

Extra Help

Trainer Resources



COLLEGE OF BUSINESS, HEALTH
AND HUMAN SERVICES
UNIVERSITY OF ARKANSAS AT LITTLE ROCK

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DCFS

Mission Statement

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the **safety, permanency, and well-being** for all children and youth.



At One Table

Arkansas Practice Model DCFS Values

- 1** Relationships with children, youth, and families are the foundation.
- 2** Collaborative partnerships with resource families.
- 3** Helping children and youth achieve their full potential and develop lifelong relationships.
- 4** Shared responsibility with community partners.
- 5** A strong working relationship with the legal system.
- 6** A workplace culture characterized by reflection, appreciation, and ongoing learning.

Our vision is that every child deserves a safe and stable family every day.



FAST		CANS (0-4)	CANS 5+
All in-home service cases except DR		Out-of-home placement	Out-of-home placement
Domains Addressed		Domains Addressed	Domains Addressed
<ul style="list-style-type: none"> • Family together • Each caregiver • All children/youth 		<ul style="list-style-type: none"> • Child strengths • Life domain functioning • Regulatory functioning • Preschool/childcare • Child behavioral/emotional needs • Child risk factors • Trauma • Permanency planning caregiver strengths and needs 	<ul style="list-style-type: none"> • Child strengths • Life domain functioning • School • Child behavioral/emotion needs • Child risk behaviors • Trauma • Permanency planning caregiver strengths and needs
		<p>Answers in the above categories may trigger one or more of the following modules:</p> <ul style="list-style-type: none"> • Developmental needs module • Acculturation module • Sexual abuse module • Substance use disorder - caregiver 	<p>Answers or age in the above categories may trigger one or more of the following modules:</p> <ul style="list-style-type: none"> • Transition age module • Developmental needs module • Substance use module – child • Runaway module • Sexual abuse module • Substance use disorder - caregiver

SHOULD IT BE REPORTED?

1. A 13-year-old child comes to you with 13 belt marks spread over his lower back, buttocks, and upper thighs. He says the punishment was administered by his father because he (the boy) had lied about doing his homework.

Yes. Under Abuse, it is not considered Reasonable or Moderate discipline.

2. Your neighbor is a single mother of three children ages nine years, seven years, and six months. She leaves the children alone from 5:30 p.m. to 9:30 p.m., while she attends night classes at college. The children have strict instructions not to let anyone in the house. The oldest child knows how to dial 911.

Yes. Under Neglect, Failure to appropriately supervise; six-month-old child.

3. You witness your neighbor lose her temper with her five-month-old daughter. She shakes the child violently and slams her down into the crib because the child will not stop crying.

Yes. Under Abuse, no shaking.

4. A toddler is notorious for biting. His teacher at daycare bites him back to punish the biting behavior. The next day, the child has two visible bruises on his arm in the shape of teeth marks.

Yes. Under Abuse, no biting.

5. A single father has four children ranging in age from 12 to six. The 12-year-old daughter has many childcare responsibilities after school. All the children wear old, ill-fitting clothes. The clothes are clean, but are not always appropriate for the weather.

No. Poverty or financial inability does not constitute neglect.

6. A 22-month-old has two cigarette burns. One is on the back of the hand, and one is on the right cheek. The caregiver tells you that the child accidentally ran into a lit cigarette while toddling around the house.

Yes. Under Abuse, burning.

7. You notice four small circular bruises on the arm of a one-month-old infant. When questioned, the mother says she has no idea how the child got these marks.

Yes. Injury at variance with history. How does a one-month-old get bruises on their arm?

BEHAVIORAL INDICATORS

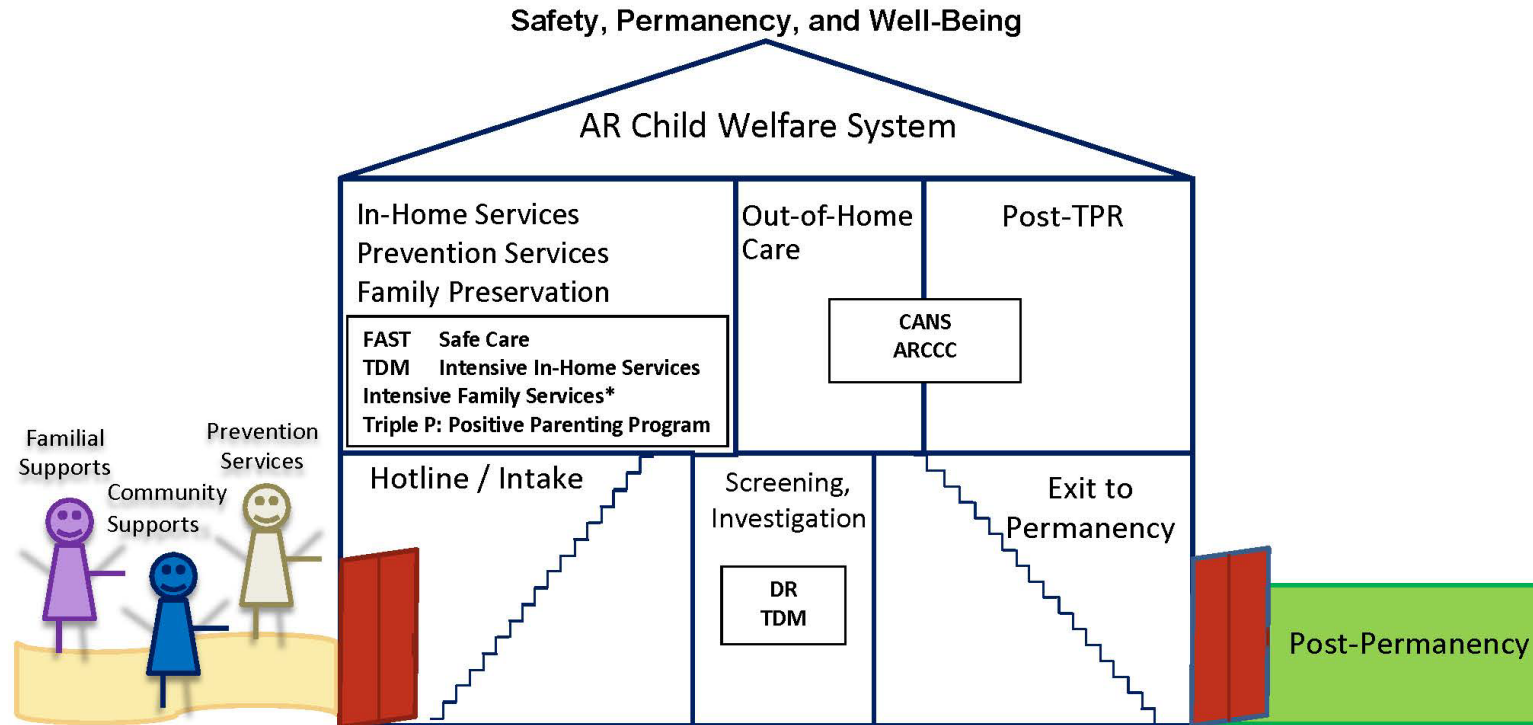
Read the following scenarios. Evaluate the situations and determine if there are any behavioral indicators of sexual abuse.

1. You have been contacted by a worker at Kiddie Kat Day Care who works in the three-year-old room. She is concerned about possible sexual abuse of J, a three-year-old in her class. J's mother has recently remarried, and J's stepfather has been picking her up from the daycare. The teacher knows that there are approximately two hours between the time J is picked up and the time her mother gets home. J is somewhat reluctant to go with her stepfather at times, although lately she has been acting happy to see him when he gets there. The teacher has noticed that J frequently masturbates at naptime by rubbing against a soft toy. When questioned, J says she touches herself "because it feels good." J recently told her teacher that "Daddies and boys have wienies."

There are no indicators of sexual abuse. This is normal development. J is three years old and may be experiencing some stress related to her mother's recent marriage to her stepdad, which might account for her initial reluctance to leave with him. However, as she begins to experience less stress about the situation, she becomes more comfortable with her stepfather. J's masturbation is a part of her normal development as she explores her body. She continues to masturbate because it feels good to her. In addition, being curious about the differences of male and female body parts can also be considered normal child development.

2. You have been contacted by a school counselor about eight-year-old K. The counselor is concerned about possible sexual abuse of K. K seems very quiet and reserved. This behavior is different from last year when K was seen as outgoing and sociable. K has been seen hanging around the playground after school is out, but she always leaves if someone asks what she is doing. K is performing poorly in class, after having been an "A" student. She frequently seems sleepy or preoccupied. The counselor has talked to K. K was fearful and anxious, but finally told the counselor she didn't like "him touching me like that. It's a dirty touch." The counselor called the Hotline at that point.

There are indicators of sexual abuse. K is now quiet and reserved along with sleepy and preoccupied as opposed to previously being outgoing and sociable. She is performing poorly in class as opposed to previously being an "A" student. K made a verbal disclosure referencing her dislike of him touching her and describing it as "a dirty touch."



DCFS has implemented the programs (*or is in the process of implementing the programs) noted in the house above in order to:

- 1.) safely reduce the number of children entering out-of-home care,
- 2.) increase placement stability, and,
- 3.) expedite permanency for children in out-of-home care.

DR = Differential Response

CANS / FAST = Child and Adolescent Needs and Strengths/Family Advocacy and Support Tool

TDM = Team Decision Making

Triple P = Positive Parenting Program

ARCCC = Arkansas Creating Connections for Children Program

(Target Recruitment combined with the Diligent Recruitment Grant)

*Adapted from the original IV-E Waiver House created by Gregory Moore (then CQI Manager, AR DHS, DCFS, and Krista Thomas (Policy Fellow, Chapin Hall at the University of Chicago) for a presentation entitled, "Integrating System Reform Efforts: Aligning the CFSP, Title IV-E Waivers, and the CFSR-PIP," at the 17th Annual Child Welfare Waiver Demonstrations Projects Meeting, Washington, DC. 2015. With additional modifications to the original made by Gregory Moore in 2016 and MidSOUTH Curriculum Unit in 2020.

Think about the child welfare system as a house and the different rooms as the different dimensions of child welfare practice. These interventions serve to impact the entire system from the beginning to the end of the continuum.

TITLE IV-E PREVENTION PLAN

Child and Adolescent Needs and Strengths

(CANS) is an assessment tool designed to capture an assessment of children and families. The goal is for caregivers to have increased capacity to meet the individualized needs of and provide a safe and stable environment for their children. This tool is used in cases when a child goes into out-of-home care.

Family Advocacy and Support Tool

(FAST) is an assessment tool designed to capture an assessment of children and families. The goal is for caregivers to have increased capacity to meet the individualized needs of and provide a safe and stable environment for their children. This tool is for in-home services cases.

Differential Response

Differential Response (DR) is a method that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. (See PUB 85)

Triple P – Positive Parenting Program

The Triple P – Positive Parenting Program is an evidence-based parenting program with more than 35 years of ongoing research. As part of the IV-E Prevention Plan, there were three goals identified: 1) safely reduce the number of children entering out-of-home care; 2) prevent children's social, emotional, and behavioral problems; and 3) prevent child maltreatment. The prevention/early intervention program provides simple and practical strategies to help caregivers build strong, healthy relationships, confidently manage their children's behavior, and prevent future problems from developing.

Targeted Resource Family Recruitment

Targeted resource family recruitment focuses on finding available, quality resource homes that are equipped to meet the individualized needs of children in out-of-home care.

Team Decision Making

Team Decision Making (TDM) is designed to give families supports and services in a timely manner. The goal is for caregivers to have increased capacity to meet the individualized needs of and provide a safe and stable environment for their children.

From: [Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms](#)

A Measure Of How Families Are Doing

The 10 categories listed across the top of this chart are elements of family life that can be measured to determine if and where a family is at risk. The descriptors are not meant to offer a total picture of families functioning at each stratum of well-being, but instead, are intended to provide general characteristics of families who fall in the two strata.

SAFE	SHELTER	NUTRITION	HEALTH CARE	ALCOHOL/ DRUG USE	EMPLOYMENT	INCOME/ BUDGET	ADULT EDUCATION	CHILDREN'S EDUCATION	PARENTING	FAMILY RELATIONS
This family is secure and has the potential to move forward	Lives in affordable housing Spends less than 1/3 of income for shelter Able to secure home, feels safe in neighborhood	Has enough food to satisfy hunger Has appliances and utensils needed to prepare food Understands basic nutrition Eats three meals a day	Can get medical care when needed Insurance covers partial cost of care, can make arrangements to pay balance Sound, basic health, hygiene practices; seeks timely treatment	No drug or alcohol abuse in immediate family Abusers have sought treatment Caregivers discuss use of drugs/ alcohol with children and model appropriate behavior	Has attained marketable skills Employed by secure company offering some benefits Long-term employment	Sufficient to meet basic family needs Plans and sticks to monthly budgets, saves when possible Able to obtain secured debt; Pays bills on time, delays purchase to handle debt load	Have high school diploma (GED) Ambivalent attitude toward learning Sets and pursues short-term career and personal goals	Absenteeism is not high enough to be a concern Passing marks in all subjects Few discipline problems Children get along with other students	Children live with parents and are physically, emotionally safe Realistic rules, manageable conflict Children usually happy, outgoing; little violence or aggression Able to relate to parents	Positive extended family support Feel a part of the community Sense of family unit Members physically safe, emotionally secure; seek to change negative habits
AT RISK This family cannot meet its needs; growth potential of its members is minimal	Lives in temporary or shared housing Spends over 1/3 of income for shelter Deterioration of housing conditions; feels afraid in home neighborhood	Not enough food, family members are hungry Unable to prepare food Little or no nutritional knowledge Eats when food is available	Can't always get medical care Not covered by insurance, inadequate income Doesn't care for self, ignores health problems	Use of illegal drugs/abuse of alcohol or prescription drugs Abuser denies problem, refuses to seek treatment No discussion of drugs/ alcohol usage in home, caregivers exhibit abusive behavior	Minimum/ entry-level job skills Short-term temporary or no employment; no benefits, no growth opportunities Lacks job-seeking skills	Unable to meet its basic needs Spontaneous inappropriate spending; no savings Unable to obtain credit Unpaid bills; High debt load	School dropout, history of academic failure Does not consider learning important Does not set nor pursue systematic career and personal goals	High absenteeism Failing one or more subjects Continual discipline problem Children in conflict with other students	Outside placement; threatened children have run away from home unrealistic or non-existing rules; constant conflict Children unhappy, withdrawn, violently aggressive Fearful of caregiver(s)	Members do not relate to one another Isolated from others No family identity; family make-up changes frequently Nurturing with-held, members are subjected to physical violence