This document contains the questions by which trained quality assurance reviewers will assess case work practice related to child safety in open in-home case management cases.

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Introduction
The case manager’s responsibilities are to manage ongoing child safety plans and, through ongoing assessment and case planning, to address the diminished caregiver protective capacities that brought the child and family into the child welfare system. In order to achieve the desired programmatic outcomes of child safety, interventions must be well planned and purposeful. These outcomes are achieved through two types of plans:

- A safety plan, which is developed whenever it is determined there is present or impending danger; and
- A case plan, which follows the family assessment and sets forth goals and outcomes and describes how the family will work toward these outcomes.

These plans should be developed collaboratively, when possible, among the case manager, the family, and community professionals who will provide services to the family. It is the case manager’s role to arrange, provide, and coordinate the delivery of services to children and families. When needed services are not readily available or accessible, an interim or alternative plan must be made with families.

Family progress is assessed through an ongoing process that begins with the first contact, continues throughout the life of the case, and should incorporate reports from other service providers. When evaluating family progress, caseworkers focus on:

- Ensuring the child's safety;
- Reducing the danger of maltreatment;
- Addressing successfully any of the effects of maltreatment on the child and family; and
- Achieving the goals and tasks in the case plan.

Case management services provide:

- On-going safety plan monitoring and management;
- Development of a family assessment and case plan to improve parental protective capacities; and
- Provision of care, safety, and protection of the child in an environment that fosters healthy social, emotional, intellectual, and physical development.
Question 1
Case Planning

1.0 Is the case plan individualized for the family's needs and related to known dangers?

- Strength  - Area Needing Improvement

Core Concepts: The case plan is the family’s road map to successful intervention. The outcomes identify the destination, the goals provide the direction, and the tasks outline the specific steps necessary to reach the final destination. The goal is to reduce or eliminate the danger threats so that children are safe and have their developmental needs met. Goals should be:

- **Specific.** The family should know exactly what has to be done and why.
- **Measurable.** Everyone should know when the goals have been achieved. Goals will be measurable to the extent that they are behaviorally based and written in clear and understandable language.
- **Achievable.** The family should be able to accomplish the goals in a designated time period, given the resources that are accessible and available to support change.
- **Realistic.** The family should have input and agreement in developing feasible goals.
- **Time limited.** Time frames for goal accomplishment should be determined based on an understanding of the family's risks, strengths, and ability and motivation to change. Availability and level of services also may affect time frames.

Goals should be broken down into small, meaningful, and incremental tasks. These tasks incorporate the specific services and interventions needed to increase parental protective capacities and help the family achieve the goals and outcomes. They describe what the children, family, case manager, and other service providers will do and identify time frames for accomplishing each task. Families should understand what is expected of them and what they can expect from the caseworker and other service providers. In developing tasks, case managers should also be aware of services provided by community agencies and professionals, target populations served, specializations, eligibility criteria, availability, waiting lists, and fees for services. With this knowledge, the case manager can determine the most appropriate services to help the family achieve its tasks.

This item is tied to CFSR Safety Outcome 1, Item 3: Services to the family to maintain in the home and Safety Outcome 1, Item 4: Risk and safety management and Well-being Outcome 1, Item 18.

**Item 18, “Child and family involvement in case planning”** (involving parents and children, whenever appropriate, in the case planning process on an ongoing basis). Strategies include:

- Using family-centered and strengths-based approaches (family team meetings, mediation) to build working relationships; and
- Ensuring the development of strong rapport between workers and children/parents.

*Instructions and Considerations:* The reviewer must use professional judgment to determine if the case plan tasks are appropriate. Do they match the child’s individual needs for safety? Note: For non-court ordered or court ordered in-home cases with a case plan goal of Maintain and Strengthen, the reviewer should use professional judgment in assessing the appropriateness of the goal, and must consider the child's individual needs for safety and stability.
Rating Criterion:

- Strength, if the case plan is individualized for the family’s needs related to known dangers and tasks are incorporated that will increase parental protective capacities.

- Area Needing Improvement, if the case plan is not individualized for the family’s needs related to known dangers and/or tasks to increase parental protective capacities have not been incorporated.

Question 2
Safety Planning

2.0 Is safety planning sufficient?

✔️ Strength  ❌ Area Needing Improvement

Core Concepts: Safety is central to child well-being. The focus is on identifying safety factors, present and/or impending danger, protective capacities, and working with caregivers to supplement protective capacities through safety interventions. A child is considered safe when there is a balance between known safety factors and the identification of protections that are put into place by all responsible persons. This includes the capability and reliability of parents, school personnel, child care providers, and others having immediate responsibility for the child in recognizing safety factors.

In-home services are designed to maintain children safely in their homes by strengthening the ability of families to protect their children and reducing threats to their safety. When a child’s safety can be reasonably assured, in-home services are provided to help stabilize the family and reduce the risk of future abuse or neglect. Safety management services may be provided directly by the CBC or through contracted case management organizations and other community-based service providers. Services may include, but are not limited to, crisis intervention, domestic violence intervention, and day care. The case manager must ensure services are appropriately identified, referred, and engaged. The goal is to prevent unnecessary separation of children from their families by identifying family problems and assisting families in resolving them.

A safety plan is appropriate when the caregiver agrees to cooperate with the safety actions and work closely with service providers; the home environment is calm and stable enough for services to be provided and for service providers to be safe in the home; the safety actions are sufficient to control all of the conditions affecting safety and can be put in place immediately; and a responsible person or legal guardian resides in the home. Safety plan interventions may include voluntary kinship placements; restricting access of the alleged perpetrator to the child; the alleged perpetrator leaving the home either voluntarily or as a result of a court order; obtaining a protection order, accessing at safety and danger threats at childcare or respite care, etc.

This item is tied to CFSR Safety Outcome 1, Item 3: Services to the family to maintain in the home and Safety Outcome 1, Item 4: Risk and safety management.

Instructions and Considerations: Does the case manager provide close monitoring of the family? Does the case file indicate on-going assessment and discussions regarding safety interventions? Does safety planning address safety intervention strategies in response to an identified danger threat or safety concern? These discussions should be relevant to why the family is involved in services (i.e.: DV planning, substance misuse, family violence). If there is no formal safety plan, does the case manager address safety planning with the family during home visits?

Rating Criterion:

✔️ Strength, if the case file indicates safety planning discussions are being conducted with the family and if safety planning addressed safety intervention strategies that are sufficient to address the identified danger threat or safety concern.

✔️ Area Needing Improvement, if the case file does not indicate safety planning discussions are being conducted with the family and/or if safety planning addressed safety intervention strategies are not sufficient to address the identified danger threat or safety concern.
**Question 3**

**Monitoring Parental Behavior Change**

3.0 Is the parents’ behavior change monitored as it relates to danger threats and safety concerns?

- Strength
- Area Needing Improvement

**Core Concepts:** The case manager must continually monitor the parent’s behavior to determine if behavior change is occurring and the parent has the capacity to keep his or her child safe. Sufficient information to assess parental protective capacity will generally be collected through information related to adult functioning. This assessment is critical to determining if the parent has demonstrated actions of protection that specifically address the danger threats. Rationale that a parent has the capacity, ability, and willingness to take protective action to keep a child safe includes both:

1. A historical record of taking such action in the past; and
2. A current demonstration of taking protective actions on the children’s behalf.

Safety planning is an ongoing process. The need for a plan may be triggered by a specific event, but individual and family circumstances change frequently enough to warrant continual monitoring and updating when new safety threats are identified; parental protective capacities diminish; new members join the family or leave the home; or there is an increase in stressors in general, e.g., loss of job, illness, pregnancy, etc.

This item is tied to CFSR Safety Outcome 1, Item 4: Risk and safety management.

**Instructions and Considerations:** Monitoring may include case manager observations, feedback from service providers, and ongoing communication with those individuals who can provide additional insight as to behavioral change and protective capacities of the parents, documenting appropriate interactions with children, assessing occurrences of DV incidents, etc.

**Rating Criterion:**

- Strength, if the parent’s behavior change is sufficiently monitored.
- Area Needing Improvement, if the parent’s behavior change is not sufficiently monitored.

**Reference:** Federal Child & Family Services Review, Safety Outcome 2, Item 4
Question 4
Assessing Emerging Dangers

4.0 Is the case manager aware of any emerging dangers and, if so, are they followed up on urgently?

☐ Strength  ☐ Area Needing Improvement  ☐ Not Rated

Core Concepts: Emerging danger threats may occur as a present danger or an impending danger. Present danger is unique in that it is immediate, significant, clearly observable, and actively occurring. Present danger threats are conspicuous and require an immediate protective action be taken to ensure the child’s safety. While just as serious in terms of consequences to a child, impending danger threats are typically more subtle in nature and can best be described as a pervasive “state of danger” in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but can be anticipated to have severe effects on a child at any time. Impending danger threats result from persistent and ongoing out-of-control conditions in the home that places a child in a continual, imminent, but not immediate, position of being maltreated.

Instructions and Considerations: This may be “not rated” if there are no new emerging danger threats.

Rating Criterion:

☐ Strength, if there are emerging dangers threats and the case manager is taking swift action to address child safety.

☐ Area Needing Improvement, if there are emerging danger threats present and the case manager is not taking swift action to address child safety.

☐ Not Rated, if there are no emerging danger threats at the time of the case review.

Reference: This item is tied to CFSR Safety Outcome 1, Item 4: Risk and safety management.
Question 5

Quality of Contacts with the Child and Family

5.0 Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?

☒ Strength ☐ Area Needing Improvement

Core Concepts: Case manager visits are an integral part of assessing and ensuring the safety of children. Visits provide an opportunity to meet with children and their families to monitor children's safety and well-being; assess the ongoing service needs of children and their parents; monitor progress toward established goals; evaluate the continued appropriateness of safety interventions; observe parent and child interactions; and assess parental protective capacities. Qualitative visits and case manager contacts should be professional consultations which are:

1. Planned in advance of the visit, with issues noted for exploration and goals established for the time spent together. *(Note: Documentation of planning may not be readily apparent but gives the QA reviewer an opportunity to discuss how visits are planned during the case consultation).*
2. Open enough to offer opportunities for meaningful consultation with children and parents.
3. Individualized. For example, visits should include separate time for discussions with children and parents. This provides the opportunity to privately share their experiences and concerns and to ensure that issues that might not be disclosed when other family members are present are identified and addressed.
4. Focused on the case plan and the completion of actions necessary to support children and families in achieving the goals established in their plans.
5. Exploratory in nature, examining changes in the child’s or family’s circumstances on an ongoing basis.
6. Supportive and skill-building, so children and families feel safe in dealing with challenges and change and have the tools to take advantage of new opportunities.
7. Well documented, so that the agency can follow up on commitments and decisions made during the visit.

This item also ties to the Child and Family Service Review, Safety Outcome 1, Item 4: Risk and safety management and Well-being Outcome 1, Items 19-20.

Item 19. "Caseworker visits with child" (ensuring that the quality of visits between caseworkers and children are sufficient to ensure the safety, permanency, and well-being of children and promote achievement of case goals)

Item 20. "Caseworker visits with parents" (ensuring that the frequency and quality of visits between caseworkers and mothers and fathers are sufficient to ensure the safety, permanency, and well-being of children and promote achievement of case goals)

Instructions and Considerations: The reviewer should assess the above criteria and also determine if the case manager addressed case plan tasks and progress or the lack thereof. Is the case manager monitoring the child(ren’s) physical appearance, developmental progress, behavioral indicators, and emotional well-being? Are parent/child interactions documented? Statements such as “free of marks and bruises”, “child appeared happy, healthy and bonded” or “child is developmentally on target” are not sufficient when addressing qualitative interactions and observations.
Rating Criterion:

- **Strength**, if there is evidence of quality case manager contacts with the child and family.

- **Area Needing Improvement**, if there is no or very little evidence of quality case manager contacts with the child and family.

- *References:* Safety Outcome 2, Item 4; Safety Outcome 2, Item 4; Safety 2, Outcome 4 *Diligent Efforts:* s. 39.201(5) F.S. & Safety Outcome 1, Item 1
Question 6
Frequency of Contacts with the Child and Family

6.0 Is the frequency of contacts with the child and family sufficient to ascertain and respond to known threats and emerging dangers?

- Strength
- Area Needing Improvement

Core Concepts: The frequency of contacts must be based on factors such as increased threat of danger or change of circumstance in a family. Together, the case manager and the supervisor should decide the frequency of contacts needed. In determining the appropriate level of contact over and above the minimum, the following factors should be considered:

- the current level of danger to the child in his or her living situation;
- the level of contact needed to monitor the child's situation (younger children require more frequent visits), and
- to minimize the danger threats and to enhance parental protective capacities to provide safe, appropriate care.

Pursuant to Florida Administrative Code, initial contact with children under supervision must occur within two working days of the case being accepted for supervision. The date accepted for supervision is the date of the Early Services Intervention Staffing or the date of the court ordered supervision. Face-to-face contact must occur at a minimum of every thirty days. This is the contact minimum; more frequent visits must be made if there are known threats and emerging dangers. At least once every three months, the case manager must make an unannounced visit to the child’s current residence.

This item also ties to the Child and Family Service Review, Safety Outcome 1, Item 4: Risk and safety management and Well-being Outcome 1, Items 19-20.

Item 19, "Caseworker visits with child" (ensuring that the frequency of visits between caseworkers and children are sufficient to ensure the safety, permanency, and well-being of children and promote achievement of case goals).

Item 20, "Caseworker visits with parents" (ensuring that the frequency of visits between caseworkers and mothers and fathers are sufficient to ensure the safety, permanency and well-being of children and promote achievement of case goals)

Instructions and Considerations: The reviewer must determine if the frequency of contacts is commensurate with the danger threats to the child.

Rating Criterion:

- Strength, if the case manager is seeing the family frequently enough to ascertain and respond to known threats and emerging dangers.
- Area Needing Improvement, if the case manager is not seeing the family frequently enough to ascertain and respond to known threats and emerging dangers.

References: Florida Administrative Code 65C-30.007(1), (2),(5), CFSR Well-being Outcome 1, Items 19 and 20.
Question 7

Background Checks and Home Studies

7.0 Are background checks and home studies sufficient and responded to appropriately?

- Strength
- Area Needing Improvement

Core Concepts: The file must contain an assessment of implications for child safety based on background check results for all household members and other visitors to the home. The case manager must demonstrate an understanding of the background screening information and must also be alert to new household members and request a criminal background check and the abuse and neglect record check on those people. If a determination is made an individual is a other visitor in the home, the case manager has the discretion to request a background check through the Hotline. For the purpose of determining an “other visitor”, the following guidelines should be used.

- Does the visitor spend the night at the house? If so, how often?
- Does the visitor spend any unsupervised time in the home with the child?
- Is the visitor ever left in a caregiver role? If so, how often? Under what conditions?
- Is the visitor a boyfriend or girlfriend of any adult household member?

The reviewers should review the family history, family assessment, and case notes to determine how effectively the background information is used to assess and address potential danger threats.

Instructions and Considerations: The reviewer must determine if the case manager demonstrates an understanding of the background screening information and is alert to new household members. For reunification cases and relative placements, the reviewer must ensure the file contains an approved home study. The reviewer must assess the home study to determine if it is of sufficient quality to ensure child safety. There should be an emphasis on the overall assessment of the child’s home environment.

Rating Criterion:

- Strength, if background checks and home studies are sufficient and responded to appropriately.
- Area Needing Improvement, if background checks and home studies are not sufficient and responded to appropriately.

References: s. 39.0138; F.S. and Safety Outcome 1, Item 4: Risk and safety management
Question 8
Communication with Stakeholders

8.0 Is communication with the case stakeholders sufficient to assess emerging dangers and parent behavioral changes?

- Strength
- Area Needing Improvement

Core Concepts: Case management emphasizes decision-making, coordination, and provision of services. Case managers collect and analyze information, arrive at decisions at all stages of the casework process, coordinate services provided by others, and directly provide supportive services. The case manager must use interpersonal and group skills to interact with other professionals, and lead and coordinate the service delivery process by developing case plans that are clear to all parties. It is the case manager's responsibility to:

- Select, provide, and arrange for the most appropriate services;
- Communicate and collaborate with identified service providers;
- Measure progress toward achievement of outcomes and goals;
- Maintain records to document client progress and ensure accountability; and
- Prepare and review necessary reports.

When other service providers are used as part of the case manager’s overall safety planning strategy, it is important to establish a verbal or written reciprocal agreement with the referral agency or individual professional. The following should be included as expectations of the reciprocal agreement:

- Results of the family assessment, including an identification of the most critical danger threats that the service provider is to address;
- Copy of the case plan with tasks, outcomes, goals, and identification of the service provider’s role;
- Specification of the purpose of the referral and the expectations regarding the type, scope, and extent of services needed;
- Specification of the number, frequency, and method of reports required, as well as reasons for reports;
- Expectations for reporting on observable changes in achievement of client tasks, outcomes, and goals;
- Measures of client progress;
- Provisions for coordinating among providers and monitoring service provision.

This item is tied to CFSR Safety Outcome 1, Item 3: Services to the family to maintain in the home and Safety Outcome 1, Item 4: Risk and safety management.

Instructions and Considerations: The reviewer must determine if the file contains documentation the case manager is having meaningful conversations with key individuals and agencies involved with the family (service providers, family members, GAL, daycare, school, etc.) to determine if danger threats or safety concerns exists. Do these conversations assist the case manager in identifying emerging dangers and parental behavioral change? Is the case manager coordinating the Multidisciplinary Staffing between service providers at critical junctures?
Rating Criterion:

- Strength, if communication with the case stakeholders is sufficient to assess emerging dangers and parent behavioral changes.

- Area Needing Improvement, if communication with the case stakeholders is not sufficient to assess emerging dangers and parent behavioral changes.

References: This item is tied to CFSR Safety Outcome 1, Item 3: Services to the family to maintain in the home and Safety Outcome 1, Item 4: Risk and safety management.
Question 9
Supervisory Case Consultation and Guidance

9.0 Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?

☑ Strength  ☐ Area Needing Improvement

Core Concepts: Supervisors must be involved in any casework decision that affects child safety and permanence. The supervisor and case manager should collaborate to reach consensus on decisions regarding safety for the child. Since the case manager is the primary holder of the information, the supervisor should review his or her documentation and meet with the case manager to analyze the information.

The supervisor and case manager must both be aware of the information needed and why. The case manager must consult with the supervisor to review the observed family condition and discuss what was observed and why the child was assessed to be safe, or there is evidence of Impending Danger, or there is evidence to support Present Danger. The supervisory consultation should focus on whether the case manager’s information and observations are sufficient to support the case manager’s conclusion. When the case manager determines there is present or impending danger, the supervisor must explore all aspects of the family condition and ensure the information obtained is reconciled with the core concepts of each.

The reviewer should look for evidence the case manager was encouraged to critically analyze the information obtained, observations made, and what is known and unknown about the family.

Rating Criterion:

☑ Strength, if supervision identifies concerns in service provision related to all of the above and recommended actions are followed up on urgently.

☐ Area Needing Improvement, if supervision does not identify noted concerns in service provision related to all of the above and/or if recommended actions are not followed up on urgently.

References: This item is tied to CFSR Safety Outcome 1, Item 3: Services to the family to maintain in the home and Safety Outcome 1, Item 4: Risk and safety management.
Other:

1. Was a case consultation conducted to provide additional guidance?

2. Was a Request for Action (RFA) completed in the Florida Safe Families Network (FSFN) for an immediate child safety concern?