

10 OVERARCHING PRINCIPLES

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10.2 Vision and Mission Statements

Practice Guidelines

A. Vision Statement:

The Vision Statement of Child and Family Services is:

Safe Children, Strengthened Families

B. Mission Statement:

The Mission Statement of Child and Family Services is:

To keep children safe from abuse and neglect and provide domestic violence services by strengthening families and working with communities.

10.3 Practice Principles, Skills, and Standards

Major objectives:

Child and Family Services staff will provide programs and services in a manner consistent with the following fundamental principles and values. To enable caseworkers to help families meet their permanency, protection, and well-being goals, Child and Family Services provides a flexible organization that encourages team members to apply persistent effort, devise creative solutions, and do what is needed to provide effective services to the children and families they serve.

Applicable Law

Utah Code Ann. [§80-2-301](#). Division responsibilities.

Practice Principles

- A. Principle One - Protection. Children's safety is paramount; children and adults have a right to live free from abuse.
- B. Principle Two - Development. Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.
- C. Principle Three - Permanency. All children need and are entitled to enduring relationships that provide a family, stability, belonging, and a sense of self that connects children to their past, present, and future.
- D. Principle Four - Cultural Responsiveness. Children and families are to be understood within the context of their own family rules, traditions, history, and culture.
- E. Principle Five - Partnership. The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

- F. Principle Six - Organizational Competence. Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.
- G. Principle Seven - Professional Competence. Children and families need a relationship with an accepting, concerned, empathetic caseworker who can confront difficult issues and effectively assist them in their process toward positive change.

Practice Skills

Key practice skills have been formulated from the Practice Model Principles to "Put Our Values into Action." Practice Model related training will provide for the development of these practice skills. Basic skills include:

- A. Engaging. The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.
- B. Teaming. The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.
- C. Assessing. The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.
- D. Planning. The skills necessary to tailor the planning process uniquely to each child and family. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.
- E. Intervening. The skills to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare caseworker and may range from finding housing to changing a parent's pattern of thinking about their child.

Practice Standards

Following are general practice standards that cross program boundaries. Together with practice principles and skills these standards will help caseworkers understand their roles and

responsibilities. Standards will give guidance to caseworkers as they provide services and strive to achieve safety and permanence for each child and family member they help.

Child and Family Services is a trauma informed agency that provides trauma informed care. Trauma informed care requires an organizational framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma informed care also emphasizes physical, psychological, and emotional safety for children, families, staff, and providers, and helps those recovering from trauma build a sense of control and empowerment.

A. Service Delivery Standards.

1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
 - (a) Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
 - (b) In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidents of abuse.
2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child or family's needs.
 - (a) Services will be provided in the least restrictive, most normalized setting appropriate.
4. Meaningful child and family participation in decision-making is vitally important, and all children and family members will have a voice (as developmentally appropriate) in influencing decisions made about their lives, to the level of their abilities, even when specialized communication services are required.
 - (a) Children and families will be actively involved in identifying their strengths and needs, and in matching services to identified needs.
5. In whatever placement is deemed appropriate siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit each other.
6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.
7. When children are placed in an environment outside of their parent's home, they must be provided with educational opportunities and, where developmentally appropriate, vocational opportunities with the goal of becoming self-sufficient adults.
8. Children receiving services will receive adequate, timely medical and mental health care that is responsive to their needs.

B. Standards Relating to Child and Family Teams.

1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.

2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.
 3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, and services delivered, and also to track progress. When there are domestic violence issues, separate Child and Family Team Meetings may be held (refer to Domestic Violence Practice Guidelines [Section 600](#).)
- C. Standards Relating to Assessments.
1. Strengths-based assessments should be produced with attention to:
 - (a) The family's underlying needs and conditions.
 - (b) Engaging the family in developing interventions that address the threats of harm, the protective capacities of the family, and the child's vulnerability.
- D. Standards Relating to Planning.
1. Children and/or their family members will be involved in the planning process. The plan will be adapted and changed as the case evolves. The Child and Family Plan:
 - (a) Incorporates input from the family, formal, and informal supports.
 - (h) Identifies family strengths.
 - (b) Utilizes available assessments.
 - (c) Identifies services that address the family's needs and includes specific steps and services that assist the family in achieving safety, permanency, and the child's well-being.
 - (e) Anticipates transitions.
 - (f) Addresses safety for both child and adult victims.
 - (g) Identifies permanency goals, including a concurrent permanency goal and plan.

10.4 Adherence to Confidentiality

Major objectives:

Child and Family Services will work to ensure that the confidentiality of children and families is protected. Staff will ensure that the identity and identifying factors related to a child or family is not revealed to anyone that is not eligible to receive this information through appropriate releases of information, court involvement, or Government Records and Management Act (GRAMA) guidelines.

Practice Guidelines

Adherence to confidentiality when working with families is imperative in child welfare cases. The Utah Department of Health & Human Services (DHHS) receives and generates a variety of information while providing services to clients. Some of this information to which employees, contractors, and others may have access, through their relationship with Child and Family

Services and access to SAFE, will be classified as confidential, private, controlled, or protected. Such information must be handled according to the laws governing its classification. The DHHS Code of Ethics promotes ethical behavior and the obligation to protect the rights of clients, the public, and other employees while exhibiting exemplary behavior as a state employee. (DHHS Code of Ethics can be found in the DHHS Policies located at <https://public.powerdms.com/UTAHDHHS/documents/37527>.)

- A. Employees should work diligently to protect information that may reveal the identity of the client and/or family, or the involvement of Child and Family Services in relationship to the client and/or family.
- B. Child and Family Services works within the context of a team. Confidentiality needs to be discussed with the family from the beginning of the case, particularly when a Child and Family Team is being developed. Confidentiality forms (CFA02 in SAFE) should be used when meeting as a team.
- C. Confidentiality is breached when any information is revealed to a third party that leads the third party to deduce the identity of the client and/or family, except in CPS cases as provided in [subsection 10.5](#). This may be done through the direct disclosure of the name of the client and/or family or by simply providing enough information about the client's age, gender, vocation, etc. that would lead one to presume the client's identity. This breach in confidentiality may occur by directly relaying information to the third party or by having a third party unintentionally hear information related to a client and/or family. The potential for unintentionally revealing the identity of a client may vary depending upon location of the conversation, people within close proximity of the conversation, or details of the client's life or family composition.
- D. Employees should not reveal the existence of a case, nor other identifying information, without first identifying the person to whom they are talking with and determining if that person is eligible to receive any information related to the case.
- E. Employees may not use their governmental access to database information for personal use. Employees may only access information that is needed to complete their job assignment.

10.5 Confidential Information, Community Partners, and Collateral Contacts

During the course of a Child and Family Services case, it is often important to share information with community partners. These guidelines outline to whom and under what circumstances information may be released. These guidelines pertain to all records, papers, files, letters, plans, photographs, films, tape recordings, electronic data, or other communications that are produced, developed, managed, or maintained by Child and Family Services, its employees, or contracted providers.

Child and Family Services employees may disclose confidential information when the disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other person. In addition, an employee may contact law enforcement to make a report when a crime has been committed. Employees should disclose the least amount of confidential information that is necessary to achieve the desired purpose.

- A. Child and Family Services caseworkers may disclose certain information in order to aid in an investigation of child abuse, neglect, or dependency. In addition, those people participating in good faith and assisting a Child and Family Services caseworker are immune from liability.
- B. Child and Family Services caseworkers may identify themselves to a collateral contact that may have relevant information relating to an investigation of abuse, neglect, or dependency. The employee should not reveal the nature of the investigation or offer information about the family. However, the employee may ask questions that allow the third party to provide pertinent information for the investigation. Examples of these types of collateral contacts include, but are not limited to, neighbors, landlords, friends, relatives, clergy, co-workers, and employers.
- C. Child and Family Services caseworkers may identify themselves at a school or other setting in an attempt to gain access to an alleged victim or child client for the purpose of investigation or to determine whether the child is safe.
- D. Release of confidential information to members of a Child and Family Team may be appropriate in order to meet the needs of the family. Disclosure of information should be discussed with the family before the meeting. Only information that is directly relevant to the purpose of the meeting should be revealed. Members of these teams or committees should be advised that the information shared should remain confidential. Members of the team are encouraged to sign a confidentiality agreement.
- E. Information may be released to the regional screening committee as needed after committee members have signed a confidentiality agreement.