



Iowa's Future Child Welfare System

Guiding Principles

Safety for children emerges and is enhanced when we do all the following:

1. Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
2. The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
3. When services away from the family are necessary, children will receive them in the most family-like setting and together with siblings whenever possible.
4. Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.
5. Children will be reunited with their families and siblings as soon as safely possible.
6. Community stakeholders and tribes will be actively engaged to protect children and support families.
7. Services will be tailored to families and children to meet their unique needs.
8. Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
9. Leadership will be demonstrated within all levels of the child welfare system.
10. Decision-making will be outcome based, resource-driven and continuously evaluated for improvement.

Policies

1. Children should remain in their own homes whenever safely possible. Children will only be removed from their homes when safety requires it. A uniform assessment process will be used to help make these decisions.
2. Every child leaving care will have a permanent connection to a caring adult.
3. Children will grow up in family settings with permanent families whenever possible.
4. Permanency decisions will be made as quickly as possible when it is clear that a child will not be returning to their own home.
5. Keeping siblings together whenever possible will be a priority.
6. Families will be involved in all aspects of decision-making and planning during the time their child is in out of home care.
7. Young people age 14 and over will be involved in all aspects of decision-making and planning.
8. Every effort will be made to place a child as close to their own home as possible and weekly family contact or home visits with families will be expected.
9. We will provide families the necessary supports to help their children stay safely in their own homes and service delivery should be incentivized.
10. The state will pay more for those services that are needed the most and that can successfully produce the results that are most needed.

Outcomes

1. When a child is removed and the plan is for that child to return home, every effort will be made to return the child to their own home as soon as possible.
2. Out of home care providers will become responsible for finding permanent homes for children who will not be returning to their own homes and will be paid for these search, home finding and engagement activities.
3. When a child will be returning home, out of home care providers will develop and implement a "family engagement plan" within the first 30 days.
4. The same family support services currently used with "community families" will be expected to be used with all "residential families." Out of home care providers will be paid for providing these family support services.
5. The success criteria for out of home care providers should be: quality of family engagement, length of stay and success upon reintegration back into their own home or into the community.
6. Short-term treatment and therapeutic foster care will be added as service options. The state will pay extra for these vital services.
7. The "community-based service gaps" that currently result in out of home placements will be identified and those gaps will be filled whenever possible. Therapeutic foster homes will be developed to meet one of the identified service gaps.
8. Those working within the system of care will need to understand the principles that underpin the system. All staff who work with children and families will be trained in:

Universal Practices

1. Family engagement
2. Trauma informed
3. Brief treatment
4. First placement best placement
5. Never for the family without the family
6. Service regardless of setting
7. Every child has a permanent connection to a caring adult
8. Right metrics to demonstrate accountability for outcomes
9. Right services, right time, right dose