



## Working with Child Welfare Professionals in Drug Endangered Children (DEC) Efforts

The child welfare system in all states is complicated. Professionals working with child welfare as partners should understand how their system works in their state to reduce frustrations, increase efficiency, and increase effectiveness when working together. Child welfare workers have substantial responsibilities and play an important role in helping children and families by:

- Investigating child abuse and neglect
- Identifying/assessing the safety of children
- Identifying and assessing the risks to children
- Gathering and analyzing information and evidence to inform decisions
- Providing targeted services
- Ensuring child safety and well-being
- Providing permanency to children

The first line of contact with child welfare that many professionals experience is often the child abuse and neglect hotline. Other professionals should make themselves knowledgeable on the questions that will be asked of them prior to making a child abuse hotline call. Child welfare agencies often use an information-gathering sheet to assist in determining whether it has enough evidence to meet state law requirements for initiating an investigation. Rather than providing brief information, all professionals should shift their focus to providing as much information as possible to aid child welfare in determining whether it can and should investigate. All professionals become a collaborative partner with child welfare in identifying children who have been abused or neglected or are at significant risk.

The information provided to child welfare at any point can help illustrate potential child maltreatment. Detailed information, pictures, and videos from professionals may be critical in enabling child welfare to help the child(ren) and family. The more information provided, the better equipped child welfare is to make decisions about whether to or how best to intervene with the children and families involved.

*The type of information that should be included in a report to the hotline typically include:*

- *Name, age, sex, & address of the child*
- *Nature & extent of the child's injuries or condition*
- *Name & address of the parent or other person(s) responsible for the child's care*
- *Any other information relevant to the investigation.*

Depending on the requirements under state laws, child welfare time frames to see the alleged child victims may include:

- Immediate response: The child is in imminent danger/risk of harm or has already been harmed.
- 24-hour response: The child is not in imminent danger/risk of serious harm, or the child is at moderate risk.
- Multiple-day response: There are no current safety threats; there is lower risk to the child.
- No response: There is not enough information regarding abuse or neglect.

Child welfare often does not have a lot of time to complete a child abuse and neglect investigation. The time frames to close an investigation vary from 30 days to six months or more, all of which is dependent on state law and policy. Cases can be open longer as needed to keep children safe and with services in place.



## Working with **First Responders** in Drug Endangered Children (DEC) Efforts

The Homeland Security Act of 2002 defines first responders as individuals who protect life, evidence, property or the environment during the early stages of an emergency ([www.dhs.gov](http://www.dhs.gov)). Fire fighters, EMS, law enforcement personnel, medical personnel, utility workers, and public health professionals are examples of first responder professionals.

First responders are often the first to arrive on scene; first to interact with children and families; first to gather information; and first to see things other disciplines may not. What is documented during any phase of their response could be impactful to not only the situation, but those impacted by the situation, including the children.

Some of the most inconsequential items observed, documented and identified, could be valuable information for:

- Medical professionals who are treating a victim who is injured or ill
- Child welfare in making decisions about the safety of the child and services for the family
- Law enforcement and prosecutors who may be building a case
- Service providers that may work with the child and family
- Other professionals helping the child and family, whether short or long term.

First responders may have the opportunity to identify children at risk or families in need of help. For example, fire/EMS responding to a drug overdose should be aware of children living in the residence or on scene. Or when there an intoxicated driver involved in an accident, law enforcement and medical can identify children at risk due to a parent's substance misuse. This identification is key in getting children and families the help they need.

### *First responders may have information on:*

- *What risks were present at the scene: drugs, weapons, intoxicated people, dirty house, lack of food, lack of supervision, etc.*
- *Signs of substance use or drug activity: lab materials, pipes, drug residue, etc.*
- *Signs of drugs and paraphernalia*
- *Information on who was present and who lives in the home*
- *Signs of children: toys, car seat, etc.*
- *Reactions and interactions of children and adults on scene: fearful, cooperative, etc.*
- *Statements made by children and adults*

### *First responders may need training and information on:*

- *What to look for when on scene: signs of children; signs of abuse and neglect; signs of substance use and drug activity; signs of risks to children*
- *Mandatory reporting: what to look for; what to report; how to report; who to report to; when to report; the importance of reporting; how reporting impacts children and families*
- *Risks to children of parental substance use and drug activity*
- *Long-term impact to children of parental substance and drug activity*
- *What they can do to help: gather information; pass information along to others; provide information on scene*



## Working with Law Enforcement in Drug Endangered Children (DEC) Efforts

Law enforcement traditionally focuses on public safety and criminal activity, including drug arrests, drug seizures, and asset forfeitures. At times this can lead to an arrest; but it can also lead to the identification of a child at risk due a parent's substance use or drug activity. Law enforcement can be integral in the identification of drug endangered children as well as helping intervene in the child and family's life.

Law enforcement has the unique ability to sometimes see things that other disciplines are not able to see. For example, on a search warrant, law enforcement officers may see signs of drug use, a house that is filled with risks to children, drug paraphernalia lying around, and small children playing in the home. This information and evidence is vital to other disciplines when doing their investigations and making decisions around child safety and wellbeing as well as providing services to the children and family.

Law enforcement's information and evidence can assist other disciplines in making decisions around services for the children and family, cases, and investigations, and identifying children. The information needed from other disciplines could include:

- Pictures and video of the house or the scene
- Pictures of drugs and paraphernalia
- Picture of risks in the home or at the scene
- Information about statements made by children and caregivers
- Information on the behavior of the children and caregivers
- Criminal activity, charges, and convictions

Law enforcement can assist other disciplines in various training and education including:

- Drug identification and trends
- Criminal laws
- Criminal data

Other disciplines can train and educate law enforcement on the following:

- The risks to children of parental addiction and drug activity
- Signs of children
- Long term impact to children due to parental substance use and drug activity
- Signs and impact of trauma on children and their development
- Child development

*Law enforcement can benefit from information and evidence that other disciplines can provide including:*

- *Information about children in a residence*
- *Layout of the residence*
- *Information about who lives in the residence*
- *Information about prior history with child welfare or others*
- *Statements made by the child(ren) or caregivers*
- *Pictures of the residence*
- *Information on the behavior of the children and caregivers*



## Working with Medical Professionals in Drug Endangered Children (DEC) Efforts

Medical professionals, such as pediatricians, ER personnel, general physicians, and nurses, all play an important role in helping drug endangered children. Medical professionals can identify drug endangered children; treat children and families; and help gather information that may be helpful to other disciplines. Some medical professionals, such as Child Abuse Pediatricians and Sexual Assault Nurse Examiners (SANE), are specialized medical professionals with experience and training in areas such as child abuse and neglect and child sexual abuse/assault. They often work closely with law enforcement and child welfare to ensure the child is safely examined and interviewed in a child-friendly environment in order to determine next steps in helping the child and the family.

Medical professionals may be able to provide other professionals:

- Information and evidence about child abuse and neglect
- Information on how the child(ren) and family acted and interacted
- Statements made by family and the child(ren)
- Ongoing or new medical concerns
- Results from drug tests, including through urine, hair follicle, meconium, and fingernails

In the DEC Approach, it is beneficial for professionals to share evidence and information with medical professionals regarding children and their living environment. This can include:

- Types and quantity of drugs and paraphernalia
- Chemicals and substances used in the cultivation or manufacturing of drugs
- Ways in which the drugs were stored or found, such as crushed, in syringes, uncapped bottles, tin cans, or baggies
- Condition of the home including whether feces, garbage, bugs, or rodents are present
- Other risks to the children, such as accessible fiberglass insulation, make-shift wiring, odd smells, lead in the home, or unknown substances
- Photos or videos of the scene, home, or life of the child to assist in providing a better understanding
- Statements made by the children and others
- Observations of children and parents, such as abnormal behavior, developmental delays, possible intoxication, reaction to professional involvement, or possible medical or mental health conditions
- Medication at the scene or within the residence

With this additional information, medical professionals can then decide, for example, whether to test for infectious diseases because of needle exposure, whether to test for drugs in the child's system because drugs were found in the house and because of the child's behavior, and whether to look for further signs of abuse and neglect. Without this shared information, medical professionals may not have reason to look for or treat these things.

*Data privacy laws such as personal health data protection under the Health Insurance Portability and Accountability Act (HIPAA) are complex and may impact the exchange of information between medical professionals and others. But HIPAA has exceptions, and there are circumstances under which medical and health information can be exchanged, particularly if there is an active investigation; the information is needed to prevent injury or harm to others; or when it pertains to child abuse or neglect.*



## Working with Service Providers in Drug Endangered Children (DEC) Efforts

Service providers play an important role in identifying children in need as well as helping children and families to heal and grow. Service providers can have backgrounds in many different areas including addiction and recovery, mental health, alternative modalities, faith, and counseling/therapy. Any or all of them may be involved with a family that has a substance use disorder and may be called to help the children and the family in a variety of ways including:

- Helping keep children safe in their home
- Providing in-home intensive services
- Helping keep children near their support system of friends, family, school, and extended family
- Providing prevention services when early identification is made
- Helping children work through recent and past trauma
- Helping parents with substance use disorders and/or mental health issues
- Completing assessments to guide treatment options
- Making referrals to other targeted services
- Providing parenting classes

These service professions often have their own set of laws, regulations, and policies under which they abide and work. And sometimes exchanging information with them will be difficult as much of it is protected by strict confidentiality laws. But in most states, service providers are mandatory reporters that can assist in providing child welfare and others with needed information around the safety and well-being of children in order to keep children safe and support engagement of families in targeted services.

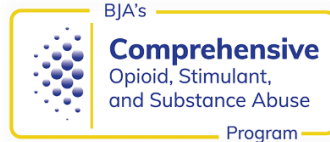
Even though service providers' information may be confidential at times, they can still offer necessary pieces to other professionals including:

- Education on the signs and symptoms of trauma
- Education on addiction and recovery as well as mental health issues
- Information on what information and evidence can be helpful in treating and providing services to children and families impacted by addiction
- Information about what services are needed, necessary, and available.

*Service providers will also need information and evidence from other disciplines that will be helpful in being able to provide the best services to children and families. This can include:*

- *Pictures or videos of the inside and outside of the child(ren)'s residence*
- *Pictures of drugs and paraphernalia as they pertain to the impact to child(ren) and families*
- *Statements made by the child(ren) and family*
- *Information about child abuse and neglect*
- *Information about drug exposure and ingestion*
- *Reports about incidents that have occurred that impact the child(ren)*
- *Information about criminal history or behavior as it pertains to their impact to the child(ren)*





## Working with Victim Advocates in Drug Endangered Children (DEC) Efforts

Victim advocates are specifically trained to support victims of crime, and often children and families are considered victims. Therefore, victim advocates can provide these children and families with a variety of information, support, resources, and assistance. Some victim advocates are paid positions, and some are volunteers depending on the demographics and needs of the community they are serving. Victim advocates may also be called victim service providers, victim/witness coordinators, or victim/witness specialists. Many jurisdictions also have court appointed advocates that assist the courts in recommending what is best for the children. These advocates are called Court Appointed Special Advocates (CASA).

Victim advocates' responsibilities vary depending on their job description and what discipline they may be housed under. Typically, advocates can provide:

- Crisis intervention
- Assistance with Crime Victims Compensation application and funding
- Emotional support
- Information on the criminal justice process
- Information on the civil justice process
- Assistance in navigating systems
- Information on available services
- Referrals for victim services
- Assistance at the scene of crimes
- Assistance finding shelter and transportation
- Assistance in gathering information and making recommendations

Victim advocates are a valuable resource for DEC efforts. Children are often the first impacted by a parent or caregiver's use/overdose/death, yet they are often not identified and helped. And they may have little resources for assistance and little support. Victim advocates can assist them. Depending on the laws and policies, the advocates may also help provide details about the plans and actions the child and caretakers are taking, where they can be located and any additional pieces of information about the environment that has been shared with them by the child and caretaker. They can also pass relevant information about the case on to the family.

### How Advocates Work with Victims

*"Advocates offer victims information about the different options available to them and support victims' decision-making. Advocates do not tell victims what to do. Advocates are committed to maintaining the highest possible levels of confidentiality in their communications with victims. However, the level of confidentiality they can observe depends on their position, education, licensure, and the laws in each state. An advocate in a police department may have to share any information related to an investigation with officers. Yet an advocate at a domestic violence program may be able to keep most victims' confidences private. However, all advocates must report certain types of information to the authorities. For example, they have to report any type of threat to a person (such as clients threatening to hurt themselves or someone else), and they have to report the abuse or neglect of children. It is important for victims to ask about confidentiality rules before they begin working with an advocate"* (<https://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/what-is-a-victim-advocate->).