



# Iowa Department of Human Services

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February 5, 2016

## GENERAL LETTER NO. 17-B(3)-6

ISSUED BY: Bureau of Child Welfare and Community Services,  
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter B(3), **ASSESSMENT PRACTICE GUIDANCE**, Title page, revised; and pages 10e, 22, 25, 38b, 50, 53, 54, 55, and 57, revised.

### Summary

Chapter 17-B(3) is revised to:

- ◆ Change the name of form 470-0643 from *Request for Child Abuse Information* to *Request for Child and Dependent Adult Abuse Information*.
- ◆ Update links.

### Effective Date

February 1, 2016

### Material Superseded

This material replaces the following pages from Employees' Manual, Title 17, Chapter B(3):

<u>Page</u>	<u>Date</u>
Title page	November 21, 2006
10e	May 7, 2010
22, 25	November 21, 2006
38b	July 1, 2011
50, 53-55, 57	November 21, 2006

### Additional Information

Refer questions about this general letter to your area service administrator.

Revised February 5, 2016

Employees' Manual  
Title 17  
Chapter B(3)

Child Welfare

# **ASSESSMENT PRACTICE GUIDANCE**



### **Safety Plan Services**

Children are eligible for safety plan services when they are determined to be conditionally safe and in need of interventions to move them from “conditionally safe” to “safe” status. DHS will not refer most CINA and child protective assessment cases for [safety plan services](#).

Department case managers will not be involved in tracking or making payments for any of the incentive payments that contractors may earn for cases they serve. Incentive payments will be made via the payment invoice and paper voucher system and not via the FACS system as child-specific FACS payments.

Eligibility to earn the incentive cases in specific cases will be tracked by the Child Welfare Information System (CWIS) through the FACS and STAR systems. CWIS will produce regular reports for each contractor showing cases in which they are eligible to receive one of the four incentive payments. These reports will be sent to the Department contractor monitor, who will then work to get payments to the contractor.

The following articles from the ACTION for Child Protection, Inc. provide guidance for safety assessments and

- ◆ January 2006, *Comparing and Understanding the Differences: Risk of Maltreatment Present Danger Impending Danger*
- ◆ September 2004, *Considering the Safety Threshold* (PDF 78 Kb)
- ◆ April 2007, *When Children Are In Danger*

Visit the ACTION for Child Protection website for additional information:

<https://www.charities.org/charities/action-child-protection>

### **Making Service Referrals**

As part of the Department’s “Better Results for Kids” child welfare redesign project, the Department began using five family functioning “domains” to provide a common lens through which to collect and analyze information concerning children and families in the child welfare system.

These domains are: child behavior, family safety, family interactions, parental capabilities, and home environment.

If the Department handling the release, the service area manager arranges with the child protection center to have a copy of the electronic recording sent to the Department office and have Department collect the reasonable reproduction cost and remit to the child protection center.

In order for the child protection center to release an electronic recording directly to a subject, the Department must approve the release in writing. When necessary, phone authorization may be made before the written authorization. However, the written authorization must be submitted as soon as is reasonably possible.

The written authorization may be made using the [\*Request for Child and Dependent Adult Abuse Information, form 470-0643\*](#), but any written statement of authorization will suffice. Minimally, the authorization would show the requester name, subject role, the electronic recording authorized to be released, signature, and date.

The Department may fax the written authorization to the child protection center. Both Department and the child protection center may retain a copy of the written authorization for their record, stating that a subject received the electronic recording.

The child protection center copies the electronic recording, collects reasonable reproduction costs, and provides the electronic recording to requester by mail or in person.

### **Subpoena of Child Protection Center Records**

When the child protection center receives a subpoena for a video or electronic recording of the interview in a child abuse assessment, the child protection center shall respond to the requester. Child protection centers shall follow their own agency protocols on notifying their legal representative.

Each category or subcategory requires that specific criteria be met in order to conclude that abuse occurred. Two factors are necessary for all categories of abuse; each factor must be determined to be present and documented as such. The two factors that are common to all types of abuse are:

- ◆ **Factor One:** The presence of a child victim.
- ◆ **Factor Two:** The presence of a person responsible for the abuse who was a caretaker to the child victim.

### **Additional Help in Determining Findings**

Information about all types of abuse is available in the document *Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare*, a product of the Casey Outcomes and Decision Making Project, distributed by American Humane Association at:

<http://www.americanhumane.org/assets/pdfs/children/decision-making-guidelines/dmg-introduction.pdf>

More information about determining whether **physical** abuse has occurred is available at the American Academy of Family Physician website: "Evaluation of Physical Abuse in Children," <http://www.aafp.org/afp/2000/0515/p3057.html>

More information about determining whether **sexual** abuse has occurred is available at:

- ◆ "Child Sexual Abuse: Intervention and Treatment," Appendix D: Guidelines for Determining the Likelihood Child Sexual Abuse Occurred, at:  
<http://centerforchildwelfare.fmhi.usf.edu/kb/trpi/Child%20Sexual%20Abuse-%20Intervention-%20Investigation%20and%20Treatment%20Issues.pdf>
- ◆ "The Child Abuse Accommodation Syndrome" by Roland C. Summit, M.D. (This article appeared in *Child Abuse & Neglect*, Vol. 7, Issue 2, 1983, pp.177-193, printed in the USA, copyright 1983, Pergamon Press Ltd. It is reproduced with the publisher's kind permission at:  
<http://www.sciencedirect.com/science/article/pii/0145213483900704>

When the domestic violence perpetrator abuses an adult intimate partner, the perpetrator also emotionally injures the children. Therefore, to protect the children, a child protective plan or other interventions must deal with the domestic violence.

As a consequence of the domestic violence or other problems, a battered woman may abuse or neglect her children. Protecting the mother from an assaultive partner should be considered as a way to reduce risk to children.

Domestic violence perpetrators, not their victims, must be held accountable for abusive behavior. Therefore, like sex offenders, domestic violence perpetrators need significant controls placed on them in the context of a child protection service intervention.

The volatility associated with domestic violence makes it imperative that you pay particular attention to the information gathered regarding domestic violence and the actions you take in response to this information.

If the perpetrator reveals information to you about domestic violence, discuss this with the domestic violence victim and develop a safety plan with the domestic violence victim and children. Never discuss the safety plan with the domestic violence victim or children while the perpetrator is present.

If safety can be reasonably assured, the relationship between the domestic violence victim and children should be supported and preserved. Support victims in efforts to protect their children and themselves. Help them use state domestic violence and stalking laws to protect themselves and their children.

Collaborate with domestic violence programs, batterers intervention programs, and the criminal justice system, both to increase safety for domestic violence victims and children and to hold the perpetrators responsible for the domestic violence. Use local domestic violence programs as a resource for both the domestic violence victim and the children.

The Child Welfare Information Gateway, the website for the National Clearing House for Child Abuse and Neglect, provides summaries of studies regarding the co-occurrence of child abuse and domestic violence and the impact on children. See:

<https://www.childwelfare.gov/pubs/usermanuals/domesticviolence/domesticviolencebackneeeven>

### **Additional Resources on Domestic Violence**

For further information on practice issues regarding child abuse and domestic violence, link to:

- ◆ *Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare*, addresses domestic violence at:

<http://www.americanhumane.org/assets/pdfs/children/decision-making-guidelines/dmg-introduction.pdf>

- ◆ A new publication by the National Clearinghouse on Child Abuse and Neglect Information, *Children and Domestic Violence: A Bulletin for Professionals*, addresses the impact of domestic violence on children and resulting implications for professional practice. Resources such as websites and publications are also listed.

The bulletin is available on line at:

<https://www.childwelfare.gov/pubs/factsheets/domestic-violence/> or can be ordered by contacting the Clearinghouse at (800) 394-3366 or [nccanch@caliber.com](mailto:nccanch@caliber.com).

The May 2003 issue of *Practice Notes*, a publication for North Carolina's child welfare workers, provides an introduction to domestic violence and offers practical suggestions for talking with and protecting adults and children struggling with this issue.

- ◆ A publication of the Jordan Institute for Families at the University of North Carolina at Chapel Hill School of Social Work, *Practice Notes* is available at <http://www.practicenotes.org/>

### **Substance Abuse**

Frequently child abuse and substance abuse occur in the same families. Caretaker substance abuse increases the risk of abuse to children. For that reason, information about substance abuse is part of the family assessment.

When alcohol and other drugs are being misused or abused within a family, it affects every member of the family. It may affect the health, education, and social life of each person within the immediate and extended family.

### **Additional Resources on Substance Abuse**

For further information on practice issues regarding substance abuse, link to:

- ◆ <http://ncsacw.samhsa.gov/>, the website of the National Center on Substance Abuse and Child Welfare of the U.S. Department of Health and Human Services.

The Center plans to develop four on-line self-tutorials over the next four years. The curricula in these self-tutorials will be geared toward four different target audiences and will work to:

- Establish a baseline for knowledge on the subjects of substance abuse and child welfare; and
- Support and facilitate cross-systems work.

These on-line self-tutorials will be available free of charge. Registration provides a user name and password that will allow you to pause the tutorial and return at your convenience.

The course "Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals" is available now. Topics include:

- How parents' substance use disorders contribute to child abuse and neglect and
- Steps to take when you identify substance abuse as a factor in cases of child abuse and neglect.

The National Association of Social Workers has approved the course for four continuing education units. A certificate for claiming continuing education units will be available upon successful completion of each tutorial, at no charge. Enroll at

<https://www.ncsacw.samhsa.gov/training/default.aspx>

- ◆ <http://www.iowadec.net/>, the website of the Iowa Drug Endangered Children (DEC) Initiative, which is administered by the Governor's Office of Drug Control Policy in collaboration with the Iowa Attorney General. The DEC program proposes to establish best practices in the Iowa to assist local communities in their efforts to address the growing problem of vulnerable children and their exposure to toxic chemicals and illicit substances. The program:
  - Emphasizes strong multidisciplinary collaboration in the provision of treatment services and medical intervention, and
  - Strives to track the health outcomes and long-term safety of children exposed to drugs.

The website offers a wealth of information, including Iowa's DEC local community protocols and a PowerPoint presentation regarding Department worker safety when working with families that use methamphetamines.

DEC protocols represent best practices to ensure that children have improved screenings for toxic chemicals and developmental screenings. Upon being removed from the crime scene, children are decontaminated to reduce chemical exposure and provided new clothing.

A forensic interview is conducted with the children in a safe environment and a medical exam is conducted to determine immediate safety and to collect evidence that will be used in abuse prosecutions and Child in Need of Assistance actions.

- ◆ <http://www.nhtsa.gov/people/injury/research/job185drugs/technical-page.htm>, for drug and human performance fact sheets published by the National Highway Traffic Safety Administration. The fact sheet for each specific drug lists the source and dynamics of the drug and describes its behavioral effects, performance effects (including effects on driving), and side effects, and the duration of the effects.

The way a drug affects an individual depends on many factors, including the purity of the drug, user tolerance, and factors that research has not yet determined. Individuals using drugs do so with the knowledge that the drug's effect is unknown and unpredictable. Stated have used a positive drug screen as a determination of drugged driving.

- ◆ <http://www.drugfreeinfo.org/>, the website for the Iowa Substance Abuse Information Center. This site lists professional resources and information about treatment resources.
- ◆ <http://www.drugabuse.gov/>, the website for the National Institute on Drug Abuse, which is part of the National Institutes on Health. This site contains links to much relevant information, including:
  - <http://www.drugabuse.gov/publications/finder/t/160/DrugFacts>, which is a collection of science-based facts on drug abuse and addiction and on the health effects of specific drugs.
  - <http://www.drugabuse.gov/drugs-abuse>, with links to brief descriptions and featured publications about various drugs, such as cocaine and methamphetamine.

- ◆ <http://www.pewtrusts.org/en/research-and-analysis/reports/2006/06/09/meth-and-child-welfare-promising-solutions-for-children-their-parents-and-grandparents> the report on, "Meth and Child Welfare: Promising Solutions for Children, Their Parents and Grandparents," published in 2006 by Generations United.
- ◆ <http://www.childwelfare.gov/pubs/usermanuals/foundation/foundatione.cfm%20-%20protectivefactors>, a chapter in "A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice," by Goldman, Salus, Wolcott, and Kennedy, published by the Office on Child Abuse and Neglect (DHHS) in 2003.

### **Mental Health Issues**

An estimated 22.1 percent of Americans ages 18 and older--about 1 in 5 adults--suffer from a diagnosable mental health disorder in any given year. The greatest number of these people suffer from depression and anxiety disorders and, unfortunately, a large percentage of them do not receive diagnosis and treatment.

The impact of mental health disorders, particularly depression, on family life is compounded by the fact that it is so often unrecognized. Women are twice as vulnerable to depression as men. Given that women tend to have a larger role in child caretaking, the impact on infants, toddlers, and children is of great concern.

Mothers who are depressed or excessively anxious are less able to recognize and attend to the needs of their children and this can contribute to poor developmental outcomes.

### **Red Flags and Indicators**

Depression does not always present itself as sadness and crying. Often, it looks more like lethargy, and may be misconstrued as laziness, lack of motivation, or lack of caring for children. Mothers who appear tired, have difficulty following through on tasks, and appear inattentive toward their children should be assessed for depression.

Several mental health disorders, including depression, bipolar disorder, schizophrenia, and anxiety disorders are responsive to medication. However many people are not compliant with taking medications, due to the cost, the side effects, or the perceived stigma.

### **Additional Resources on Mental Health**

For further information on practice issues regarding substance abuse, link to:

- ◆ <http://www.samhsa.gov>, a website of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- ◆ <https://www.nimh.nih.gov/index.shtml>, the National Institute of Mental Health (formerly the National Mental Health Information Center).
- ◆ <http://www.childwelfare.gov/>, the Child Welfare Information Gateway (formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse). This website is a service of the Children’s Bureau that provides access to information and resources to help protect children and strengthen families. Related links are:
  - <http://www.acf.hhs.gov/programs/cb> for the Children’s Bureau.
  - <http://www.acf.hhs.gov/> for the Administration for Children and Families.
  - <http://www.hhs.gov> for the U.S. Department of Health and Human Services.
- ◆ <http://www.iffcmh.org/> for the Iowa Federation of Families for Children’s Mental Health website. A number of new children’s mental health resources have been added. To access them on the website, then go to “library of information” and then select “resources.” Examples of new resources that are now available include:
  - “A Family Guide to Wraparound” (a great resource for anyone, not just families).
  - “Staff Guide for Working with Problem Behaviors” (an exceptional resource for families, teachers and others who work or live with children and adolescents with problem behaviors).
  - “Going Places Iowa Residential Educators Directory of Youth Services in the State of Iowa.”