Module 1: Documentation

Objectives

- Explain the purpose, requirements and documentation for case notes.
- Evaluate case note documentation.
- Describe how documentation benefits court proceedings.
- Recognize the components of documentation: relevant, factual, quantitative, & objective
- Create accurate, case notes that follow guidelines and are relevant, factual, quantitative, & objective.

Benefits of Good Documentation

- Better decision-making
- Greater understanding of clients
- More respect in court
- Better case reviews
- Better case management

Core 112 Assessment
Power Point Slides
**Slide 4**

**Documentation Benefits: Court Proceedings**
- Strong case evidence
- Accurate case chronology for judge
- Support your recommendations
- Support your testimony
- Case records linked
- Case plan progress

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**Slide 5**

**Relevant Documentation**
- People who have contact with the child or have pertinent knowledge about the:
  - child
  - child’s condition
  - alleged circumstances or
  - maltreatment

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**Slide 6**

**Factual Documentation**
- Records events or actions based on direct observations, professional diagnosis, and quotations
- Avoids inferences using behavioral descriptions or evaluations you are not qualified to make.
Opinions and Conclusions

Here’s what they said.

Here’s what I observed.

This is my conclusion based on...

Quantitative Information

Numbers are important descriptors because they help to document:

- Behavior intensity, duration, frequency of
- Increases or decreases in desirable or undesirable behavior
- Progress (or lack of progress) on case plan activities
- Changes in the environment that affect child’s safety

Being Objective Means

Not judging

Looking at all perspectives

Taking a neutral stance while recording relevant facts

Being focused on what happened
Module 2: Introduction to Assessment

Objectives

- Describe the assessment process.
- Identify assessment types conducted by PI/CMs.
- Recognize documents used to record & report assessment information.
- Describe the difference between safety assessment & risk assessment.
- Describe how assessment relates to safety & decision-making.
- Describe the relationship of assessment to case planning activities.

Slide 11

ALLEGEDLY THE FAMILY IS LIVING IN DEPLORABLE CONDITIONS. THE CHILDREN, AGES 5-9, ARE ALWAYS IN SOILED CLOTHING AND HAVE HEAD LICE.

You arrive at the address listed on the report.

Slide 12

What are your first impressions or conclusions as you pull into the driveway?
Slide 13

ANNEX BLF THE 6 YEAR OLD HAS NUMEROUS BRUISES ON HIS ARMS AND LEGS AND BEGS FOR FOOD AT SCHOOL.

You arrive at the address listed on the report.

Slide 14

What are your first impressions or conclusions as you pull into the driveway?

Slide 15

ANNEX BLF THE CHILDREN ARE OFTEN TARDY AND/OR ABSENT FROM SCHOOL. IN ADDITION, THEY ARE NOT ADEQUATELY DRESSED FOR COLD WEATHER DAYS.

You arrive at the address listed on the report.
Slide 16

What are your first impressions or conclusions when the mother answers the door?

Slide 17

ALLEGEDLY THE MOTHER AND FATHER ARE OFTEN HEARD FIGHTING AND 7 YEAR OLD BILLY OFTEN APPEARS WITHDRAWN AND HAS OCCASIONAL VIOLENT OUTBURSTS.

You arrive at the address listed on the report.

Slide 18

What are your first impressions or conclusions when the father answers the door?
A REPORT IS RECEIVED ALLEGING THAT CHILDREN ARE LIVING IN A HOUSE THAT IS FILTHY AND POSES A HEALTH RISK.

Upon entering the home, you see...

Gather & Document Information:
Current and Prior Intakes

If priors w/findings, staff w/supervisor
Existing case files
Prior unfounded intakes
Current/prior intakes
F.S. 39.301(1)
Service providers reports
Slide 22

**Gather & Document Information:**

**Criminal History**

- State & federal records checks
- Local law enforcement; including call outs to the home
- Dept. of Juvenile Justice
- Dept. of Corrections
- Domestic Violence Injunction Registry

F.S. 39.301(10)(a)3 and F.S. 39.306

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Slide 23

**Gather & Document Information:**

**Interviewing**

**F.S. 39.301(7)(10)(14)**

- Reporter (if known)
- Face-to-face
  - Child, siblings (alone)
  - Parents, caregivers (separately)
  - All household members

Note or photograph conditions, appearance, development FAC 65C-29-003(3)(c)

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Slide 24

**Gather & Document Information:**

**Interviewing**

*Who else would you want to talk to?*

- Reporter (if appropriate) (PI only)
- Collaterals (e.g. neighbors, relatives, teachers)
- Active or previous service providers
- Alleged perpetrator (when appropriate)
### Slide 25

**Observe & Document the Home Environment**

What must be observed in the home environment?

- Living conditions (inside & out)
- Food, shelter, clothing adequate to meet child’s needs
- Safety of physical environment
- Child’s bedroom
- Place and cause of maltreatment

### Slide 26

**Gather & Document Family Assessment Factors**

- Attitude regarding intervention
- Culture and family background
- Parent/caregiver history of abuse
- Child characteristics that might increase risk
- Family relationships/ family dynamics/ interactions, attitude towards child

### Slide 27

**Gather & Document Family Assessment Factors**

- Child’s age/development
- Parent’s age
- Community & family supports
- Discipline & parenting techniques
- Stressors
- Substance abuse/domestic violence
- Ability to meet children’s needs & keep them safe
Slide 28

Examine/Analyze Information to Determine Plausibility

- Review indicators & evidence
- Compare injury type to child's age/development
- Can anyone corroborate parents' explanation
- Look for inconsistencies

Slide 29

Safety Assessment & Decision-Making

- Analyze & synthesize all information
- Implement safety plan
- Follow statutes, policies and procedures
- Determine immediate & long-term risk to child

Slide 30

Safety Assessment & Decision-Making

Determine Safety Action:
- Remove child
- Leave child in the home
**Slide 31**

**Case Planning, Case Supervision & Permanency**

- Determine immediate & long-term interventions
- Plan with parents
- Measure progress towards desired changes
- Decide if the permanency goal has been achieved

**Slide 32**

**Types of Assessments**

- Comprehensive Assessment
- Hotline
- CPT Assessment
- Long-Term Risk Assessment
- Home Study
- Disposition/Decision
- Child Health Checkup (Initial Health Care Assessment)
- Reunification Assessment
- Substance Abuse Assessment
- Mental Health Assessment

**Slide 33**

**Assessment Tools**

- Notes
- FSFN Initial Safety Assessment
- Comprehensive Behavioral Health Assessment (CBHA)
- Service Planning Conference Checklist
- Family Assessment
- Ongoing Family Assessment
- Unified Home Study
- Parental Reunification Assessment and Home Study
- Predisposition Study (PDS)
- Judicial Review Social Study/Case Plan Update (JRSS/CPU)
- Child Study Adoption
Slide 34

Questions

• Do families think that information given to a PI/CM is known by all subsequent workers?

Slide 35

Questions

• If a second investigation reveals a domestic violence incident, with no arrests made, would this be valuable information for another PI/CM during a subsequent assessment?
  • Why?

Slide 36

Questions

• If names and location of any relatives are obtained when completing the family assessment, would others involved with the case need this information?
  • Why?
Slide 37

Questions

• If a mother reveals that she was a foster-child in New York due to physical abuse by her parents, how would any subsequent PIs/CMs learn this information?
• How would knowledge of a parent’s childhood abuse affect the family assessment?

Slide 38

Health Screenings & Assessments

- Child Health Check-Up upon removal
- Comprehensive Behavioral Health Assessment for children in licensed care for over 72 hours
- Can be requested for child in non-licensed care
- Consent not required from court or parent for these assessments

Slide 39

Prioritization:
(For all children 5 – 17 years old)

- Court ordered out-of-home care who will remain in care past disposition
- Court ordered out-of-home care who will be placed with a relative or non-relative caregiver at disposition
- Shelter who will return home from shelter within 30 days
Slide 40

**Purpose of CBHA**

Establishes a body of knowledge (or compiles existing knowledge) to guide effective, individualized case plan development

CBHA recommendations must be included in the child’s case plan

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Slide 41

**Your Responsibilities**

- Make CBHA referrals
- Conduct required casework activities
- Include CBHA recommendations in child’s case plan
- Refer for needed behavioral health services & work with providers

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Slide 42

**Single Point of Access**

- Mental health services consultant to Case Manager
- Helps you obtain consultation for complex cases
- Tracks referral timelines
- Manages residential treatment suitability process
- Monitors & reports mental health provider performance results
**Slide 43**

Timelines

- **CBHA Referral (to SPOA)**: w/in 7 days of removal
- **CBHA Provider Referral**: w/in 1 day of referral receipt
- **Completed CBHA**: w/in 24 days of referral to provider
- **CBHA to case Family Safety**: w/in 1 working day of receipt from provider

**Slide 44**

Missing Words

- The purpose of child protective services is to identify children who are at ____ of harm or injury due to acts of commission or omission by their parents or caregivers, and when necessary, to initiate action to protect children.

**Slide 45**

Missing Words

- To make these judgments, we _____ risk to the child.
Slide 46

Missing Words

• When we conduct a risk assessment, we consider and evaluate the ___ of harm to a child from maltreatment, and then use this information to form critical case decisions (the decision-making process).

Slide 47

Missing Words

• The term ___ describes a process used by workers to decide a child’s safety and the likelihood of the child being harmed, abused or neglected in the near future.

Slide 48

Missing Words

• The _____ process is a focal point of the investigation/assessment that affects decisions and guides actions.
Missing Words

• You must not view risk assessment as a one-time decision, but as an evaluation that repeats every time you get and analyze new information.

Goals of Structured Risk Assessment

- Thoroughly assess risk
- Facilitate service delivery
- Decide likelihood of future maltreatment
- Expand documentation

Safety Assessment

Identifies factors that create risk of harm & decides the degree to which the risk factor can be managed or eliminated so that the child is safe from the likelihood of harm with or without agency services.
Slide 52

**Safety Assessment**

Assess safety at every child and family contact

Consider if risk factors are adequately controlled to provide child with a safe living environment now

For a child being maintained in at home

- Primary purpose is to prevent harm to the child while case plan reduces or resolves risk issues

For a child in placement—primary purpose is to ensure child safety in his/her temporary placement

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Slide 53

**Risk Assessment vs. Safety Assessment**

Risk assessment—indicator of future abuse risk

Complete at specific points in the case process

As deemed necessary at any point in time

Safety assessment—indicator of immediate harm to child

Completed on an ongoing basis during every contact with family

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Slide 54

**Safety Plan**

Immediate and obvious family conditions that threaten child safety

The presence and capacity (or lack) of persons to protect the child

The steps or procedures that to follow to maintain child safety of the child

How each immediate and obvious family condition threatening child safety are controlled by it

Family's capacity and willingness to support it

Arrangements made with the family and other outside service providers to carry it out
Slide 55

Decision-Making Model

Gather
Document
Assessment

Slide 56

Assessment and Corroboration

Child has facial injuries and a broken arm
Father says he fell off bike
Neighbor says bike is a "Big Wheel"

Slide 57

Careful Assessments

- Decide what information is missing
- Ensure effective safety planning
- Decide child's safety in the home or in out-of-home care
- Must be documented in case notes
- Must fit the current circumstances
Slide 58

Where to Address the Problem

<table>
<thead>
<tr>
<th>Missing factor</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not know how</td>
<td>Observe children: small and sick</td>
</tr>
<tr>
<td>No money</td>
<td>Ask: Why aren't they growing?</td>
</tr>
<tr>
<td>Boyfriend withholds food</td>
<td>Malnourished</td>
</tr>
<tr>
<td>Developmental disability</td>
<td>Why?</td>
</tr>
<tr>
<td>Mental illness</td>
<td>Mom does not feed</td>
</tr>
<tr>
<td>Drugs</td>
<td>Why not?</td>
</tr>
</tbody>
</table>

Slide 59

Module 3: Assessing Families

Objectives

- Identify requirements for a family assessment.
- Describe the basic factors addressed in a family assessment.
- Recognize family factors that impact child safety, permanency & well-being.
- Describe child factors that affect child safety/vulnerability.
- Recognize caregiver factors that impact child safety.

Slide 60

Underlying Factors

- Just putting food in the house or telling the mom she has to feed the kids may not work.
- An assessment that probes deeper identifies underlying factors that must be addressed to alleviate maltreatment.
Slide 61

The Value of Identifying Strengths

- Family strengths enhance child safety.
- Family needs are family deficits.
- A thorough strengths assessment is a critical part of family assessment.
- Identified strengths are used to address or solve problems.
- Family members develop self-esteem and motivation to work toward problem resolution.

Slide 62

The Value of Identifying Strengths

- Strengths may not always be obvious, especially in complicated situations, but they must be recognized.
- Being able to survive on a small amount of money is a strength.
- Stubbornness & determination are strengths if used productively.

Slide 63

Summary

- Knowing needs & strengths gives you a base to work from to help the family overcome maltreatment problems.
- Having a strong family network can be key in helping you create long-term child safety interventions.
- Identifying a lack of strengths or supports helps you make informed safety decisions.
- Families often have access to interventions or community activities that can serve as formal and informal supports.
Slide 64

Physical and Emotional Environment

The home's physical and emotional environment are key factors in child safety and services decisions.

Physical environment can present direct risks, & may also be a symptom of other underlying problems like drug use or mental illness.

Emotionally unstable individuals may be incapable of following through with services.

The physical & emotional environment of a home may require a removal decision to ensure child safety.

Slide 65

Gathering Information

• Know local procedures.
• You may need releases to get information from sources.
• Document all efforts in case notes: who was contacted, how contact was made, date info. received, & the contact outcome.
• Talk with the child. Depending on their age, much needed info. will come from talking with & observing them.

Slide 66

Age and Community Visibility

Very young children are helpless & more vulnerable to abuse.

Children who are isolated & not visible in community can be at greater risk of maltreatment.

The more eyes that can see & respond to maltreatment, the greater the likelihood that the child will be safe.

Developmental delays can put a child at risk, regardless of age.
• Child lacks communication skills & resources to tell people about abuse.
Parents with a History of Abuse

- May be more likely to use violence with their children
- May have never learned effective parenting skills they need to care for their own children
- May have difficulties stemming from their own childhood abuse
- May be skeptical & less cooperative with current efforts to keep their children safe

Techniques for Discussing Parents’ Abuse History

- Explain that the questions are routine: “We ask everyone these questions.”
- Observe behaviors & ask questions about them
- Discuss ways that parents’ childhood compares with their children’s

Criminal History

- You must consider the criminal histories of all household members.
- Consult with your supervisor and/or law enforcement if you are concerned that a criminal history increases the child’s risk.
- Consider other practices that may harm the child, such as bizarre rituals that stem from unusual beliefs (e.g., branding, animal sacrifice, etc.).
Assessing Parenting Skills

- Basic child-care skills
- Adequacy of supervision
- Parent's expectations of the child
- Discipline strategies
- Nurturing strategies to promote attachment
- Ability to encourage child's development