also contain the policies, procedures and reporting requirements for situations that will be handled within the scope of employment.

**D. Policy Related to the Activities of School-Based Prevention Workers**

Workers should be given clear policies that define the responsibilities and conduct that is expected.

- 1) Referrals from school personnel:
  - a. How will the school personnel report concerns to the CFSA worker? When is face to face contact, or one-on-one conversation preferred? Based upon this preliminary discussion the worker should have an indication on how to proceed.
  - b. Worker helps to determine whether a referral to a public CFSA for a child abuse or neglect investigation is warranted.
    - i. If the worker decides that a referral is appropriate, the worker should explain the role and responsibilities of the CFSA:
      - aa. reporting concerns of possible abuse or neglect;
      - bb. investigating allegations of abuse and neglect (public CFSA only); and
      - cc. connecting children and families in need with resources.
    - ii. If it is decided that a referral is not appropriate, the worker should:
      - aa. identify individuals that might be able to provide assistance (including parents, service providers);
      - bb. engage in problem solving with identified individuals to determine how to best address the issue(s).
  - c. What is the timeline for the worker to respond to concerns? This should be dependent upon the seriousness of the concern.
  - d. Who must be notified?
  - e. How will the worker document concerns? Who has access to records?
- 2) Connecting children and their families with services:
  - a. How are children identified, met with and engaged in the process?
  - b. How are other important individuals engaged in the process?
  - c. How do school personnel and the worker partner to identify the services needed?
  - d. When is the parent informed of issues or services related to the child?
  - e. How is parental involvement encouraged and supported?
  - f. What services will be offered?
  - g. How will the need for services come to the attention of the worker?
  - h. How will the worker advocate for resources for the child or family?
  - i. How will the worker serve as a liaison between the family and community resources?
  - j. How will a prevention-focused approach be emphasized?
  - k. How will the worker build relationship with other entities to maximize services for children and families?
- 3) A list of entities that can help provide services for children and families includes:
  - a. Alcohol and Drug Addiction Services;
  - b. charities (i.e., Salvation Army, Red Cross, United Way);
  - c. community health clinics (for neglect, nutrition, hygiene);
  - d. courts (for issues related to unruly/delinquent youth);
  - e. food cooperatives;
  - f. homeless shelters;
  - g. hospitals/medical service providers;
  - h. law enforcement;

- i. mental health;
- j. MR/DD;
- k. Parks and Recreation Department;
- l. Planned Parenthood; and
- m. support groups (i.e., children of divorced parents, grief support).

**E. Funding for the Position**

- 1) Since having a CFSA worker doing school-based prevention services benefits many of the groups with an interest in child and family safety and well being, there may be opportunities for pooled funding to cover this position. These opportunities should be explored and developed so members of the community safety net acknowledge their responsibility to support the safe and healthy development of children.

**F. Accountability and Evaluation**

- 1) The school-based prevention services worker should have clear accountability and reporting requirements.
- 2) Written procedures should be established and communicated on the following points:
  - a. To whom will the school-based prevention services worker report?
  - b. How will the worker be supervised and evaluated?
  - c. How will any difficulties be handled? And by whom?

**G. Site or Location**

- 1) It is important that CFSA workers are physically located in the school or at least maintain a visible and consistent presence in the educational environment.

**H. Functions of the CFSA Worker doing School-Based Prevention Outreach**

- 1) Duties of CFSA workers in schools may include, but not be limited to, the following functions:
  - a. making assessments regarding child and/or family:
    - i. is a referral necessary?
    - ii. are services necessary?
    - iii. what services are appropriate?
    - iv. what follow-up or ongoing services are required?
  - b. making home visits and follow-up visits if necessary;
  - c. handling referrals from school personnel, parents, or concerned parties;
  - d. advocating for the rights and well-being of children and/or parents;
  - e. being a liaison between the child/family, the school and other community resources;
  - f. providing consultation and education:
    - i. serve as a consultant as to when and how formal referrals are made;
    - ii. coordinate cross training between the schools and CFSA;
    - iii. define needed outreach efforts for community education
      - aa. Where is education need? (targeted populations),
      - bb. On what topics?;
    - iv. support services.
  - g. services planning;
  - h. prevention planning
    - i. goal setting,

- ii. define intermediate steps to reach goal,
- iii. linking the people that are involved,
- iv. documentation and sign off -(include parents, and team members);
- i. service delivery
  - i. direct provision of services,
  - ii. information referral and coordination with service providers;
- j. evaluating and monitoring progress;
- k. assessing the need for additional services

#### **I. Conditions Which Affect Abuse and Neglect**

- 1) The school-based prevention services worker should be trained to recognize conditions which affect abuse and neglect. Potential indicators of risk may include, but are not limited to:
  - a. academic issues;
  - b. attendance issues (truancy);
  - c. behavioral issues, poor social skills, aggression (bullying);
  - d. chronic fatigue/underactivity or hyperactivity;
  - e. criminal behavior;
  - f. disciplinary concerns;
  - g. emotional/psychological concerns (i.e., depression);
  - h. health, nutrition, and appetite;
  - i. hygiene/grooming (chronic and inadequate);
  - j. inappropriate sexual behavior, STDs;
  - k. lack of adult supervision;
  - l. lack of appropriate medical care;
  - m. life skills deficits (budgeting, social skills, education/vocational);
  - n. poverty issues, including insufficient housing, transportation, or employment;
  - o. suicidal attempts or risk;
  - p. teen pregnancy/fatherhood; and
  - q. use of alcohol, tobacco, and other drugs (or abuse by a family member).

#### **J. Program Evaluation**

- 1) The program supervisor should regularly evaluate the effectiveness of school-based prevention intervention services.

There are a number of ways to gather data to evaluate the program:

- a. solicit input from parents and students (for example: through surveys or comment cards that ascertain the extent to which their needs were met);
- b. regular evaluations conducted by school officials such as the principal, teachers, superintendent, guidance counselors, and nurse;
- c. independent evaluators;
- d. utilize a pretest/post test to determine whether desired outcomes have been achieved.

## **V. Financial Implications**

The costs associated with providing School-Based Prevention Services may be attributed to costs of program materials, staff, and policy development. Program material costs must be calculated on a case-by-case basis using all appropriate attributable costs (see recommended list of supplies included in this standard). If additional staff are necessary to conduct these activities, costs may be estimated according to the figures in Standard 10.1 *Management of the CFSA* which cites the average cost per worker as \$33,270. The costs for policy development are estimated at \$71 per hour based on a hypothetical agency operating according to data from the 2001 PCSAO Salary Survey.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR CHILD ABUSE NEGLECT AND PREVENTION**

**1.6 INTER-SYSTEM SERVICE COORDINATION PLANNING**

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.4 (Service Planning); G9.9 (Service Community Involvement and Collaboration); S38 (Prevention Services) and S38.1 (Access to Services) link to and support Standard 1.6 *Inter-System Service Coordination Planning*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-38 (Confidentiality and Dissemination of Information Relating to Child Abuse and Neglect) addresses Standard 1.6 *Inter-System Service Coordination Planning*. This standard is also supported by sections 121.37 (Family and Children First Cabinet Council; County or Regional Councils; County Service Coordination Mechanism and Comprehensive Joint Service Plan) and 121.38 (Resolution of Agency Disputes Concerning Services or Funding) of the Ohio Revised Code.

**I. Philosophy**

Public CFSAs are mandated to respond to issues involving the safety of children in our communities. As a result, public CFSA personnel are often the first link in assessing the needs of children and families and are in a unique position to identify at-risk youth before they enter a system for formal intervention. However, the child welfare system does not bear the sole responsibility for addressing all identified needs and more often than not, lacks the resources and capacity to provide a full continuum of prevention services.

Inter-system service coordination planning may be a beneficial process to assist families in caring for children who are experiencing physical, emotional, behavioral, and learning-related difficulties. In such circumstances, CFSAs have the opportunity to refer families seeking voluntary service coordination planning.

There are many different needs served by public systems, and all such needs represent potential barriers to the healthy development of young people moving from birth to maturity. The education, juvenile justice, child welfare, health, mental health, mental retardation and developmental disabilities, drug and alcohol, and public assistance systems have each taken unique approaches in response to the needs of children, adolescents, and their families. Service coordination planning attempts to quickly remove barriers that prevent children and families from accessing integrated community services. This is intended to prevent the need for more costly and intrusive intervention later.

The Ohio Revised Code (Section 121.37) mandates that plans are developed to coordinate services for children and their families. This includes planning for children who are abused, neglected, dependent, unruly or delinquent, and families who voluntarily seek services.

In 1996, all 88 Ohio counties submitted service coordination plans to the Ohio Family and Children First Cabinet Council. These service coordination plans were practical tools to assist local communities in the difficult process of creating and coordinating more responsive, family-friendly, and cost-effective child and family service delivery systems. Furthermore, HB 57 (effective 2/19/02) required counties to revise their service coordination plans with specific

emphasis on youth at risk to be unruly, alleged unruly, and adjudicated unruly. Counties, through the leadership of each local Family and Children First Council, modified their plans to improve services for unruly youth, including the development of programming to serve the target population, and the coordination of a resource strategy to support services for unruly youth.

## **II. Outcome**

Unserved families with multiple needs have access to inter-system service coordination to support and enhance the stability of the family.

The county Family and Children First Council develops and implements a process that annually evaluates and prioritizes services, fills service gaps where possible, and invents new approaches to achieve better results for families and children.

## **III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- local and statewide data on abuse, neglect, dependency, emotional maltreatment, unruly/delinquent behavior;
- local and statewide data on poverty, substance abuse, mental health, affordable housing, teen parenthood, and other conditions that affect abuse and neglect;
- local and statewide data on the availability of support services such as mental health services, alcohol and drug addiction services, cash assistance, nutrition assistance, subsidized child care, health insurance, and child support;
- local or statewide needs assessments which point to gaps in services;
- information and data on local members of the county Family and Children First Council and the extent to which they support the needs of the community.

## **IV. Standards for Implementation**

- 1) The executive director of the public CFSA county agency responsible for the administration of children services is a mandated member of the county Family and Children First Council (per ORC) and should make participation on the council a priority.
- 2) The PCSA director (or a designee) should participate in the development of the county service coordination mechanism to ensure the inclusion of a protocol for addressing issues of multi-need families who are not already actively involved with a human service agency or who require the involvement of multiple agencies to prevent future system intervention.
- 3) PCSAs should serve as a catalyst for expanding the county Family and Children First Council's collaborative capacity to address prevention issues. This includes providing leadership in developing protocols which link at-risk children and families who are not formally engaged in a specific service system with inter-system resources and services as needed.

- 4) Child and Family Services Agencies (CFSAs) and the county Family and Children First Council should develop and implement an outreach plan which outlines how families may access the inter-system service coordination process.
- 5) The staff of the CFSA should be responsible for ensuring that unserved, multi-need families gain access to available inter-system resources. Staff should advocate for families trying to access the services and resources available from the Family and Children First Council member agencies.
- 6) All appropriate CFSA staff should receive training regarding the county service coordination mechanism.
- 7) CFSAs, under the leadership of the agency director, are encouraged to contribute to community planning and collaborative initiatives, taking a leadership role if necessary.
- 8) The staff of the CFSA should stress the importance of the involvement of all other partner systems in the intersystem collaborative.
- 9) CFSA staff should stress the importance of early, "pre-crisis" access to support services.
- 10) Before council services or resources are sought, the assigned CFSA staff should discover whether a family is utilizing any existing support services, and if all other available community resources have been explored and exhausted.
- 11) Appropriate CFSA staff should ensure that the collective services and resources of the Family and Children First Council member agencies are utilized as early as possible to help families in need receive services to support the safety of their children.
- 12) CFSAs should seek opportunities for pooled funding to leverage additional support services for families in need.
- 13) CFSAs should focus on the needs of families as they relate the ability of caregivers to safely care for their child(ren).

## **V. Financial Implications**

The costs associated with Inter-System Service Coordination Planning duties are an important part leadership a public CFSA. These costs are included in Standard 10.1 *Management of the CFSA*. If activities are delegated to other staff, costs may be estimated according to the figures in Standard 10.1 *Management of the CFSA* which cites the average cost per worker as \$33,270. The costs for policy development are estimated at \$71 per hour based on a hypothetical agency operating according to data from the 2001 PCSAO Salary Survey.

### Comments:

1. Collaboration may enhance opportunities for pooled funding.
2. This process may also lead to reduced placement costs for the agency.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR CHILD ABUSE NEGLECT AND PREVENTION**

**1.7 YOUTH MENTORING PROGRAMS**

**Council on Accreditation Standards**

The Council on Accreditation Standards S38 (Prevention Services); S38.1 (Access to Services); and S38.4 (Community Education Services and Support Group Services) link to and support Standard 1.7 *Youth Mentoring Programs*.

**Administrative Code**

There are no Ohio Administrative Code Rules that directly address Standard 1.7 *Youth Mentoring Programs*.

**I. Philosophy**

The safety and well-being of children is the responsibility of the community. One way in which members of the community can help promote these is through mentoring. The mentoring relationship is one in which an adult serves as a support person who assumes responsibility for modeling and teaching healthy behaviors and decision making skills. The intent is not to replace a parent nor to be best friend, but to provide a variety of learning experiences through social, educational, and enrichment activities.

Issues of child abuse or neglect are often repeated from generation to generation, due in part to a child's tendency to model the behavior of adult role models (such as caregivers).

Research has demonstrated that youth mentoring programs have a positive impact on reducing risk factors such as school truancy, academic failure, and dropout rate, substance abuse, and early sexual behavior. Factors such as these have been shown to contribute to the cycle of abuse and neglect.

**II. Outcome**

Children are connected with mentors who promote healthy behaviors.

Youth exhibit decision making skills which reduce the risk factors associated with the generational cycle of child abuse and neglect.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the CFSA may consider the following:

- data regarding the number of reports of child abuse, neglect, dependency, emotional maltreatment, and unruly/delinquent behavior within a specified school district or locality;
- information or data regarding the behavior of children including acts of violence, vandalism, drug/alcohol use, truancy, failed classes/grades, teen pregnancy both before and after the institution of a mentoring program;

- comparative data on the incidence of child abuse, neglect, and dependency both before and after the introduction of the child to a mentor;
- data regarding the quality and quantity the support provided to the children and families through the mentoring relationship.

#### **IV. Standards for Implementation**

CFSA's are encouraged to collaborate with existing mentoring programs in the community or to establish a mentoring program with community partners. Agencies generally have three options available to them: Collaborate with an existing mentoring program in the community, partner with other community agencies in establishing a mentoring program, or develop a mentoring program exclusively operated by the CFSA.

Research any existing mentoring programs in the community. Look for programs that have demonstrated success in mentoring and/or have interests that coincide with the mission of the CFSA. Whether the decision is made for the agency to proceed independently or in partnership with other programs, the following steps are considered to be key elements of a mentoring program.

##### **A. Recruiting Volunteers for Mentoring Programs**

- 1) CFSA's can recruit volunteers from businesses/corporations, colleges, universities, churches, community groups, senior citizens, and coworkers. CFSA's should develop outreach materials and activities to publicize and promote the mentoring program.

##### **B. Screening Volunteers to Become Mentors**

- 1) The CFSA should develop an application form for volunteers to complete to become mentors.
- 2) Potential mentors should provide at least three personal references with their application.
- 3) Potential mentors should be screened to insure that they have the time and patience to become a mentor. Volunteers should expect to meet with the youth at least twice a month for a minimum of one year.
- 4) Potential mentors should undergo a home assessment.
- 5) Potential mentors should have a valid driver's license and car insurance.

##### **C. Background checks**

- 1) Volunteers that are interested in serving as a mentor for a child should undergo a criminal background check, fingerprinting, and a motor vehicle check.

##### **D. Training for Mentors**

- 1) The agency should provide training for mentors, prior to the start of the mentoring relationship. A minimum of eighteen training hours is recommended prior to a mentor starting a relationship. Mentors should undergo a minimum of six hours of training a year in continuing education.

Training should include:

- a. initial program orientation;
- b. program rules;
- c. the background and characteristics of youth in the program;
- d. stages of child development;
- e. communication and active listening skills;
- f. relationship building skills;
- g. problems typically experienced by mentors;
- h. realistic and obtainable goals;
- i. mandated reporting;
- j. the indicators and effects of:
  - i. child abuse and neglect;
  - ii. substance abuse;
  - iii. domestic violence;
- k. how to integrate purposeful learning into social and enrichment activities.

Mentors should be expected to:

- a. maintain the mentoring relationship for a minimum of 12 months;
- b. assume a supportive role as a trusted adult in the youth's life;
- c. work with the youth in developing mutual goals for the relationship;
- d. assume primary responsibility for initiating contact with the youth.

#### **E. Matching**

- 1) Mentors should not be matched with the youth until they have successfully passed the screening and completed the agency's initial training.
- 2) Matching should take into account both the youth's and mentor's preferences in terms of race, culture, gender, and interests (neither age, race, or gender has been shown to correlate with the effectiveness of a match).

#### **F. Consent**

- 1) The CFSA should have the youth and legal custodian sign a consent form indicating that they agree to participate in the mentoring program.
- 2) Special consent forms should be done for activities that involve an overnight stay, pose some level of risk (e.g., swimming, skiing, horseback riding, hiking), or involve travel out of state.

#### **G. Events and Activities**

- 1) The CFSA should encourage mentors to meet with youth at least twice a month for a minimum of twelve months.

- 2) The mentoring program should offer events for all mentors and youth to attend at least two times per year. These events should, to the extent possible, minimize costs for mentors. This can be done, for example, by providing food or refreshments before going on trips, purchasing tickets for events, etc.
- 3) In general, activities should not include overnight trips or stays at the mentor's house. Overnight stays may be acceptable in the context of a group and with the approval of the mentoring agency.
- 4) The CFSA should seek to engage the support of volunteers and community organizations in planning and conducting events and activities. Examples of activities include:
  - a. study groups;
  - b. sporting events ;
  - c. ice cream socials;
  - d. day trips to museums, historical sites, or educational;
  - e. hiking trips;
  - f. a field day (with games, contests, arts and crafts);
  - g. festivals in the community;
  - h. car shows;
  - i. amusement parks, circus;
  - j. etc.

#### **H. Quality Assurance and Oversight**

- 1) The CFSA should establish regular reporting procedures to ensure that the mentor and youth are meeting regularly and that progress is being made.
- 2) Both the youth and the caregivers involved with the program should be surveyed by the CFSA. They should be given an opportunity to provide feedback on the mentoring program and to note any impact the program has had on the youth.
- 3) Agencies should establish procedures to address concerns expressed by youth and/or caregivers in the above surveys.
- 4) CFSA staff should review these procedures with the youth, caregivers, and mentors and provide them with a written copy.

#### **V. Financial Implications**

The costs associated providing a Mentoring Program may be attributed to costs of program materials, staff, and policy development. Program material costs must be calculated on a case by case basis using all appropriate attributable costs (see recommended activities mentioned in this standard). If additional staff are necessary to conduct these activities, costs may be estimated according to the figures in Standard 10.1 *Management of the CFSA* which cites the average cost per worker as \$33,270. The costs for policy development are estimated at \$71 per hour based on a hypothetical agency operating according to data from the 2001 PCSAO Salary Survey.