Quality Assurance Child Protective Investigation Findings
Summary of Circuit 20 and DCF Circuit 12 Rapid Safety Feedback Trends
FY 2013/2014 January – June, 2014

The SunCoast Region conducts child protective investigation quality assurance activities utilizing Rapid Safety Feedback reviews which is a process of reviewing investigations that have been open between 25 and 35 days where there are critical factors that could adversely impact a child’s safety. These factors have been determined based on trends of other cases where child injuries or tragedies have occurred. Factors include but are not limited to the child’s young age, evidence of substance abuse and/or family violence, and prior abuse/neglect reports on the child, other children or adults in the home. The critical component of the process is the case consultation in which the reviewer engages the child protective investigator and the supervisor by facilitating a discussion which will hopefully develop critical thinking skills.

The SunCoast Region began implementation of Rapid Safety Feedback reviews on January 1, 2014. Between that time and June 30, 2014 243 cases have been reviewed with approximately 236 consultations being completed as part of the review process.

Background Checks

Are prior child abuse and neglect reports, prior services and criminal history information obtained timely, accurately summarized and used to assess patterns, potential danger threats, and the impacts on child safety?

All cases reviewed required both criminal and abuse/neglect history checks for adults living in the household, children age 12 and older and frequent visitors to the home.

SunCoast Region, 9393 North Florida Avenue, Tampa, Florida 33612-7907
Background check results should assess the immediate safety and short/long term risks to each child and be utilized when identifying the safety service needs for the entire family. Most investigations considered NCIC/FCIC initial criminal checks completed by the hotline upon report receipt; however, increased timeliness in requesting local law enforcement/call out checks, as well as checks on other household members not identified in the initial report and frequent visitors would assist with better assessing immediate impact on child safety. CPI staff usually document the background check results accurately; however, analysis of trends and how they may or may not impact child safety is an opportunity for improvement.

Another significant area warranting attention is consideration of prior abuse/neglect reports where the parent/caregivers were victims. Often times when there are no prior reports where the caregivers were alleged perpetrators the Child Safety Assessment will reflect there are no prior reports. It does not appear these reports are reviewed or significant trends identified that might impact current parental functioning or protective capacities.

**Information Collection**

Is sufficient information collected and validated through interviews with children, caregivers/adult household members, collateral contacts, evaluations of family members and is information validated and inconsistent information reconciled?

![Information Collection and Validation](image)

Sufficient information collection is an essential part of guiding decision making and determining if a child is safe or unsafe. Rapid Safety Reviews during the past six months have revealed that basic information, in particular information surrounding the alleged maltreatment(s) and the current incident resulting in the report is usually gathered; as well as general information regarding discipline techniques, employment, and parent’s attitude about being a parent. However, details pertaining to observations of interactions between children and others in the household, children’s developmental progress, how caregivers typically function on a daily basis, relationships between family members and information that may have been addressed during prior reports such as mental health or substance abuse issues which were not part of the allegation.
for this report are areas where additional attention is needed and has contributed to a decline in performance. For example, an abuse/neglect report may be received related to family violence and that issue is addressed; while in a prior report it was learned that the father suffered from Post Traumatic Stress Disorder; however there is no discussion with the family to determine whether the mental health issue remains relevant and whether lack of treatment may have contributed to the current incident. Another area where staff might need assistance is identifying and reconciling inconsistent information such as when investigating a family violence report where the parent(s) deny violence within the home. It is essential that a police report be obtained, if available, or other supporting collateral information which can be used during interviews with the report subjects so there is a clear understanding of issues that may impact child safety.

Approximately half of the investigations have documentation of relevant collateral contacts; however there has been a slight decline in this area during the past six months. Despite the lack of initial collateral contacts CPI staff is usually able to identify additional information needed and who would be appropriate to obtain this information from during the consultation.

**Identification of Danger Threats and Assessment of Caregiver Protective Capacity**

Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently assessed to determine the caregivers’ ability to control the identified danger threat or safety concern?

![Graph](image)

The vulnerability of each child needs to be considered throughout the information collection and assessment process along with a determination whether the parent/caregiver has sufficient cognitive, behavioral and emotional capacities to protect the child(ren) should a danger threat be identified. A large majority of Child Safety Assessments document an appropriate assessment of danger threats/safety concerns based on information gathered by the time of the Rapid Safety Review; which may be limited and in particular pertinent only to the allegations. The area driving a decline in performance is related to lack of adequate assessment of parental or other caregiver/safety plan manager capacity. Many times issues pertaining to protective capacities have to be surmised by the reviewer based on the facts documented and is included as part of the consultation discussion; however if there is an inadequate fund
of knowledge it is difficult to complete a thorough assessment. When a parent is assessed to have diminished capacity to care for their child the grandparent or other relative is often sought to provide family support or oversight. It appears that these extended family members protective capacities are taken at face value without assessment of their prior abuse/neglect history and determining what has changed in their life since the time of their involvement in prior reports. For example, many times extended relatives have a history of mental illness, substance abuse, and family violence that may not be considered.

Safety Planning

Is the Safety Plan viable and does it incorporate safety intervention strategies implemented in response to an identified danger threat or safety concern?

![Safety Planning Chart]

When the assessment of the family indicates a need to take action to ensure child safety it is the responsibility of the CPI to develop a safety plan in collaboration with the family that includes sufficient strategies to provide a child, responsible adult supervision and care to control for identified danger threats/safety concerns. Fifty-eight or 24% of the cases reviewed identified the need for a safety plan. During the review period approximately half of the safety plans developed included collaborative decision-making, were sufficient to manage the danger threat/safety concern, engaged appropriate safety services and were being monitored with appropriate frequency by the CPI or designated service provider. The remaining safety plans seem to be developed in collaboration with the family; although most are considered to be promissory in nature, leaving the perpetrator in control of their own plan. While safety services may be identified and referred there is not always verification of engagement by the family and the CPI or service provider is not ensuring the safety plan is being followed through a pre-determined visitation schedule based on the safety concern.
Supervisory Case Consultation and Guidance

Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?

The SunCoast Region Rapid Safety Reviews completed for this review period were primarily investigated through existing investigative processes rather than through implementation of Florida’s new safety methodology; therefore, most supervisory reviews were completed through FSFN review instead of a consultative process. Each of the six months of this review period reflected that three-quarters of initial supervisory reviews provided appropriate guidance and direction; however ongoing supervisory oversight was minimal. The cases identified for Rapid Safety Reviews are those involving critical safety factors such as young age of the child, prior investigations on a member of the family and maltreatments of family violence and substance misuse, physical injury or others should the sample be insufficient. Given the critical nature of the investigations selected for this review, tracking and ongoing supervisory oversight is needed to evaluate the sufficiency of information including lines of questioning, identification of additional collateral sources and ways to reconcile conflicting information. Areas that may have a positive impact from ongoing supervisory oversight are timely documentation of notes, closing investigative activity gaps and ensuring timely follow-up on initial supervisory guidance all of which have been identified as opportunities for improvement.
Case Consultations

A critical component of the Rapid Safety Feedback process is the case consultation in which the reviewer engages the CPI, Supervisor, and OPA to discuss the case.

The focus of conducting a consultation is to solicit critical thinking from the CPI and skill building which can be utilized as all reports are investigated. Consultations were conducted on over 90% of the cases reviewed since January, 2014.

Continuous Quality Improvement Activities

The SunCoast Region is committed to improving the quality of child protective investigations and has begun the following initiatives to achieve successful outcomes for children:

1. A weekly “Watch” list is being provided to CPI staff so they are aware of the critical cases where there will be a Rapid Safety Review within 2 – 3 weeks.
2. High risk cases are being put in red folders for increased visibility.
3. The SunCoast Regional Director has established a monthly Family Safety Leadership team meeting to discuss various topics including workforce capacity, quality assurance results and quality improvement initiatives, training, performance management, implementation of safety methodology, policy and practice updates, as well as resource needs.
4. Four Field Support Consultants will be hired to review Rapid Safety cases and then mentor/coach CPI staff in the field in these, as well as other cases.
5. Operations leadership, including OPAs and the Operations Manager, conduct Rapid Safety reviews to gain a firsthand perspective of the deficits and needs.
6. The SunCoast Region is researching a dictating system for CPI use to increase frequency and quality of notes.