The Integration of Services Training Series

MODULE 1. HEALTH AND DEVELOPMENT

PARTICIPANT GUIDE

The Integration of Services Training Series

Before and After Training Survey

Directions: Rate your skill or knowledge level on a scale of 1-10 for each of the following statements. This is not a test. Don't over think your rating. The training will be on these skills and knowledge. You are not expected to have a high level for all items before the training.

Before Training: Write a **B** in the numbered box that indicates your skill or knowledge level for each item. Use the scale to the right to guide your rating. Keep the survey in a safe place for use again after the training.

After Training: Write an **A** in the numbered box that indicates your skill or knowledge level for each item. You may change your "before" rating if you'd like.

1-2	**Novice**
3-6	**Competent**
7-8	**Proficient**
9-10	**Expert**

Knowledge/Skill Items	Rating									
1. Describe the long term impact of adverse childhood experiences.	1	2	3	4	5	6	7	8	9	10
2. Explain how adverse childhood experiences can impact health.	1	2	3	4	5	6	7	8	9	10
3. Explain the impacts of adverse childhood experiences across generations.	1	2	3	4	5	6	7	8	9	10
4. Describe how neglect and abuse may impact brain development.	1	2	3	4	5	6	7	8	9	10
5. Explain the risks for Sudden Infant Death	1	2	3	4	5	6	7	8	9	10
6. Describe the difference between Fetal Alcohol Syndrome and Fetal Alcohol Effect	1	2	3	4	5	6	7	8	9	10
7. Explain inflicted traumatic brain injury and its frequency in child welfare cases	1	2	3	4	5	6	7	8	9	10
8. Understand how to screen and assess for medical issues	1	2	3	4	5	6	7	8	9	10
9. Understand how to work with medical professionals in a collaborative manner	1	2	3	4	5	6	7	8	9	10
10. Explain why it is so vital to refer young children for early intervention services.	1	2	3	4	5	6	7	8	9	10
11. Explain the various sources of medical interventions and supports for parents and families in the community.	1	2	3	4	5	6	7	8	9	10

Create A Profile Sheet

Think about a parent or child that you know well.

Briefly describe the parent, or child and the family? _____

_____

_____

_____

What do you think that this person's life was like during the first five years of development? Explain some of the experiences that you think that they had.

_____

_____

_____

How do you think the person interacted with their parents? What were their parents like? Did they have a good family life? Were there any indications of substance use, mental health issues, violence in the home?_____

_____

Do you think that this person experience abuse and neglect. Is there any reason to suspect sexual abuse in the person's history? _____

_____

_____

What protective factors do you see? _____

_____

_____

What risk factors do you see? _____

_____

Add additional information on the back of this form is you wish. Please save the information for another activity later. _____

ACE Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often…**
Swear at you, insult you, put you down, or humiliate you?
Or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often or very often…**
Push, grab, slap, or throw something at you?
Or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever….
Touch or fondle you or have you touch their body in a sexual way?
Or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____

4. Did you **often or very often** feel that …
No one in your family loved you or thought you were important or special?
Or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____

5. Did you **often or very often** feel that…
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
Or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
Or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
Or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____

10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

Taken from The ACE Study. Available at www.acestudy.org/index.html

Developmental Milestones: Age 3 Months – 17 Years

3 Months

Social and Emotional
- Begins to develop a social smile
- Enjoys playing with other people and may cry when playing stops
- Becomes more expressive and communicates more with face and body
- Imitates some movements and facial expressions

Movement
- Raises head and chest when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out and kicks when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface
- Brings hand to mouth
- Takes swipes at dangling objects with hands
- Grasps and shakes hand toys

Vision
- Watches faces intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hands and eyes in coordination

Hearing and Speech
- Smiles at the sound of your voice
- Begins to babble
- Begins to imitate some sounds
- Turns head toward direction of sound

7 Months

Social and Emotional
- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

Cognitive
- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

Language
- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

Movement
- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers object from hand to hand
- Uses hand to rake objects

Vision
- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

12 Months

Social and Emotional
- Shy or anxious with strangers
- Cries when mother or father leaves
- Enjoys imitating people in his play
- Shows specific preferences for certain people and toys
- Tests parental responses to his actions during feedings
- Tests parental responses to his behavior
- May be fearful in some situations
- Prefers mother and/or regular caregiver over all others
- Repeats sounds or gestures for attention
- Finger-feeds himself
- Extends arm or leg to help when being dressed

Cognitive
- Explores objects in many different ways (shaking, banging, throwing, dropping)
- Finds hidden objects easily
- Looks at correct picture when the image is named
- Imitates gestures
- Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)

Language
- Pays increasing attention to speech
- Responds to simple verbal requests
- Responds to “no”
- Uses simple gestures, such as shaking head for “no”
- Babbles with inflection (changes in tone)
- Says “dada” and “mama”
- Uses exclamations, such as “Oh-oh!”
- Tries to imitate words

24 Months

Social
- Imitates behavior of others, especially adults and older children
- More aware of herself as separate from others
- More excited about company of other children

Emotional
- Demonstrates increasing independence
- Begins to show defiant behavior
- Separation anxiety increases toward midyear then fades

Cognitive
- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play

Language
- Points to object or picture when it's named for him
- Recognizes names of familiar people, objects, and body parts
- Says several single words (by 15 to 18 months)
- Uses simple phrases (by 18 to 24 months)
- Uses 2- to 4-word sentences
- Follows simple instructions
- Repeats words overheard in conversation

36 Months

Social
- Imitates adults and playmates
- Spontaneously shows affection for familiar playmates
- Can take turns in games
- Understands concept of "mine" and "his/hers"

Emotional
- Expresses affection openly
- Expresses a wide range of emotions
- By 3, separates easily from parents
- Objects to major changes in routine

Cognitive
- Makes mechanical toys work
- Matches an object in her hand or room to a picture in a book
- Plays make-believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with three or four pieces
- Understands concept of "two"

Language
- Follows a two- or three-part command
- Recognizes and identifies almost all common objects and pictures
- Understands most sentences
- Understands placement in space (“on,” “in,” “under”)
- Uses 4- to 5-word sentences
- Can say name, age, and sex
- Uses pronouns (I, you, me, we, they) and some plurals (cars, dogs, cats)
- Strangers can understand most of her words

48 Months

Social
- Interested in new experiences
- Cooperates with other children
- Plays “Mom” or “Dad”
- Increasingly inventive in fantasy play
- Dresses and undresses
- Negotiates solutions to conflicts
- More independent

Emotional
- Imagines that many unfamiliar images may be “monsters”
- Views self as a whole person involving body, mind, and feelings
- Often cannot tell the difference between fantasy and reality

Cognitive
- Correctly names some colors
- Understands the concept of counting and may know a few numbers
- Tries to solve problems from a single point of view
- Begins to have a clearer sense of time
- Follows three-part commands
- Recalls parts of a story
- Understands the concepts of “same” and “different”
- Engages in fantasy play

Language
- Has mastered some basic rules of grammar
- Speaks in sentences of five to six words
- Speaks clearly enough for strangers to understand
- Tells stories

60 Months

Social
- Wants to please friends
- Wants to be like her friends
- More likely to agree to rules
- Likes to sing, dance, and act
- Shows more independence and may even visit a next-door neighbor by herself

Emotional
- Aware of gender
- Able to distinguish fantasy from reality
- Sometimes demanding, sometimes eagerly cooperative

Cognitive
- Can count 10 or more objects
- Correctly names at least four colors
- Better understands the concept of time
- Knows about things used every day in the home (money, food, appliances)

Language
- Recalls part of a story
- Speaks sentences of more than five words
- Uses future tense
- Tells longer stories
- Says name and address

Movement
- Stands on one foot for 10 seconds or longer
- Hops, somersaults
- Swings, climbs
- May be able to skip

Hand and Finger Skills
- Copies triangle and other shapes
- Draws person with body

6 – 8 Year Olds

Emotional/Social Changes
- More independence from parents and family.
- Stronger sense of right and wrong.
- Beginning awareness of the future.
- Growing understanding about one's place in the world.
- More attention to friendships and teamwork.
- Growing desire to be liked and accepted by friends.

Mental/Cognitive Changes
- Rapid development of mental skills.
- Greater ability to describe experiences and talk about thoughts and feelings.
- Less focus on one's self and more concern for others.

9 – 11 Year Olds

Emotional/Social Changes
- Form stronger, more complex friendships and peer relationships. It becomes more emotionally important to have friends, especially of the same sex.
- Experience more peer pressure.
- Become more independent from the family.

Mental/Cognitive Changes
- Become more aware of his or her body as puberty approaches. Body image and eating problems sometimes start around this age.
- Face more academic challenges at school.

12 – 14 Year Olds

Emotional/Social Changes
- More concern about body image, looks, and clothes.
- Focus on self, going back and forth between high expectations and lack of confidence.
- Moodiness
- More interest in and influence by peer group.
- Less affection shown toward parents. May sometimes seem rude or short-tempered.
- Anxiety from more challenging school work.
- Eating problems sometimes start at this age.

Mental/Cognitive Changes
- More ability for complex thought.
- Better able to express feelings through talking.
- A stronger sense of right and wrong.
- Many teens sometimes feel sad or depressed. Depression can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

15-17 Year Olds

Emotional/Social Changes
- Increased interest in the opposite sex
- Decreased conflict with parents
- Increased independence from parents
- Deeper capacity for caring and sharing and the development of more intimate relationships
- Decreased time spent with parents and more time spent with peers

Mental/Cognitive Changes
- More defined work habits
- More concern about future educational and vocational plans
- Greater ability to sense right and wrong
- Sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, thoughts of suicide, and other problems.

Source: Centers for Disease Control and Prevention. (2004). *Developmental milestones tip sheets*. Available from www.growachild.org/develtipsheets.html

Screening Scenario—Phase 1

The scenario shows that the mother has a history of drug and alcohol problems, that the two and a half year old child was not drug exposed at the time of birth but now does not appear to be vocalizing or using hand gestures at all. The mother was 17 at the time she gave birth.

The mother has just moved to the current mobile home. She left a relationship that involved domestic violence about three months ago. The police were called two times and she was told by the police that she was at risk for losing her little girl if the violence continued.

Two months ago she took in her five-year-old nephew. The location of sister, the child's mother, is unknown. The boy was living with his grandmother but, due to the grandmother's poor health, she was not able to handle his behavior. He often kicks others, has severe tantrums and tries to bite anyone that attempts to restrain him, throws and breaks things and has threatened his grandmother with a knife. The school where he attends kindergarten is threatening to expel him.

Allegations are neglect including leaving the children alone. Investigator heard from those that she interviewed that the mother is often lethargic and inattentive when she is home. Neighbors say that they think that she is sleeping while the little girl cries. Neighbors report that they have seen the boy hit and drag the little girl with no actions from the mother.

The little girl is underweight, often seen with dirty clothes and dirty diapers (does not know how to use the toilet yet). She is also very clingy with her mother and does not show any vocalization or use gestures. The home is very dirty, with safety hazards throughout.

The mother however has not been reported under the influence of alcohol or drugs. She is very overweight and unkempt.

Based upon this information what are the conditions that the investigator or case manager should screen for? Why would you screen for those issues?

How would you be able to locate the necessary information regarding the mother and the children?

Sample Open-Ended Questions

Helping Families Tell their Story:

Sample Questions:

- It would help me to know more about your family to hear you tell me a little bit about how things have gone. Could you walk me through important events, starting when things were going really well for you?
- What has your life been like in the past year? Have there been any big events or changes? If so, how have you and your child(ren) been dealing with these changes?
- I've shared the reasons for our involvement in your lives: I know this process is very intrusive. What are some of the things you would like me to know as we move forward?
- How would you describe what is happening in your family as a result of this issue?
- How do you make sense of what is happening in your family right now?
- When you think about your family going through tough times, what are some of the experiences you have had? What helped you get through those times? Is any of that still in place or available to you now (personal strengths, family supports, etc).
- If you have been involved in services before, what worked best for you? What didn't work? How can that inform the way we work together from here?
- How would your child(ren) describe the best parts of your family? What do you think s/he would like to change?
- What do you want to see for yourself and your family six months from now? A year from now?
- What do you think would be the best way to move forward and make things better for your family?
- How can I help you make sure that our involvement in your family helps you get to some of your own goals?

Exception Finding Questions:

- You have said that things are not always like this: can you tell me more about the other times?
- When was the last time this issue came up? How have you managed to avoid or address this issue since then? What have you tried?
- Sounds like you have been through some tough times before: what did you do in the past that seemed to work for you and your family?
- Seems like you have gone a long time without being involved with the child welfare system: what was going well then that we could build on now?

Things to Look for:

- Identify the strengths and past successes of the family.
- Identify if this is a lapse or if the reasons for involvement relate to a progression of issues for the family.
- Notice the quality of connection between parent and child.
- Notice whether the parent has empathy for how the child is experiencing the current situation.

Success factors on which you can build:

- Bonding and connection between parents.
- Stories about positive interactions.
- Stories about changes that the family has already tried or made
- Parental willingness to set aside defensiveness and think about the needs of the child.
- Parental ability to make the connection between the parents' actions and the child(ren)'s response and functioning.

Concerns:

- Blaming the child for events or involvement.
- Unrealistic expectations of the child, particularly related to developmental age and special conditions.

Safety:

Sample Questions:

- Okay, we both see the need to make your child safe. What I'm really interested in are the ideas you have for doing this.
- How can we help you makes things better and make your child safer?
- What do you suppose you, your partner, the child, and other family members can do to increase safety?
- Let's suppose we could do anything to make your child safer: what would that be?
- In your opinion, what would it take to make your child safer?
- When we ask your son what would make him feel safer, what do you think he will say?
- At times that your child has felt most safe, from your standpoint, what was going on?

When Parent does not agree on safety concerns:

- What are your goals for your family: how could you go about meeting those goals without crossing into what the agency would consider unsafe? How can I help you?
- On a scale of 1-10: where 10 means you are willing to do anything to keep your child safer and 1 means you are unwilling to do or consider anything, where would you put yourself? What would it take to move up?

Things to notice:

- Parent's assessment of safety once trust is established.
- Parent's measure of what would need to be in place for parent and for child.
- Parent ability to have empathy for child.

Strengths to build on:

- Parents' ability to see safety as a concern.
- Parents' willingness to identify how to establish and maintain safety.
- Previous efforts to keep child safe, even if ineffective or sporadic, provide a basis for growth.

Parenting:

Sample Questions:

- When you think about important decisions you have made as a parent, what comes to mind?
- What do you think you have done that has been the most important for your children? How can you tell?
- Most of us, growing up, think of things we definitely WILL do that our parents did, and things we definitely WONT do. What are some of those things, from your standpoint, that you bring forward from your own childhood.
- Parenting is not something you wake up and know how to do… sometimes our instincts kick in and other times, we may struggle to figure things out. What are some of the things that come naturally? What are some of the areas where you have reached out for advice or help?
- What is the time of day when you and your children seem to have the best connection? For example, after school, dinner, bedtime?
- What if any time or part of the daily routine seems tough in your family?
- Scaling question—On a scale of 1-10, 1 being not at all and 10 being completely, how would you rate yourself in terms of where you are in comparison with where you want to be in parenting?
    - Any times when it was lower? What helped you raise it?
    - What would it take to move up to 9 or 10?
- Can you walk me through a day in your family/household?
- If one of your kids is being really difficult, what is one creative way you have used to deal with the behavior?
- What can your kids do to really push your buttons? What makes that so for you?
- Describe a great memory you have of your family?
- How would you describe each of your children?
- When is a time when your child was very successful: what part did you play in that success?
- What are ways that you show love to your children?
- Who taught you to be a parent?
- Who is your biggest influence as a parent?
- What do you like about being a parent? What have you learned from the experience?
- If you were describing yourself to others, what sorts of things would you say you are good at?
- How do you usually solve family problems? Who does what?
- What do you do to help yourself deal with the pressures of raising children?

Things to look for:

- Individualization of parenting based on children's needs
- Positive view of children

Strengths you can build on:

- Humor about children's behaviors, finding the tenderness and humor in parenting moments.
- Understanding of the parenting issues that brought them into the system.
- Willingness to modify parenting or try new ideas
- Parent is willing and able to parent
- Can identify and find family members who can be of help and provide relief and advice.

Concerns:

- Adamant or rigid about parenting style
- Child has taken on the parenting role in the family.
- Parent has unrealistic expectations for the child.
- Lack of consistent parenting or supervision
- Responds negatively, harshly, tone of voice is generally angry or harsh.
- Excludes the child
- Negative to normal developmental behaviors.

Sample Questions:

- What family members are you close to?
- Who can you rely on?
- Who helps you when you are stressed out?
- Who do you trust?
- Do you visit your relatives? What do you consider home?
- Who do you consider family?
- For a Native American Family, Are you connected to any tribe or family?
- Are you involved with any church or community group?
- In times when you have needed help in the past, who was there for you?
- Are there people who are special to your children?
- Do your children have friends or supports through school or activities? Is this someone you can turn to?

Things to look for:

- Supports and connections.
- Parent involvement outside of the home.

Strengths to build on:

- Family ability to ask for help.
- Extended family or community who may be of help during the change process.
- Extended family or community, even if out of the area, who could be of help from a distance.

Concerns:

- Recent death or loss of a family member that served as a support system.
- Does not seem to trust anyone to get close
- Lives in geographically isolated area
- If exploring care resource, can and will this person meet the safety and well being needs of the child?

Understanding Child Needs:

Sample Questions:

- Based on the child's experiences, what do they need?
- What do you think that your child needs?
- With whom is it important to this child to stay connected too?

For the child:

- What do you think you need?
- If you had three wishes, what would they be?
- Are there times that you feel scared… what is happening then? Who is around?
- What is the best time at home?
- What is the worst time at home?
- What are you good at?
- What do you love to do?
- What do you like about school—what is your favorite subject in school?
- Is it easy to make friends? Do you have a close friend? What do you do together?
- What would you like to see change about your family?

Things to look for:

- Sources of safety for the child.
- Individualization of parenting and community/school supports for child
- Toys and activities that are age appropriate
- Child knows rules about safety, ie. Need for supervision, not to talk to strangers, etc.

Strengths to build on:

- Child identifies safety in the home, with a parent or a sibling.
- Child can identify good times at home
- Child has connections and a sense of what s/he needs.

Considerations and areas to explore:

- Special physical or developmental needs and considerations.
- Level of care required to meet child's needs compared with parents' functioning.

Medical and Dental Needs:

Sample Questions:

- Does your family have a medical provider? When were you last able to see him/her?
- Do you or any family member have any health conditions we should know about?
- Has anyone in your family been sick lately?
- Has your health ever held you back from getting a job or taking care of your children?
- Are there any medications that you/your family members are taking?
- Have you and/or your children been to the dentist? Last visit?
- Do you have any worries about your own health?
- Do you have any worries about your children's health?

Things to watch for:

- Possible untreated medical conditions that can interfere with functioning.
- Changes in health or functioning that have impacted family functioning
- Medical conditions that limit parental ability to care for child
- Financial or medical needs that keep family from managing condition.
- Child's medical needs place stress on the family, physically, emotionally, and/or financially.

Strengths to build on:

- Regular medical care.
- Parental knowledge of own or child's condition
- Involvement with providers and/or peer groups that support addressing the medical condition.
- Neighbors or friends who can be of help in an emergency.
- Ability to advocate for child or for self.

References:

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Berg, I.K. & Kelly, S. (2000). *Building solutions in child protective services*. New York: W.W. Norton & Co.

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Overview of the Components of a Comprehensive Health Assessment for Children

Recommended by the American Academy of Pediatrics

Comprehensive Health Assessment should be completed within 30 days of removal. Also, note that although not specifically stated in this publication all children should have medical assessments in accordance with the Medical Periodicity Schedule and whenever they are ill or injured. Children who come into contact with child welfare, regardless of if they are removed from their home, should receive a comprehensive exam. These children have similar risks as do those that are removed.

Comprehensive Health Assessment:

- Social history and review of past behavioral, developmental and medical status
- Standard physical examination
- Sexual safety counseling and family planning information for older children
- Developmental Screen
- Mental Health screen (or copy of Comprehensive Behavioral Health Assessment, which should be shared with the physician)
- Full interview with older children (11 and above) regarding their personal medical and family history.
- Nutritional assessment
- Review of immunizations and scheduling missing immunizations
- Dental and oral examination
- Hearing and Vision screen and appropriate referrals
- HIV risk assessment
- Full laboratory work-up

The physician and or medical staff should be available to provide anticipatory guidance to the parents, and case worker. Health care literacy information and health care counseling should also be available. The physician should be the first source of assistance and support for birth and foster parents regarding developmental and medical issues.

Source: Task Force on Health Care for Children I and American Academy of Pediatrics. (2005, January). *Fostering health: Health care for children and adolescents in foster care, 2nd ed.* Elk Grove Village, IL: AAP.

Understanding Strengths and Protective Factors

Protective Factors
Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families. These attributes serve as buffers, helping parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. It is our goal as Investigators/Dependency Care Managers to identify those protective factors that already exist in families and those that we might help to strengthen. Families will be more engaged and hopeful when we are able to affirm the specific protective factors we see by letting parents know what strengths they already have.

Research has shown that the following protective factors are linked to a lower incidence of child abuse and neglect:

Nurturing and Attachment
A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance, and protection.

Research shows that babies who receive affection and nurturing from their parents have the best chance of healthy development. A child's relationship with a consistent, caring adult in the early years is associated later in life with better academic grades, healthier behaviors, more positive peer interactions, and an increased ability to cope with stress.

As we know, in parent/caregiver relationships, there is an importance of goodness of fit. This term refers to how well the individual caregiver can meet the specific needs of the child. Parenting is an evolving process of adults meeting children's needs, children growing into another phase where their needs change, then parents having to track and adjust to meet the new needs. Some needs are universal among children based on age, and other needs are specific to the temperament, culture, and personality of the individual child.

"Although parents may have maltreated their children, the love and sense of belonging families provide their children are strengths. Other strengths become evident when we consider the many skills that are required for families and children to survive impoverished environments. For example, the parent supporting a family on welfare may have developed into a frugal money manager. The child of a substance-abusing parent may have learned self-care skills. Recognizing these strengths does not mean ignoring the neglect, abuse or sexual intrusion suffered by children. Instead, it provides a framework for assisting families in capitalizing on their strengths to meet their children's needs more effectively." [1]

[1] "Recognizing Strengths," Marty Beyer, Ph.D.

Knowledge of Parenting and of Child and Youth Development
There is extensive research linking healthy child development to effective parenting. Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve.

Parental Resilience
Parents who can cope with the stresses of everyday life, as well an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence—and financial stressors such as unemployment, poverty, and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.

Social Connections
Parents with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support. Research has shown that parents who are isolated, with few social connections, are at higher risk for child abuse and neglect.

Concrete Supports for Parents
Many factors affect a family's ability to care for their children. Families who can meet their own basic needs for food, clothing, housing, and transportation— and who know how to access essential services such as child care, health care, and mental health services to address family-specific needs— are better able to ensure their children's safety and well-being. Some families may also need assistance connecting to social service supports such as alcohol and drug treatment, domestic violence counseling, or public benefits. When parents do not have steady financial resources, lack health insurance, or suffer a family crisis such as a natural disaster or the incarceration of a parent, their ability to care for their children may be at risk.

Financial insecurity is associated with greater rates of child abuse and neglect, and families living in poverty often benefit from specific concrete supports, such as help with housing, food, transportation, child care, clothing, furniture, and utilities. Partnering with parents to identify and access these resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Offering concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

Most parents are unlikely to use or identify with the words "concrete supports." Instead, they might express a goal such as, "My family can access services when they need them." Working with parents to identify their most critical basic needs and locate concrete supports keeps the focus on family-driven solutions. As a partner with the family, your role may simply be making referrals to the essential services, supports, and resources that parents say they need.

Excerpts from: Child Welfare Information Gateway, Children's Bureau, FRIENDS National Resource Center For Community-Based Child Abuse Prevention. (2009). *Strengthening families and communities: 2009 resource guide.* Available from www.childwelfare.gov/pubs/res_guide_2009/guide.pdf

Helping Families Create Their Family Centered Team

The purpose of creating a family-centered team is to bring together a group of informal and formal persons who will assist the family in a respectful and supportive way to identify the needs of their children, their needs as caregivers, and ways to meet family needs. "Reaching agreement on children's needs is a strategy that recognizes families as experts and builds alliances with them (instead of focusing on parenting deficits). Genuinely engaging families—instead of imposing service plans on them—means appreciating their strengths and reaching agreement with them about their children's needs. The less accused families feel the less defensive they will be."[21]

A family is more invested in plan they have helped to create based on their needs, options and choices. The family's team will assist with plan development, implementation, tracking and adapting activities to ensure the family's success.

Here are some questions typically used to help families identify the persons in their informal support system who might become team members during the family's involvement with the child welfare system:

1) Who are the people in your family who care about your child(ren)?
2) Who would you invite to your child's birthday party?
3) Who would call in the middle of the night if you had an emergency?

After exploring with a family their view of what needs their children have, especially in terms of safety and emotional security, the family is asked to consider:

4) Who among your family and friends could help you meet those needs or help brainstorm ways to meet those needs?
5) Are there some specialized services or providers who you think might be helpful?
6) Would you like me to share what I have learned from other families in similar situations? Here are some of the services/interventions they found helpful. Do you think that might be something you would be interested in for your child?

"As families reach agreement with caregivers about their strengths and needs, they will feel appreciated and capable. This agreement is the basis for partnerships in which families are motivated to meet their children's needs. Getting the agreement of parents (and teenagers) on needs places responsibility on the family. The message is: "You are not being sent to a program to have something done *to* you. You have agreed on what you need. The services *you* have helped to plan will help *you* get those needs met." [1]

[1] "Recognizing Strengths," Marty Beyer, Ph.D.

Finding and Working with Natural and Generic Supports: The Challenge for Sustainability

Natural helpers and social supports may be family members, youth, and representatives from culturally diverse neighborhoods, and others who can provide a more "normalized" and enduring form of support to families and youth than can formal services. Natural helping networks may include groups such as faith-based organizations, neighborhood watch groups, or informal social groups such as a neighborhood scrap booking club. A natural support refers to the support and assistance that naturally flows from the associations and relationships typically developed in natural environments such as the family and community.

Examples of what natural helpers can provide include: skill building (for example, a grandmother teaching a younger woman about child care); emotional support; resource acquisition (for example, providing information about how to obtain housing or food assistance or linking families to support organizations); and concrete help, such as transportation. Using natural supports promote feelings of belonging and participation. They draw on people's natural inclination to care for others and form relationships that last. They do not contribute to artificial relationships, but rather people are together because they desire to be together.

Involving the family's natural supports throughout the course of child welfare system involvement increases the likelihood that they will contribute to an understanding of the family's strengths and needs, help the family tackle the changes they are making in their lives, and learn what they can do over the long term to support the family after case closure. When given the opportunity, informal support systems may come up with creative solutions and alternatives to helping a family meet the needs of their children, such as alternatives to the formal system services of mentors and respite care. Informal support persons can serve important roles as families develop long-term plans to manage their own health or mental health recovery plans.

NATURAL SUPPORTS CAN BE A "WHO"	NATURAL SUPPORTS CAN BE A "WHAT"
Friends Family Neighbors Acquaintances Co-workers Volunteers Peers Community group members Church members	Family events Holiday celebrations Community events Community group activities Recreation activities Churches Community locations Volunteer experiences Social events School time and activities

Source: Pires, S.A. (2002). *Building systems of care: A primer*. Washington, DC: National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, and Georgetown University Child Development Center, pp. 93-95, and 111-117. Available from https://gushare.georgetown.edu/ChildHumanDevelopment/CENTER%20PROJECTS/WebSite/PRIMER_CompleteBook.pdf

Scenario–Phase 2

- Mother has not told anyone but she fears that she is pregnant and that the former abusive live-in boyfriend is the father.
- She doesn't have any health insurance so she can't get the physical exam or the mental health and substance abuse screen that they want her to get. She wants to get the substance abuse screen over with as soon as possible.
- The mother thought that she saw the former boyfriend drive by the house yesterday. She is glad that she left him and doesn't want to see him.
- The mother is starting to have the dreams again where something comes into her room during the night. She wakes up screaming and is afraid that she will wake up the children.
- Now she is having trouble sleeping and is afraid to close her eyes. This makes her even more tired, unable to care for the house and children. Sometimes she feels like she is "there" she hears the children crying or fighting but also she feels like she is "removed" sort of in a "fog."
- When the dreams come she knows that she will start smoking again and will want to get high. It is all that she can do to keep from buying some beer or better yet her favorite—Jack Daniels. She is thankful that her best friend is out of town because her friend could get her some weed or cocaine.
- Yesterday she got a letter from the State saying something about her TANF update needed to be done. She just started crying and threw it away.
- She is not sure what she did with her food stamp card. She can't find it and doesn't want to tell her mother that she lost it.

What are the family's strengths and needs?

What services must be put in place?

What other assessments/services need to be initiated?

Community Resources for Health Care

Identify the specific provider name for the following resources in your area:

Children's Medical Services (CMS)
www.cms-kids.com

Early Steps
www.early-intervention.org

CMS offers a collection of special programs for children with special needs**.** Children's Medical Services Network provides a broad range of medical, therapeutic and supportive services for children with special health care needs and their families. Services focus on helping children grow up healthier and include prevention and early intervention services, primary care, medical and therapeutic specialty care, and long term care.

Early Steps will determine the status of a child's developmental milestones and, if eligible, a team of professionals will work with family to determine concerns and priorities for child. An Individualized Family Support Plan will be developed that outlines a plan unique to the child and family to provide supports and services that can be incorporated into everyday routines, activities and places to aid child's development.

Local CMS Area Office:_____

Local Early Steps Office:

_____

County Health Departments
http://www.doh.state.fl.us/chdsitelist.htm

County Health Departments provide most of the public health services in Florida. Services are provided through a partnership between the state, district offices, and the counties. Most services are available at no charge or a small fee based upon income. Public health units provide preventive and primary care to persons who are unable to obtain care due to lack of income or other barriers beyond their control. Care is provided to benefit individuals, improve the collective health of the public, and pr event and control the spread of disease.

Dental Clinics: Services include exams, x-rays, preventative dental education, oral hygiene instructions, emergencies, cleanings (prophylaxis), fluoride treatments, sealants, fillings, and extractions.

Pediatric Dental Clinic(s):_____

Adult Dental Clinic(s):_____

Family Planning Services: A federally funded program designed to provide comprehensive voluntary family planning services. These services include: education and referral, counseling, medical services (diagnosis, treatment, contraceptive drugs, supplies devices, laboratory examinations, medical procedures such as voluntary sterilizations), genetic counseling and follow-up activities. Provide contraceptive devices available as well as abstinence and natural family planning counseling.

Local Family Planning Clinic:_____

Improved Pregnancy Outcomes (IPO) Implemented by Health Departments across the State of Florida to reduce the number of low birth weight babies being born and to ensure that all pregnant women will receive prenatal care. Criteria to be eligible: the women is less than 28 weeks pregnant, she has no other insurance to cover this pregnancy, she has an income that's at or below 185% of federal poverty guidelines. Services provided under IPO Program include prenatal Information and support, Healthy Start eligibility and referrals, eligibility determinations for presumptive eligibility for pregnant women and temporary Medicaid.

Local IPO Provider:_____

Federally Qualified Health Centers (FQHCs)
http://www.fachc.org/resources-find-health-center.php

Federally-funded health centers care for people even if they have no health insurance. Patients pay what they can afford, based on income. There are 250 FQHCs in Florida. Health centers provide:

- checkups when you're well
- treatment when you're sick
- complete care when you're pregnant
- immunizations and checkups for your children
- dental care and prescription drugs for your family
- mental health and substance abuse care if you need it

Local FQHC:_____

Healthy Families Florida
http://www.healthyfamiliesfla.org/

Healthy Families Florida provides free home visiting services to parents expecting a baby and parents of newborns. In some counties, it is available county wide. In other counties, only certain zip codes are covered. Healthy Families Florida is nationally accredited by Prevent Child Abuse America/Healthy Families America. This accreditation is only awarded to programs that are following best practice standards in home visitation Services are initiated during pregnancy or shortly after the birth of the baby. While it is best to enroll participants within the first two weeks after the

birth, enrollment remains open until the child is three months of age. Parents whose children have already reached thee months of age are no longer eligible for services, as research shows that the first three months is a very critical period for bonding and attachment. Services are intensive and are provided **for up to five years** with intensity decreasing according to the needs of the family and their progress toward establishing a stable and nurturing home environment

Local Healthy Families
Provider:_____

Healthy Start
http://www.doh.state.fl.us/family/mch/hs/hs.html

Healthy Start provides screening of pregnant women and newborns for environmental, medical, nutritional, and behavioral factors that may put the pregnant woman or infant at risk. Depending on need and available resources, Healthy Start provides services to address identified risk factors. 30 coalitions cover 64 of the 67 counties in Florida, with coverage areas for each coalition ranging from one to 12 counties. The range of Healthy Start services available to pregnant women, infants and children **up to age three** include:
Information and referral; Comprehensive assessment of service needs in light of family and community resources; Ongoing care coordination and support to assure access to needed services; Psychosocial, nutritional and smoking cessation counseling; Childbirth, breastfeeding and parenting support and education; and Home visiting.

Local Healthy Start Provider:_____

WIC (Women, Infants and Children)
http://www.doh.state.fl.us/family/wic/

WIC (Women, Infants and Children) is the Special Supplemental Nutrition Program for Women, Infants and Children. This program provides nutrition education and counseling, breastfeeding promotion and support, health care and social service referrals including referrals for immunizations and supplemental nutritious foods for low and moderate income pregnant, postpartum and breastfeeding women, infants and children.

Local WIC Provider:_____

Challenges to accessing health and/or medical care in my area include:

_____
_____
_____

Resources for Module 1: Health and Development

Permissions:

"The Ace Study" (clip from video series) Cavalcade Productions. Video series is available on their website: www.calvacadeproductions.com

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