

**Pennsylvania Quality Service Review (QSR)  
For Children, Youth and Families**

**A Reusable Protocol for Examination of  
Family-Centered Services for Children, Youth and Families**

**Developed for Periodic Qualitative Case Reviews of  
Services Provided to Children/Youth and Families to Improve Safety,  
Permanency, and Well-Being Outcomes**

**For the  
Pennsylvania Department of Human Services, Office of Children, Youth, and  
Families**

**Developed in Collaboration with  
Human Systems and Outcomes, Inc.**

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**Quality Service Review for Children, Youth and Families**

This Quality Service Review (QSR) protocol is designed for use in an in-depth case-based quality review process of frontline practice in specific locations and points in time. It is used for: (1) appraising the current status of a focus child/youth in key life areas, (2) status of the parent/caregiver, and (3) performance of key practices for the same child/youth and family. The protocol examines recent results for children/youth in protective care and their caregivers as well as the contribution made by local service providers and the system of care in producing those results. Review findings are used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices used for children and youth and their families who are receiving child welfare services in the Commonwealth of Pennsylvania.

The QSR protocol is used to support a professional appraisal of current status and practice performance for an individual child/youth and their caregivers in a specific service area and at a given point in time. This is case-based review protocol, not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of such protocols are prepared for and licensed to child-serving agencies for their use. These tools and processes, often referred to as the QSR are based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of Human Systems and Outcomes (HSO).

Proper use of the QSR protocol and other QSR processes requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewers use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:

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**Design Team Participants**

Listed below are the persons who served as members of the Design Team that contributed to this first working version of the Quality Service Review Protocol being developed for children, youth and families receiving child welfare services in Pennsylvania. Members participated in a two-day design session in April 2010 that resulted in the protocol design that was pilot tested and technically reviewed, refined, and used for measurement of practice performance. Knowledge gained from the QSR process will be used for the positive purposes of practice development and capacity building necessary for improving the quality of practice to achieve better results and outcomes for the children and families receiving services. Persons who participated in the design activities were:

1. Cathy Utz, Office of Children, Youth, and Families
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21. Ray Foster, Design Team Facilitator and QSR Protocol Developer, Human Systems and Outcomes, Inc.
22. Linda Radigan, Design Consultant and Expert on QSR Protocol Design and Use, Allegretti and Radigan Consultants, LLC.

### Introduction to the Quality Service Review Protocol

#### QSR: A Focus on Practice and Results

The Quality Service Review (QSR) protocol uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received and how well locally coordinated services are working for children, youth and families. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The QSR Protocol contains qualitative indicators that measure the current status of the focus child/youth and the child/youth's parents and/or caregivers. In a sense, the measures of current status may be used to reveal outcomes achieved thus far in the life of the case. The QSR Protocol provides a set of qualitative indicators for measuring the quality and consistency of core practice functions used in the case. The QSR serves as a measure of Pennsylvania's Practice Model and standards for child welfare practice.

The QSR provides a basis for measuring, promoting, and strengthening best practice. QSR findings are used for providing safe, positive feedback to frontline staff, supervisors, and program managers. To be effective, QSR is not a tool used for compliance enforcement. Rather, QSR feedback is used to stimulate and support practice development and capacity-building efforts leading to better practice and results for the children, youth and families receiving services.

#### QSR Indicators

The QSR Protocol provides reviewers with a specific set of indicators to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions prompted in the Practice Model. Indicators are divided into two distinct domains: child, youth and family status and practice performance.

Child, youth and family status indicators measure the extent to which certain desired conditions are present in the life the focus child/youth and the child/youth's parents and/or caregivers—as seen over the past 30 days. Status indicators measure constructs related to safety, permanence and well-being. Changes in status over time may be considered the near-term outcomes at a given point in the life of a case.

Practice indicators measure the extent to which core practice functions are applied successfully by practitioners and others who serve as members of the child/youth and family team. The core practice functions measured are taken from the child/youth and family team and provide useful case-based tests of performance achievement. The number of core practice functions and level of detail used in their measurement may evolve over time as advances are made in the state-of-the-art practice.

#### Rating Scales Used in the QSR

The QSR protocol uses a 6-point rating scale as a yardstick for measuring the situation observed for each indicator. The general timeframes for rating indicators are: (1) for child/youth and parent/caregiver status indicators, the reviewer focuses on the past 30 days and (2) for system performance indicators, the reviewer focuses on the past 90 days.

These time parameters will help reviewers clearly and consistently define conditions necessary for a particular rating value. Greater clarity in rating values increases inter-rater reliability. Most QSR indicators follow these time parameters exactly. Exceptions to the general rules are found within specific indicators, but are clearly spelled out within each indicator.

#### What's Learned Through the QSR

The QSR involves case reviews and interviews with key stakeholders and focus groups. Results provide a rich array of learning for affirming good practice already in place and for identifying next step actions for practice development and capacity-building efforts. QSR results include:

- Detailed stories of practice and results and recurrent themes and patterns observed across children, youth and families reviewed.
- Deep understandings of contextual factors that are affecting daily frontline practice in the agencies being reviewed.
- Quantitative patterns of child/youth and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and success stories for affirming good practice and results found during the review.
- Emerging problems, issues, and challenges in current practice situations explained in local context.
- Periodic reports revealing the degree to which important expectations are being met in daily frontline practice.

- Critical learning and input for next-step actions and for improving program design, practice models, and working conditions for frontline practitioners.

These results help social workers, supervisors, managers, practice designers and trainers, policy makers, and resource developers plan ways to help the service system perform even better tomorrow than it does at the time of the review.

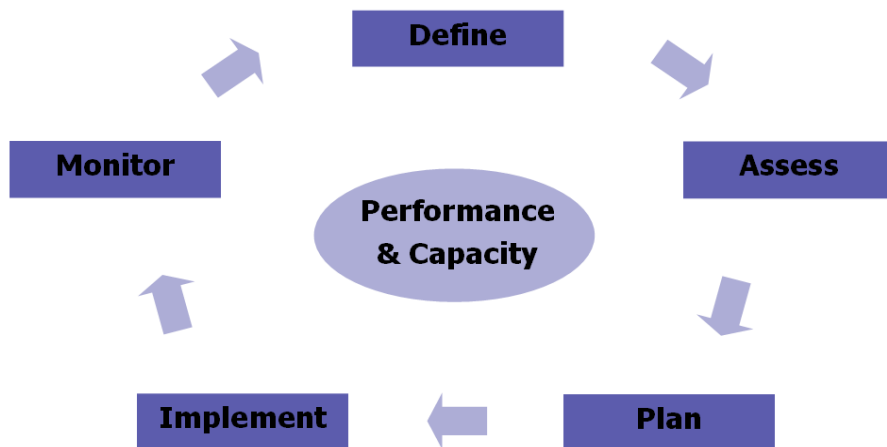
### What to do With the QSR Results – Pennsylvania’s Approach to Continuous Quality Improvement

Implementing change at the local level is critical to the achievement of positive child, youth and family outcomes, particularly in a state-supervised and county-administered state. A well-developed Continuous Quality Improvement (CQI) process is a vehicle to drive change forward in Pennsylvania (PA). Continuous quality improvement is not a time limited project or initiative. Casey Family Programs and the National Resource Center for Organizational Improvement define continuous quality improvement as “the ongoing process by which an agency makes decisions and evaluates its progress.” Pennsylvania’s CQI approach is therefore not another new initiative, but an effort to reshape the system at the local and state level to support the achievement of positive outcomes for our children, youth and families. The state will do this by better aligning existing quality improvement efforts to meet county’s needs in a more coordinated, connected way. We believe that the CQI process being developed in PA will support staff in improving their practice which will ultimately lead to healthy children, youth and families. The QSR is one critical component of the CQI process that will be used to assess and monitor progress which is further defined below.

The development of Pennsylvania’s CQI process was one of the foundational strategies of our 2010 Program Improvement Plan (PIP). In addition to the fact that the implementation of a CQI effort was outlined in the PIP and therefore required to be implemented, we believe this process will aid in our continuing shift from compliance-focused efforts to a more quality-driven focus. We believe this because in order for quality practice to be internalized and exhibited at the practice level (with families), organizations need to create an environment in which quality practice is supported. Therefore, we need to create a system in which all organizational components of the state, county children and youth agencies, and private provider and technical assistance communities are committed and able to effectively improve outcomes for children, youth and families. We will also need to work closely with community partners outside of the Child Welfare system to develop the comprehensive level of support children, youth and families need to achieve safety, permanency and well-being. Pennsylvania acknowledges that structural shifts are needed in order for local agencies to be better supported in their quality improvement work. To this end, key statewide stakeholders, including representation from: County Children and Youth Agencies (CCYAs); Pennsylvania’s Department of Human Services, Office of Children, Youth and Families (OCYF); the Private Provider community; and the technical assistance community, are committed to reshaping their systems to best support this statewide continuous quality improvement effort.

Pennsylvania’s CQI process will be using American Public Human Service’s (APHSA) DAPIM™ model of quality improvement. APHSA’s DAPIM™ model outlines five main steps: Define; Assess; Plan; Implement; and Monitor to facilitate and sustain change.

## The *DAPIM*™ Model: A “Flywheel”



Major components of our CQI effort include: the identification of a leadership “sponsor” team to support and resource the county’s continuous quality improvement efforts; the identification of a work “implementation” team, consisting of mostly line staff and supervisors, to develop the plan and support the change effort; participation in PA’s QSR process to include site leads to manage logistics and local community members and staff to be reviewers; implementation of change efforts, which will be supported by a technical assistance team (i.e. OCYF, the Pennsylvania Child Welfare Resource Center the American Bar Association, the Statewide Adoption and Permanency Network, the Administrative Offices of Pennsylvania Courts, and Hornby Zeller Associates); and support of implementation of the practice model, as needed. Implementation of this approach will include each county receiving support in achieving their individualized continuous quality improvement effort while being supported by a more coordinated network of child welfare system collaborators through all five components as identified below:

D – Define – defining one’s desired state and what the organization wants to improve. Defining what a system seeks to improve in operational terms means engaging key stakeholders in discussion to strategically identify specific and meaningful issues that system partners are interested in improving.

A – Assess – assessing strengths and gaps in performance capacity, performance actions, outputs and outcomes. The locally driven assessment process will be an inclusive process since the achievement of positive outcomes will only be realized when the full resources of a community are garnered. Through formal and informal means, the state will support the counties’ ability to utilize existing data and other forms of assessment. This does not require the creation of additional assessments for counties, but rather streamlines existing forms of assessment that will better inform strategic decision-making and planning.

P – Plan – planning for quick wins, medium term improvements and longer term improvements that leverage strengths and address root causes for gaps. This process will culminate in the completion of each county’s County Improvement Plan, which will drive the Needs Based Plan and Budget. The counties will be developing their own improvement plan based on mutually identified needs of the agency, community and system partners by engaging in a discussion to explore the root causes and possible remedies for the identified gaps.

I – Implement – implementing plans for maximum impact and sustainability. Successful implementation of these plans will require the county agency to engage key internal and external stakeholders who will actively support the implementation of both quick win action steps as well as the long term goals. Externally, the counties will be supported during the implementation of their plan(s) through coordinated efforts of all those external entities providing technical assistance to the county, as needed or requested by the county.

M – Monitor – monitoring progress through ongoing evaluation and follow through with CQI efforts. During this phase, the county will engage in monitoring activities that allow for evaluation and measurement of progress and impact. The PA QSR process will be utilized to drive the evaluative process. Pennsylvania is also committed to taking a more comprehensive look at practice by examining the assurance of both compliance and quality. Therefore, a crosswalk of the current compliance based licensing process and the PA QSR was completed in an effort to enhance PA’s evaluation process.





QSR Protocol - Section 2

Child/Youth and Family Status Indicators

Safety, Permanence, and Well-being	Page
1. Safety: (both a and b are rated)	
a: Exposure to Threats of Harm	10
b: Risk to Self/Others	12
2. Stability	14
3. Living Arrangement	16
4. Permanency	18
5. Physical Health	20
6. Emotional Well-being	22
7. Learning and Development (only one is rated)	
a: Early Learning and Development	24
b: Academic Status	26
8. Pathway to Independence (16+years)	28
9. Parent and Caregiver Functioning	30

**Reminders for Reviewers**

The reviewer should follow these directions when applying a status indicator to a case situation being reviewed:

- 1. Focus on the central construct measured in each indicator.** While two constructs may be logically related (e.g., stability and permanency), the reviewer is to focus on the central matters related to each specific indicator and follow the guiding questions and rating guidance provided for each indicator.
- 2. Stay within the time-based observation windows associated with each indicator.** For most indicators, status is measured over the past 30 days unless stated differently for particular indicators. For example, Status Indicator 2. Stability has observation windows that are different from the 30-day rule.
- 3. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.** Theorizing about events that might have occurred but did not is not a factual basis for rating. With the exception of Status Indicator 2. Stability, future possibilities about events that may occur are not considered in rating current status.

**Status Review 1a: Safety from Exposure to Threats of Harm**

**SAFETY: Degree to which:** • The child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings. • The child/youth’s parents and/or caregivers provide the attention, actions, and supports and possess the skills and knowledge necessary to protect the child/youth from known and potential threats of harm in the home, school, and other daily settings.

**Note:** This indicator is measured over the past 30 days. If the child/youth is living in a substitute care home and is having unsupervised visits (in the past 30 days) in the family home then both settings are rated.

**Core Concepts**

Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure. 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. The child/youth 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 parties involved in the case. This includes the capability and reliability of parents and/or out-of-home caregivers, school personnel, childcare providers and others having immediate responsibility for the child/youth in recognizing safety factors. This does not imply an absolute protection from all possible risks to life or physical well-being but instead refers to the child/youth being free from known and manageable safety threats/factors in his/her daily settings. Ultimately, this means the child/youth is free from abuse and neglect, including freedom from intimidation and unwarranted fears that may be intentionally induced by parents, caregivers, other children/youth, or treatment staff for reasons of manipulation or control. The child/youth should have food, shelter, and clothing adequate to meet basic physical needs as well as adequate care and supervision of parents/caregivers, as appropriate to the child/youth’s age and developmental needs. The child/youth who is presently in danger of or who lives in fear of assault, exploitation, humiliation, hostility, isolation, or deprivation may be in danger of self harm (including suicide), disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others. Reviewers should take into account not only the safety factor but also the effectiveness of any safety intervention (e.g., no-contact orders, safety plans, and after-school child/youth supervision plans) put into place to protect the child/youth.

**Guiding Questions**

1. Is the child/youth currently or has the child/youth recently been a victim of abuse, neglect, or exploitation in their home or within their community? • Does the parent/caregiver present a pattern of abuse, neglect, or exploitation of the child/youth? • How many reports have been made over the life of the case and/or in the past 12 months? • Were those reports substantiated or not? • What is the current status of the child/youth’s safety over the past 30 days?
2. Is the child/youth fearful, intimidated, or in present or impending danger in any of his/her current daily settings? Daily settings to be considered by the reviewer include but are not limited to the following:
  - Family home (including unsupervised visitation in the family home prior to reunification)
  - Out-of-home living arrangement (e.g., foster home or group home)
  - School or daycare (including early intervention, Head Start, K-12 grade school, alternative education program, vocational training)
  - Work (including work experience programs, internships, apprenticeship placements, part-time jobs, and supported employment)
  - After school (e.g., an informal neighbor child-sitting arrangement or an after-school program, such as those found at the Boys and Girls Club)
  - Weekend (including the use of a child/youth’s “free time” in and around the home while away from organized activities)
  - Play (including informal neighborhood play activities and organized youth activities, such as sports, clubs, church activities, and public play areas/parks)
  - Medical or therapeutic treatment centers (including any setting in which seclusion or restraint may be used)
  - Detention/institutional settings (including locked detention)
3. Does the child/youth receive an appropriate level of care and supervision from parents/caregivers and other adults, relative to age and special needs? Does the child/youth have his or her immediate food, clothing, shelter, and medical/mental health needs met? • Are the physical living conditions the child/youth is living in hazardous or threatening to their safety or well-being? • Do the parent/caregiver(s) use excessive or inappropriate discipline, including excessive physical force?
4. Is the child/youth’s care or supervision situation currently compromised by the parent/caregivers’ pattern of violent behavior, abuse/addiction to drugs (prescription, over the counter and illicit drugs), abuse/addiction to alcohol, mental illness/emotional instability, criminal activity, developmental status, cognitive ability, or domestic violence? • Does the parent/caregiver(s) have the cognitive, physical, and emotional capacity to participate in safety interventions?
5. What informal supports and resources is the family now using to keep the child/youth safe? • Over the past 30 days what protective capacities have been in place that helps the family to better recognize risks of harm and to protect the child/youth, in the home and other daily settings, from those risks?
6. How reliable are the protective strategies (e.g., no-contact order, safety plan), if any are in place, at keeping the child/youth and/or family free from harm? • Is the parent/caregiver(s) willing to accept temporary interventions offered by worker and/or other community agencies, including cooperation with continuing investigation/assessment?
7. Is there evidence of a healthy relationship between parent/caregiver and child/youth? • Is the parent/caregiver(s) aware of and committed to meeting the needs of the child/youth? • Does the parent/caregiver(s) have a history of effective problem solving?
8. Does the parent/caregiver(s) have a willingness to recognize the problems and factors placing the child/youth in danger?
9. How reliable are parents/caregivers in recognizing risks of harm and taking steps to protect the child/youth from those risks? • Are known risks being managed effectively for the child/youth?

## Description and Rating of the Child/Youth's Current Status

**Note:** This indicator is measured over the past 30 days. If the child/youth is living in a substitute care home and is having unsupervised visits (in the past 30 days) in the family home then both settings are rated.

**Optimal Status (6):** The child/youth has been **free** from harm, abuse, neglect, exploitation, intimidation at home and in other daily settings, including at school and in the community. Review findings indicate a **desirable and enduring safety situation** for the child/youth. The child/youth has a **threat-free** living situation at both the home and in their daily settings (including school and within the community) with **fully reliable and competent** parents/caregiver(s) who protect the child/youth at all times. Protective strategies currently in place are fully operative and reliable in maintaining **desirable** safety conditions.

**Substantial Status (5):** The child/youth has been **generally free** from harm, abuse, neglect, exploitation, intimidation at home and in other daily settings, including at school and in the community. Review findings indicate an **acceptable situation** for the child/youth. The child/youth has a **generally threat free** living situation at home with **reliable and competent** parents/caregiver(s) who protect the child/youth well under typical daily conditions. Any perceived or known safety concerns are dealt with immediately and appropriately. Protective strategies currently in place are fully operative and reliable in maintaining **acceptable** safety conditions.

**Fair Status (4):** The child/youth has been **reasonably free** from harm, abuse, neglect, exploitation, intimidation at home and in other daily settings, including at school and in the community. Review findings show a **satisfactory situation** that is free from imminent risk of abuse or neglect for the child/youth. The child/youth has a **reasonably safe** living arrangement with the current parents/caregivers. The child/youth is at least **fairly free from serious threats of harm** in other daily settings including at school and in the community. At home and/or in other settings the child/youth has very limited exposure to intimidation and exploitation. Protective strategies currently in place are operative and reliable in maintaining **reasonable** safety conditions.

**Marginal Status (3):** The child/youth has been **minimally free** from harm, abuse, neglect, exploitation, intimidation at home and in other daily settings, including at school and in the community. Review findings indicate **borderline protection** of the child/youth from abuse or neglect which poses an elevated threat of harm for the child/youth. Any protective strategies currently in place have been **recognized but not always utilized** in reducing threats of harm. Within their daily settings the child/youth is exposed to **somewhat elevated threats of harm** including occasional intimidation and fear of harm. Concerted action is needed in this area.

**Poor Status (2):** The child/youth has **not been free** from harm, abuse, neglect, exploitation, intimidation at home and in other daily settings, including at school and in the community. Review findings of the situation indicate **substantial and continuing threats of harm** for the child/youth. At home and/or in other daily settings the child/youth has experienced abuse, neglect, exploitation, or intimidation. The current protective strategies used may not have been recognized or utilized in reducing threats of harm. The child/youth is exposed to **elevated threats of harm**. Within their daily settings the child/youth is exposed to **frequent or serious intimidation and fears of harm**. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth has **not been free** from harm, abuse, neglect, exploitation, intimidation at home and in other daily settings, including at school and in the community. Review findings of the situation indicate **serious and worsening threats or harm** for the child/youth. A pattern of abuse, neglect, exploitation, or intimidation by parents/caregivers is undetected or unaddressed in the home and/or in other daily settings. Current protective strategies used have not been implemented or have not been effective when used, leaving the child/youth **at threat of continuing and worsening harm**. Parents/caregivers refuse to protect or are incapable of protecting the child/youth. Concerted action is needed in this area.

### Rating Categories:

Family Home # 1  
Family Home # 2  
School  
Substitute Home  
Other Settings

### Not Applicable by Rating Category:

**Family Home # 1 and # 2:** Parental rights have been terminated and there is no contact between the child/youth and the family; OR child/youth is in out-of-home care and has not visited with family at the family home over the past 30 days. If there is only one applicable family home, then it should be rated under family home # 1 and family home # 2 should be rated as not applicable.

**Substitute Home:** Child/youth is not in out-of-home care.

**School:** Child/youth is not in school.

**Other:** Child/youth does not attend "other" settings where there are caregivers responsible for the safety of the child/youth. Examples of "other" settings may include, but are not limited to, a daycare center, babysitter, work/internship, and before and after school programs.

## Status Review 1b: Safety from Risk to Self/Others

**RISK TO SELF OR OTHERS: Degree to which:** • The child/youth avoids self-endangerment. • Refrains from using behaviors that may put others at risk of harm. **Note:** This indicator is measured over the past 30 days. This indicator applies to a child/youth age three or older.

### Core Concepts

Throughout development, children and youth learn to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors and actions that can put themselves or others at risk of harm. This indicator examines the child/youth's choices, decisions, subsequent behaviors, and activities, and whether or not the child/youth's choices lead to him/her engaging in risky or potentially harmful activities. It addresses behavioral risks, including self-endangerment/suicide and risk of harm to others. It considers the child/youth's engagement in lawful community behavior and socially appropriate activities and avoidance of risky activities. The following are examples of known behaviors and activities which may lead to harm of the child/youth or others (This is not an all-inclusive list.)

For younger children, examples of potentially harmful activities include:

- Running away or leaving supervision for extended periods
- Aggressive biting or pulling hair • Playing with fire
- Extreme tantrums that may result in harm to self or others
- Hitting others or fighting • Cruelty to animals

For older youth, examples of potentially harmful activities include:

- Running away • Stealing • Dangerous thrill-seeking activities
- Serious property destruction, including fire setting
- Bulimia and or anorexia • Use of weapons
- Gang affiliation and related activities
- Abuse of alcohol/addictive substances
- Suicide, self-mutilation, or other forms of self-injurious behaviors (e.g., pica, head-banging, eye-gouging)
- Placing him/herself in dangerous environments and situations or neglecting essential self-care requirements for maintaining well-being
- Neglecting dependent care requirements
- Practicing unprotected sex

If the youth is already involved with the criminal justice system, the focus should be placed on:

- Avoiding re-offending
- Following rules, societal norms, and laws

### Guiding Questions

1. Does the child/youth present a pattern of self-endangering behaviors or danger to others? • If so, what are these behaviors and how are these behaviors being managed to keep people protected from such behaviors?
2. Is this child/youth presently making decisions and/or choosing to participate in activities (including illegal gang activities) that would cause harm to him/herself or others? • Are the child/youth's behaviors in the community likely to lead to arrest and/or youth detention or adult incarceration?
3. Does the child/youth have a history of making decisions and behaving responsibly and appropriately that result in avoiding behaviors that would cause harm to him/herself or others?
4. Does this child/youth regularly associate with peers known for engaging in illegal or high risk activities? • Does this child/youth engage in any high risk behaviors, including running away, robbery, car theft, drug use/sale, having unprotected sex, or prostitution?
5. Is there a recorded history, through school guidance/disciplinary issues, arrest records, or mandatory community service records, of the child/youth engaging in harmful, illegal, or very risky activities? • Is the child/youth involved with the juvenile justice system?
6. If the child or youth is involved with the juvenile justice system, is he/she actively participating with the court's plans and avoiding reoffending? • How is the youth modifying daily activities and peer members to avoid reoffending and become a "good citizen"?
7. Has the child/youth made suicidal gestures, threatened suicide, or had a suicide attempt? • Is a self-harm safety plan provided?
8. Does the child/youth cause harm to him/herself by biting, pulling hair, head-banging, having severe tantrums, self-mutilation, bingeing on alcohol, or inhaling toxic vapors to get high?
9. Has any harm actually occurred within the past six months? If so, what happened? • Are steps being taken to prevent or reduce the probability of repeated injury?
10. Is the child/youth presently placed in a congregate care or detention setting? • Has redirection or de-escalation been used, as appropriate? • Has a restrictive procedure plan been developed and used? • Has seclusion or restraint been used within the past 90 days to prevent harm to self or others? • Has use of any emergency control techniques been reduced over the past 90 days? • Have crisis services or 911 been called because of this child/youth's behavior recently?

**Description and Rating of the Child/Youth's Current Status**

**Note:** *This indicator is measured over the past 30 days. This indicator applies to a child/youth age three or older.*

**Optimal Status (6):** The child/youth has been **successful** at avoiding behaviors that cause harm to themselves and to others. Review findings indicate a desirable and enduring safety situation for the child/youth. This child/youth has **no history**, diagnosis, or behavior presentations that are consistent with behavioral risk and there is no indication there will be a change in this pattern -OR- the child/youth may have had **related** history, diagnoses, or behavior presentations in the past but has **not presented risk behaviors** at any time over the past 30 days and there is no indication there will be a change in this pattern.

**Substantial Status (5):** The child/youth has **generally** been avoiding behaviors that cause harm to themselves and to others. Review findings indicate an appropriate and continuing safety situation for the child/youth. The child/youth has a **limited history**, diagnosis, or behavior presentations associated with potential risk of harm to self or others -OR- the child/youth may have had **significant** history, diagnoses, or behavior presentations in the past but has **not presented the risk behaviors** at any time over the past 30 days and there is no indication behavioral risks will increase.

**Fair Status (4):** The child/youth has been **adequately** avoiding behaviors that cause harm to themselves and to others. Review findings indicate an appropriate safety situation for the child/youth. The child/youth **rarely presents** a behavior that has more than a low or mild risk of harm. The child/youth may have had related history, diagnoses, or behavior presentations in the past but the presented risk behaviors have been **significantly declining or much reduced** level over the past 30 days and there is no indication behavioral risks will increase.

**Marginal Status (3):** The child/youth has **inconsistently** avoided behaviors that cause harm to themselves and to others. Review findings indicate a situation with moderate safety risk. The child/youth presents a pattern of behavior that has a **low to moderate risk of harm**. The child/youth may have had related history, diagnoses, or behavior presentations in the past and may be presenting risk behaviors at a **somewhat lower risk** over the past 30 days. Concerted action is needed in this area.

**Poor Status (2):** The child/youth has **not avoided behaviors** that cause harm to themselves and to others. Review findings indicate a situation with significant safety risk. The child/youth is presenting a pattern of behaviors that may cause harm to self, others, or the community. The frequent presentation of risky behaviors has a **moderate to high** risk of harm. The child/youth may have had related history, diagnoses, or behavior presentations in the past and may be presenting risk behaviors at a **serious and continuing level of harm** over the past 30 days. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth has **not avoided behaviors** that cause harm to themselves and to others and a **clear and detrimental pattern of risk is evident**. Review findings indicate a situation with significant and severe safety risk. The child/youth is presenting a pattern of **increasing and/or worsening risky behaviors** that cause harm to self, others, or the community. These increasingly frequent or severe presentations of behavior have a **high risk of harm**. The child/youth may have had related history, diagnoses, or behavior presentations in the past and may be presenting risk behaviors at a **serious and worsening** level of harm over the past 30 days. Concerted action is needed in this area.

**Rating Categories:**

Risk to self  
Risk to others

**Not Applicable by Rating Category:**

**Risk to self:** Child is under the age of three years old.  
**Risk to others:** Child is under the age of three years old.

## Status Review 2: Stability

**STABILITY: Degree to which:** • The child/youth's daily living, and learning arrangements are stable and free from risk of disruptions. • The child/youth's daily settings, routines, and relationships are consistent over recent times. • Known risks are being managed to achieve stability and reduce the probability of future disruption.

**Note:** *Alternative timeframes are used for ratings in this indicator. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.*

### Core Concepts

Stability = continuity and normal life-stage changes.

Instability = disruptive changes in a child/youth's life.

Stability and continuity in a child/youth's living arrangement, school experience, and social support network provide a foundation for normal child/youth development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. The stability of a child/youth's life will influence his/her ability to learn life skills, solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a sense of caring and conscience. Many life skills, character traits, and habits grow out of enduring relationships the child/youth has with key adults in his/her life. The parent/caregiver or adult mentor (relative, neighbor, coach) who spends quality time with the child/youth, assisting with working through the common problems of childhood and adolescence with the child/youth, and models values and life skills is essential for normal development.

Building nurturing relationships depends on consistency of contact. For this reason, stability and permanence in the child/youth's living arrangement and school setting are foundations for child/youth development. A child/youth removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement.

While change is a part of life, the focus here is on determining the degree of the child/youth's stability now and in the immediate future. The indicator rating reflects the likelihood that near-term changes in the child/youth's environment and living situation may occur that would be disruptive and/or detrimental to the child/youth's relationships and daily routines. A home move is considered a disruption if it is a planned or sudden movement made in response to safety threats in the home, lasts for more than three days, is made to a more or less restrictive setting, and/or results in the child/youth residing in another home with different caregivers. The reason for disruption may be foster home problems, a sudden psychiatric episode, placement in residential treatment, or other situations in which the child/youth does not return to the same home and/or school. An educational move is considered disruptive if the child/youth changes schools due to a home disruption or if the school placement is changed for any reason (other than grade-level transitions or provision of temporary specialized educational services) to a more restrictive educational setting. Repeated school suspensions or expulsion would be considered disruptive to a child/youth's education. Normal age-related transitions from elementary to middle or high school are not a disruption. A brief hospitalization for acute care is not a disruption, if the child/youth returns to the same home following discharge.

### Guiding Questions

1. How long has the child/youth lived in the current home and attended the current school or daytime activity? • Does the child/youth have a stable living arrangement now and over past 12 months? • If not, why?
2. How many out-of-home placements has this child/youth had in the past 12 months? (Including the current removal episode and any other removal episodes within the last 12 months) • For what reasons? • Of the placement changes, how many have been planned? • How many have been made to unite the child/youth with siblings/relatives, move to a less restrictive level of care, or make progress toward the planned permanency outcome (e.g., reunification or TPR/adoption)?
3. Is the child/youth living in a permanent home? • If continued instability is observed, is it caused by unresolved permanency issues?
4. Have probable causes for disruption of home or school been identified? Examples of probable causes for disruption include, but are not limited to the following:
  - Parent/caregiver's history of frequent moves, relapses, hospitalizations, or possible incarceration
  - Change in adults living in the home
  - Behavioral problems and discipline issues at home or at school
  - Parent/caregiver's inability to provide the appropriate level of care or supervision
5. Are any known changes in the child/youth's living arrangement or school expected to occur in the next six months? Such a change could involve a discharge from residential treatment or detention to a new home or school.
6. Has this child/youth ever run away from home, school, or placement? • If so, is this likely to reoccur within the next six months?

## Description and Rating of the Child/Youth's Current Status

**Note:** *Alternative timeframes are used for ratings in this indicator. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings and relationships.*

**Optimal Status (6):** The child/youth has had **enduring** stability in their living arrangement and school and enjoys positive relationships between parents/ caregivers, key adult supporters, and peers. There is **no history** of instability over the past 12 months and **no expectation** of future disruptions within the upcoming six months. The only expected changes are age-appropriate changes within school settings.

**Substantial Status (5):** The child/youth has had **considerable** stability in their living arrangement and school and has established positive relationships between parents/caregivers, key adult supporters, and peers. The child/youth has had **no more than one** disruptive change in either setting over the past 12 months with none in the past six months. The expectation of future disruptions within the upcoming six months is **very minimal**. The only expected changes are age-appropriate changes within school settings.

**Fair Status (4):** The child/youth has had **adequate** stability in their living arrangement and school and is establishing positive relationships between parents/caregivers, key adult supporters, and peers. The child/youth has had **no more than one** disruptive change in either setting over the past 12 months and none in the past three months. The expectation of future disruptions within the upcoming six months is **low**. The only expected changes are age-appropriate changes within school settings.

**Marginal Status (3):** The child/youth has had **limited** stability in their living arrangement and/or school. Relationships between parents/primary caregivers, key adult supporters, and peers may be strained; the child/youth may not feel secure in the living arrangement and disruptions may have resulted in changes of parents/primary caregivers, key adult supporters, and peers in those settings. The child/youth has had **no more than one** disruptive change in either setting over the past six months and none in the past 30 days. Future disruptions **may occur** within the next six months and the causes of potential disruptions are known. Concerted action is needed in this area.

**Poor Status (2):** The child/youth has experienced **substantial and continuing problems** of instability due to **multiple** changes in either their living arrangement and/or school. The child/youth feels insecure and concerned about his/her situation. Intervention efforts to stabilize the situation may be limited or undermined by current system of care difficulties. There is a **high risk** of future disruptions over the next six months and the causes of potential disruptions may or may not be known. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth has experienced **serious and worsening** instability in their living arrangement and/or school due to **multiple** changes in either setting. The child/youth's situation seems to be spiraling out of control and is detrimental to the child/youth. The child/youth may be in temporary containment and control situations (e.g., detention or crisis stabilization) or a runaway. The child/youth may be expelled from school. Future **disruptions are expected** within the next six months and the causes of potential disruptions may or may not be known. Concerted action is needed in this area.

### Rating Categories:

Living Arrangement  
School

### Not Applicable by Rating Category:

**School:** The child/youth is not in school.

### Status Review 3: Living Arrangement

**LIVING ARRANGEMENT: Degree to which:** • The child/youth, consistent with age and/or ability, is currently living in the most appropriate/least restrictive living arrangement, consistent with the need for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. • If the child/youth is in out-of-home care, the living arrangement meets the child/youth's basic needs as well as the inherent expectation to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.

**Note:** This indicator is measured over the past 30 days. This indicator applies to the child/youth's current living situation. This may be the home of the child/youth's family or a substitute care home. If the child/youth is living in a substitute care home and is having unsupervised visits in the family home, then both settings are rated.

#### Core Concepts

The child/youth's home is the one that the child/youth has lived in for an extended period of time. For children/youth that are not in out-of-home care, this home can be with their parents, informal kinship care resources, adoptive parents, or a guardian. For children/youth in out-of-home care, the living arrangement can be a resource family setting or a congregate care setting. The child/youth's home community is generally the area in which the child/youth has lived for a considerable amount of time and is usually the area in which the child/youth was living prior to removal. The community is a basis for a child/youth's identity, culture, sense of belonging, and connections with persons and things that provide meaning and purpose for the child/youth. Whenever safe, the child/youth should remain in the home with his/her family. If the child/youth must be temporarily removed from the home, the child/youth should live, whenever possible, in an informal kinship placement arrangement. Some children/youth with special needs may require temporary services in therapeutic settings, which must be the least restrictive, most appropriate, and inclusive living arrangement necessary to meet needs.

#### Guiding Questions

1. Is the child/youth living in his/her family home (with parents, informal kinship arrangement, adoptive parents or guardian)? • If not, does the child/youth's current living arrangement facilitate the child/youth's connections to his/her culture, community, faith, extended family, and social relationships? • Are these connections meaningful to the child/youth? • Is the child/youth's home an appropriate environment for the child/youth? • Are the parents (or other substitute caregivers) able to meet the child/youth's daily needs for care and nurturing? • Does the child/youth have any special needs (medical, behavioral, cognitive, etc.)? • If so, does the parent or caregiver have the capacity and supports necessary to address the special needs?
2. If the child/youth is in out-of-home placement, the following points should be considered in determining the appropriateness of the setting: *[Consider appropriateness of the living arrangement with the Indian Child Welfare Act, Multi-Ethnic Placement Act, and Adoptions and Safe Family Act.]*
  - Is the child/youth living in his/her community (neighborhood and community close to home of parent, in his/her school district, and where he/she can continue extracurricular activities)? • Is this home consistent with the child/youth's language and culture?
  - Does the placement provide appropriate continuity in connection to home, school, faith-based organization, peer group, extended family, and culture? • Is the child/youth placed with the non-custodial parent or relatives? If not, are there clear reasons why not?
  - Is the child/youth placed with siblings? If not, are there clear reasons as to why this was not appropriate based upon the needs of the child/youth?
  - Is the placement conducive to maintaining family connections and does the out-of-home caregiver support these activities?
  - Does the child/youth feel safe and well cared for in this setting? • Does the team believe this is the best place for this child/youth at this time? • Should reunification not be possible, would the out-of-home caregiver be able and willing to provide for permanency?
  - Is the living arrangement able to meet the child/youth's developmental, emotional, behavioral, and physical needs and does it provide for appropriate levels of supervision and supports?
  - Do the out-of-home caregivers encourage the child/youth to participate in activities that are appropriate to his/her age and abilities (sports, creative activities, etc.) and support socialization needs with peers and others?
3. If the child/youth is living in a group home or in a residential care placement, the reviewer should consider the following items:
  - Does the child/youth feel safe and well cared for in this setting? • Is the child/youth placed with children/youth in his/her same age group?
  - Is this the least restrictive and most inclusive setting that is able to meet the child/youth's needs? • Is the placement working on a goal to transition child/youth to a less restrictive setting? • If the youth is 16+ and reunification services have ended, is the placement providing transitional living skills to prepare him/her for independent living? • Does the placement provide for the appropriate level of supervision, supports, and therapeutic services? • Does the placement provide for family connections and linkages to the home community? • Is the placement providing services and resources to support a transition back to the family home?



## Description and Rating of the Child/Youth's Current Status

**Note:** This indicator is measured over the past 30 days. This indicator applies to the child/youth's current living situation. This may be the home of the child/youth's family or a substitute care home. If the child/youth is living in a substitute care home and is having unsupervised visits in the family home, then both settings are rated.

**Optimal Status (6):** The child/youth has been living in the **most appropriate and desirable setting** to address his/her needs. The living arrangement is **favorable** to maintain family connections, including the child/youth's relationship with siblings and extended family members. The setting **entirely provides** for the child/youth's needs for emotional support, educational needs, family relationships, supervision, and socialization and addresses special and other basic needs. The setting is **favorable** for the child/youth's age, ability, culture, language, and faith-based practices. Additionally, if the child/youth is in a group home or residential care center, the child/youth is in the **least restrictive environment** necessary to address his/her needs and there is an **active plan** to transition child/youth to a lower level of care or home of parent.

**Substantial Status (5):** The child/youth has been living in an **appropriate and acceptable setting** to address his/her needs. The living arrangement **sufficiently** provides the conditions to maintain family connections, including the relationships with the siblings and extended family members. The setting **provides** the necessary educational needs, family relationships, supervision, supports, and services to provide substantially for the child/youth's emotional, social, special, and other basic needs. The setting is **considerably consistent** with the child/youth's age, ability, culture, language, and faith-based practices. Additionally, if the child/youth is in a group home or residential care center, the child/youth is in the **least restrictive environment** necessary to address his/her needs and there is a **plan** to transition child/youth to a lower level of care or home of parent.

**Fair Status (4):** The child/youth has been living in an **adequate and satisfactory setting** to address his/her needs. The living arrangement **moderately** provides the conditions necessary to maintain family connections, including the relationship with the siblings and extended family members. The setting **reasonably provides** the necessary educational needs, family relationships, supervision, supports, and services to address the child/youth's emotional, social, special, and other basic needs. The setting is **moderately consistent** with the child/youth's age ability, culture, language, and faith-based practices. Additionally, if the child/youth is in a group home or residential care center, the child/youth is in the **least restrictive environment** necessary to address his/her needs and there is a **plan** to transition child/youth to a lower level of care or home of parent.

**Marginal Status (3):** The child/youth has been living in an **inadequate and limited setting** to address his/her needs. The living arrangement **minimally** provides the conditions necessary to maintain family connections, including relationships with the siblings and extended family members. The setting **only minimally provides** for the necessary educational needs, family relationships, supervision, supports, and services to address the child/youth's emotional, social, special, and other basic needs. The setting is **minimally consistent** with the child/youth's age, ability, culture, language, and faith-based practices. If the child/youth is in a group home or residential care center, the child/youth is **not in the least restrictive setting**. The level of care or degree of restrictiveness may be **slightly** higher or lower than necessary to address the child/youth's needs and there is **no plan** to place child/youth in a more appropriate setting. Concerted action is needed in this area.

**Poor Status (2):** The child/youth has been living in an **unsatisfactory and substantially limited** setting to address his/her needs. The living arrangement **inconsistently** addresses conditions necessary to maintain family connections. The necessary level of educational needs, family relationships, supervision, supports, and services to address the child/youth's needs are **inadequate**. The setting is **inconsistent** with the child/youth's age, ability, culture, language, and faith-based practices. If the child/youth is in a group home or residential care center, the setting is **not the least restrictive**. The level of care or degree of restrictiveness is **substantially** more or less than necessary to meet the child/youth's needs and there is **no plan** to place child/youth in a more appropriate setting. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth has been living in an **inappropriate and/or potentially harmful** setting that is unable to address his/her needs. The living arrangement **does not provide** for family and community connections. The necessary level of educational needs, family relationships, supervision, supports, and services to address the child/youth's needs is **absent**. If the child/youth is in a group home, detention facility, or residential care center, the environment is **unnecessarily restrictive** and fails to meet the child/youth's needs while protecting others from the child/youth's behavioral risks. Or, the child/youth may be on runaway status, homeless, residing in a homeless shelter or in temporary shelter care for more than 30 days and there is **no plan** to place child/youth in a more appropriate setting. Concerted action is needed in this area.

### Rating Categories:

Family Home # 1  
Family Home # 2  
Substitute Home

### Not Applicable by Rating Category:

**Family Home # 1 and # 2:** Child/youth is in out-of-home care and has not experienced unsupervised visits over the past 30 days in the family home. If there is only one applicable family home, then it should be rated under family home # 1 and family home # 2 should be rated as not applicable.  
**Substitute Home:** Child/youth is not in out-of-home care.

## Status Review 4: Permanency

**PERMANENCY: Degree to which:** • There is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will sustain in this role until the child/youth reaches adulthood and will continue onward to provide enduring family connections and supports into adulthood. • If not, are permanency efforts presently being implemented on a timely basis that will ensure that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

*Note: This indicator is measured over the past 30 days.*

### Core Concepts

Every child/youth is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child/youth is living successfully in a family situation that the child/youth, parents, caregivers, and other team members believe will endure lifelong. Permanency, commonly identified with the meaning of “family” or “home,” suggests not only a stable setting, but also stable caregivers and peers, continuous supportive relationships, and a necessary level of parental/caregiver commitment and affection. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the caregiver, and the achievement of stability in the child/youth’s home and school settings. Thus, safety, stability, and adequate caregiver functioning are co-requisite conditions of permanency for a child or youth. The case should have identifiable steps which will move the child/youth to achievable, legal permanency.

Because of the nature of congregate settings, with frequent turnover of out-of-home caregivers, time-limited stays, ever-changing peers, conditional commitment, and unreliable personal caring relationships, placements in congregate settings are rarely judged to achieve an acceptable permanency rating. An exception to this would be if a child/youth is still placed in a congregate setting at the time of review, but everyone is ready to move the child/youth to a safe, appropriate, and permanent family setting and the team agrees that the new placement and plan will produce permanency.

### Guiding Questions

1. Is the child/youth living with caregivers that the child/youth, caregivers and caseworker believe will endure lifelong? If not, why not?
  - Is the child/youth satisfied with this home?
  - Is the caseworker satisfied with this home?
  - Are all legal barriers to achieving permanency resolved? (e.g., child/youth is legally free)
  - Are caregivers capable, supported, and satisfied?
  - Does the caregiver accept/understand the legal responsibilities of caring for this child/youth?
2. If the child/youth does not live with permanent caregivers yet and the permanency goal is reunification, are reunification services being provided?
  - Is the parent acquiring, demonstrating, and sustaining required behavioral changes necessary to parent the child/youth?
  - Is there a clear permanency plan? Is it being implemented?
  - Do the child/youth, family, and team support the permanency plan?
  - Is there concurrent planning (formal or informal)?
  - How is the child/youth engaged in reunification planning efforts?
  - How is the child/youth being prepared for permanency?
  - Is the child/youth engaged in the concurrent planning efforts?
  - What is the likelihood of reunification in the near future?
3. If the child/youth does not live with permanent caregivers yet and the permanency goal is adoption or guardianship, is the permanency plan being implemented?
  - Is an adoptive/guardianship placement being actively sought?
  - Were there reasonable efforts to locate a possible kinship placement?
  - Are fit and willing kin available as a permanency resource?
  - Are any current or past caregivers available as a permanency resource?
  - What does the child/youth say about the permanency choices? • Does the child/youth agree with the permanency choices? • Was the child/youth involved in making the permanency choice?

## Description and Rating of the Child/Youth's Current Status

*Note: This indicator is measured over the past 30 days.*

**Optimal Status (6):** The child/youth has **enduring and certain** permanence. The child/youth has achieved legal permanency and/or lives in a family setting about which the child/youth, out-of-home caregivers, and all team members have **evidence** will endure lifelong. If the child/youth lives at home with his/her parent(s), identified **risks have been eliminated and stability has been sustained** over time.

**Substantial Status (5):** The child/youth has **promising** permanence. The child/youth lives in a family setting (with his/ her parents or that of a caregiver) that the child/youth, parents, caregivers, and team members have **confidence** will endure lifelong. A **well-crafted plan is successfully being implemented** that is expected to achieve safety, stability, and legal permanence. If in a resource family, there is agreement that adoption/guardianship issues will soon be resolved. For children old enough to make a responsible judgment, the child/youth and caregiver (in all cases) are **committed to the plan**.

**Fair Status (4):** The child/youth has **adequate** permanence. The child/youth lives in a family setting that the child/youth, parents, caregivers, caseworker, and team members **expect, with short term agency support**, will endure until the child reaches maturity. A **plan is being implemented** that supports that expectation because safety and stability are being achieved. If the child/youth is still living in a temporary placement, the child/youth, parents, caregivers, and team members are ready to move the child/youth to a safe, appropriate, and permanent family setting. For children old enough to make a responsible judgment, the child/youth, parent and/or caregiver (in all cases) are **committed to the plan**.

**Marginal Status (3):** The child/youth has **somewhat inadequate/uncertain** permanence. The child/youth lives in a home that the child/youth, out-of-home caregivers, caseworker, and some other team members are **hopeful** could endure lifelong, and they are **working on crafting a plan** that supports that hope by attempting to achieve safety and stability. - OR - The child/youth is living on a temporary basis with an out-of-home caregiver, but likelihood of reunification or finding another permanent home remains **uncertain**. If in a resource family, adoption/guardianship issues are being assessed. Any concurrent pathways used may be somewhat slower or more troublesome than foreseen. For a child/youth old enough to make a responsible judgment, the child/youth and out-of-home caregiver (in all cases) may be **considering the plan**. Concerted action is needed in this area.

**Poor Status (2):** The child/youth has **considerable and continuing problems** of unresolved permanence. The child/youth is living in a home that the child/youth, out-of-home caregivers, and caseworker **doubt** could endure until the child/youth becomes independent, due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child/youth. - OR - The child/youth remains living on a temporary basis with an out-of-home caregiver **without a defined permanency plan** being implemented. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth has **serious and worsening problems** of unresolved permanence. The child/youth is **moving from home to home** due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child/youth. - OR - The child/youth remains living on a temporary basis with an out-of-home caregiver **without a realistic or achievable permanency plan** being implemented. Concerted action is needed in this area.

**Rating Category:**  
Permanency

## Status Review 5: Physical Health

**PHYSICAL HEALTH: Degree to which:** • The child/youth is achieving and maintaining his/her optimum health status. • If the child/youth has a serious or chronic physical illness, the child/youth is achieving his/her best attainable health status given the disease diagnosis and prognosis.

*Note: This indicator is measured over the past 30 days.*

### Core Concepts

Children/youth should achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account. Healthy development requires that the child/youth's basic needs for proper nutrition, clothing, shelter, and hygiene be met on a daily basis. Proper medical and dental care (preventive, acute, and chronic) is necessary for maintaining good health. Preventative health care should include periodic examinations, immunizations, dental hygiene, and screening for possible developmental or physical problems.

Children/youth prescribed medications on a continuous basis should be carefully monitored to ensure that the medications are properly managed by a responsible adult. If the child/youth requires any type of adaptive equipment or other special procedures, persons working with the child/youth are provided instruction in the use of the equipment and special procedures. Should a child/youth have a serious condition, possibly degenerative, the services and supports have been provided to allow the child/youth to remain in the best attainable physical status given his/her diagnoses and prognoses.

### Guiding Questions

1. Are the child/youth's basic physical needs being met adequately on a daily basis?
  - Food, adequate nutrition, sleep, and daily exercise?
  - Sanitary housing that is free of safety hazards?
  - Daily care such as hygiene, dental care, grooming, and clean clothing?
  - Based upon the youth's age and developmental level, does he/she have access to reproductive health care education and services for youth to prepare and protect them from exposure to sexually transmitted diseases, and teen pregnancy?
2. Is the child/youth achieving his/her optimal or best attainable health status?
  - Does the child/youth's preventative health care follow the EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) guidelines (see attachment # 4)?
  - Did an Ages and Stages Questionnaire (ASQ-SE) completed for this child indicate any concerns? • If so, was the child referred for Early Intervention services? • Were services received that met the child's needs?
  - Does the child/youth miss school due to illness more than would be expected?
  - Does the child/youth have any recurring health problems such as infections, sexually transmitted disease, colds, or injuries? If so, are they receiving appropriate medical treatment as needed?
  - Does the child/youth have recurring health complaints, and if so, are they being addressed (including dental, eye sight, hearing, asthma, diabetes, etc.)?
  - Does the child/youth appear to be underweight or overweight, and if so, has this been investigated?
  - Does the child/youth use illegal substances or abuse prescription medication?
  - If the child/youth has had a need for acute care services, were they provided appropriately?
3. Has the child/youth maintained his/her best attainable health status, given any physical health diagnoses?
  - Does the child/youth receive appropriate follow-up, adaptive equipment, treatment and/or services as appropriate to meet his/her special needs?
4. If the child/youth takes medication for health maintenance on a long-term basis, is the medication properly managed for the child/youth's benefit?
  - Is a responsible adult monitoring the use of the medication, ensuring that it is taken properly, watching for signs of effectiveness or side effects, providing feedback to the physician, and making changes as warranted?
  - Has the child/youth, at the level that she/he is capable, been taught about his/her condition? Does he/she understand how to self-manage the condition, understand the purpose and impact of the medication, and is able to self-administer his/her medication with supervision?

## Description and Rating of the Child/Youth's Current Status

**Note:** *This indicator is measured over the past 30 days.*

**Optimal Status (6):** The child/youth has demonstrated **excellent and sustained** health, or if he/she has a chronic condition, has attained the best possible health status that can be expected given the health condition. The child/youth's growth and weight are **well within** age-appropriate expectations. Any previous or current health concerns have been met **without any adverse or lasting impact**, or there is no significant health history. Nutrition, exercise, sleep, and hygiene needs are **fully met**.

**Substantial Status (5):** The child/youth has demonstrated a **good, steady** health pattern, considering any chronic conditions. The child/youth's growth and weight are **generally consistent** with age-appropriate expectations. Any previous or current health concerns have been met in which there may be **no lasting impact**, or there is no significant health history. Nutrition, exercise, sleep, and hygiene needs are being **sufficiently met**.

**Fair Status (4):** The child/youth has demonstrated an **adequate level** of health status, considering any chronic conditions. The child/youth's physical health is **somewhat close** to normal limits for age, growth, and weight range. If existing, any previous or current health concerns are **not adversely affecting functioning**. Nutrition, exercise, sleep, and hygiene needs are **usually being met**.

**Marginal Status (3):** The child/youth has demonstrated an **inconsistent or somewhat inadequate level** of health status. Any chronic condition may be becoming more problematic than necessary. The child/youth's physical health is **outside normal limits** for age, growth, and weight range. If existing, any previous or current health concerns **may be adversely affecting functioning**. Nutrition, exercise, sleep, and hygiene needs may be **inconsistently met**. Concerted action is needed in this area.

**Poor Status (2):** The child/youth has demonstrated a **consistently inadequate level** of health status. Any chronic condition may be becoming more uncontrolled, possibly with presentation of acute episodes. The child/youth's physical health is **significantly outside normal limits** for age, growth, and weight range. If existing, any previous or current health concerns may be **significantly affecting functioning**. Nutrition, exercise, sleep, and hygiene needs **may not be being met, with significant impact** on functioning. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth has demonstrated a **substantially inadequate or worsening level** of health status. Any chronic condition may be increasingly uncontrolled, with presentation of acute episodes that increase health care risks. The child/youth's physical health is **profoundly outside normal limits** for age, growth, and weight ranges. If existing, any previous or current health conditions may be **profoundly affecting functioning**. Nutrition, exercise, sleep, and hygiene needs **may not be being met, with profound impact**. Concerted action is needed in this area.

### Rating Category

Physical Health

## Status Review 6: Emotional Well-Being

**EMOTIONAL WELL-BEING: Degree to which:** • The child/youth, consistent with age and/or ability, is displaying an adequate pattern of attachment and positive social relationships, • Coping and adapting skills, • Appropriate self-management of emotions and behaviors.

*Note: This indicator is measured over the past 30 days.*

### Core Concepts

Emotional well-being is achieved when an individual's essential human needs are met in a consistent and timely manner. These needs vary across life span, personal circumstances and unique individual characteristics. When these needs are met, children/youth are able to successfully attach to caregivers, establish positive interpersonal relationships, cope with difficulties, and adapt to change. They develop a positive self-image and a sense of optimism. Conversely, problem behaviors, difficulties in adjustment, emotional disturbance, and poor achievement are the result of unmet needs. Abuse, neglect, loss and other trauma affect children/youth's needs for safety, attachment, positive self-regard, and self-regulation. With the proper interventions and supports, aligned with the identified unmet needs and strengths of the child/youth and family, these children/youth can be helped to develop a sense of safety, self-control, self-satisfaction, mastery, and hopefulness.

For children ages birth to five, emotional well-being is characterized by:

- Developing a capacity to experience, regulate and express emotions;
- Forming close and secure interpersonal relationships; and
- Exploring the environment and learning, within the context of family, community and cultural expectations.

Emotional well-being for children ages birth to five is synonymous with healthy social and emotional development. Nurturing, protective, stable and consistent relationships are essential to young children's mental health. Thus, the state of adults' emotional well-being and life circumstances profoundly affects the quality of infant/caregiver relationships, thereby affecting the young child's emotional well-being.

For older children and youth, emotional well-being is exemplified by:

- A feeling of personal worth, a sense of belonging and attachment to family and friends as well as age appropriate social groups;
- An ability to offer and accept nurturing positive relationships with family and peers and express affection within appropriate bounds of social behavior;
- A realistic awareness of one's own personal strengths, attributes, accomplishments, and potential, as well as, one's limitations;
- A developing ability to self-regulate emotions, express gratitude, delay gratification, and use age-appropriate levels of self-direction;
- An increasing ability to recover from setbacks and handle frustration;
- A sense of mastery wherein one is able to manage problems and handle conflicts;
- An internalization of moral values, social norms, and rules that guide personal behavior; and
- A developing sense of purpose, optimism, and compassion for others.

### Guiding Questions

1. Does the child/youth have a history of significant unmet needs such as:
  - A history of abuse, neglect, other trauma • Multiple living arrangements
  - Lack of a consistent caretaker • Severe poverty • A caretaker who is emotionally unavailable due to drug/alcohol abuse or psychiatric disorder?
2. Did an Ages and Stages Questionnaire – Social Emotional (ASQ-SE) completed for this child indicate any concerns? • If so, was the child referred for Early Intervention services? • Were services received that met the child's needs?
3. Has the child/youth been diagnosed with a mental or developmental disorder? • Does the child/youth have a history of psychiatric hospitalization or has he/she been prescribed psychotropic medication in the last 90 days? • Is there a history of suicidal ideation, gesture, or attempt or self-mutilation (e.g. cutting)?
4. Is the child/youth at age appropriate grade placement in school? • Has the child/youth been suspended or expelled from school within the last 90 days? • Is the child/youth receiving acceptable grades in school?
5. Does the child/youth have age appropriate positive peer relationships?
6. For an older youth, are they making appropriate planning and preparation for transitions from dependence to independence?
7. For a younger child, is he/she meeting important social and emotional milestones as indicated by the CDC guidelines? (See attachment # 3)?
8. Was the child/youth's culture taken into account when assessing their emotional well-being (i.e. cultural norms that prohibit eye contact with elders and therefore child/youth does not appear to have "bonded" with the family)?

## Status Review 6: Emotional Well-Being

### Description and Rating of the Child/Youth's Current Status

*Note: This indicator is measured over the past 30 days.*

**Optimal Status (6):** The child/youth is demonstrating an **excellent and sustained pattern** of emotional well-being. Consistent with age, and/or ability, and developmental stage, the child/youth is **generally exceeding expectations** for: forming attachments and positive social relationships; coping and adapting skills; and, appropriate self-management of emotions and behaviors. An **excellent pattern** is evident from multiple sources.

**Substantial Status (5):** The child/youth is demonstrating a **good, steady pattern** of emotional well-being. Consistent with age, and/or ability, and developmental stage, the child/youth is **consistently meeting expectations** for: forming attachments and positive social relationships; coping and adapting skills; and, appropriate self-management of emotions and behaviors. Most expectations in these areas are generally **well met** and **no expectation is found to be unacceptable**.

**Fair Status (4):** The child/youth is demonstrating an **adequate pattern** of emotional well-being. Consistent with age, and/or ability, and developmental stage, the child/youth is **adequately meeting expectations** for: forming attachments and positive social relationships; coping and adapting skills; and, appropriate self-management of emotions and behaviors. **Some variability** may be noted in the child/youth meeting these expectations. Meeting these expectations has been **minimally adequate** and **no expectation was unacceptable**.

**Marginal Status (3):** The child/youth is demonstrating an **inconsistent or somewhat inadequate pattern** of emotional well-being. Any emotional problems may be becoming somewhat problematic. Consistent with age, and/or ability, and developmental stage, the child/youth is **inconsistently meeting expectations** for: forming attachments and positive social relationships; coping and adapting skills; and, appropriate self-management of emotions and behaviors. Evidence shows that expectations for at least some elements have been **mildly to moderately inadequate** at times. Concerted action is needed in this area.

**Poor Status (2):** The child/youth is demonstrating a **consistently inadequate pattern** of emotional well-being. Any emotional problems may be becoming more uncontrolled, possibly with presentation of acute episodes. Consistent with age, and/or ability, and developmental stage, the child/youth is **not meeting expectations** for: forming attachments and positive social relationships; coping and adapting skills; and, appropriate self-management of emotions and behaviors. A **generally poor pattern** is evident from multiple sources. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth is demonstrating a **substantially inadequate or worsening level** of emotional well-being. Any emotional problems may be increasingly uncontrolled, with presentation of acute episodes that increase behavioral risks. Consistent with age, and/or ability, and developmental stage, the child/youth is **not meeting expectations, with profound impact, or is regressing in**: forming attachments and positive social relationships; coping and adapting skills; and, appropriate self-management of emotions and behaviors. A **poor and worsening pattern** is evident from multiple sources. Concerted action is needed in this area.

**Rating Category:**  
Emotional Well-Being

## Status Review 7a: Early Learning and Development

**EARLY LEARNING STATUS: Degree to which:** • The young child's developmental status is commensurate with age and developmental capacities. • The child's developmental status in key domains is consistent with age and/or ability-appropriate expectations.

**Note:** This indicator is measured over the past 30 days. This Indicator applies only to a child under the age of 8 years AND not attending a formal school program (unless the county's compulsory school age is less than 8 years old and requires a child to be in a formal school program prior to age 8).

### Core Concepts

From birth, children progress through a series of stages of learning and development. The growth during this period is greater than any subsequent developmental stage. This offers great potential for accomplishments, but also creates vulnerabilities for the child if the child's physical status, relationships, and environments do not support appropriate learning, development, and growth. These developmental years provide the foundation for later abilities and accomplishments. Significant differences in children's abilities are associated with social and economic circumstances that may be impacting learning and development. The cumulative impact of multiple risk factors on development is well documented. Examples of risk factors are: having a parent who abuses substances, exposure to violence and trauma, inappropriate child care and nurturing, and living in a dangerous environment or community. Children served by child welfare systems are at very high risk for developmental delays and they often represent over 50% of the children under age five served through child welfare. Children with Fetal Alcohol Syndrome (FAS) and/or with inflicted brain injury may present significant developmental delays and learning problems. Because this developmental period is critical to the child's future social, emotional, and cognitive development, every attempt should be made to provide these children with early intervention services both within the home and in child care settings.

### Guiding Questions

1. If this child is in the first 36 months of life, has this child been referred for screening of developmental delay or disability so that any indicated early intervention services can be provided to maximize the child's potential for growth and development?
2. If the child has had a developmental screening or assessment (such as the Ages and Stages Questionnaire – Social Emotional (ASQ-SE), does he/she show any developmental delays? • If so, to what degree and in what area? • Does this child present signs and symptoms of Fetal Alcohol Spectrum Disorder (FASD), effects of traumatic brain injury, or reactive behavior patterns associated with repeated exposures to physical abuse or significant early neglect by the parent or caregiver?
3. Does the child appear to be achieving the key development milestones at or above age-appropriate levels? (See attachment # 3)
  - Social/emotional development
  - Cognitive development
  - Physical/motor development
  - Language development
  - Self-care skills
  - School readiness skills
4. Does the child actively participate in self-care, play, socialization, and cognitive activities that appear within the appropriate range of development? • If not, has the child been screened and evaluated for developmental delays or disabilities? • If so, what are the significant findings regarding the child's development path, pace, and potential?
5. If the child presents developmental delays or disabilities, is the child receiving early intervention services provided via an Individualized Family Support Plan (IFSP) if under 36 months of age or an Individual Educational Plan (IEP) if between the ages of 36 and 60 months? • If not, why not?
6. If early intervention services are provided, do the child and parents seem to be responding to the interventions as shown in such areas as improved interaction, acceptance of attempts to nurture, more spontaneous play, emergence of language, etc.?



## Status Review 7a: Early Learning and Development

### Description and Rating of the Child's Current Status

**Note:** This indicator is measured over the past 30 days. This Indicator applies only to a child under the age of 8 years AND not attending a formal school program (unless the county's compulsory school age is less than 8 years old and requires a child to be in a formal school program prior to age 8).

**Optimal Status (6):** The child's current developmental status is **at or above** age and/or ability-appropriate expectations in **all domains**, based upon developmental milestones.

**Substantial Status (5):** The child's current developmental status is **at** age and/or ability-appropriate expectations in all domains, however, there may be **one or two areas** in which the child is not as strong and merits ongoing monitoring.

**Fair Status (4):** The child's current developmental status is **near** age and/or ability-appropriate expectations in most of the major domains and **may be slightly below expectations in a few areas**. If the child and caregiver is participating in an early intervention program either at home or in a child care environment, the child is making **substantial gains** and appears to be approaching age-appropriate expectations.

**Marginal Status (3):** The child's current developmental status is **mixed, somewhat near** age and/or ability-appropriate **expectations in some** domains, **but showing significant delays in others**. If the child and caregiver is participating in an early intervention program either at home or in a child care environment, the child is making **moderate to slow developmental gains** and may not be improving in some domains. Concerted action is needed in this area.

**Poor Status (2):** The child's current developmental status is showing **significant delays** in several areas as compared to age and/or ability-appropriate expectations. If the child and caregiver are involved in an early intervention program, either at home or in a child care environment, the child may be making gains but has such significant delays that it is **not likely that the child will reach age and/or ability-appropriate levels of functioning for some time**. Concerted action is needed in this area.

**Adverse Status (1):** The child's current developmental status is **far below** age and/or ability-appropriate developmental milestones and there **may be a decline** in certain domains. The child and caregiver may be involved in early intervention programs, but the rate of improvement is **no more than minimal and may be subject to periods of regression**. Concerted action is needed in this area.

#### Rating Category:

**Early Learning and Development:** Young children who are attending Pre-School or Head Start Programs should be rated for this indicator since these programs are not considered to be "formal school programs" (which begins with Kindergarten)

#### Not Applicable by Rating Category:

**Early Learning and Development:** The child is 8 years old or older OR attending a formal school program OR residing in a county that has a mandatory school age of less than 8 years of age and the child is therefore attending a formal school program.

## Status Review 7b: Academic Status

**ACADEMIC STATUS: Degree to which:** • The child/youth, consistent with age and/or ability, is regularly attending school, • placed in a grade level consistent with age or developmental level, • actively engaged in instructional activities, • reading at grade level or IEP expectation level, and • meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.

**Note:** This indicator is measured over the past 30 days. In instances where the review is occurring but school is not in session, reviewers should rate this indicator based on the final 30 days of the child/youth's most recent school year. This indicator applies to a child/youth 8 years or older OR attending a formal school program school OR residing in a county that has a mandatory school age of less than 8 years of age and the child should therefore be attending a formal school program.

### Core Concepts

The child/youth is expected to be actively engaged in developmental, educational, and/or vocational processes that are enabling the child/youth to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. This means that the child/youth should be:

- Enrolled in an educational program, consistent with age and/or ability.
- Attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for grade promotion, course completion, and entry into the next school or vocational program.
- Receiving instruction at a grade level consistent with the child/youth's age (or ability, if the child/youth is cognitively impaired).
- Reading at grade level, except when the child/youth's instructional expectations and placement are altered via an Individual Educational Plan (IEP) to an alternative curriculum. When an IEP is directing the child/youth's education via placement in an alternative curriculum, specialized instruction, and related services, the child/youth should be performing at the level anticipated in the IEP.
- Actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies.
- Meeting requirements for grade-level promotion, completing courses and assessment requirements, and, where indicated in an IEP, fulfilling transition processes and requirements for making a smooth transition to the next school or vocational program.

This status review focuses on the child/youth's current learning and academic status relative to access to, participation in, and fulfillment of basic educational requirements for entry into the next school or vocational program.

### Guiding Questions

1. Is this child/youth enrolled in an educational program consistent with age and/or ability? • If not, why not?
2. Does the child/youth's grade level match the child's age and/or ability? • If not, why not?
3. Is the child/youth assigned to the general education curriculum? • If not, is the child receiving special education and related services in an alternative curriculum directed via an IEP?
4. Is the child/youth actively and consistently engaged in the instructional processes and related activities necessary for acquisition of expected skills, competencies, and performances associated with curricular goals and objectives?
5. Is the child/youth reading on grade level or at a level anticipated in an IEP?
6. Is the child/youth meeting curriculum requirement necessary for promotion, course completion, and IEP-directed transitions? • If not, why not?
7. Over the past 30 days, has the child/youth been: tardy, absent from school without an excuse, truant, suspended, or expelled?

## Status Review 7b: Academic Status

### Description and Rating of the Child/Youth's Current Status

**Note:** This indicator is measured over the past 30 days. In instances where the review is occurring but school is not in session, reviewers should rate this indicator based on the final 30 days of the child/youth's most recent school year. This indicator applies to a child/youth 8 years or older OR attending a formal school program school OR residing in a county that has a mandatory school age of less than 8 years of age and the child should therefore be attending a formal school program.

**Optimal Status (6):** The child/youth is enrolled in a **highly appropriate** educational program, consistent with age and/or ability. The child/youth has an **excellent** rate of school attendance and has no unexcused absences. The child/youth's **optimal** level of participation and engagement in educational processes and activities is enabling the child/youth to reach and exceed all educational expectations and requirements set within the child/youth's assigned curriculum and, where appropriate, the child/youth's IEP. The child/youth may be reading **at or above grade level or the level anticipated** in an IEP. The child/youth may be **meeting or exceeding** all requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.

**Substantial Status (5):** The child/youth is enrolled in a **generally appropriate** educational program, consistent with age and/or ability. The child/youth has a **good** rate of school attendance with no unexcused absences. The child/youth's **good** level of participation and engagement in educational processes and activities is enabling the child/youth to reach most educational expectations and requirements set within the child/youth's assigned curriculum and, where appropriate, the child/youth's IEP. The child/youth may be reading **at grade level or the level anticipated** in an IEP. The child/youth may be **meeting** most requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.

**Fair Status (4):** The child/youth is enrolled in a **minimally appropriate** educational program, consistent with age and/or ability. The child/youth has an **adequate** rate of school attendance and no unexcused absences. The child/youth's **fair** level of participation and engagement in educational processes and activities is enabling the child/youth to reach at least minimally acceptable educational expectations and requirements set within the child/youth's assigned curriculum and, where appropriate, the child/youth's IEP. The child/youth may be reading **near grade level or the level anticipated** in an IEP. The child/youth may be **minimally meeting** core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.

**Marginal Status (3):** The child/youth may be enrolled in a **marginally appropriate** educational or vocational program, or somewhat inconsistent with age and/or ability. The child/youth may have an **inconsistent** rate of school attendance, a recent pattern of tardiness, or at least one unexcused absence. The child/youth's **limited** level of participation and engagement in educational processes and activities may be hindering the child/youth from reaching at least minimally acceptable educational expectations and requirements set within the child/youth's assigned curriculum and, where appropriate, the child/youth's IEP. The child/youth may be reading **a year below grade level or somewhat below** the level anticipated in an IEP. The child/youth may **not be meeting some** core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. Concerted action is needed in this area.

**Poor Status (2):** The child/youth may be enrolled in an **inappropriate** educational program, or inconsistent with age and/or ability. The child/youth may have a **poor** rate of school attendance and may have been truant. The child/youth's **inadequate** level of participation and engagement in educational processes and activities may be preventing the child/youth from reaching acceptable educational expectations and requirements set within the child/youth's assigned curriculum and, where appropriate, the child/youth's IEP. The child/youth may be reading **two years below grade level or well below** the level anticipated in an IEP. The child/youth may **not be meeting many** core requirements for grade-level promotion, course completion, or successful transition to the next school or vocational program. Concerted action is needed in this area.

**Adverse Status (1):** The child/youth may be **chronically truant, suspended, or expelled** from school. The child/youth may be **three or more years behind** in key academic areas, may be losing existing skills and/or regressing in functional life areas, and/or may be confined in detention without appropriate instruction or hospitalized. Concerted action is needed in this area.

#### Rating Category:

**Academic Status:** formal school program begins with Kindergarten level.

#### Not Applicable by Rating Category:

**Academic Status:** The child is under the age of 8 (unless the county's compulsory school age is less than 8 years old and requires a child to be in a formal school program prior to age 8) AND not yet attending a formal school program (child may be attending Head Start or Pre-school which are not to be considered as a "formal school program").

## Status Review 8: Pathway to Independence

**PATHWAY TO INDEPENDENCE: Degree to which:** • The youth, consistent with age and/or ability, • is gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services. • Developing long-term connections and informal supports that will support him/her into adulthood.

**NOTE:** This indicator is measured over the past 30 days. This indicator applies to any youth who is age 16 or older. This indicator is looking for outcomes beyond formal independent living services.

### Core Concepts

The goal of assisting a youth is to build the capacities that enable him/her to live safely and function successfully and independently, consistent with their age and/or ability, following the conclusion of children's services. Indications that the youth is building necessary capacities should include the following areas:

- Knowing and using key life skills in solving basic problems related to daily living.
- Knowledge of appropriate prevention skills related to alcohol and drugs, smoking and consequences of sexual behavior
- Exploring various education, training and career options of interest.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities, including identification of adults who will continue to support the youth after placement.
- Building job readiness skills and support to locating, obtaining and maintaining employment.
- Identifying appropriate resources and services for youth who may require additional support due to a physical, mental or emotional disability.

Building these capacities requires a high standard of practice to ensure that youth has what is necessary to achieve and maintain adequate levels of well-being, functioning, fulfillment of adult roles, and social integration as a citizen in the community.

### Guiding Questions

1. Is the youth receiving services in the least restrictive, age and/or ability appropriate, most family-like setting taking into account the youth's community, educational, personal and familial connections?
2. Does the youth have a plan and contingency plan for housing as they transition into adulthood?
3. If applicable, does the youth have a realistic budget that includes income and projected expenses that are expected after transition to adulthood?
4. Does the youth practice skills related to daily living (i.e. food preparation, laundry, cleaning, nutrition, time management, etc)?
5. Has the youth participated in services that support their current educational status such as study skills, tutoring, and IEP development (if appropriate)?
6. Does the youth have plans for any post secondary education or training related to potential career goals? If so, have they taken steps toward planning and support related to these goals?
7. Has the youth been an active participant in planning for their current physical, behavioral health and engagement with other community resources related to their overall well-being?
8. Does the youth have a plan for healthcare after discharge including physical and behavioral health and other community resources related to the youth's overall well-being? • If applicable, have appropriate resources/services been identified and initiated for a youth who may require additional support due to a physical, mental or emotional disability?
9. Is the youth establishing positive and permanent connections with informal supports and resources in the extended family, neighborhood, spiritual community, and/or larger community?
10. Does the youth have in their possession, or access to, key documents such as social security card, birth certificate, photo identification, insurance cards, IEP, etc?
11. Has the youth gained knowledge of appropriate prevention skills related to alcohol and drugs, smoking and consequences of sexual behavior?

## Status Review 8: Pathway to Independence

### Description and Rating of the Youth's Current Status

**NOTE:** This indicator applies to any youth who is age 16 or older. This indicator is looking for outcomes beyond formal independent living services. This indicator is measured over the past 30 days.

**Optimal Status (6):** The youth has been making **excellent progress**, consistent with age and/or ability, in: developing long-term supportive relationships, gaining core independent living/life skills, developing community supports and networks, advancing education and employment opportunities, and developing meaningful and achievable future plans. As appropriate for older adolescents, the youth is making **clear progress** in: developing a realistic budget; acquiring affordable, quality housing; and finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care (if necessary).

**Substantial Status (5):** The youth has been making **considerable progress**, consistent with age and/or ability, in: developing long-term supportive relationships, gaining core independent living/life skills, developing community supports and networks, advancing education and employment opportunities, and developing meaningful and achievable future plans. As appropriate for older adolescents, the youth is making **acceptable progress** in: developing a realistic budget; acquiring affordable, quality housing; and finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care (if necessary).

**Fair Status (4):** The youth has been making **adequate progress**, consistent with age and/or ability in: developing long-term supportive relationships, gaining core independent living/life skills, developing community supports and networks, advancing education and employment opportunities, and developing meaningful and achievable future plans. As appropriate for older adolescents, the youth is making **moderate progress** in: developing a realistic budget; acquiring affordable, quality housing; and finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care (if necessary).

**Marginal Status (3):** The youth has been making **minimal or inconsistent progress**, consistent with age and/or ability, in: developing long-term supportive relationships, gaining core independent living/life skills, developing community supports and networks, advancing education and employment opportunities, and developing meaningful and achievable future plans. As appropriate for older adolescents, the youth is making **limited progress** in: developing a realistic budget; acquiring affordable, quality housing; and finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care (if necessary). Concerted action is needed in this area.

**Poor Status (2):** The youth has been making **slow, inadequate progress**, consistent with age and/or ability, in: developing long-term supportive relationships, gaining core independent living/life skills, developing community supports and networks, advancing education and employment opportunities, and developing meaningful and achievable future plans. As appropriate for older adolescents, the youth is making **little progress** in: developing a realistic budget; acquiring affordable, quality housing; and finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care (if necessary). Concerted action is needed in this area.

**Adverse Status (1):** The youth has been making **no or declining progress**, consistent with age and/or ability, in: developing long-term supportive relationships, gaining core independent living/life skills, developing community supports and networks, advancing education and employment opportunities, and developing meaningful and achievable future plans. As appropriate for older adolescents, the youth is making **no progress** toward: developing a realistic budget; acquiring affordable, quality housing; and finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care (if necessary). Concerted action is needed in this area.

#### Rating Category:

Pathway to Independence

#### Not Applicable by Rating Category:

**Pathway to Independence:** The child/youth is under the age of 16 years.

## Status Review 9: Parent and Caregiver Functioning

**PARENT AND CAREGIVER FUNCTIONING: Degree to which:** • The parent(s), other significant adult and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living. • If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), the added supports are meeting the needs.

**Note:** This indicator is measured over the past 30 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. When scoring a mother/father, the reviewers should take the parents' capacities into consideration and rate each individually. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown, or there has been no contact between the child/youth and parent over the past 90 days, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

### Core Concepts

Parents/caregivers should have and use levels of knowledge, skills, and situational awareness necessary to provide their child/youth with nurturance, guidance, age-appropriate discipline, and supervision necessary for protection, care, and normal development. Understanding the basic developmental stages that children/youth experience, relevant milestones, expectations, and appropriate methods for shaping behavior is key to parental capacity to support their child/youth's healthy growth and learning. Parenting a child/youth with unique medical, developmental, emotional, and/or behavioral challenges can require additional specialized knowledge and resources. Parents who are faced with extraordinary caregiving demands may require additional support, including relief and respite care. The goal of assisting a family who needs assistance with parental capacity is to ensure that the family receives the information, assistance, and/or training needed to demonstrate that they have the basic skills and supports necessary to meet their unique child/youth's needs. Interventions should be an appropriate match to parent and child/youth circumstances, learning styles, and culture. Parents/caregivers need meaningful connections with family members, friends, neighbors, and others in their community to support their parenting ambitions and efforts. Family members and social networks provide caregivers with important supports, knowledge, linkages, and opportunities. Informal supports can be a family resource in many different ways around parenting issues:

- Gaining and using key life skills in solving basic problems related to daily living and parenting of the child/youth.
- Finding ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, and childcare).

### Guiding Questions

1. Do the child/youth's parent(s) and/or substitute caregiver(s) have sufficient income and resources to provide basic necessities adequately, reliably, and consistently on a daily basis such as food, safe shelter, clothing, transportation, health care, and childcare?
2. Do the parent(s) and/or substitute caregiver(s) demonstrate that they have and actively use knowledge, skills and emotional capacity to take care of the child/youth and protect the child/youth from harm? • Do they make decisions and act in ways that are protective? • Are they emotionally connected to the child/youth, sensitive to his/her needs and able to respond in ways that appropriately meet the child/youth's needs?
3. Do the parent(s) and/or substitute caregiver(s) have the ability, understanding, and willingness to engage with an informal support system that assists them with essential caregiving responsibilities, such as family members, close friends, helpful neighbors, informal social service organizations, faith-based organizations, social clubs, and charitable organizations?
4. Do the parent(s) and/or substitute caregiver(s) have the ability, understanding and willingness to engage with a formal support system that assists them with essential caregiving responsibilities, such as social service agencies, schools, medical providers, transportation, housing, law enforcement, and/or vocational training?
5. Are the parent(s) and/or substitute caregiver(s) meeting the child/youth's special and/or regular educational needs by assuring school attendance, homework completion, parent/teacher conference attendance, attending school events, and participation in extracurricular activities?
6. Are there extraordinary demands placed on the parent(s) and/or substitute caregiver(s) of this family, such as small children, high child/youth/caregiver ratio, frail elderly, ill persons in the home, single parent family, social isolation, child/youth with special health or medical conditions, or a child/youth with a disability, which impact their ability to parent?
7. Do the parent(s) and/or caregiver(s) provide adequate supervision, nurturance, guidance and emotional support such as age-appropriate praise, affection, structure, discipline, and moral guidance as the child/youth moves through their life stages?
8. Do the parent(s) and/or substitute caregiver(s) adequately access the necessary services to meet the age-appropriate physical, dental and mental health needs of the child/youth?
9. Did the agency make concerted efforts to locate absent parents and engage them in working with the agency towards protection, supervision, assistance and support of their child/youth?
10. Are there any risk factors which impair a parent(s) and/or substitute caregiver(s)' ability to parent, such as substance abuse, mental disability, or domestic violence?
11. If the youth is older, are the parent(s) and/or substitute caregiver(s) able to assist with critical life decisions such as education, vocation, employment, sexuality, reproductive health care, religion, morality, or refraining from the use of addictive substances?
12. If the child/youth is in substitute care, do the parent(s) and/or substitute caregiver(s) have the willingness and ability to maintain contact and a relationship while the child/youth is out of the home? • Do the parents attend planned visitations with their child/youth?

## Description and Rating of the Parent/Caregiver's Current Status

**NOTE:** When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. When scoring a mother/father, the reviewers should take the parents' capacities into consideration and rate each individually. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown, or there has been no contact between the child/youth and parent over the past 90 days, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

*This indicator is measured over the past 30 days.*

**Optimal Status (6):** The parent/caregiver demonstrates **excellent and enduring** parenting capacities on a reliable daily basis at or above that required to provide the child/youth with appropriate nurturance, guidance, support, protection, discipline, education, medical care and supervision. If the child/youth has special needs, the parent/caregiver demonstrates **optimal knowledge and excellent use** of specialized skills and supports that may be required to meet the needs of the child/youth.

**Substantial Status (5):** The parent/caregiver demonstrates **good and consistent** parenting capacities on a reliable daily basis at or above that required to provide the child/youth with appropriate nurturance, guidance, support, protection, discipline, education, medical care and supervision. If the child/youth has special needs, the parent/caregiver demonstrates **good working knowledge and proficient use** of specialized skills and supports that may be required to meet the needs of the child/youth.

**Fair Status (4):** The parent/caregiver demonstrates **adequate to fair** parenting capacities on a reliable daily basis at a level required to provide the child/youth with appropriate nurturance, guidance, support, protection, discipline, education, medical care and supervision. If the child/youth has special needs, the parent/caregiver demonstrates at least **adequate working knowledge and use** of specialized skills and supports that may be required to meet the needs of the child/youth.

**Marginal Status (3):** The parent/caregiver demonstrates a **limited or inconsistent pattern** of parenting capacities on a daily basis, **sometimes or somewhat less** than the level required to provide the child/youth with appropriate nurturance, guidance, support, protection, discipline, education, medical care and supervision. If the child/youth has special needs, the parent/caregiver demonstrates **somewhat minimal working knowledge and limited use** of specialized skills and supports that may be required to meet the needs of the child/youth. Concerted action is needed in this area.

**Poor Status (2):** The parent/caregiver demonstrates an **inadequate pattern** of parenting capacities some or most of the time, **often less than the level required** to provide the child/youth with appropriate nurturance, guidance, support, protection, discipline, education, medical care and supervision. If the child/youth has special needs, the parent/caregiver demonstrates **somewhat inadequate knowledge and ineffective use** of specialized skills and supports that may be required to meet the needs of the child/youth. Concerted action is needed in this area.

**Adverse Status (1):** The parent/caregiver demonstrates a **substantially inadequate** pattern of parenting capacities most of the time, **offering much less** than the level required to provide the child/youth with appropriate nurturance, guidance, support, protection, discipline, education, medical care and supervision. If the child/youth has special needs, the parent/caregiver **lacks working knowledge and ineffectively uses** specialized skills and supports that may be required to meet the needs of the child/youth. Concerted action is needed in this area.

### Rating Categories:

**Mother:** If the child/youth has been adopted, the adoptive mother is rated as the mother.

**Father:** If the child/youth has been adopted, the adoptive father is rated as the father.

**Substitute Caregiver:** A substitute caregiver should be rated if the child/youth in care is currently residing in that family home. This does NOT include congregate care providers.

**Other:** May include a step parent, domestic partner, grandparent or other household member in the home who may act in a caretaker role for this child/youth. This does NOT include congregate care providers.

### Not Applicable by Rating Category:

**Mother:** Mother is deceased, or parental rights have been terminated, or whereabouts are unknown, or there has been no contact between the child/youth and mother over the past 90 days.

**Father:** Father is deceased, or parental rights have been terminated, or whereabouts are unknown, or there has been no contact between the child/youth and father over the past 90 days.

**Substitute Caregiver:** Child/youth is at home OR in an out of home placement in a congregate care setting. (Reviewers should NOT rate congregate care providers in this indicator)

**Other:** No significant "other" caretaker in the child/youth's life.





Pennsylvania QSR Protocol

Section

3

Practice Performance Indicators

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Reminders for Reviewers

The reviewer should follow these directions when applying a practice performance indicator to a case situation being reviewed:

**1. Focus on the central construct measured in each indicator.** While two constructs may be logically related (e.g., engagement and teamwork or assessment and planning), the reviewer is to focus on the central matters related to each specific indicator and follow the guiding questions and rating guidance provided for each indicator. For example, if a reviewer discovered that strong recent assessments were present but that planning did not reflect the most recent assessments, then the reviewer would rate the assessments as being strong and rate the planning as less than acceptable for not reflecting the most recent and important information. Assessment would not be rated lower because assessment findings were not reflected in the planning of appropriate strategies, supports, and services. Planning would not be rated higher because of the strong assessments.

**2. Stay within the time-based observation windows associated with each indicator.** Practice performance is measured over the past 90 days with the exception of Timely Permanence which has additional timeframes that should be considered.

**3. Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.** Theorizing about events that might have occurred but did not is not a factual basis for rating.

**4. Follow the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met.**

**5.** In situations where a family member's role is not verified, for example a father whose paternity has not been confirmed but who is presumed to be the father, this family member should be engaged and the relationship maintained until the relationship is determined to be inappropriate. In this example, the presumed father would be rated under the "father" subcategory.

**6. Review criteria established for "not applicable" closely** – if an indicator is determined to be "not applicable" for a parent due to the following: "*whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them*" reviewers must determine that efforts to locate an absent parent were indeed satisfactory and concerted before ruling it as "n/a", if efforts were not concerted, the indicator should be rated.

## Practice Review 1a: Engagement Efforts

**ENGAGEMENT EFFORTS:** Degree to which those working with the child/youth and family (parents and other caregivers) are: • Finding family members who can provide support and permanency for the child/youth. • Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child/youth and family. • Focusing on the child/youth and family's strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning. • Offering transportation and child care supports, where necessary, to increase family participation in planning and support efforts.

**Note:** This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

### Core Concepts

The central focus of this review is on the diligence shown by the team in taking actions to find, engage, and build rapport with children, youth and families and overcoming barriers to families' participation. Emphasis is placed on direct, ongoing involvement in: assessment, planning interventions, provider choice, monitoring, modifications, and evaluation. Success in the provision of services depends on the quality and durability of relationships between agency workers, service providers, and children/youth and families. To be successful, the child/youth and family's team must:

- Engage the child/youth and family meaningfully and dynamically in all aspects of the service process.
- Recognize their strengths and focus on developing the positive capacities, as well as addressing the diminished capacities in order to build and maintain rapport and a trusting relationship.
- When appropriate and/or necessary, thoughtfully and respectfully conclude the relationship when the case is closed or the intervention goals are achieved.

Strategies for effective case management should reflect the family's language and cultural background and should balance family-centered and strength-based practice principles with use of protective authority. Best practice teaches that team members should:

- Approach the family from a position of respect and cooperation.
- Engage the family around strengths and utilize those strengths to address concerns for the health, safety, education, and well-being of the child/youth.
- Engage the child/youth and family in case planning and monitoring process, including establishing goals in case plans and evaluating the service process.
- Help the family define what it can do for itself and where the child/youth and family need help.
- Engage the child/youth and family in decision making about the choice of interventions and the reasons why a particular intervention might be effective. This includes discussion of the logistics of getting to and participating in interventions in a manner that is practicable and feasible for the family.

**NOTE: Practice Review 1.b: Role and Voice** of family members in shaping decisions may provide useful information to consider when rating **Practice Review 1.a: Engagement Efforts**. Remember that engagement focuses on practice activities that lead to and support an active and effective partnership with the child/youth and family. When these engagement activities are effective, child, youth and parent participation and satisfaction should be positive.

### Guiding Questions

1. What outreach and engagement strategies are team members using to build a working partnership with the child/youth and family? • Are special accommodations made as necessary to encourage and support participation and partnership? • Are diligent search efforts continuing to search for and find family members who can provide support and possible permanence for the child/youth over the life of the case?
2. Are team members willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning? • Are meetings held during non-routine working hours, as needed, at locations close to or easily accessible to the child/youth and family and/or is transportation assistance available as needed for child/youth and family?
3. Does the child/youth and family report being treated with dignity and respect? • Do they have trust-based working relationships with those providing services?
4. How are the child/youth and family involved in the ongoing assessment of their needs, circumstances, and progress? • Do the child/youth and family routinely participate in the tracking and adjustment of the service arrangements and in progress review meetings? • What efforts are made by congregate care providers in involving child/youth and family in treatment planning?
5. Is the planning and implementation process child/youth and family-centered and responsive to this family's particular cultural values? • Do the child/youth and family routinely participate in the evaluation of the progress of the service process?

## Practice Review 1a: Engagement Efforts

### Description and Rating of Practice Performance

**Note:** This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

**Optimal Practice (6):** Practice is reflective of **excellent, culturally competent**, outreach efforts being used as necessary to find and engage the child/youth (based on age and ability), parents, all family members, and caregivers. **Excellent accommodations** provide for scheduling times and locations based on family convenience, support with transportation and child care, individualized problem solving, and time spent in whatever setting necessary to build the necessary relationship and rapport. **Strong, positive** working relationships between team members are evident in this case or **high quality efforts** have been made **consistently and persistently** to engage key family members.

**Substantial Practice (5):** Practice is reflective of **good, consistent, culturally competent**, outreach efforts being used as necessary to find and engage the child/youth (based on age and ability), parents, most family members, and caregivers. Team members report **specific, useful accommodations** being used to provide scheduling times and places based on family convenience, support with transportation and child care, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport. **Good** working relationships between team members are evident in this case, or **frequent and sufficient efforts** have been made to engage key family members.

**Fair Practice (4):** Practice is reflective of **reasonably adequate** outreach efforts being used as necessary to find and engage the child/youth (based on age and ability), parents, some family members, and caregivers. Team members report **some accommodations** being offered to provide scheduling times and places based on family convenience, support with transportation and child care, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport; however logistical barriers still exist to full engagement. **Satisfactory** working relationships between team members are evident in this case, or **adequate efforts** have been made **occasionally** to engage the key people.

**Marginal Practice (3):** Practice is reflective of **limited and somewhat minimal or inconsistent** outreach efforts being used as necessary to find and engage the child/youth (based on age and ability), parents, family members, and caregivers. Team members report **few accommodations** being offered to provide scheduling times and places based on family convenience, support with transportation and child care, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport. Team members allow logistical barriers to dictate level of child/youth and family involvement in case planning. **Mixed or borderline** working relationships between team may be evident in this case or reflective of a **limited level** of effort made **sporadically** to engage the key people involved in this case. Concerted action is needed in this area.

**Poor Practice (2):** Practice is reflective of **inadequate efforts** being made by the team to increase the engagement and participation of the child/youth (based on age and ability), parents, family members, and caregivers, though a team member may report that they have made efforts to establish rapport with at least some members of the family. **Inferior or inadequate** working relationships between team members are evident in this case or reflective of an **unsatisfactory level of effort** made to engage the key people involved in this case. Concerted action is needed in this area.

**Adverse Practice (1):** There were **no efforts** made to engage the child/youth (based on age and ability), parents, family members, and caregivers. Service planning and decision-making activities are conducted at times and places or in ways that prevent or severely limit effective child and family participation. **Decisions are made without the knowledge or consent of the parents, the caregivers, or the child/youth.** Services may be denied because of failure to show or comply. Appropriate strategies, supports, and services are not offered. **Important information may not be provided** to parents or caregivers. Procedural or legal safeguards may be violated. Concerted action is needed in this area.

### Rating Categories:

Child/Youth

Mother: If the child has been adopted, the adoptive mother is rated as the mother.

Father: If the child has been adopted, the adoptive father is rated as the father.

Substitute Caregiver: For out of home cases, this would be the resource parents or for children/youth in congregate care, the residential treatment provider is considered as a whole rather than an identified staff person.

Other: May include a step parent, domestic partner, grandparent or other household member in the home who may act in a caretaker role for this child/youth.

### Not Applicable by Rating Category:

**Child/Youth:** Child/youth is unable, because of age and/or developmental stage, to participate.

**Mother:** Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her.

**Father:** Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him.

**Substitute Caregiver:** There is no substitute caregiver or congregate care provider.

**Other:** No significant "other" caretaker in the child/youth's life.

## Practice Indicator 1b: Role and Voice

**ROLE and VOICE:** Degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child/youth and family strengths and needs, goals, supports, and services.

*Note:* This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, or the agency located them but the mother/father refused to have any involvement in the case, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

### Core Concepts

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process.

Service arrangements are made to benefit children and families by helping to create conditions under which the child can succeed in school and life. Service arrangements should build on the strengths of the child/youth and family and should reflect their strengths, views and preferences. The parent and/or caregiver (as appropriate) have a central and directive role, providing a voice that shapes decisions made by the team on behalf of the child and family. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning interventions, provider choice, monitoring, modification and evaluation.

The child/youth and family should have an active role and voice in developing goals and objectives, as well as in the development and implementation of plans. This includes, but is not limited to:

- Knowing and explaining their strengths, needs, preferences, and challenges so that others may understand and assist.
- Understanding, accepting, and working toward any non-negotiable conditions that are essential for safety and well-being.
- Attending team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports.
- Advocating for needs, supports, and services.
- Doing any necessary follow through on interventions.
- Providing quality and frequent visits between the agency worker, the child/youth, mother and father.
- When ICWA (Indian Child Welfare Act) applies, active efforts are required to assure a role and voice for the tribe.

Child/youth and family satisfaction may be a useful indicator of participation and ownership.

### Guiding Questions

1. To what degree does the family influence all phases of service?
2. To what degree is the family change process owned by family members and led by the birth parent(s) or substitute caregiver(s)? • How well does the agency encourage family member participation?
3. Do the child/youth and family routinely participate in the assessment, planning, monitoring/modification of child/youth and family plans, arrangements, and evaluation of results?
4. How involved are the child/youth's parent(s)/caregiver(s) in the child/youth's medical, educational and behavioral health meetings/appointments?
5. Are the quality of the visits between the caseworker and the child/youth, mother and father sufficient to address issues pertaining to the safety, permanency, and well-being of the child/youth and promote achievement of case goals (for example, did the visits between the caseworker and the child/youth focus on issues pertinent to case planning, service delivery, and goal achievement)?
  - Consider both the length of the visit (for example, are they of sufficient duration to address key issues with the child/youth, mother and father, or are they just brief visits) and the location of visits (for example, are they in a place conducive to open and honest conversation, such as a private home, or in a more formal or public environment, such as a restaurant or court house).
  - Consider whether the caseworker sees the child/youth alone or whether the parent or foster parent is usually present during the caseworker's visits with the child/youth. If the child/youth is older than an infant, the caseworker should be expected to see the child/youth alone for at least part of each visit.
  - Consider the topics that are discussed during the visits and if they pertain to the child/youth's needs, services, and case goals.
  - Consider whether the visits between the caseworker and the father and mother focus on issues pertinent to case planning, service delivery, and goal achievement
6. Are worker contacts with substitute caregiver(s) of sufficient frequency and length with focus on service needs of child/youth and family? Are substitute caregivers provided an environment for unrestricted participation and open discussion?

## Practice Indicator 1b: Role and Voice

### Description and Rating of Practice Performance

**NOTE:** Note: This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, or the agency located them but the mother/father refused to have any involvement in the case, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."

**Optimal Practice (6):** Practice is reflective of key family members being **full and effective partner(s)** on the team, **fully** participating in **all** aspects of assessment, service planning, implementation and monitoring, and evaluation of results for the child/youth and family. The parent(s) and/or caregiver(s) (as appropriate) have a **central and directive role**, providing a voice that shapes the decisions made by the team on behalf of the child/youth and family. Caseworker visits with the child/youth, mother, father, and/or substitute caregiver are of **excellent quality** to move the case forward. Visits are of optimal length, conducive to private conversations, when appropriate children/youth are interviewed alone, conversations are service need and goal focused

**Substantial Practice (5):** Practice is reflective of key family members being **substantial and contributing partners** on the team, **generally** participating in **most** aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **present and effective role**, providing a voice that influences the decisions made by the team on behalf of the child/youth and family. Caseworker visits with the child/youth, mother, father, and/or substitute caregiver are of **sufficient quality** to move the case forward. Visits are focused, of sufficient length and location that provides for open and honest communication.

**Fair Practice (4):** Practice is reflective of key family members **moderately** participating in **some** aspects of team decision making, minimally participating in some assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **minimally effective role**, providing a voice that suggests and affirms the decisions made by the team on behalf of the child/youth and family. Caseworker visits with the child/youth, mother, father, and/or substitute caregiver are of **adequate quality** to move the case forward. Visits routinely allow for focused and individualized discussions.

**Marginal Practice (3):** Practice is reflective of key family members having **limited or inconsistent** participation in **few** aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **marginal role**, providing a somewhat passive voice that acknowledges or accepts decisions made by the team on behalf of the child/youth and family. Caseworker visits with child/youth, mother, father, and/or substitute caregiver are of **inadequate quality** to move the case forward. Visits are not routinely of a service needs or goal oriented focus and are not provided an environment that permits free and open input. Concerted action is needed in this area.

**Poor Practice (2):** Practice is reflective of key family members **rarely participating** in **any** aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent(s) and/or caregiver(s) (as appropriate) have a **missing or silent role**. Caseworker visits with child/youth, mother, father, and/or substitute caregiver are of **substantially insufficient quality** to move the case forward. Visits are brief in duration and conversation is unrelated to service needs or goals for child/youth and family. Concerted action is needed in this area.

**Adverse Practice (1):** Key family members have **not participated in any aspects** of assessment, service planning, implementation and monitoring, and evaluation of results. The child/youth may be receiving services in a placement setting, or alternative educational placement situation and is **detached from all previously established connections**. Caseworker visits with child/youth, mother, father, and/or substitute caregiver are of **no assistance** in moving the case forward. Concerted action is needed in this area.

#### Rating Categories:

Child/Youth

Mother: If the child/youth has been adopted, the adoptive mother is rated as the mother

Father: If the child/youth has been adopted, the adoptive father is rated as the father.

Substitute Caregiver: For out of home cases, this would be the resource parent(s) or for children/youth in congregate care, the residential treatment provider is considered as a whole rather than an identified staff person.

Other: A stepparent, domestic partner, grandparent or other extended family member who is involved in the family's life.

#### Not Applicable by Rating Category:

**Child/Youth:** Child/youth is unable, because of age and/or developmental stage, to have a role and voice at this time.

**Mother:** Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her, or the agency located her but the mother refused to have any involvement in the case.

**Father:** Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him, or the agency located him but the father refused to have any involvement in the case.

**Substitute Caregiver:** There is no substitute caregiver or congregate care provider.

**Other:** There is no person who would be considered as "other".

## Practice Review 2: Teaming

**TEAMING: Degree to which:** • Appropriate team members have been identified and formed into a working team that shares a common “big picture” understanding and long-term view of the child/youth and family. • Team members have sufficient craft knowledge, skills, and cultural awareness to work effectively with this child/youth and family. • Members of the team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family.

*Note: This indicator is measured over the past 90 days.*

### Core Concepts

Unity of effort: Commonality of purpose, and effectiveness in problem solving = successful teamwork. This review focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child/youth and family. There is no fixed formula for team size or composition. Collectively, the team should have the authority to act and ability to assemble supports and resources on behalf of the child/youth and family. Team functioning and decision making processes should be consistent with principles of family centered practice and system of care operations. Unity in effort and commonality of purpose apply to team functioning. Present child/youth status, family participation and perceptions, and achievement of effective results are important indicators about the functionality of the team.

**Formation** - Team members should include all available family members, the county case manager and supervisor, any contracted service providers, health care providers, educational partners, county, child/youth and parent advocates. When applicable, team members should also include mental health professionals, spiritual leaders, substitute caregivers, and others as identified. Collaboration among team members from different agencies is essential. Team composition should be competent and have the right balance of personal interest in the family, knowledge of the family, technical skills, cultural awareness, authority to act, flexibility to respond to specific needs, and time necessary to fulfill the commitment to the family.

**Functioning** - Most importantly, the teaming process must develop and maintain unity of effort among all team members. Team members should have a unified vision of what would have to happen for the case to close. The team must assess, plan, implement and prepare for safe case closure.

### Guiding Questions

1. Were all available family members, informal family supports, child welfare professionals, and outside stakeholders invited to be part of the team?
2. Do all of the team members feel like they are a part of the team; feel like their input is considered and that they are involved in sharing information, planning, decision making, and evaluating results?
3. Does the family know who the team leader is and is the family satisfied with the functioning of the team? • Can the caregiver or youth request a team meeting at anytime?
4. Does the team have a unified and comprehensive strength based understanding that is working toward common goals and objectives leading towards case closure for the child/youth and family?
5. Does the team have the necessary skills to work effectively with the child/youth and family?
6. Are team members committed to ensuring the delivery of services and resources for the child/youth and family?
7. Are all members of the team kept fully informed?
8. Has the team worked together to create and implement a comprehensive and individualized service plan for the child/youth and family?
9. Does the family team have access to informal resources and flexible funding for concrete family needs?
10. Does the family team have a pattern of effective teamwork, commitment, and good outcomes for the child/youth and family?
11. Are team meetings conducted at crucial points through the life of the case (i.e. new investigations, sexual abuse and/or medical and behavioral health crisis)?
12. Has there been a change in the primary case manager for the family over the past 90 days?

## Practice Review 2: Teaming

### Description and Rating of Practice Performance

*Note: This indicator is measured over the past 90 days.*

#### Optimal Practice (6):

**Formation:** All of the people who provide support and services for this child/youth and family have been identified and have formed an **excellent** working team. The team has **excellent skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/youth and family. The team has a **clear single** leader who is organized and accountable for ensuring a common purpose and communication between team members.

**Functioning:** The team has an **excellent** pattern of having a unified and comprehensive strength based understanding that is clearly working toward common goals and objectives leading towards safe case closure for the child/youth and family. The team has shown an **enduring consistency** in their ability to assess, plan, implement and prepare for safe case closure.

#### Substantial Practice (5):

**Formation:** Most of the people who provide support and services for this child/youth and family have been identified and have formed an **adequate** working team. The team has **good skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/youth and family. The team has an **identified leader** who is organized and accountable for ensuring a common purpose and communication between team members.

**Functioning:** The team has a **good and dependable** pattern of having a unified and comprehensive strength based understanding that is working toward common goals and objectives leading towards safe case closure for the child/youth and family. The team has shown a **general and sufficient consistency** in their ability to assess, plan, implement and prepare for safe case closure.

#### Fair Practice (4):

**Formation:** Some of the people who provide support and services for this child/youth and family have been identified and have formed a working team. The team is **adequate to fair in their skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/youth and family. The team has an **adequate leader** who is reasonably organized and accountable for ensuring a common purpose and communication between team members.

**Functioning:** The team has a pattern of having a **somewhat unified and comprehensive strength based understanding** that is working to some extent toward common goals and objectives leading towards safe case closure for the child/youth and family. The team has shown an **adequate consistency** in their ability to assess, plan, implement and prepare for safe case closure.

#### Marginal Practice (3):

**Formation:** Some of the people who provide support and services for this child/youth and family have been identified and have formed a working team. The team is **marginal in their skills, family knowledge, cultural awareness and abilities** necessary to organize effective services for the child/family. The team has a **limited and inconsistent leader** who is insufficiently organized and accountable for ensuring a common purpose and communication between team members. Concerted action is needed in this area.

**Functioning:** The team has a pattern of having a **somewhat inconsistent understanding** that is minimally working toward goals and objectives leading towards safe case closure for the child/youth and family. The team has shown a **limited consistency** in their ability to assess, plan, implement and prepare for safe case closure. Concerted action is needed in this area.

#### Poor Practice (2):

**Formation:** There is **little evidence** of a formed family team for this child/youth and family and **interveners are working independently and in isolation** from one another. The **actions and decisions made by the group may be inappropriate and/or adverse**. Persons working with the family are **inadequately organized and not accountable** for ensuring a common purpose and communication between team members. Concerted action is needed in this area.

**Functioning:** There has not been a **unified understanding working toward goals and objectives** leading towards safe case closure for the child/youth and family. Persons may often **function independently**. Actions reflect an **infrequent or rare pattern** of team work. Concerted action is needed in this area.

#### Adverse Practice (1):

**Formation:** There is **no evidence** of a formed family team for this child/youth and family and **interveners are working independently and in isolation** from one another. The **actions and decisions made by the group are inappropriate and/or adverse**. Persons working with the family are **inadequately organized and not accountable** for ensuring a common purpose and communication between team members. Concerted action is needed in this area.

**Functioning:** There is **no unified understanding working toward goals and objectives** leading towards safe case closure for the child/youth and family. Persons are **functioning independently**. There is **no pattern** of team work. Concerted action is needed in this area.

#### Rating Categories:

Forming  
Functioning

### Practice Review 3: Cultural Awareness and Responsiveness

**CULTURAL AWARENESS AND RESPONSIVENESS: Degree to which:** • Any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice (e.g., culture of poverty, urban and rural dynamics, faith and spirituality, youth culture, etc.). • The natural, cultural, or community supports, appropriate for this child/youth and family are being provided. • Necessary supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes being used with this child/youth and family.

**NOTE:** This indicator is measured over the past 90 days. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A.

#### Core Concepts

"Culture" is broadly defined. Focus is placed on whether the child/youth's and family's culture has been assessed, understood, and accommodated. Making sensitive cultural accommodations involves a set of strategies used by practitioners to individualize the service process to improve the goodness-of-fit between family members and providers who work together in the family change process. Many families may require simple adjustments due to differences between the family and providers. Such simple adjustments are a routine part of engagement, assessment, planning, and service provision. A family's identity may shape their world view and life goals in ways that must be understood and accommodated in practice, [e.g., racial, tribal, ethnic; sexual orientation; class, income/poverty; environmental; gang membership; dietary; religious/spiritual affiliations; and/or other (i.e. such as deaf, visually impaired, military culture)]. Reviewers should consider the requirements of two federal laws (i.e., ICWA - Indian Child Welfare Act and MEPA Multi-Ethnic Placement Act), as appropriate, to the child/youth and family under review. Section 601 of the Title VI of the Civil Rights Act of 1964 "No person in the United States shall on grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" 42 U.S.C. Section 2000d et.seq.

Each child/youth and family has their own unique identities, values, beliefs, and world views that shape their ambitions and life choices. Children, youth and families may require use of specialized accommodations and culturally competent supports in order to successfully engage, educate, assist, and support a family moving through a change process to family independence and sustainable, safe case closure by the system, as child welfare agencies serve an increasing proportion of children/youth and families outside the majority culture. Accommodations include valuing cultural diversity, understanding how it impacts family functioning in a different majority culture, and adapting service processes to meet the needs of culturally diverse children, youth and their families. Properly applied in practice, cultural accommodations reduce the likelihood that matters of language, culture, custom, identity, value, or belief will prevent or reduce the effectiveness of family change efforts.

**Domains of Cultural Competence are:** • Values and attitudes that promote mutual respect. • Communication styles that show sensitivity and non-judgmental stance. • Community and active consumer participation in developing evaluation of policies, practices, and interventions that builds on cultural understandings. • Physical environment including settings, dietary needs, materials, and resources that are culturally and linguistically responsive. • Policies and procedures that incorporate cultural and linguistic principles, multi-cultural practices, and locations of diverse populations. • Population-based clinical practice that avoids misapplication of scientific knowledge and stereotyping groups. • Training and professional development in culturally competent practice.

#### Guiding Questions

1. Are the child/youth and family's cultural identity and related needs identified?
2. Are assessments performed appropriate for the family's background?
3. Do the service providers respect family beliefs and customs? • Where indicated, are tribal laws and customs respected and ICWA requirements met?
4. Is there a need for the team to be of the same cultural background as this family? • Does the team have adequate knowledge of cultural issues relevant to service delivery for this child/youth and family? • If not, what is missing or misunderstood?
5. If the child/youth or parent/caregiver has a primary language other than English, or has limited ability to read, write, speak or understand English, are translator services provided, and how is reliability of translator ensured?
6. Are language assistance programs provided in a timely manner, at a time and place that avoids the effective denial or delay of service, benefit, or right at issue, and free of charge
7. Has the family team explored natural, cultural, or community supports appropriate for this child/youth and family? Examples of possible supports include: spiritual advisors or traditional healers.
8. How does the family identify its own culture? • How has culture been assessed in this case? • What impact, if any, do any cultural differences play on engagement and team work in this case? • How sensitive to cultural issues is the team in this case? • Are cultural differences impeding working relationships with this child/youth and family? • How have cultural conflicts been resolved?



### Practice Review 3: Cultural Awareness and Responsiveness

#### Description and Rating of Practice Performance

**Note:** This indicator is measured over the past 90 days. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A.

**Optimal Practice (6):** The child/youth and family's cultural identity has been **assessed thoroughly** and with cultural sensitivity. **Specialized services are provided** in a culturally appropriate manner for this child/youth and family on a consistent and reliable manner with the child/youth and family being asked for their feedback throughout service. Family cultural beliefs and customs are **fully respected and well accommodated** in service processes. All assessments use culturally appropriate language that is not judgmental and limitations or potential cultural biases are recognized and noted. Service providers are **fully knowledgeable** about issues related to the child/youth and family's identified culture and shape treatment planning and delivery appropriately by ensuring the child/youth and family have an active voice in service planning. Other natural community helpers important to the child and family's culture are included in service planning and delivery. Service providers have ensured **excellent cultural understanding and responsiveness** by seeking feedback, suggestions, and meeting with community contacts who are similar or a familiar to the culture of the child/youth and family. Service delivery and planning has illustrated that **interventions were designed to fit the child/youth and family's cultural needs** rather than requiring or demanding they change to fit the system.

**Substantial Practice (5):** The child/youth and family's cultural identity is **recognized, and acknowledged** in the assessment, planning process, and service delivery. Feedback is sought from the child/youth and family about its effectiveness. Family cultural beliefs and customs are **respected and considered** in service processes. Most assessments are culturally appropriate and limitations or potential cultural bias is recognized. Other natural community helpers important to the child/youth and family's culture are acknowledged and information is obtained from them.

**Fair Practice (4):** The child/youth and family's cultural identity is **recognized, and usually** acknowledged in the assessment, planning process, and service delivery. Family cultural beliefs and customs are **usually acknowledged** and services are planned in an effort to avoid violations. Assessments may not always use culturally appropriate language and potential cultural biases may not always be recognized. Other natural community helpers important to the child/youth and family's culture may be acknowledged and information may be obtained from them occasionally.

**Marginal Practice (3):** The child/youth and family's cultural identity is **recognized, and sometimes** acknowledged in the assessment, planning process, and service delivery. Family cultural beliefs and customs are **not acknowledged** and services are **not a good fit** for the child/youth and family. Assessments may not use culturally appropriate language and potential cultural biases may not be recognized. There may be evidence of cultural accommodations in some cases, although it is **limited or inconsistent** for the child/youth and family. Concerted action is needed in this area.

**Poor Practice (2):** The child/youth and family's cultural identity is **rarely recognized, or acknowledged** in the assessment, planning process, and service delivery. Assessments do not use culturally appropriate language and potential cultural biases are not recognized. If needed, translation and/or specialist services were sought but were difficult to secure through the provider/agency. Thus, **no useful translation and/or special provisions are made** for cultural accommodations with this child/youth and family. Concerted action is needed in this area.

**Adverse Practice (1):** The child/youth and family's cultural identity is **not recognized, or acknowledged** in the assessment, planning process, and service delivery. **No assessments** were sought that could have assisted service delivery with the child/youth and family. There has been **no attempt** by service providers to understand and accommodate possible cultural needs of the child/youth and family. The child/youth and family's cultural identity may be treated with disrespect and their customs, values and beliefs may be ignored, stereotyped, treated as irrelevant or deemed inferior. Assessment, treatment planning, or service delivery processes **do not seek to get feedback at any point** in time from the child/youth and family about their cultural beliefs and customs. Concerted action is needed in this area.

#### Rating Categories:

Child/Youth  
Mother  
Father

#### Not Applicable by Rating Category:

**Child/Youth:** Child/youth can NEVER be rated N/A.

**Mother:** Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her.

**Father:** Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him.

## Practice Review 4: Assessment and Understanding

**ASSESSMENT AND UNDERSTANDING:** Degree to which the team: • Has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on their underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. • Has developed an understanding of what things must change in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. • Is evolving its assessment and understanding of the child/youth and family situation throughout the family change process. • Is using its ongoing assessment and understanding of the child and family situation to modify planning and intervention strategies in order to achieve sustainable, safe case closure.

*Note: If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.*

### Core Concepts

Assessment involves understanding the core story of the child/youth and family and how the family reached its present situation. This story provides a framework for the child/youth/family's history and is supplemented by the assessment/evaluation of the child/youth and family's current situation, environment, and support networks. Members of the child/youth and family team (including family and other interveners), working together, assemble and interpret their collective knowledge and wisdom to form a shared big picture view that provides a common working understanding of the child/youth and family's situation and what must be done to reach sustainable, safe case closure. This common understanding sets the stage for unified change efforts so that the team can plan joint strategies, share resources, find what works, and achieve a good mix and match of supports and services for the child/youth and family.

As appropriate to the situation, a combination of formal and informal assessments and evaluations should be used to determine the underlying issues, needs, strengths, risks, interests, and future goals of the child/youth and family. Assessment and screening techniques should be appropriate for the child/youth and parent's age, capacity, culture, and language or system of communication.

Once the information is gathered, it is analyzed and synthesized to form an ongoing functional assessment and big picture understanding of the child/youth and family. Ongoing assessment should be performed throughout the life of a case (i.e. when planned goals are met, when emergent needs or problems arise, or when changes are necessary). Ongoing assessment findings stimulate and direct modifications in strategies, services, and supports for the child/youth and family. Monitoring and evaluation results are used to update the big picture view of the child/youth and family to maintain situational awareness.

### Guiding Questions

1. What are the critical issues (i.e. strengths, needs, safety threats/factors, risk factors, caregiver capacities, behaviors, underlying issues, etc.) that exist for the child/youth and family?
2. What information, observations, formal assessments, or evaluations have been obtained to further understand the child/youth and family? • Are the assessments appropriate and adequate for the child/youth and family's age, capacity, culture, and communicative abilities?
3. How well did the team analyze the assessments and draw their conclusions? • Did the information, observations, assessments and evaluations inform a big picture, common working understanding of the child/youth and family?
4. How well does the team understand what things must change in order for this child/youth and family to live safely together, achieve timely permanence, and achieve adequate levels of child/youth and family well-being and functioning? • How well does the assessment and understanding process reveal the big picture situation for any substitute caregivers and permanency resources (e.g., relatives and foster parents who may become the permanency caregiver for the child/youth)? • If there are different views of the child/youth, family and/or substitute caregivers/permanency resources, what would it take for them to form a common vision and understanding?
5. Is there evidence that the child/youth and family assessments evolved over the course of the life of the case and impacted decision-making and planning?

## Practice Review 4: Assessment and Understanding

### Description and Rating of Practice Performance

**NOTE:** If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.

**Optimal Practice (6):** Assessment of child/youth and family functioning, life circumstances, underlying issues and support systems are **comprehensively and progressively** understood by the team, as evidenced in practice. Knowledge necessary to understand the child/youth and family's strengths, needs, and context is **constantly** updated and used to keep the big picture understanding current and comprehensive. Past maltreatment, current safety threats/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **fully** recognized, understood and applied.

**Substantial Practice (5):** Assessment of child/youth and family functioning, life circumstances, most underlying issues, and support systems are **generally and progressively** understood by the team as evidenced in practice. Knowledge necessary to understand the child/youth and family's strengths, needs, and context is **frequently** updated and used to keep the big picture understanding recent and useful. Past maltreatment, current safety threats/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **substantially** recognized, understood and applied.

**Fair Practice (4):** Assessment of child/youth and family functioning, life circumstances and support systems are at least **adequately identified and periodically** understood by some participants of the team as evidenced in practice. Underlying issues are at least **reasonably** understood. Information necessary to understand the child/youth and family's strengths, needs, and context is **periodically** updated and used to keep the big picture understanding somewhat useful. Some past maltreatment, current safety risks/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **minimally** recognized, somewhat understood, and applied to some extent. The current level of team understanding is **adequate** for meeting near-term needs.

**Marginal Practice (3):** Assessment reveals only a **limited** understanding of the child/youth and family functioning, life circumstances, and support systems by some members of the team as evidenced in practice. Information necessary to understand the child/youth and family's strengths, needs, and context is **limited and occasionally** updated. Assessment and understanding of family is focused on presenting problem. Some past maltreatment, current safety risks/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency are **partly understood on a limited or inconsistent basis** by some of those involved. The current level of team understanding is **somewhat minimal** for meeting near-term needs. Concerted action is needed in this area.

**Poor Practice (2):** Assessment is **insufficient and/or inconsistent**. Understanding of child/youth and family functioning, life circumstances and support systems may be **obsolete, erroneous, or inadequate** as evidenced in practice over the past 90 days. Information necessary to understand the child/youth and family's strengths, needs, and context is **poorly and inconsistently** updated. There is a lack of analysis of information gathered. **Uncertainties exist** about past maltreatment, current safety risks/factors, risk factors, protective capacities, change requirements, family supports, and conditions necessary for safe case closure and permanency. Necessary changes and behavioral conditions may be **missing, confused or contradictory**. Dynamic conditions may be present that could require a fundamental reassessment of the child's and family's situation. Concerted action is needed in this area.

**Adverse Practice (1):** Current assessments are **absent or incorrect** and miss critical events and decisions as evidenced in practice. Child/youth and family functioning, strengths, life circumstances and support systems are unknown or misunderstood. **Glaring uncertainties and conflicting opinions** exist about things that must be changed for needs and risks to be reduced and for the child/youth and family to function adequately in normal daily settings. A **completely new assessment would be required** for this case to move forward in positive change process. Concerted action is needed in this area.

#### Rating Categories:

Child/Youth

Mother: If the child/youth has been adopted, the adoptive mother is rated as the mother.

Father: If the child/youth has been adopted, the adoptive father is rated as the father.

Substitute Caregiver: A substitute caregiver should be rated if the child/youth in care is currently residing in that family home. This does NOT include congregate care providers.

#### Not Applicable by Rating Category:

**Child/youth:** can NEVER be rated N/A

**Mother:** Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her.

**Father:** Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him.

**Substitute Caregiver:** Child/youth is at home OR in an out of home placement in a congregate care setting. (Reviewers should NOT rate congregate care providers in this indicator)

## Practice Review 5: Long-Term View

**LONG-TERM VIEW:** Degree to which there is a guiding strategic vision shared by the family team, including the parents and child/youth, that describes: • The purpose and path of intervention for achieving safe case closure; • The capacities and conditions necessary for safe case closure; and, • The family's knowledge and supports to sustain those capacities and conditions following safe case closure with child welfare intervention.

*Note:* This indicator is measured over the past 90 days.

### Core Concepts

How well does the Long-Term View define the: • Permanency goals (primary and concurrent, if necessary) for the child/youth to have a forever family? • Things that must change in the family's situation to achieve safety, well-being, and permanency? • Capacities (e.g., parenting skills and protective capacities) and conditions (e.g., sobriety, stable income, housing, and childcare) that must be achieved for sustainable, safe case closure? • How will the child/youth, parents, and team members together know when progress is being made and when necessary conditions have been achieved so that interventions can be safely concluded? • How will parenting skills, protective capacities, and key supports be sustained following safe case closure?

Having a Long-Term View of a better life enables the child/youth, family, and those helping them to see both the next steps forward and the end-points on the horizon that provide a clear vision of the pathway ahead. This review focuses on the specification and use of the capacities and conditions that must be attained by the child/youth and family (birth, adoptive, or guardianship) to achieve stability, adequate functioning, permanency, and other outcomes necessary for the child/youth and family to achieve their desired improvements and goals.

To be useful in planning a successful family change process, the Long-Term View must fit the family situation and establish a strategic course to be followed in the family change process that will lead to the achievement of the family staying safe without formal supervision. The Long-Term View should answer the questions of where the child/youth and family are headed in the change process and how the family and team will know when the family change process has been accomplished.

### Guiding Questions

1. Is there a clear Long-Term View (LTV) for this family? • If yes, is it explicitly written in the family's service plan?
2. Does the LTV reflect family strengths, capabilities, risks, barriers, and needs? • Does the LTV consider the ambitions and preferences of the family?
3. What are the primary permanency and concurrent goals, if indicated, for this child/youth? • How are these stated and addressed in the LTV?
4. If a concurrent plan is used, is the family aware of the timelines of the concurrent plan? • Does everyone involved know what the next steps are?
5. Does the LTV: • clearly define what things must change for the family to live together safely without supervision? • Lead to good decisions about how to bring about the necessary changes?
6. What protective provisions must be in place before reunification of a child/youth to his/her family home? • What permanency issues must be resolved before sustainable, safe case closure is achieved for the child/youth? • What other legal requirements (if any) must be resolved in order to reach permanency? • Are such requirements clearly understood as conditions for sustainable, safe case closure within the LTV? • What specific behavior patterns and capacities must be demonstrated by the parent or caregiver to show that reliable care and supervision can be provided to ensure the safety and care of children/youth in the home? • What sustainable supports must be present in the home and family situation?
7. Does the LTV anticipate the next life changes and transitions that would need to be addressed to continue the family's progress toward meeting their goals? • Were tools provided to the family to be able to troubleshoot if difficulties with future transitions occur?
8. Does the LTV cover functional areas for the child/youth: living, learning, working, playing-as appropriate to the child's age and situation? • Do other agencies serving the child/youth and family share this same LTV and does it reflect their goals, strategies, schedules, and services?
9. Will the child/youth and family's current LTV [if implemented with necessary strategies, interventions, and supports] likely lead successfully to: • Family preservation, family reunification, or guardianship/adoption of the child/youth? • Safe and sustainable conditions in the home and family situation? • Demonstrated and sustained improvements in parental capacities? • Sustainable supports for the family? • Sustainable, safe case closure?

## Practice Review 5: Long-Term View

### Description and Rating of Practice Performance

*Note: This indicator is measured over the past 90 days.*

**Optimal Practice (6):** The family has a Long Term View (LTV) that is **understood and shared** by team members (family members being persons on the team). The LTV **fully** defines permanency and any concurrent goals for the child/ youth. The LTV offers a **clear guiding vision** for family independence that fully reflects family strengths, capabilities, risks, barriers, needs, and preferences. The LTV **fully defines** what things must change in the home and family situation (e.g., protective provisions, behavioral changes, sustainable family supports, and resolution of legal matters necessary for permanency) and how the family and team will know when these changes have been achieved. The LTV **fully anticipates and defines** the next life changes and transitions that will be accomplished before sustainable, safe case closure.

**Substantial Practice (5):** The family has a Long Term View (LTV) that is **generally known and understood** by team members. The LTV **substantially** describes permanency and any concurrent goals for the child/youth. The LTV offers a **generally useful guiding vision** for family independence that substantially reflects family strengths, capabilities, risks, barriers, needs, and preferences. The LTV **generally explains** what things must change in the home and family situation (e.g., protective provisions, behavioral changes, sustainable family supports, and resolution of legal matters necessary for permanency) and how the family and team will know when these changes have been achieved. The LTV **generally anticipates and defines** the next life changes and transitions that will be accomplished before sustainable, safe case closure.

**Fair Practice (4):** The family has a Long Term View (LTV) that is **adequately useful**, and that is **somewhat** known and understood by team members. The LTV **adequately** describes permanency and any concurrent goals for the child/youth. The LTV offers a **somewhat useful guiding vision** for family independence that somewhat reflects family strengths, capabilities, risks, barriers, needs, and preferences. The LTV **reasonably considers** what things must change in the home and family situation (e.g., protective provisions, behavioral changes, sustainable family supports, and resolution of legal matters necessary for permanency) and how the family and team will know when these changes have been achieved. The LTV **somewhat anticipates** the next life changes and transitions that will be accomplished before sustainable, safe case closure.

**Marginal Practice (3):** The family has **several goals set by one or more agencies** serving the child/youth and family that **create a common planning direction** that may be accepted and used by some service team members. The LTV **minimally** describes permanency and any concurrent goals for the child/youth. The LTV offers a **limited and possibly inconsistent vision** for family independence that may reflect some family strengths, capabilities, risks, barriers, needs, and preferences. The LTV **minimally or somewhat insufficiently explains** what things must change in the home and family situation (e.g., protective provisions, behavioral changes, sustainable family supports, and resolution of legal matters necessary for permanency) and how the family and team will know when these changes have been achieved. The LTV may be **somewhat vague** about the next life changes and transitions that should be accomplished before sustainable, safe case closure. Concerted action is needed in this area.

**Poor Practice (2):** The family has service plan **goals set by one or more agencies** serving the child/youth and family but **that do not form a common planning direction** that is accepted and used by service team members. Despite being needed, there may be no evidence of concurrent planning. The goals provide at least some **simple steps or provisions** that could increase the likelihood of a successful future transition but not without continued formal supervision. The LTV **vaguely mentions a few things** that must change in the home and family situation (e.g., protective provisions, behavioral changes, sustainable family supports, and resolution of legal matters necessary for permanency). It is **not clear how the family and team will know** when necessary conditions have been met for sustainable, safe case closure. Concerted action is needed in this area.

**Adverse Practice (1):** There is **no common future planning direction** that is accepted and used by service team members to guide services. Goals **do not address requirements** that would increase the likelihood of successful future transitions. - OR - There is **no guiding view** for family change offered that would lead to family independence and sustainable, safe case closure. The future trajectory is **obscure or ambiguous** and team members may be working in isolation with divergent or conflicting intentions. Concerted action is needed in this area.

### Rating Category:

Long-Term View

## Practice Review 6: Child/Youth and Family Planning Process

**PLANNING PROCESS: Degree to which the planning process:** • Is individualized and matched to child/youth's and family's present situation, preferences, near-term needs and long-term view for safe case closure. • Provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child/youth's and family's evolving situation so as to maximize potential results and minimize conflicts and inconveniences.

**NOTE:** When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.

### Core Concepts

To be effective, a child/youth and family planning process should: • be based on a big picture understanding of accurate and recent assessments that explain near-term needs and underlying issues that must be addressed in order to bring about essential family changes; • reflect the views and preferences of the child/youth and family; • be directed toward the achievement of conditions necessary for family independence and sustainable safe case closure -- as defined in the Long-Term View; • be coherent in design and practical in the use of formal and informal resources; • be culturally appropriate; and, • be modified frequently, based on changing circumstances, experience gained, and progress made toward meeting necessary conditions for safe case closure.

Specific focal points include those strategies specified for meeting desired outcomes related to: • child/youth safety, well-being, and permanency and • stabilizing, supporting, and sustaining the family or permanent caregiver for the child/youth.

The written child/youth and family plan is the collective intentions of the child/youth and family team that states the path, processes, and outcomes of family change to be followed. This should include a written safety plan with present capacities for effective implementation. Family team members should work collaboratively to unify their efforts to develop a coherent set of purposes and processes to help the child/youth and family become successful. The child/youth and family plan specifies the goals, roles, strategies, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child/youth and family. The focus of this indicator is placed on the planning process, not on any one plan document since a child/youth and family may have numerous plans related to various programs and providers. The reviewer should remember that planning is an ongoing team-based process for specifying and organizing intervention strategies and directing resources toward the accomplishment of defined outcomes set forth in the long-term view for the child/youth and family.

### Guiding Questions

1. How well are the child/youth and family engaged and participating in planning? • Are strategies and services tailor-made and assembled uniquely for this child/youth and his/her parents? • How well does the current mix of strategies and services match the child/youth/family situation, cultural background, and expressed preferences? • Are strategies and services based on need rather than on availability?
2. If the child/youth presents developmental delays or disabilities, is he/she receiving early intervention services provided via an Individualized Family Service Plan (IFSP) if under 36 months of age or an Individual Educational Plan (IEP) if between the ages of 36 and 60 months? • If not, why not? Are the appropriate early intervention services accessible and available to meet the child's identified needs?
3. How well are change strategies, interventions, and supports matched to the family changes necessary for achieving family independence and for sustaining family functioning and well-being following safe case closure?
4. Are the concurrent plans individualized to the child/youth and family and do they maximize potential results and minimize conflicts?
5. Are all members of the family team involved in the planning process and contributing to plan revisions? • Do team members share a common understanding and big picture view of this child/youth and family and what it will take to achieve successful results and outcomes?
6. Are the roles, assigned responsibilities, commitments, and timelines clear and agreed upon by the key parties for this child/youth and family? • Are there dependable working relationships among the key parties?
7. To what degree is daily practice actually driven by the service planning process? • Does the case plan have a sense of urgency in working toward resolution and closure?

## Practice Review 6: Child/Youth and Family Planning Process

### Description and Rating of Practice Performance

**NOTE:** When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.

**Optimal Practice (6):** An **excellent planning process** has been used that is fully individualized and relevant to child/youth and family needs and to family changes that must be made to achieve independence and sustainable, safe case closure. Planning is **well-reasoned**, building on accurate understandings from recent assessments and **fully reflecting** the Long Term View. Change strategies, interventions, and supports are **optimally organized** into a holistic and coherent service process providing a combination and sequence of strategies, interventions, and supports uniquely matched to the child/family's situation and preferences. Strategies and services are based on need rather than on availability. Planned strategies, interventions, and supports **clearly** fit the family's situation and change requirements so as to maximize potential results and prevent conflicts and inconveniences. Planning **adapts immediately** to changes in life circumstances and includes a viable concurrent plan. To be optimal, plans should include an individualized and current, written safety plan with present capacities for effective implementation.

**Substantial Practice (5):** A **good and consistent planning process** has been used that is generally individualized and relevant to child/ youth and family needs and to family changes that must be made to achieve independence and sustainable, safe case closure. Planning is **thoughtful**, building on accurate understandings from recent assessments and **substantially reflecting** the Long Term View. Change strategies, interventions, and supports are **well-organized** into a holistic and coherent service process providing a useful combination and sequence of strategies, interventions, and supports well matched to the child/family's situation and preferences. Planned strategies, interventions, and supports **sufficiently** fit the family's situation and change requirements so as to enhance potential results and minimize conflicts and inconveniences. Planning **adapts quickly** to changes in life circumstances and includes an identifiable concurrent plan. To be substantial, plans should include a generally individualized and current, written safety plan with developed capacities for effective implementation.

**Fair Practice (4):** An **adequate to fair planning process** has been used that is less individualized and relevant to child/youth and family needs and to family changes that must be made to achieve independence and sustainable, safe case closure. Planning **partially builds** on basic understandings from assessments and **adequately reflects** the Long Term View. Change strategies, interventions, and supports are **moderately organized** into a useful service process providing a combination and sequence of strategies, interventions, and supports do not fully match the child/family's situation and preferences. Planned strategies, interventions, and supports **adequately** fit the family's situation and change requirements so as to support potential results and reduce conflicts and inconveniences. Planning **adapts periodically** to changes in life circumstances and includes a concurrent plan. To be fairly acceptable, the plan should include a moderately individualized and current, written safety plan.

**Marginal Practice (3):** A **limited or inconsistent planning process** has been used that is partially individualized and relevant to child/ youth and family needs and to family changes that must be made. Planning reflects **limited understandings from assessments** and **marginally reflects** the Long Term View. Change strategies, interventions, and supports are **disorganized** into a limited or possibly under-powered service process providing possible inconsistent or inadequate strategies, interventions, and supports do not match to the child/family's situation and preferences. Planned strategies, interventions, and supports **may not fit** the family's situation and change requirements and may limit potential results and increase conflicts and inconveniences. Planning **adapts occasionally and/or inconsistently** to changes in life circumstances and a concurrent plan is not fully established. The plan includes a somewhat individualized written, safety plan but is not current to the present circumstances. Concerted action is needed in this area.

**Poor Practice (2):** A **substantially inadequate planning process** has been used that is neither individualized nor relevant to child/youth and family needs and to family changes that must be made. Planning reflects **poor understandings from assessments** and **may not reflect** the Long Term View. Change strategies, interventions, and supports are **substantially disorganized**, limited or possibly under-powered and may be mismatched to the child/family's situation and preferences. Poorly planned strategies, interventions, and supports **do not fit** the family's situation and change requirements, may fail to yield results, and may cause unnecessary conflicts and inconveniences. Planning **may not adapt to changes** in life circumstances and a concurrent plan has not yet been addressed with all team members. The plan includes a written safety plan but is neither individualized nor current to the present circumstances. Concerted action is needed in this area.

**Adverse Practice (1):** Planning has turned toward **divergent, vague, and/or conflicting goals**. Basic strategies, interventions, and supports may not be addressed. **The fit between the child/youth and family situation and the service mix is unacceptable** and strategies, interventions, and/or supports may be woefully inadequate to meet identified needs. Child/youth/family preferences did not influence the selection of supports and services. The planning process **does not adapt to any changes** in life circumstances and no concurrent plan exists. No written safety plan may exist, where needed. Concerted action is needed in this area.

#### Rating Categories:

Child/Youth

Mother: If the child/youth has been adopted, the adoptive mother is rated as the mother.

Father: If the child/youth has been adopted, the adoptive father is rated as the father.

Substitute Caregiver: For out of home cases, this would be the resource parents or for children/youth in congregate care, the residential treatment provider is considered as a whole rather than an identified staff person.

#### Not Applicable by Rating Category:

**Mother:** Mother is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her.

**Father:** Father is deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him.

**Substitute Caregiver:** There is no substitute caregiver or congregate care provider.

## Practice Review 7: Planning for Transitions and Life Adjustments

**TRANSITION PLANNING: Degree to which:** • The current or next life change transition for the child/youth and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child/youth and family after the change occurs. • Plans and arrangements are being made to assure a successful transition and life adjustment in daily settings. • There are well-planned follow-along supports provided during the adjustment period occurring after a major change is made in a child/youth's life to ensure a success in the home or school situation.

**NOTE:** Alternative timeframes are used for ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.

### Core Concepts

A child/youth and family moves through several critical transitions over the course of childhood and adolescence (e.g., from preschool to kindergarten, from school to school or from high school to college, work or adult services). Some children may experience removal from their family for child protection or treatment reasons. Some may be reunified with the family, provided guardianship with kin, or adopted by another family. Requirements for future success have to be determined and provided currently to achieve later success. These requirements should be used in setting strategic goals and in planning services. Meeting conditions for sustainable, safe case closure often depends on smooth transitions followed by successful life adjustments in the new setting and/or circumstances. Well-coordinated efforts in assisting the child/youth through significant transitions are essential for success. Follow-along tracking may be required for an adjustment period (beyond the honeymoon period in placement changes). Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the child/youth and family. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings actually occurs. The reviewer should remember that transition planning is an ongoing team-based process for designing and organizing transitions, life changes, and for adjusting strategies and directing resources toward the accomplishment of defined outcomes set forth in the long-term view for the child/youth and family.

### Guiding Questions

1. Is the child/youth currently moving through a transition and life adjustment phase? • Is the child/youth/family anticipating a major transition within the next three months? • If so, is there a well planned and supported transition and life adjustment process provided to ensure success?
2. Has the child/youth and team identified the child/youth's next critical transition? • If so, what transition plans are being made to accomplish a smooth transition? • Are necessary transitional and follow-along adjustment plans being individually tailored to meet the identified need(s)? • Are timely sequencing and supports used appropriately to provide follow-along support for successful life adjustments in the child/youth's normal daily settings (home and school) and life activities?
3. Do permanency plans for this child/youth indicate that the agency has used or considered using trial home visits to facilitate transition and return from out-of-home care? • How is the family involved in implementing important aspects of the child/youth's life change and adjustment and any necessary changes needed in the home and care giving arrangements to achieve successful reintegration of the child/youth into the life of the family?
4. If this child/youth has a history of difficult transitions or placement changes, how is this knowledge being used to improve transitions?
5. If a transition is imminent, is a well-staged transition plan or articulation process currently being implemented for this child/youth and family?
6. Is this child/youth or family currently experiencing adverse consequences of a recent transition or change in placement? • If so, what are the reasons, and what is being done about it?
7. For what period of time is the child/youth being closely monitored following a transition in home or school? • How well are follow-along supports being used to track the child/youth and those supporting the child/youth through the life change and adjustment process?
8. Is the transition support plan comprehensive enough to cover the full scope of the child/youth's life change effects and adjustment needs?
9. Where appropriate, are timely and necessary transition steps being planned and implemented for youth moving to needed adult services?



## Practice Review 7: Planning for Transitions and Life Adjustments

### Description and Rating of Practice Performance

**NOTE:** *Alternative timeframes are used for ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.*

**Optimal Practice (6):** The child/youth/family's current and/or next transition has been **successfully planned, staged, and/or implemented** consistent with the child/youth's planned movement and adjustment requirements. What the child/youth/ family should know, be prepared to do, and have as supports to be successful after the transition occurs **is being developed now**. If a transition to another setting (or return to home and school) is imminent, **all necessary arrangements for supports and services** are being made to assure that the child/youth is successful following the move. If the child/youth has made a transition within the past 90 days, he/she is **fully stable and successful** in his/her daily settings. The child/youth/family is **fully prepared** to transition if a transition will be occurring within the upcoming 90 days.

**Substantial Practice (5):** The child/youth/family's next transition has been **identified and discussed**. What the child/youth/ family should know, be prepared to do, and have as supports to be successful are **planned and being addressed**. If a transition to another setting (or return to home and school) is imminent, **substantial arrangements for supports and services** are being made to assist the child/youth during and after the move. If the child/youth has made a transition within the past 90 days, he/she is **generally stable and successful** in his/her daily settings. The child/youth/family is **generally prepared** to transition if a transition will be occurring within the upcoming 90 days.

**Fair Practice (4):** The child/youth/family's next transition has been **identified**. What the child/youth/family should know, be prepared to do, and have as supports to be successful are **known and being used for planning**. If a transition to another setting (or return to home and school) is imminent, **basic arrangements for supports and services** are in place to adequately assist the child/youth during and after the move. If the child/youth has made a transition within the past 90 days, he/she is **adequately stable and successful** in his/her daily settings. The child/youth/family is **adequately** prepared to transition if a transition will be occurring within the upcoming 90 days.

**Marginal Practice (3):** The child/youth/family's next transition has been **identified**. What the child/youth/family should know, be prepared to do, and have as supports to be successful have **not been adequately assessed and few plans** have been made. If a transition to another setting (or return to home and school) is imminent, **few or partial arrangements for supports and services** are in place to assist the child/youth/family during and after the move. If the child/youth has made a transition within the past 90 days, he/she may be experiencing **mild transition problems** in his/her daily settings but is at **low risk of immediate disruption**. The child/youth/family is only **mildly prepared** to transition if a transition will be occurring within the upcoming 90 days. Concerted action is needed in this area.

**Poor Practice (2):** The child/youth/family's next transition has **not been addressed**. If a transition to another setting (or return to home and school) is imminent, **no adequate arrangements for supports and services** are in place to assist the child/youth/ family during and after the move. If the child/youth has made a transition within the past 90 days, the child/youth/family may be experiencing **substantial transition problems** in his/her daily settings and is at **moderate to high risk of immediate disruption**. The child/youth/family is **inadequately prepared** to transition if a transition will be occurring within the upcoming 90 days. Concerted action is needed in this area.

**Adverse Practice (1):** The child/youth/family's next transition has **not been considered**. If a transition to another setting (or return to home and school) is imminent, **arrangements for supports and services are not in place** to assist the child/youth/family during and after the move. If the child/family has made a transition within the past 90 days, the child/youth may be **experiencing major transition problems** in his/her daily settings and is at **high risk of immediate disruption**. The child/youth/family is **not prepared** to transition if a transition will be occurring within the upcoming 90 days. Concerted action is needed in this area.

#### Rating Category:

Planning for Transitions and Life Adjustments

#### Not Applicable by Rating Category:

**Planning for Transitions and Life Adjustments:** The indicator is not applicable when the case review indicates no evidence of needs to be addressed for transition services for this child/youth/ family over the past 90 days and/or in the upcoming 90 days.

## Practice Review 8: Efforts to Timely Permanence

**EFFORTS TO TIMELY PERMANENCE:** Degree to which current efforts by system agents for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision.

*Note: This indicator is measured over the past 90 days for the “efforts” and is measured for both out-of-home AND in-home cases; however, “timeliness” is rated for out-of-home cases ONLY (and NOT for in-home cases) and includes specific timeframes which reviewers must consider.*

### Core Concepts

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the child/youth and family successfully following their exit from protective supervision. This indicator examines the pattern of diligent actions and sense of urgency demonstrated by assigned team members helping the child/youth and family.

The reviewer determines and rates the extent to which:

- Small steps are being taken on a regular basis (almost daily) to move the processes of family change toward meeting safe case closure conditions;
- Efforts are taken to avoid foreseeable and preventable delays;
- Actions are taken to overcome barriers to timely services needed for meeting required conditions for safe case closure.
- A child/youth should achieve permanency (reunification, guardianship, permanent placement with relative/caregiver) within 12 months of the child/ youth's removal, with the exception of adoption that must be achieved within 24 months.

These conditions provide evidence of diligence and urgency.

### Guiding Questions

1. What is the long-term view for this child/youth and family? • What are the primary and concurrent goals for achieving a forever family for the child/youth?
2. How frequently are attention and action being directed toward providing timely and adequate services for meeting safe case closure requirements?
3. What barriers or delays, if any, have been experienced during the life of the case? • If any of these pitfalls are likely to recur, what steps are being taking to avoid future delays?
4. If appropriate in this case, what is the prognosis for successful reunification of the child/youth with the birth parent? • What progress is being made on the concurrent plan? • Has a permanency resource been identified and qualified? • What level of urgency is evident in recent and current efforts to achieve timely permanency and safe case closure?
5. Has any family reunification or adoption attempted in this case proved unsuccessful? If so, why? • What steps are being taken to avoid repeating the same problems in future efforts to reach permanency and safe case closure?
6. To what extent are legal matters in this case either facilitating or impeding progress toward timely permanency?
7. What is the current status and pace of progress being made toward achieving permanency -- as defined by the long-term view? • How close is the child/youth and family to meeting requirements for safe case closure at this time? • What else must be accomplished before safe case closure can be achieved?
8. Are those with legal rights to the child/youth identified? • Were permanent placement recourses identified? • Were comprehensive assessments done?

## Practice Review 8: Efforts to Timely Permanence

### Description and Rating of Practice Performance

*Note: This indicator is measured over the past 90 days for the “efforts” and is measured for both out-of-home AND in-home cases; however, “timeliness” is rated for out-of-home cases ONLY (and NOT for in-home cases) and includes specific timeframes which reviewers must consider.*

#### Optimal Practice (6):

**Efforts:** Over the past 90 days, **favorable and consistent efforts** by team members that follow the selected permanency pathway and exceed the expected pace for meeting conditions for safe case closure has been evident. The level of diligence and urgency of consistently recognizing and avoiding problems and delays to expedite permanency is **high**. Conditions for safe case closure are fully known and being actively addressed by team members with a level of urgency and intensity necessary for timely safe case closure and with a **high probability** of sustained family well-being and functioning.

**Timeliness:** The permanency goal is **expected to be achieved before, or within the mandated timeframes** [12 months from the child/youth’s most recent entry in to care for out-of-home cases with a goal of reunification, guardianship, or permanent placement with relatives; OR 24 months from the date of the child/youth’s most recent entry in to care for out-of-home cases with a goal of adoption.]

#### Substantial Practice (5):

**Efforts:** Over the past 90 days, an **acceptable effort** by team members that follow the selected permanency pathway at an expected pace for meeting conditions for safe case closure has been evident. The level of diligence and urgency of consistently recognizing and avoiding problems and delays to expedited permanency is **moderately high**. Conditions for safe case closure are fully known and being actively addressed by team members with a level of urgency and intensity necessary for timely safe case closure and with a **moderately high probability** of sustained family well-being and functioning.

**Timeliness:** The permanency goal is **expected to be achieved within the next three months even though the mandated timeframes** [12 months from the child/youth’s most recent entry in to care for out-of-home cases with a goal of reunification, guardianship, or permanent placement with relatives; OR 24 months from the date of the child/youth’s most recent entry in to care for out-of-home cases with a goal of adoption] **may not have not been met**.

#### Fair Practice (4):

**Efforts:** Over the past 90 days, an **adequate effort** by team members that follow the selected permanency pathway at an expected pace for meeting conditions for safe case closure has been evident. The level of diligence and urgency of consistently recognizing and avoiding problems and delays to expedited permanency is **reasonable**. Conditions for safe case closure are fully known and being actively addressed by team members with a level of urgency and intensity necessary for timely safe case closure and with a **reasonable probability** of sustained family well-being and functioning.

**Timeliness:** The permanency goal is **expected to be achieved within the next three to six months even though the mandated timeframes** [12 months from the child/youth’s most recent entry in to care for out-of-home cases with a goal of reunification, guardianship, or permanent placement with relatives; OR 24 months from the date of the child/youth’s most recent entry in to care for out-of-home cases with a goal of adoption] **may not have been met**.

#### Marginal Practice (3):

**Efforts:** Over the past 90 days, **minimal and limited effort** by team members of following the selected permanency pathway at an expected pace for meeting conditions for safe case closure is evident. The level of diligence and urgency of consistently recognizing and avoiding problems and delays to expedited permanency is **moderately low**. Conditions for safe case closure may be known and partially addressed by some team members with a level of urgency and intensity to address some problems and delays that are impeding permanency resolution; however the efforts are not powerful enough or are not being responded to and have a **moderately low** probability of sustained family well-being and functioning. Concerted action is needed in this area.

**Timeliness:** The permanency goal is **expected to be achieved within the next six to nine months even though the mandated timeframes** [12 months from the child/youth’s most recent entry in to care for out-of-home cases with a goal of reunification, guardianship, or permanent placement with relatives; OR 24 months from the date of the child/youth’s most recent entry in to care for out-of-home cases with a goal of adoption] **have not been met**. Concerted action is needed in this area.

#### Poor Practice (2):

**Efforts:** Over the past 90 days, **unsatisfactory effort** by team members of following the selected permanency pathway at an expected pace for meeting conditions for safe case closure is evident. The level of diligence and urgency of consistently recognizing and avoiding problems and delays to **expedited permanency is low**. Conditions for safe case closure are **not** fully known and/or being addressed by team members with a level of urgency and intensity necessary for timely safe case closure and there is a **low probability of sustained family well-being and functioning**. Concerted action is needed in this area.

**Timeliness:** The permanency goal is **not expected to be achieved within the next nine to twelve and the mandated timeframes** [12 months from the child/youth’s most recent entry in to care for out-of-home cases with a goal of reunification, guardianship, or permanent placement with relatives; OR 24 months from the date of the child/youth’s most recent entry in to care for out-of-home cases with a goal of adoption] **have not been met**. Concerted action is needed in this area.

#### Adverse Practice (1):

**Efforts:** Over the past 90 days, **little to no effort** by team members of following the selected permanency pathway at an expected pace for meeting conditions for safe case closure is evident. The level of diligence and urgency of consistently recognizing and avoiding problems and delays to **expedited permanency is absent**. Team members may be unaware of or disagree with each other as to the necessary conditions for safe case closure and there is **little to no probability of sustained family well-being and functioning**. Concerted action is needed in this area.

**Timeliness:** The permanency goal is **not expected to be achieved within the next 12 months or more and the mandated timeframes** [12 months from the child/youth’s most recent entry in to care for out-of-home cases with a goal of reunification, guardianship, or permanent placement with relatives; OR 24 months from the date of the child/youth’s most recent entry in to care for out-of-home cases with a goal of adoption] **have not been met**. Concerted action is needed in this area.

#### Rating Categories:

Efforts  
Timeliness

#### Not Applicable by Rating Category:

**Timeliness:** The child/youth is receiving in-home services ONLY and is NOT in out-of-home care.

## Practice Review 9: Intervention Adequacy and Resource Availability

**INTERVENTION ADEQUACY AND RESOURCE AVAILABILITY:** Degree to which: • Planned interventions, services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet near-term needs and achieve the conditions necessary for safe case closure defined in the Long-Term View. • Resources required to implement current child/youth and family plans are available on timely, sufficient, and convenient local basis.

*Note:* This indicator is measured over the past 90 days.

### Core Concepts

Intervention adequacy = the agreed-upon formal and informal supports/services identified in the child/youth and family plan are being delivered in a timely and competent manner, with sufficient power to meet near-term needs and achieve the Long-Term View for safe case closure on a timely basis. To be adequate, the intensity and consistency of service delivery should be commensurate with that required to produce sustainable and beneficial results for the child/youth and family. An adequate, locally available array of services must exist in order to implement the intervention and support strategies planned for the child/youth and family. Supports can be informal (i.e. volunteer reading tutors, recreational programs, church activities, neighbor/friends) or formal (wrap-around services, paid parenting classes, drug/alcohol treatment). Placement on a waiting list for services does not meet expectations for timeliness. Using repeated foster home placements when wraparound services are needed but not available indicates insufficiencies in local resources leading to unnecessary and repeated movement of a child/youth.

For the team to exercise choice in the selection of services and supports, the array of services should be locally available and culturally compatible with the needs and values of the child/youth and family. The selection of services should start with informal family supports and community resources. Formal supports should only be used when they are not readily available and may require being tailor-made for a child/youth or family. When additional services are needed, providers or specialists should be invited “into the team” rather than just referring the child/youth or family “out” for services to a provider who is not connected with the team and who may not fully understand the family situation.

### Guiding Questions

1. Is each service and support readily accessible when needed (i.e. the team has an array of service options)? • Are supports and services sustainable as needed over time? • If not, what is missing?
2. Are services being provided with a clear definition of the desired outcomes and the timetable for their accomplishment?
3. To what extent are informal resources used in providing supports for this family? • Will supports shift from formal to informal over time?
4. Is the level of intensity, duration, coordination, and continuity commensurate with what is required to meet near-term needs and conditions for safe case closure as defined in the Long-Term View for this child/youth and family?
5. Do the planned interventions, services, and supports mitigate active safety threats; achieve timely permanency; enhance protective capacities; and reduce risk?

## Practice Review 9: Intervention Adequacy and Resource Availability

*Note: This indicator is measured over the past 90 days.*

### Description and Rating of Practice Performance

#### Optimal Practice (6):

Adequacy: The available supports and services are providing an **optimal combination and sequence of interventions** that are helping the child/youth and family reach the levels of functioning necessary for them to make progress and improve functioning and well-being. A **desirable** combination of informal and, where necessary, formal supports and interventions are being **provided with excellent precision and with fully commensurate levels** of intensity, duration and continuity to fully meet present needs and reach planned outcomes.

Availability: There is an **exceptional array of locally available** supports and services that allow for coordination between the child/youth/family and team members to quickly meet present needs.

#### Substantial Practice (5):

Adequacy: The available supports and services are providing a **sufficient combination and sequence of interventions** that are helping the child/youth and family reach the levels of functioning necessary for them to make progress and improve functioning and well-being. A **dependable** combination of informal and, where necessary, formal supports and interventions are being **provided with good precision and with commensurate levels** of intensity, duration and continuity to meet present needs and reach planned outcomes.

Availability: There is a **good array of locally available** supports and services that allow for coordination between the child/youth/family and team members to quickly meet present needs.

#### Fair Practice (4):

Adequacy: The available supports and services are providing a **reasonable combination and sequence of interventions** that are helping the child/youth and family reach the levels of functioning necessary for them to make progress and improve functioning and well-being. A **fair** combination of informal and, where necessary, formal supports and interventions are being **provided with a reasonable degree** of intensity, duration and continuity to meet present needs and reach planned outcomes.

Availability: There are **locally available supports and services, but not as many as this case requires**, that allow for coordination between the child/youth/family and team members to meet present needs.

#### Marginal Practice (3):

Adequacy: The available supports and services are providing a **substantially limited combination and sequence of interventions** that are limiting the child/youth and family from reaching the levels of functioning necessary for them to make progress and improve functioning and well-being. A **limited combination** of informal and, where necessary, formal supports and interventions are being **provided with a minimal degree** of intensity, duration and continuity to meet present needs and reach planned outcomes. Concerted action is needed in this area.

Availability: There are **some locally available supports** and services, but the **majority of services** accessed, or needed, for this case are **not locally based or are not readily available** to the family. Concerted action is needed in this area.

#### Poor Practice (2):

Adequacy: The available supports and services are providing **few interventions** and therefore child/youth and family are unable to reach the levels of functioning necessary for them to make progress and improve functioning and well-being. An **unsatisfactory combination** of informal and, where necessary, formal supports and interventions are being **provided with an inconsistent degree** of intensity, duration and continuity to meet present needs and reach planned outcomes. Concerted action is needed in this area.

Availability: There are **few, if any, locally available supports and services**. Services may be **inaccessible or inconsistently available** to the family. Concerted action is needed in this area.

#### Adverse Practice (1):

Adequacy: The available supports and services are providing **no interventions, or the wrong interventions** to help the child/youth and family reach the levels of functioning necessary for them to make progress and improve functioning and well-being. There are **no services** to meet present needs and reach planned outcomes. Concerted action is needed in this area.

Availability: There are **no locally or distant available supports** and services, or access to services may be denied. Concerted action is needed in this area.

#### Rating Categories:

Adequacy  
Availability

## Practice Review 10: Maintaining Family Relationships

**MAINTAINING FAMILY RELATIONSHIPS: Degree to which:** • Interventions are building and maintaining positive interactions and providing emotional support between the child/youth and his/her parents, siblings, relatives and other important people in the child/youth's life, when the child/youth and family members are temporarily living away from one another.

**NOTE:** This indicator is measured over the past 90 days. If the child/youth is residing with the family member, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, the NA would be marked on the appropriate rating options.

### Core Concepts

This indicator measures the quality of relationships between the child/youth and his/her family members and other important people in the child/youth's life. The quality of these relationships depends on opportunities for positive interactions; emotionally supportive, mutually beneficial connections; and engaging in nurturing exchanges with one another. When this occurs, it promotes the preservation of families and the successful reunification of the child/youth and his/her parents.

When children/youth are living away from their parents and/or siblings, they should be provided opportunities for frequent and appropriate contact with one another and with other important people in their lives. This indicator is rated for the mother, father, siblings, extended family, and other persons important in the life of the child/youth. Unless there is a no contact order or specific circumstances suggest it is unsafe or inappropriate, visits and other forms of contact should be provided and encouraged in order to maintain or develop family ties and relationships.

Visits should be conducted in locations conducive to family activities and offer 'quality time' for advancing or maintaining relationships among family members. Visits and/or other forms of contact, such as phone calls, letters, and/or exchange of photos should be used when safe and appropriate to do so, to enable both parents, siblings, relatives and other important people in the focus child/youth's life.

### Guiding Questions

1. Are ongoing efforts to identify and locate family members being made?
2. Are family visits and appropriate interactions occurring now? If so, are visits:
  - Frequently occurring?
  - Therapeutically appropriate?
  - Conducive to "quality time" in relationship building?
  - Located in a convenient and least restrictive setting?
  - Rescheduled in a timely manner?
  - Increasing in frequency and duration and decreasing in supervision, if appropriate?
  - Being used to assess reunification appropriateness?
3. Are other forms of family contact, interactions, or connecting strategies being used (e.g., phone calls, letters, family photos), when appropriate?
4. What supports are being provided to parents, resource parents (e.g., transportation), and case planners (e.g., overtime or flextime for supervised visits) to facilitate and assist visits?
5. Is there an effort to integrate the parents into the child/youth's life (e.g., doctor's appointments, teacher conferences at school, sporting events, etc.)?
6. Do the parents and the child/youth describe one another in positive terms and identify ways in which they have been able to enhance the quality of their relationship with one another?
7. Is there any evidence that visits have been withheld as a punishment or used as an incentive for compliance or "good behavior" at any time within the past 90 days in this case? • If so, explain this situation in oral and written reports made for this case.

## Practice Review 10: Maintaining Family Relationships

### Description and Rating of Practice Performance

**NOTE:** This indicator is measured over the past 90 days. If the child/youth is residing with the family member, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, the NA would be marked on the appropriate rating options.

**Optimal Practice (6):** Effective family **connections have been successfully maintained** for all family members through appropriate visits and other connecting strategies. All appropriate family members and other important people in the child/youth's life have **regular and, where appropriate, increasingly frequent** visits and interactions. **Enduring strategies are in place** to effectively build and maintain positive interactions, providing emotional support between the child/youth and his/her family and important people.

**Substantial Practice (5):** Effective family **connections have been sufficiently maintained** for all family members through appropriate visits and other connecting strategies. All appropriate family members and other important people in the child/youth's life have **regular visits and interactions**. **Suitable strategies are in place** to effectively build and maintain positive interactions and providing emotional support between the child/youth and his/her family and important people.

**Fair Practice (4):** Family **connections have been at least reasonably maintained** for all family members through appropriate visits and other connecting strategies. All appropriate family members and other important people in the child/youth's life have **periodic visits and interactions**. Strategies are **adequately effective** and are in place to support building and maintaining positive interactions, providing emotional support between the child/youth and his/her family and important people.

**Marginal Practice (3):** Family **connections have been at least minimally maintained** for most family members through visits and other connecting strategies. Some appropriate family members and other important people in the child/youth's life have **periodic visits and interactions** (occurring less than biweekly). Inconsistent and/or inadequate strategies are limiting building and maintaining positive interactions and providing emotional support between the child/youth and his/her family and important people. There may be some evidence that **visits may have been withheld as a punishment** or used as an incentive at least once in the past 90 days. Concerted action is needed in this area.

**Poor Practice (2):** Family **connections have been substantially limited** for some family members through visits and other connecting strategies. Some appropriate family members and other important people in the child/youth's life have **occasional visits/interactions** (occurring less than biweekly). Some members may have very limited, inconsistent, or no contact or connections. **Inadequate strategies** are limiting building and maintaining positive interactions and providing emotional support between the child/youth and his/her family and important people. There may be some evidence that **visits may have been withheld as a punishment** or used as an incentive more than once in the past 90 days. Concerted action is needed in this area.

**Adverse Practice (1):** Family **connections have fragmented, declined in frequency or quality, or have been inappropriate and/or may have been detrimental** to the child/youth. **Visits are not occurring** to maintain family connections (or visits are withheld as punishment or used as an incentive) of some visits may be therapeutically inappropriate or unsafe for one or more family members. Concerted action is needed in this area.

#### Rating Categories:

**Mother:** If the child/youth has been adopted, the adoptive mother is rated as the mother.

**Father:** If the child/youth has been adopted, the adoptive father is rated as the father.

**Siblings**

**Other:** A stepparent, domestic partner, grandparent or other extended family member who is involved in the family's life.

#### Not Applicable by Rating Category:

**Mother:** If the child/youth is residing with their mother; or mother is deceased; or parental rights have been terminated; or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate her; or there is a no contact order or specific circumstances suggest it is unsafe or inappropriate for visits or other forms of contact, this indicator may be rated NA.

**Father:** If the child/youth is residing with their father; or father is deceased; or parental rights have been terminated; or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate him; or there is a no contact order or specific circumstances suggest it is unsafe or inappropriate for visits or other forms of contact this indicator may be rated NA.

**Sibling(s):** If the child/youth is residing in the same home as all their siblings; or there is a no contact order or specific circumstances suggest it is unsafe or inappropriate for visits or other forms of contact, this indicator may be scored as not applicable. If one or more siblings are in out-of-home care the visits between the child/youth and their siblings must be rated and cannot be rated "not applicable".

**Other:** If the child/youth is residing with or does not have anyone defined as an "other important person" in his/her life, this indicator may be rated NA.

## Practice Review 11: Tracking and Adjustment

**TRACKING AND ADJUSTMENT: Degree to which:** • The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments. • Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family. • Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child/youth and family. *Note: This indicator is measured over the past 90 days.*

### Core Concepts

An ongoing examination process should be used by the team to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. Gathering information, performing ongoing assessments, and tracking provided necessary information. Adjustment leads to change processes that make the intervention process responsive and, ultimately, more effective for the child/youth and family. The planned intervention strategies should be modified when outcomes are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The team should play a central role in gathering information, monitoring and modifying planned strategies, services, supports, and results. Team members in the child/youth and family change process should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. This learning and change process is necessary to find what works for the child/youth and family. Learning "what works" is a continual process, which requires the team to ask:

How are the child/youth and family doing? Has their situation changed? Have new needs emerged? Are supports and services being delivered as planned? Are providers dependable? How well are the mix, match, and sequence of supports and services working? How well do these arrangements actually fit the child/youth and family? Are any crisis/safety plans effective? Are advance arrangements for transitions being accomplished? Are desired results being produced? What things need to be changed or adjusted?

**NOTE:** *Effective tracking requires maintaining ongoing situational awareness. Situational awareness involves knowledge about how information, events, and team actions impact the goals and objectives of the case, both now and in the near future. Team members know what information needs to be shared and follow through with sharing this information in a timely and appropriate manner. Effective adjustments depend upon understanding and acting on what is working and not working in helping the family meet conditions for safe case closure.*

### Guiding Questions

1. How well is the team determining what works for this child/youth and family?
2. How is the child/youth/family progress monitored by the team (e.g., face-to-face contacts, telephone contact, and meetings with family, child/youth, service providers, reviewing reports from providers, etc.)?
3. How well is the status and progress of the child/youth/family being tracked and adjusted by the team in the following areas? • Consider how well:
  - Ongoing assessment is used to determine if present and impending threats to child/youth safety have emerged/reemerged.
  - Parent/caregiver protective capacities are tracked and evaluated
  - Enhancement of protective capacities is/are mitigating the safety threats/factor.
  - Development and demonstration of required child/youth and/or parent behavior changes are occurring.
  - Securing of adequate and sustainable supports necessary for child/youth/family functioning.
  - Concurrent planning and active efforts are occurring to attain child/youth permanency.
  - Meeting any special needs of persons (children/youth/parents) in the home.
  - Achieving successful transitions and life adjustments.
  - Resolving any outstanding issues necessary for sustainable, safe case closure.
4. Is the implementation of planned supports and services being tracked? • Is progress or lack of progress being identified and noted?
5. Are detected problems or breakdowns in service design or delivery being reported and addressed promptly? • Are identified needs and problems being acted on?
6. Are the child/youth/family plan(s) and strategies modified as needs arise and goals are met to keep the plan relevant and effective and moving toward safe case closure? • Are these strategies being used modified if no progress is observed? • Are failed strategies promptly recognized and abandoned and then quickly replaced with appropriate strategies most likely to work? • If not, why not?
7. How well are transitions anticipated, staged, tracked, problem-solved, and sustained?
8. Is the court advised of permanency progress in a timely fashion? • Are any requests to revise court orders pursued in a timely manner?



## Practice Review 11: Tracking and Adjustment

### Description and Rating of Practice Performance

*Note: This indicator is measured over the past 90 days.*

#### Optimal Practice (6):

Tracking: The strategies, supports, and services being provided to the child/youth and family are **highly responsive and fully appropriate** to changing conditions. **Continuous monitoring, tracking, and communication** of child/youth/family status and service results are occurring and shared between **all team members**.

Adjustment: **Timely, appropriate and successful adjustments** have been made. Successful modifications are **based on rich knowledge** of what things are working and not working for the child/youth and family.

#### Substantial Practice (5):

Tracking: The strategies, supports, and services being provided to the child/youth and family are **responsive and appropriate** to changing conditions. **Sufficient monitoring, tracking, and communication** of child/youth/family status and service results are occurring and shared between the **majority of team members**.

Adjustment: **Timely and appropriate adjustments** have been made. Generally successful modifications are **based on collective knowledge** of what things are working and not working for the child/youth and family.

#### Fair Practice (4):

Tracking: The strategies, supports, and services being provided to the child/youth and family are **almost always responsive and appropriate** to changing conditions. **Moderate monitoring, tracking, and communication** of child/youth/family status and service results are occurring and shared between **some team members**.

Adjustment: **Generally timely and adequate adjustments** have been made. Modifications are **based on basic knowledge** of what things are working and not working for the child/youth and family.

#### Marginal Practice (3):

Tracking: The strategies, supports, and services being provided to the child/youth and family are **not always responsive or appropriate** to changing conditions. **Inconsistent monitoring, tracking, and communication** of child/youth/family status and service results are occurring and shared occasionally between team members. Concerted action is needed in this area.

Adjustment: **Suitable adjustments have been made even if the adjustments have not been timely**. Modifications are **based on limited knowledge** of what things are working and not working for the child/youth and family. Concerted action is needed in this area.

#### Poor Practice (2):

Tracking: The strategies, supports, and services provided to the child/youth and family have been poor **not been responsive or appropriate** to changing conditions. **Substantially limited monitoring, tracking, and communication** of child/youth/family status and service results may be occurring. Concerted action is needed in this area.

Adjustment: **Inadequate adjustments have been made and not in a timely manner**. Modifications are **not necessarily based on knowledge** of what things are working and not working for the child/youth and family. Concerted action is needed in this area.

#### Adverse Practice (1):

Tracking: The strategies, supports, and services provided to the child/youth and family have been limited, undependable, or conflicting and have **not been responsive or appropriate** to changing conditions. **Monitoring, tracking, and communication** of child/youth/family status and service results are **not occurring**. Concerted action is needed in this area.

Adjustment: **Potentially harmful adjustments have been made** and modifications are **not based on knowledge** of what things are working and not working for the child/youth and family. Concerted action is needed in this area.

#### Rating Categories:

Tracking

Adjustment

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**Section  
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**Reporting Outlines**

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**Case-Specific Team Debrief Worksheet**

The purpose of the Team Debrief is to provide second level quality assurance. All teams will debrief their case. Fellow reviewers and Local and State Site Leads are expected to be active participants during this meeting. All participants will receive a copy of the QSR roll up sheet for every case presented. Each team has a maximum of 15 minutes total for their case presentation (12 minutes to present and 3 minutes for questions from the larger group). Reviewers are asked to follow the Case Presentation Outline below when presenting their case. Reviewers may also discuss difficult to score Indicators. Questions and feedback from the group at the end of your presentation may provide you with additional clarifications that could prompt you to change one or more of your scores. The information your team shares with the group during the team debrief should be consistent with what is shared during the Caseworker and Supervisor Feedback Session.

**Case Presentation Outline**

1. Brief Synopsis of the Child/Youth and Family Core Story (2 minutes)

- *Reasons for services (Why is the agency involved with this child/youth and family?)*
  
  
  
  
  
  
  
  
  
  
- *Necessary conditions for safe case closure (What is the agency trying to achieve in the case?)*

2. Child/Youth and Parent/Caregiver Status Indicators (4 minutes)

*Review of child/youth and parent/caregiver indicators:*

- *Strengths (where is status rated a 4, 5 or 6 and what progress is being made?)*
  
  
  
  
  
  
  
  
  
  
- *Areas needing improvement (where is status rated a 1, 2 or 3 and what aspects of the child/youth/family situation are limiting progress?)*
  
  
  
  
  
  
  
  
  
  
- *If Parent or Caregiver functioning was not discussed in the above ratings, share ratings and rationale for those ratings*

3. Practice Performance Indicators (4 minutes)

*Review of practice performance indicator ratings:*

- *Strengths (which practice functions are rated a 4, 5, or 6 and working well in supporting family change?)*

- *Areas needing improvement (which practice functions are rated a 1, 2 or 3 and not working well and what factors make this so?)*

4. Next Steps (2 minute)

- *Six month forecast- is the child/youth's situation likely to improve, remain the same, or decline in the next 6 months?*

- *Four important and doable "next steps"/recommendations to the casework team:*

- ✓
- ✓
- ✓
- ✓

- *Any special concerns or follow-up indicated including recommendations that are systemic/not resolvable at the Caseworker level?*

- ✓
- ✓
- ✓
- ✓

5. Group Questions/Feedback (3 minutes)

Total Presentation Time (15 minutes)

## Guide to Caseworker and Supervisor Feedback Session

### Introduction

One of the features of the Qualitative Service Review Process that sites find most useful is feedback to individual caseworkers about their cases at the conclusion of the review. The worker feedback is intended first to assure that the reviewer's perception of the case is accurate factually and second, to offer any suggestions that might be considered to improve case outcomes. In providing this feedback, the following process is suggested as an approach to constructive information sharing and coaching.

### Beginning the Conversation

Remember that the process of having anyone review your work is anxiety producing, even more so when the reviewer is a stranger and characterized as an expert. Please keep this in mind when you meet with the worker about observations.

Point out to the worker that the purpose of the debriefing is to make sure that you have understood the current status and facts of the case accurately and also to offer any suggestions that might be helpful. Of course, you should start with the strengths of the case. Include strengths of the worker's contribution as well as those of the system. Be specific and explain why you think the positives found are important. A little self-disclosure can be reassuring, so in cases that are not going well, consider sharing an example of your own struggles with difficult cases.

Describe the current status, key players and important issues observed. It is not uncommon to learn things about the case that the worker does not yet know, because you have had the opportunity to view the case more recently and talk to all of the contributors at one time. When this occurs, it helps to remind workers that it is not unusual to learn new facts during reviews because we have the luxury of being able to invest substantial time in each case.

At this stage, it is also common that you find that the case plan has not been kept current with events or intentions in the case. A gentle way to approach this is to offer the worker an opportunity to tell you what he/she expects to do in the next month related to the case, even if intentions have not yet been incorporated into the plan. Some reviewers say, "What would you have liked to have done differently, knowing what you know now?" or "Having heard these facts, what would your plan for this child/family be, or what ideas do you have for addressing the current issues." This option provides a solution-focused opportunity for the workers to address their own case issues.

### Discussing Practice Challenges

The most sensitive part of the debriefing process is offering feedback about the practice challenges that were observed. It sometimes helps to let the facts of the case communicate issues of concern, rather than stating them as your own assessment. For example, rather than simply stating "the school is unaware of the child's psychotropic medications and doesn't understand their effects on the child" (implying that the worker should have provided them), you might say, "The teacher wondered if the child was on medication and how that was affecting his behavior. What is the system's policy on sharing such information?" Quotes from case stakeholders can be a less judgmental way of surfacing issues. Be certain, however, that you don't reveal a remark that the family member or stakeholder didn't intend for you to share.

When contradictions to the worker's perspective or understanding of the case are exposed in the case review, the time-tested phrase, "I'm confused..." is another nonjudgmental way of communicating the identification of discrepancies. For example, regarding differences in the understanding of case goals, you might say, "I know that reunification is the permanency goal, but I'm confused because several of the case contributors seem to think that this child will never go home. Am I misunderstanding this?"

### Discussing Recommendations

It is wise to be clear that having only spent a day and a half reviewing a case, it is not always possible to surface practice development ideas in such a short span of time. If you have suggestions, however, it is helpful to describe them as options for the worker to consider. We do not want to dictate case practice in this role, so be sure the worker understands that you are only identifying options that might be useful.

If there are serious case problems, particularly related to safety concerns, using the term “concerns” is a good characterization. For example, “One concern that I want to share is the fact that the mom’s therapist worries that she has begun using drugs again. I don’t get the impression that this has been communicated to you, but it seems important to me,” is a way of communicating the concern without criticizing the worker for not yet knowing a key fact. In the uncommon event that you discover an imminent risk of harm to a child, remember the obligation to ensure that it is communicated to the worker and supervisor.

The hardest form of feedback involves communicating concerns about an issue that the worker doesn’t see as harmful. A common example is the lack of concern (or at least resignation) about children with frequent moves. This is as much a system issue as an individual practice issue. You might say, “I know that you’re concerned as I am about the number of placements this child has had this year. What resources can the system offer to stabilize this child? If you had the power to change the way the system functions, what would you do?” Again this solution-focused question permits the worker to contribute to the case solution.

Don’t overwhelm the worker with suggestions. Also, separate system solutions from changes in worker practice. Workers are most interested in what they could do differently tomorrow.

In concluding the debriefing, you want to be sure that in your efforts to be strength-based you haven’t led the worker to believe that status and performance issues are better than you actually found them. When/if the reviewer knows at the time of the debriefing that one or both domains will likely receive a lower tier rating, it should be communicated clearly, in the context of any mitigating aspects such as systemic difficulties beyond the control of the worker or newly surfaced information. You might say, “Although a lot of good work has been done in this case, the fact that the uncle that was suspected of fondling the child is back in the home creates an unacceptable safety rating. I want you to be aware that an unacceptable safety rating will result in an unacceptable child and family status rating.”

Of course balancing candor and affirmation are the challenges that make this process so useful. Before you conclude, give the worker an opportunity to ask questions. It is always helpful to conclude by providing a wrap up and review, to check out what the worker has heard (or perceived) in the debriefing. It may be really helpful to ask for feedback directly, such as, “Having heard all this, have we gotten things ‘right’? Are there pieces we may have missed or misunderstood?” It doesn’t hurt to end with a highlight that reflects some strength or progress directly related to the worker’s efforts or skills.

**Notes for Caseworker and Supervisor Feedback Session**

<b>Current Strengths &amp; Accomplishments</b>	<b>Practice Challenges &amp; Opportunities for Improvement</b>
Identify current successes, strengths, and accomplishments in descending order of importance. • Focus on positive matters that can be sustained and built upon.	Identify current challenges in implementing core practices. • Focus on key conditions or barriers limiting practice and outcomes. • Limit the factors. • Be strategic.
+	▲
+	
+	
+	▲
+	
+	
+	▲
+	
+	
+	▲
+	
+	
+	▲

**Opportunities for Advancing Practice & Improving Local Conditions for the Better**

Identify three to five “next steps” that, if taken, could move practice forward in this case. Steps may include strategies for maintaining presently good results, steps to try new practice strategies, and/or to improve local conditions of practice that could improve results in the near-term future. Focus on a few practical, immediate, achievable, and strategically important next steps that make sense to the persons who are receiving the feedback. Begin with any urgent matters as first steps.

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Pennsylvania QSR Protocol

Section  
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Attachments

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At-a-Glance Summary of Indicators

**CHILD/YOUTH AND FAMILY STATUS INDICATORS**

**Status Review 1a: Safety from Exposure to Threats of Harm**

Degree to which: • The child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings. • The child/youth's parents and/or caregivers provide the attention, actions, and supports and possess the skills and knowledge necessary to protect the child/youth from known and potential threats of harm in the home, school, and other daily settings.

*Note: This indicator is measured over the past 30 days. If the child/youth is living in a substitute care home and is having unsupervised visits (in the past 30 days) in the family home then both settings are rated.*

**Status Review 1b: Safety from Risk to Self/Others**

Degree to which: • The child/youth avoids self-endangerment. • Refrains from using behaviors that may put others at risk of harm.

*Note: This indicator is measured over the past 30 days. This indicator applies to a child/youth age three or older.*

**Status Review 2: Stability**

Degree to which: • The child/youth's daily living, and learning arrangements are stable and free from risk of disruptions. • The child/youth's daily settings, routines, and relationships are consistent over recent times. • Known risks are being managed to achieve stability and reduce the probability of future disruption.

*Note: Alternative timeframes are used for ratings in this indicator. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.*

**Status Review 3: Living Arrangement**

Degree to which: • The child/youth, consistent with age and/or ability, is currently living in the most appropriate/least restrictive living arrangement, consistent with the need for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. • If the child/youth is in out-of-home care, the living arrangement meets the child/youth's basic needs as well as the inherent expectation to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.

*Note: This indicator is measured over the past 30 days. This indicator applies to the child/youth's current living situation. This may be the home of the child/youth's family or a substitute care home. If the child/youth is living in a substitute care home and is having unsupervised visits in the family home, then both settings are rated.*

**Status Review 4: Permanency**

Degree to which: • There is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will sustain in this role until the child/youth reaches adulthood and will continue onward to provide enduring family connections and supports into adulthood. • If not, are permanency efforts presently being implemented on a timely basis that will ensure that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

*Note: This indicator is measured over the past 30 days.*

**Status Review 5: Physical Health**

Degree to which: • The child/youth is achieving and maintaining his/her optimum health status. • If the child/youth has a serious or chronic physical illness, the child/youth is achieving his/her best attainable health status given the disease diagnosis and prognosis.

*Note: This indicator is measured over the past 30 days.*

**Status Review 6: Emotional Well-Being**

Degree to which: • The child/youth, consistent with age and/or ability, is displaying an adequate pattern of attachment and positive social relationships, • Coping and adapting skills, • Appropriate self-management of emotions and behaviors.

*Note: This indicator is measured over the past 30 days.*

**Status Review 7a: Early Learning and Development**

Degree to which: • The young child's developmental status is commensurate with age and developmental capacities. • The child's developmental status in key domains is consistent with age and/or ability-appropriate expectations.

*Note: This indicator is measured over the past 30 days. This Indicator applies only to a child under the age of 8 years AND not attending a formal school program (unless the county's compulsory school age is less than 8 years old and requires a child to be in a formal school program prior to age 8).*

**Status Review 7b: Academic Status**

Degree to which: • The child/youth, consistent with age and/or ability, is regularly attending school, • placed in a grade level consistent with age or developmental level, • actively engaged in instructional activities, • reading at grade level or IEP expectation level, and • meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.

*Note: This indicator is measured over the past 30 days. In instances where the review is occurring but school is not in session, reviewers should rate this indicator based on the final 30 days of the child/youth's most recent school year. This indicator applies to a child/youth 8 years or older OR attending a formal school program school OR residing in a county that has a mandatory school age of less than 8 years of age and the child should therefore be attending a formal school program.*

**Status Review 8: Pathway to Independence**

Degree to which: • The youth, consistent with age and/or ability, • is gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services. • Developing long-term connections and informal supports that will support him/her into adulthood.

*Note: This indicator is measured over the past 30 days. This indicator applies to any youth who is age 16 or older. This indicator is looking for outcomes beyond formal independent living services.*

**Status Review 9: Parent and Caregiver Functioning**

Degree to which: • The parent(s), other significant adult and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living. • If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), the added supports are meeting the needs.

*Note: This indicator is measured over the past 30 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. When scoring a mother/father, the reviewers should take the parents' capacities into consideration and rate each individually. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown, or there has been no contact between the child/youth and parent over the past 90 days, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."*

**PRACTICE PERFORMANCE INDICATORS**

**Practice Review 1a: Engagement Efforts**

Degree to which those working with the child/youth and family (parents and other caregivers) are: • Finding family members who can provide support and permanency for the child/youth. • Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child/youth and family. • Focusing on the child/youth and family's strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning. • Offering transportation and child care supports, where necessary, to increase family participation in planning and support efforts.

*Note: This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."*

**Practice Indicator 1b: Role and Voice**

Degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child/youth and family strengths and needs, goals, supports, and services.

*Note: This indicator is measured over the past 90 days. When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, or the agency located them but the mother/father refused to have any involvement in the case, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father."*

**Practice Review 2: Teaming**

Degree to which: • Appropriate team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child/youth and family. • Team members have sufficient craft knowledge, skills, and cultural awareness to work effectively with this child/youth and family. • Members of the team have a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family.

*Note: This indicator is measured over the past 90 days. This indicator evaluates team formation and team functioning separately.*

**Practice Review 3: Cultural Awareness and Responsiveness**

Degree to which: • Any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice (e.g., culture of poverty, urban and rural dynamics, faith and spirituality, youth culture, etc.). • The natural, cultural, or community supports, appropriate for this child/youth and family are being provided. • Necessary supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes being used with this child/youth and family.

*Note: This indicator is measured over the past 90 days. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A.*

**Practice Review 4: Assessment and Understanding**

Degree to which the team: • Has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on their underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. • Has developed an understanding of what things must change in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. • Is evolving its assessment and understanding of the child/youth and family situation throughout the family change process. • Is using its ongoing assessment and understanding of the child and family situation to modify planning and intervention strategies in order to achieve sustainable, safe case closure.

*Note: If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.*

**Practice Review 5: Long-Term View**

Degree to which there a guiding strategic vision shared by the family team, including the parents and child/youth, that describes: • The purpose and path of intervention for achieving safe case closure; • The capacities and conditions necessary for safe case closure; and,

• The family's knowledge and supports to sustain those capacities and conditions following safe case closure with child welfare intervention.

*Note: This indicator is measured over the past 90 days.*

**Practice Review 6: Child/Youth and Family Planning Process**

Degree to which the planning process: • Is individualized and matched to child/youth's and family's present situation, preferences, near-term needs and long-term view for safe case closure. • Provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child/youth's and family's evolving situation so as to maximize potential results and minimize conflicts and inconveniences.

*Note: When applying this indicator, parent(s) and/or any substitute caregiver(s) should be rated. If parents are deceased, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, then the ratings for "mother" and/or "father" are marked N/A. If the child/youth has been adopted, then the rating for the adoptive parents would be marked under "mother" and/or "father." This indicator is measured over the past 90 days.*

**Practice Review 7: Planning for Transitions and Life Adjustments**

Degree to which: • The current or next life change transition for the child/youth and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the child/youth and family after the change occurs. • Plans and arrangements are being made to assure a successful transition and life adjustment in daily settings. • There are well-planned follow-along supports provided during the adjustment period occurring after a major change is made in a child/youth's life to ensure a success in the home or school situation.

*Note: Alternative timeframes are used for ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.*

**Practice Review 8: Efforts to Timely Permanence**

Degree to which current efforts by system agents for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision.

*Note: This indicator is measured over the past 90 days for the "efforts" and is measured for both out-of-home AND in-home cases; however, "timeliness" is rated for out-of-home cases ONLY (and NOT for in-home cases) and includes specific timeframes which reviewers must consider.*

**Practice Review 9: Intervention Adequacy and Resource Availability**

Degree to which: • Planned interventions, services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet near-term needs and achieve the conditions necessary for safe case closure defined in the Long-Term View. • Resources required to implement current child/youth and family plans are available on timely, sufficient, and convenient local basis.

*Note: This indicator is measured over the past 90 days. This indicator measure intervention adequacy and resource availability separately.*

**Practice Review 10: Maintaining Family Relationships**

Degree to which: • Interventions are building and maintaining positive interactions and providing emotional support between the child/youth and his/her parents, siblings, relatives and other important people in the child/youth's life, when the child/youth and family members are temporarily living away from one another.

*Note: This indicator is measured over the past 90 days. If the child/youth is residing with the family member, or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency's concerted efforts to locate them, the NA would be marked on the appropriate rating options.*

**Practice Review 11: Tracking and Adjustment**

Degree to which: • The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments. • Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family. • Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child/youth and family.

*Note: This indicator is measured over the past 90 days. This indicator measures tracking and adjustment separately.*

**Indicator Rating Rationale**

**Child and Family Status Indicators**

Indicator	Comments	Score
<p><b>1a. Safety from Exposure to Threats of Harm</b> <i>(past 30 days)</i></p> <p><b>Rating:</b>  <i>Family Home # 1</i>  <i>Family Home # 2</i>  <i>Substitute Home</i>  <i>School</i>  <i>Other Settings</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>1b. Safety from Risk to Self/Others</b> <i>(past 30 days and applies to child/youth ages 3 and older)</i></p> <p><b>Rating:</b>  <i>Risk to Self</i>  <i>Risk to Others</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

<p><b>2. Stability</b> <i>(past 12 months and next 6 months)</i></p> <p><b>Rating:</b> <i>Living Arrangement School</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>3. Living Arrangement</b> <i>(past 30 days)</i></p> <p><b>Rating:</b> <i>Family Home # 1 Family Home # 2 Substitute Home</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	



<b>4. Permanency</b> <i>(past 30 days)</i>	Favorable:	
	Unfavorable:	
<b>5. Physical Health</b> <i>(past 30 days)</i>	Favorable:	
	Unfavorable:	

<p><b>6. Emotional Well-Being</b> <i>(past 30 days)</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>7a. Early Learning &amp; Development</b> <i>(past 30 days and applies to child under the age of 8 years AND not attending a formal school program - unless the county's compulsory school age is less than 8 years old and requires a child to be in a formal school program prior to age 8).</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

<p><b>7b. Academic Status</b>  <i>(past 30 days (In instances where the review is occurring but school is not in session, reviewers should rate this indicator based on the final 30 days of the child/youth's most recent school year) applies to a child/youth 8 years or older OR attending a formal school program school OR residing in a county that has a mandatory school age of less than 8 years of age and the child should therefore be attending a formal school program.</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>8. Pathway to Independence</b>  <i>(past 30 days and applies to only for youth 16 and older)</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

<p><b>9. Parent &amp; Caregiver Functioning</b> <i>(past 30 days)</i></p> <p><b>Rating:</b> <i>Mother</i> <i>Father</i> <i>Substitute Caregiver</i> <i>Other</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

Practice Performance Indicators		
Indicator	Comments	Score
<b>1a. Engagement Efforts</b> <i>(past 90 days)</i>  <b>Rating:</b> <i>Child/Youth</i> <i>Mother</i> <i>Father</i> <i>Substitute Caregiver</i> <i>Other</i>	Favorable:	
	Unfavorable:	
<b>1b. Role and Voice</b> <i>(past 90 days)</i>  <b>Rating:</b> <i>Child/Youth</i> <i>Mother</i> <i>Father</i> <i>Substitute Caregiver</i> <i>Other</i>	Favorable:	
	Unfavorable:	

<p><b>2. Teaming: Formation and Functioning</b> <i>(past 90 days)</i></p> <p><b>Rating:</b> <i>Formation</i> <i>Functioning</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>3. Cultural Awareness &amp; Responsiveness</b> <i>(past 90 days)</i></p> <p><b>Rating:</b> <i>Child/Youth</i> <i>Mother</i> <i>Father</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

<p><b>4. Assessment &amp; Understanding</b> <i>(past 90 days)</i></p> <p><b>Rating:</b> <i>Child/Youth</i> <i>Mother</i> <i>Father</i> <i>Substitute Caregiver</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>5. Long-Term View</b> <i>(past 90 days)</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

<p><b>6. Child/Youth &amp; Family Planning Process</b> <i>(past 90 days)</i></p> <p><b>Rating:</b> <i>Child/Youth</i> <i>Mother</i> <i>Father</i> <i>Substitute Caregiver</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>7. Planning for Transitions &amp; Life Adjustments</b> <i>(past 90 days and future 90 days)</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	



<p><b>8. Efforts to Timely Permanence: Efforts and Timeliness</b>  <i>(Efforts - past 90 days)</i>  <i>(Timeliness for out-of-home cases only, please see protocol for specific timeframes)</i></p> <p><b>Rating:</b>  <i>Efforts</i>  <i>Timeliness</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>9. Intervention Adequacy &amp; Resource Availability</b>  <i>(past 90 days)</i></p> <p><b>Rating:</b>  <i>Intervention Adequacy</i>  <i>Resource Availability</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

<p><b>10. Maintaining Family Relationships</b> <i>(past 90 days)</i></p> <p><b>Rating:</b> <i>Mother</i> <i>Father</i> <i>Siblings</i> <i>Other</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	
<p><b>11. Tracking &amp; Adjustment</b> <i>(past 90 days)</i></p> <p><b>Rating:</b> <i>Tracking</i> <i>Adjusting</i></p>	<p>Favorable:</p>	
	<p>Unfavorable:</p>	

QSR Protocol Rating Scale Logic

<b>Interpretative Guide for Child/Youth and Family Status Indicator Ratings</b>					
<b>Acceptable Range: 4-6</b>			<b>Unacceptable Range: 3-1</b>		
<b>Maintenance Zone: 6-5</b>		<b>Refinement Zone: 4-3</b>		<b>Improvement Zone: 2-1</b>	
Status is favorable. Efforts should be made to maintain and build upon a positive situation.		Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.		Status is problematic or risky. Quick action should be taken to improve the situation.	
<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Optimal Status</b>	<b>Substantial Status</b>	<b>Fair Status</b>	<b>Marginal Status</b>	<b>Poor Status</b>	<b>Adverse Status</b>
The best of most favorable status presently attainable for this individual in this area (taking age and ability into account). The individual is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.	Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with eventual attainment of long-term needs or outcomes in this area. Status is good and likely to continue.	Status is at least minimally or temporarily sufficient for the individual to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time over the past 30 days, but may be short-term due to changing circumstances, requiring change soon.	Status is mixed, limited or inconsistent and not quite sufficient to meet the individual's short-terms needs or objectives now in this area. Status has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.	Status is and may continue to be poor and unacceptable. The individual's status has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). Any risks may be mild to serious.	The individual's status in this area is poor, unacceptable and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.

<b>Interpretative Guide for Practice Performance Indicator Ratings</b>					
<b>Acceptable Range: 6-4</b>			<b>Unacceptable Range:3-1</b>		
<b>Maintenance Zone: 6-5</b>		<b>Refinement Zone: 4-3</b>		<b>Improvement Zone: 2-1</b>	
Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.		Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.		Performance is inadequate. Quick action should be taken to improve practice now.	
<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Optimal Practice</b>	<b>Substantial Practice</b>	<b>Fair Practice</b>	<b>Marginal Practice</b>	<b>Poor Practice</b>	<b>Adverse Practice</b>
Excellent, consistent, effective practice for this individual in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the individual.	At this level, the system function is working dependably for this individual, under changing conditions and over time. Effectiveness level is consistent with meeting long-term needs and goals for the individual.	This level of performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area may be no less than minimally adequate at any time in the past 30 days, but may be short - term due to change circumstances, requiring change soon.	Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient for the individual to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.	Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.	Practice may be absent or not operative. Performance may be missing (not done). - <b>OR</b> Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

# Important Milestones By The End Of 3 Months

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

## Social and Emotional

- Begins to develop a social smile
- Enjoys playing with other people and may cry when playing stops
- Becomes more expressive and communicates more with face and body
- Imitates some movements and facial expressions

## Movement

- Raises head and chest when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out and kicks when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface
- Brings hand to mouth
- Takes swipes at dangling objects with hands
- Grasps and shakes hand toys

## Vision

- Watches faces intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hands and eyes in coordination

## Hearing and Speech

- Smiles at the sound of your voice
- Begins to babble
- Begins to imitate some sounds
- Turns head toward direction of sound

## Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not seem to respond to loud noises
- Does not notice hands by 2 months
- Does not follow moving objects with eyes by 2 to 3 months
- Does not grasp and hold objects by 3 months
- Does not smile at people by 3 months
- Cannot support head well by 3 months
- Does not reach for and grasp toys by 3 to 4 months
- Does not babble by 3 to 4 months
- Does not bring objects to mouth by 4 months
- Begins babbling, but does not try to imitate any of your sounds by 4 months
- Does not push down with legs when feet are placed on a firm surface by 4 months
- Has trouble moving one or both eyes in all directions
- Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
- Does not pay attention to new faces, or seems very frightened by new faces or surroundings
- Experiences a dramatic loss of skills he or she once had

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Learn the Signs. Act Early.

# Important Milestones By The End Of 7 Months

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

## Social and Emotional

- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

## Cognitive

- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

## Language

- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

## Movement

- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers object from hand to hand
- Uses hand to rake objects

## Vision

- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

## Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to a sitting position
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for the person who cares for him or her
- Doesn't seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him or her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 months
- Does not roll over in either direction (front to back or back to front) by 5 months
- Seems impossible to comfort at night after 5 months
- Does not smile on his or her own by 5 months
- Cannot sit with help by 6 months
- Does not laugh or make squealing sounds by 6 months
- Does not actively reach for objects by 6 to 7 months
- Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- Does not bear weight on legs by 7 months
- Does not try to attract attention through actions by 7 months
- Does not babble by 8 months
- Shows no interest in games of peek-a-boo by 8 months
- Experiences a dramatic loss of skills he or she once had

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Learn the Signs. Act Early.

# Important Milestones By The End Of 1 Year (12 Months)

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

## Social and Emotional

- Shy or anxious with strangers
- Cries when mother or father leaves
- Enjoys imitating people in his play
- Shows specific preferences for certain people and toys
- Tests parental responses to his actions during feedings
- Tests parental responses to his behavior
- May be fearful in some situations
- Prefers mother and/or regular caregiver over all others
- Repeats sounds or gestures for attention
- Finger-feeds himself
- Extends arm or leg to help when being dressed

## Cognitive

- Explores objects in many different ways (shaking, banging, throwing, dropping)
- Finds hidden objects easily
- Looks at correct picture when the image is named
- Imitates gestures
- Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)

## Language

- Pays increasing attention to speech
- Responds to simple verbal requests
- Responds to "no"
- Uses simple gestures, such as shaking head for "no"
- Babbles with inflection (changes in tone)
- Says "dada" and "mama"
- Uses exclamations, such as "Oh-oh!"
- Tries to imitate words

## Movement

- Reaches sitting position without assistance
- Crawls forward on belly
- Assumes hands-and-knees position
- Creeps on hands and knees
- Gets from sitting to crawling or prone (lying on stomach) position
- Pulls self up to stand
- Walks holding on to furniture
- Stands momentarily without support
- May walk two or three steps without support

## Hand and Finger Skills

- Uses pincer grasp
- Bangs two objects together
- Puts objects into container
- Takes objects out of container
- Lets objects go voluntarily
- Pokes with index finger
- Tries to imitate scribbling

## Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not crawl
- Drags one side of body while crawling (for over one month)
- Cannot stand when supported
- Does not search for objects that are hidden while he or she watches
- Says no single words ("mama" or "dada")
- Does not learn to use gestures, such as waving or shaking head
- Does not point to objects or pictures
- Experiences a dramatic loss of skills he or she once had

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# Important Milestones By The End Of 2 Years (24 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

## Social

- Imitates behavior of others, especially adults and older children
- More aware of herself as separate from others
- More excited about company of other children

## Emotional

- Demonstrates increasing independence
- Begins to show defiant behavior
- Separation anxiety increases toward midyear then fades

## Cognitive

- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play

## Language

- Points to object or picture when it's named for him
- Recognizes names of familiar people, objects, and body parts
- Says several single words (by 15 to 18 months)
- Uses simple phrases (by 18 to 24 months)
- Uses 2- to 4-word sentences
- Follows simple instructions
- Repeats words overheard in conversation

## Movement

- Walks alone
- Pulls toys behind her while walking
- Carries large toy or several toys while walking
- Begins to run
- Stands on tiptoe
- Kicks a ball
- Climbs onto and down from furniture unassisted
- Walks up and down stairs holding on to support

## Hand and Finger Skills

- Scribbles on his or her own
- Turns over container to pour out contents
- Builds tower of four blocks or more
- Might use one hand more often than the other

## Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot walk by 18 months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes
- Does not speak at least 15 words
- Does not use two-word sentences by age 2
- By 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon)
- Does not imitate actions or words by the end of this period
- Does not follow simple instructions by age 2
- Cannot push a wheeled toy by age 2
- Experiences a dramatic loss of skills he or she once had

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# Important Milestones By The End Of 3 Years (36 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

## Social

- Imitates adults and playmates
- Spontaneously shows affection for familiar playmates
- Can take turns in games
- Understands concept of "mine" and "his/hers"

## Emotional

- Expresses affection openly
- Expresses a wide range of emotions
- By 3, separates easily from parents
- Objects to major changes in routine

## Cognitive

- Makes mechanical toys work
- Matches an object in her hand or room to a picture in a book
- Plays make-believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with three or four pieces
- Understands concept of "two"

## Language

- Follows a two- or three-part command
- Recognizes and identifies almost all common objects and pictures
- Understands most sentences
- Understands placement in space ("on," "in," "under")
- Uses 4- to 5-word sentences
- Can say name, age, and sex
- Uses pronouns (I, you, me, we, they) and some plurals (cars, dogs, cats)
- Strangers can understand most of her words

## Movement

- Climbs well
- Walks up and down stairs, alternating feet (one foot per stair step)
- Kicks ball
- Runs easily
- Pedals tricycle
- Bends over easily without falling

## Hand and Finger Skills

- Makes up-and-down, side-to-side, and circular lines with pencil or crayon
- Turns book pages one at a time
- Builds a tower of more than six blocks
- Holds a pencil in writing position
- Screws and unscrews jar lids, nuts, and bolts
- Turns rotating handles

## Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Frequent falling and difficulty with stairs
- Persistent drooling or very unclear speech
- Cannot build a tower of more than four blocks
- Difficulty manipulating small objects
- Cannot copy a circle by age 3
- Cannot communicate in short phrases
- No involvement in "pretend" play
- Does not understand simple instructions
- Little interest in other children
- Extreme difficulty separating from mother or primary caregiver
- Poor eye contact
- Limited interest in toys
- Experiences a dramatic loss of skills he or she once had

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# Important Milestones By The End Of 4 Years (48 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

## Social

- Interested in new experiences
- Cooperates with other children
- Plays "Mom" or "Dad"
- Increasingly inventive in fantasy play
- Dresses and undresses
- Negotiates solutions to conflicts
- More independent

## Emotional

- Imagines that many unfamiliar images may be "monsters"
- Views self as a whole person involving body, mind, and feelings
- Often cannot tell the difference between fantasy and reality

## Cognitive

- Correctly names some colors
- Understands the concept of counting and may know a few numbers
- Tries to solve problems from a single point of view
- Begins to have a clearer sense of time
- Follows three-part commands
- Recalls parts of a story
- Understands the concepts of "same" and "different"
- Engages in fantasy play

## Language

- Has mastered some basic rules of grammar
- Speaks in sentences of five to six words
- Speaks clearly enough for strangers to understand
- Tells stories

## Movement

- Hops and stands on one foot up to five seconds
- Goes upstairs and downstairs without support
- Kicks ball forward
- Throws ball overhand
- Catches bounced ball most of the time
- Moves forward and backward with agility

## Hand and Finger Skills

- Copies square shapes
- Draws a person with two to four body parts
- Uses scissors
- Draws circles and squares
- Begins to copy some capital letters

## Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot throw a ball overhand
- Cannot jump in place
- Cannot ride a tricycle
- Cannot grasp a crayon between thumb and fingers
- Has difficulty scribbling
- Cannot stack four blocks
- Still clings or cries whenever parents leave
- Shows no interest in interactive games
- Ignores other children
- Doesn't respond to people outside the family
- Doesn't engage in fantasy play
- Resists dressing, sleeping, using the toilet
- Lashes out without any self-control when angry or upset
- Cannot copy a circle
- Doesn't use sentences of more than three words
- Doesn't use "me" and "you" correctly
- Experiences a dramatic loss of skills he or she once had

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## Important Milestones By The End Of 5 Years (60 Months)

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

### Social

- Wants to please friends
- Wants to be like her friends
- More likely to agree to rules
- Likes to sing, dance, and act
- Shows more independence and may even visit a next-door neighbor by herself

### Emotional

- Aware of gender
- Able to distinguish fantasy from reality
- Sometimes demanding, sometimes eagerly cooperative

### Cognitive

- Can count 10 or more objects
- Correctly names at least four colors
- Better understands the concept of time
- Knows about things used every day in the home (money, food, appliances)

### Language

- Recalls part of a story
- Speaks sentences of more than five words
- Uses future tense
- Tells longer stories
- Says name and address

### Movement

- Stands on one foot for 10 seconds or longer
- Hops, somersaults
- Swings, climbs
- May be able to skip

### Hand and Finger Skills

- Copies triangle and other shapes
- Draws person with body

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- Prints some letters
- Dresses and undresses without help
- Uses fork, spoon, and (sometimes) a table knife
- Usually cares for own toilet needs

### Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Acts extremely fearful or timid
- Acts extremely aggressively
- Is unable to separate from parents without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Doesn't engage in a variety of activities
- Avoids or seems aloof with other children and adults
- Doesn't express a wide range of emotions
- Has trouble eating, sleeping or using the toilet
- Can't tell the difference between fantasy and reality
- Seems unusually passive
- Cannot understand two-part commands using prepositions ("Put the doll on the bed, and get the ball under the couch.")
- Can't correctly give her first and last name
- Doesn't use plurals or past tense properly when speaking
- Doesn't talk about her daily activities and experiences
- Cannot build a tower of six to eight blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off clothing
- Cannot brush her teeth efficiently
- Cannot wash and dry her hands
- Experiences a dramatic loss of skills he or she once had

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# Quality Service Review (QSR) Roll-Up Sheet

## Review Information

1. County of review: \_\_\_\_\_
2. Onsite review start date:<sup>1</sup> \_\_\_\_\_
3. Assigned Site Lead(s): \_\_\_\_\_
4. First reviewer's name: \_\_\_\_\_
5. Second reviewer's name: \_\_\_\_\_

### 6. Sub-indicator role assignment chart<sup>2</sup>

Case participant initials <sup>3</sup>	Assigned sub-indicator role	Case participant role <sup>4</sup>	Case participant interviewed <sup>5</sup>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Child/Youth		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Mother		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Father		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Substitute Caregiver		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 7. Additional case participants chart

Case participant initials <sup>6</sup>	Case participant role	Case Participant interviewed	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. Number of participants interviewed: No response required.

## Focus Child/Youth Information

9. Focus child/youth's initials:

10. Focus child/youth's MCI#: <sup>7</sup>

11. Focus child/youth's date of birth:  
(MM/DD/YYYY)

12. Focus child/youth's age:

No response required.

13. Focus child/youth's gender:  
(select only one)

- Male
- Female
- Transgender/Transitioning

14. Focus child/youth's race: <sup>8</sup>  
(select all that apply)

- White/Caucasian
- Black/African American
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Asian
- Unknown/Unable to Determine
- Other (please specify) \_\_\_\_\_

15. Focus child/youth's ethnicity:  
(select only one)

- Latino/Hispanic
- Not Latino/Hispanic
- Unknown/Unable to Determine

16. Select the option(s) which best describes the focus child/youth's current early learning/educational situation:<sup>9</sup>  
*(select all that apply)*
- N/A  
(Focus child is too young for any level of schooling, child is an infant)
  - Early Intervention
  - Early Learning
  - Head Start
  - Pre-School
  - K-12
  - Public School
  - Private School
  - Home School
  - Charter School
  - Cyber School
  - Residential/Onsite
  - Alternative Education
  - Gifted Program
  - Advanced Placement
  - Vocational/Technical
  - Special Education
  - Part-time
  - Full-time
  - Honor Roll
  - English as a Second Language
  - Graduated
  - General Equivalency Diploma (GED)
  - Truant
  - Suspended
  - Expelled
  - Dropped Out
  - Post-Secondary Education
  - Other, please specify:  
\_\_\_\_\_
17. Provide the focus child/youth's current grade level:<sup>10</sup>
- 

18. The focus child/youth has an Individualized Education Plan (IEP):<sup>11</sup>  
*(select only one)*
- Yes
  - No
  - Not in school

## Case Information

19. County case file #: <sup>12</sup>

---

20. Case type: <sup>13</sup>  
(select only one)

- In-Home  
 Out-of-Home

21. This is a shared case: <sup>14</sup>  
(select only one)

- Yes  
 No

22. Select the reason(s) for the case being accepted for services:  
(select all that apply)

- Physical Abuse  
 Sexual Abuse  
 Emotional Maltreatment  
 Neglect (not including medical neglect)  
 Medical Neglect  
 Abandonment  
 Mental/Physical health of parent  
 Mental/Physical health of child/youth  
 Substance abuse by parent(s)  
 Child/Youth's behavior  
 Substance abuse by child/youth  
 Domestic violence in child/youth's home  
 Child/Youth in Juvenile Justice system  
 Other (please specify)
- 

23. Date case most recently accepted for services: <sup>15</sup>  
(MM/DD/YYYY)

Time (years, months) since case was most recently accepted for services:

No response required.

24. Date of most recent entry into out-of-home care, if applicable: <sup>16</sup>  
(MM/DD/YYYY)

Date of discharge from out-of-home care from the most recent entry, if applicable: <sup>17</sup>  
(MM/DD/YYYY)

Time (years, months) in out-of-home care:

No response required.

25. The case is closed:  
(select only one)

- Yes
- No

If yes, provide the date the case closed:  
(MM/DD/YYYY)

---

**Birth Family Home:**

- Bio-Mother Only
- Bio-Father Only
- Both Bio Parents

**Post Adoptive Home:**

- Post Adoptive - Mother only
- Post Adoptive - Father Only
- Post Adoptive – Both Parents

26. Focus child/youth's placement setting:<sup>18</sup>  
(select only one)

**Kinship Home:**

- Formal
- Informal

**Additional Placement Settings:**

- Traditional Foster Home
  - Group/Congregate Home
  - Residential Treatment Facility
  - Permanent Legal Custodian/Subsidized Legal Custodian
  - Juvenile Correctional Facility
  - Medical/Psychiatric Hospital
  - Detention
  - Other (please specify)
- 

27. Focus child/youth's primary permanency goal:<sup>19</sup> (select only one)

- Remain in the home (in-home cases)
- Return home
- Adoption
- Permanent Legal Custodian/Subsidized Legal Custodian
- Placement with a fit and willing relative
- Other planned placement intended to be permanent/  
Another Planned Permanent Living Arrangement
- No primary goal established

The primary permanency goal is appropriate:<sup>20</sup> *(select only one)*

Yes  
 No

Explain why the primary permanency goal is appropriate or inappropriate:

---

The primary permanency goal is specified in the case file:<sup>21</sup> *(select only one)*

Yes  
 No  
 N/A

28. Focus child/youth's concurrent permanency goal:<sup>22</sup> *(select only one)*

Return home  
 Adoption  
 Permanent Legal Custodian/Subsidized Legal Custodian  
 Placement with a fit and willing relative  
 Other planned placement intended to be permanent/ Another Planned Permanent Living Arrangement  
 No concurrent goal established

The concurrent permanency goal is appropriate:<sup>23</sup> *(select only one)*

Yes  
 No

Explain why the concurrent permanency goal is appropriate or inappropriate:

---

The concurrent permanency goal is specified in the case file:<sup>24</sup> *(select only one)*

Yes  
 No  
 N/A

**In-Home Cases skip to Q33.**

**Out-of-Home Cases continue on to Q29.**

29. Select the statement which best describes the child/youth's Adoption and Safe Families Act (ASFA) status:<sup>25</sup> *(select only one)*

Child/Youth has been in out-of-home care 15 of the last 22 months  
 Child/Youth has NOT been in out-of-home care 15 of the last 22 months but meets other ASFA Termination of Parental Rights (TPR) criteria  
 Child/Youth has NOT been in out-of-home care 15 of the last 22 months and does NOT meet other ASFA Termination of Parental Rights (TPR) criteria



30. Date TPR (mother) filed:<sup>26</sup>  
(MM/DD/YYYY)

---

The TPR (mother) was filed timely:<sup>27</sup>  
(select only one)

- Yes
- No

If "No" was selected above, report the  
compelling reason identified by the Court:<sup>28</sup>  
(select only one)

- No compelling reason(s) for TPR not filed timely
- At the option of the County, the child/youth is being cared for by a relative
- The County has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth
- The County has not provided to the family the services that the County deemed necessary for the safe return of the child/youth to the child/youth's home

There was an appeal of the TPR (mother):  
(select only one)

- Yes
- No

Date TPR (mother) was finalized:<sup>29</sup>  
(MM/DD/YYYY)

---

31. Date TPR (father) filed:<sup>30</sup>  
(MM/DD/YYYY)

---

The TPR (father) was filed timely:<sup>31</sup>  
(select only one)

- Yes
- No

If "No" was selected above, report the  
compelling reason identified by the Court:<sup>32</sup>  
(select only one)

- No compelling reason(s) for TPR not filed timely
- At the option of the County, the child/youth is being cared for by a relative
- The County has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth
- The County has not provided to the family the services that the County deemed necessary for the safe return of the child/youth to the child/youth's home

There was an appeal of the TPR (father):  
(select only one)

- Yes
- No

Date TPR (father) was finalized:<sup>33</sup>  
(MM/DD/YYYY)

---

32. The focus child/youth has at least one sibling:

- Yes
- No (If selected, skip to Q33)

The number of the focus child's/youth's siblings who are also placed in out-of-home care:<sup>34</sup> (If "0" is entered here, skip to Q33)

---

Of the siblings in out-of-home care, the number residing in the same out-of-home placement as the focus child/youth:

---

33. Describe the family household composition:<sup>35</sup>

---

34. Describe the family situation and stressors:

---

## Child/Youth & Family Status Domain

Indicator	Rating Write-in Rating (6-1) or N/A	Favorable Rationale Write-in rationale, the space will expand as your type.	Unfavorable Rationale Write-in rationale, the space will expand as your type.
<b>Safety: Exposure to Threats of Harm</b>			
Family Home #1			
Family Home #2			
Substitute Home			
School			
Other Setting			
<b>Safety: Risk to Self/Others</b>			
Risk to Self			
Risk to Others			
<b>Stability</b>			
Living Arrangement			
School			
<b>Living arrangement</b>			
Family Home #1			
Family Home #2			
Substitute Home			
Permanency			
Physical Health			
Emotional Well-Being			
Early Learning and Development			
Academic Status			
Pathway to Independence			
<b>Parent and Caregiver Functioning</b>			
Mother			
Father			
Substitute Caregiver			
Other			

## Practice Performance Status Domain

Indicator	Rating Write-in Rating (6-1) or N/A	Favorable Rationale Write-in rationale, the space will expand as your type.	Unfavorable Rationale Write-in rationale, the space will expand as your type.
<b>Engagement Efforts</b>			
Child/Youth			
Mother			
Father			
Substitute Caregiver			
Other			
<b>Role and Voice</b>			
Child/Youth			
Mother			
Father			
Substitute Caregiver			
Other			
<b>Teaming</b>			
Formation			
Functioning			
<b>Cultural Awareness &amp; Responsiveness</b>			
Child/Youth			
Mother			
Father			
<b>Assessment &amp; Understanding</b>			
Child/Youth			
Mother			
Father			
Substitute Caregiver			
<b>Long-Term View</b>			
<b>Child/Youth &amp; Family Planning Process</b>			
Child/Youth			
Mother			
Father			
Substitute Caregiver			
<b>Planning for Transitions &amp; Life Adjustments</b>			
<b>Efforts to Timely Permanence</b>			
Efforts			
Timeliness			
<b>Intervention Adequacy &amp; Resource Availability</b>			
Adequacy			
Availability			
<b>Maintaining Family Relationships</b>			
Mother			
Father			
Siblings			
Other			
<b>Tracking &amp; Adjustment</b>			
Tracking			
Adjustment			

## Recommendations

34. For case specific recommendations, offer 3-5 practical “next step” recommendations to either maintain a currently favorable situation or to improve areas of concern over the next 90 days.
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
35. For agency specific recommendations offer 3-5 systemic recommendations that the agency and other agencies that are part of the focus child/youth and family’s team could consider to improve their services to all children, youth and families served.
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_
36. Provide any additional information that will assist Site Leads with the quality assurance review:<sup>36</sup>
- \_\_\_\_\_

## QSR Roll-Up Sheet Guidance

<sup>1</sup> Onsite review start date is the first day of the onsite review week. If a county is conducting an onsite review that occurs over the course of 2 weeks, then the QSR reviewers are to input the date that is the first day of their assigned onsite review week.

<sup>2</sup> Please identify one person that meets the applicable rating criteria for the assigned sub-indicator roles for: Child/Youth, Mother, Father, Substitute Caregiver, and/or Other if there are applicable case participants that meet these assignments.

In the web-based format of the Roll-Up Sheet, these sub-indicator role assignments will be pre-populated in the sub-indicators.

Be sure to review rating category definitions within each indicator to ensure that the sub-indicators are applicable and assigned appropriately.

Reviewers and Site Leads will need to conduct quality assurance to ensure that those individuals rated meet the defined rating criteria.

- Child/Youth: This is the focus child of the case review.
- Mother: If a child/youth's biological mother is deceased, she will not be rated, but the child/youth may have a stepmother that we will want to rate. Using this example, the assigned sub-indicator case participant role for the child/youth's "Mother" would be identified as "Stepmother." If a case is reviewed where the father has a paramour, that individual could be rated in the "Other" sub-indicator category.
- Father: If a child/youth's biological father is deceased, he will not be rated, but the child/youth may have a stepfather that we will want to rate. Using this example, the assigned sub-indicator case participant role for the child/youth's "Father" would be identified as "Stepfather." If a case is reviewed where the mother has a paramour, that individual could be rated in the "Other" sub-indicator category.
- Substitute Caregiver: If there is more than one "Substitute Caregiver" (i.e. more than one resource parent), the "Substitute Caregiver" should be rated as one entity. In this example, both resource parents' initials would be listed. If the child/youth is in a congregate care setting, then the congregate care setting, as a whole, is rated for this sub-indicator.
- Other: A stepparent, domestic partner, grandparent or other extended family member who is involved in the family's life. Please identify only ONE person. This rating category should not include reference to multiple people.

<sup>3</sup> If case participants have the same initials, please differentiate each case participant's initials so that each participant has a unique identifier. Example: AC, A.C., ABC, A.B.C.

<sup>4</sup> Case participant role allows for additional clarification about the case participant's role in the case. Example: If a child/youth's biological mother is deceased, she will not be rated, but the child/youth may have a stepmother that we will want to rate. In this example, the assigned sub-indicator case participant role for the child/youth's "Mother" would be identified as "Stepmother."

<sup>5</sup> Mark "Yes" if the person was interviewed (either in person, via phone or via Skype). If the child/youth was seen, but not interviewed due to developmental stage, please mark "No."

<sup>6</sup> If case participants have the same initials, please differentiate each case participant's initials so that each participant has a unique identifier. Example: AC, A.C., ABC, A.B.C.

<sup>7</sup> The nine digit Master Control Index (MCI) number assigned to the focus child/youth, if known.

<sup>8</sup> Reviewers should ask the family and youth what race they identify themselves with and whatever response the family/youth provides is the response that should be entered on the Roll-Up Sheet as race is self-identified and should be based upon the race the respondent identifies themselves as being.

If the family/youth identify themselves as “Bi-Racial” – reviewers should indicate which races are included and mark them both.

How do Hispanics answer the race question? Based on the US Census, people of Hispanic origin may be of any race. Hispanics may choose one or more race categories, including American Indian or Alaska Native, White, Black or African American, Asian, and Native Hawaiian or Other Pacific Islander. If some people do not identify with any of the specified race groups, they may mark the “Other” category and write in their race or races.

<sup>9</sup> Describe the characteristics of the focus child/youth’s early learning and/or educational setting by selecting all words that apply.

<sup>10</sup> The focus child/youth’s current grade level should be entered. If the case review is occurring during the summer months, QSR reviewers should enter the grade level that the focus child/youth is going into during the next school year.

<sup>11</sup> This question is not asking reviewers to consider if they feel there is a “need” for the child/youth to have an IEP since QSR reviewers are not qualified to make such a determination. Reviewer should address any educational concerns within the appropriate QSR indicator(s). If an IEP is under development, then the answer to this question is “Yes”.

<sup>12</sup> Enter the case file number that has been assigned by the County.

<sup>13</sup> The case is an “**out-of-home case**” if the focus child/youth, at day one of the onsite review, is in out of home care and the County has care and placement responsibility for the child/youth. This includes a child/youth that is placed by the County with relatives or in other kin-type placements, but the County maintains care and placement responsibility. It does not include a child/youth who is living with relatives (or caregivers other than parents) but who is not under the care and placement responsibility of the County. If the status/situation of the case has changed in the week leading up to, or during the onsite review, reviewers should seek immediate clarification from their Site Lead Team regarding how they should rate this case (as an Out-of-Home Case or as an In-Home case).

Out-of-Home care means 24-hour substitute care for children/youth placed away from their parents or guardians and for whom the County has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child/youth is in out-of-home care in accordance with this definition regardless of whether the out-of-home care facility is licensed and payments are made by the State or local county for the care of the child/youth, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are made.

The case is an “**in-home case**” if the focus child/youth is not in out-of-home care (county has custody) as of day one of the onsite QSR. If the status/situation of the case has changed in the week leading up to, or during the onsite review, reviewers should seek immediate clarification from their Site Lead team regarding how they should rate this case (as an In-Home case or an Out-of-Home Case)

\* **Closed Cases** - If the case is closed at the time of the onsite review, indicate the type of case at the time of case closure.

<sup>14</sup> Shared case responsibility refers to the sharing of the responsibility for care of and services to children/youth and the families of these children/youth who are under the direct supervision of either County Child and Youth Agencies (CCYA) or Juvenile Probation Offices (JPO), or both concurrently. Shared *legal* responsibility may be Court-ordered via a dual adjudication order (court determination that a child/youth is both dependent and delinquent, with care and responsibility assigned to CCYA), *or* via an order that incorporates language creating Shared Case Responsibility between CCYA and JPO for a child/youth’s care, possible placement, case management and services to the family. However, there may be less formalized scenarios in which each agency wishes to consider how services from the other agency could benefit the child/youth and family as a whole, even on a time-limited basis. For such cross jurisdictional or “crossover” cases, those that can benefit from a service aspect of both CCYA and JPO, “shared case responsibility” is now also established as a *practice* option that may exist outside a court order that established legal responsibility.

<sup>15</sup> Provide the date that the case was most recently accepted for services. If the family received in-home services before the placement of the child/youth in out-of-home care and the case was not closed prior to placement, reviewers should enter the date that the case was accepted for in-home services. The date of the child/youth’s removal from home will be captured in the next item.

<sup>16</sup> “Entry into out-of-home care” refers to a child/youth’s removal from his or her normal place of residence and placement in an out-of-home care setting. Children/youth are considered to have entered out-of-home care if the child/youth has been in substitute care for 24 hours or more. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. A child/youth is in out-of-home care in accordance with this definition regardless of whether the out-of-home care facility is licensed and payments are made by the State or County for the care of the child/youth, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is Federal matching of any payments that are made.

If a child/youth was on a trial home visit and returned to an out-of-home care placement, the return is not considered an “entry into out-of-home care” unless the trial home visit was longer than 6 months and there was no court order extending the trial home visit beyond 6 months.

<sup>17</sup> “Discharge from out-of-home care” is defined as the point when the child/youth is no longer in out-of-home care under the care and placement responsibility or supervision of the County.

If a child/youth returns home on a trial home visit and the County retains responsibility or supervision of the child/youth, the child/youth should be considered discharged from out-of-home care only if the trial home visit was longer than 6 months, and there was no court order extending the trial home visit beyond 6 months.

If the child/youth is in out-of-home care but has not yet been discharged, this question is not applicable and should be left blank.

<sup>18</sup> The following provides some additional guidance for two of the possible placement settings:

- Juvenile Correctional Facility: These placements refer to seven facilities administered and managed by the Bureau of Juvenile Justice Services (BJJS) within the Office of Children, Youth and Families (OCYF) of the Department of Public Welfare and includes state-owned youth development centers, youth forestry camps, and secure treatment units.
- Detention: These placements refer to any of Pennsylvania’s 17 juvenile detention facilities that are primarily operated by counties, and county-owned.



<sup>19</sup> The primary permanency goal should be established in the case file, such as in the case plan or in a court order. If the court order and case plans have different goals, the goal on the court order should be the goal that is recorded. If no primary permanency goal is specified in the case file, reviewers should ask the caseworker to identify the primary permanency goal toward which the County is working for the child/youth. The goal should be entered for the question. Reviewers should ask the caseworker to explain why the child/youth's permanency goal is not specified in the case file and include that information in the documentation.

For closed cases, reviewers should enter the most recent permanency and concurrent goals prior to case closure.

**Goal definitions:**

- Return home - If a child/youth cannot remain home; this is the most desirable permanent goal. In order to achieve this goal, services must be such that the child/youth can return home safely. Completion of the goal to return home is time-limited by law.
- Adoption - The second most desirable permanency goal. It reflects the mandated premise that children/youth need a permanent home. There must be a compelling, thoroughly documented reason that the goal of adoption does not serve the child/youth's "physical, mental or emotional health, safety or morals" in order for the Court to rule out this goal.
- Permanent Legal Custodianship/Subsidized Legal Custodianship - The third most desirable permanency goal. This goal entails awarding legal custody of a child/youth to an individual whom the Court finds in the child/youth's best interest.
- Placement with a fit and willing relative - The fourth most desirable permanency goal. It can only be considered when a child/youth cannot return home safely in a timely manner and each of the first three permanency goals have been ruled out by the Court. This goal emphasizes the importance of prior positive and ongoing relationships children have with extended family members and reflects the necessity of preserving families whenever possible. A relative can be considered a placement resource for a child/youth if they meet all the background and safety requirements for providing out-of-home care.
- Other planned placement intended to be permanent/Another Planned Permanent Living Arrangement - The least desirable permanency goal. The Court must rule out each of the other goals before this goal can be considered.

<sup>20</sup> Answer this question based on your professional judgment regarding the appropriateness of the primary permanency goal. Consider the factors that the agency considered in deciding on the permanency goal and whether all of the relevant factors were evaluated. If one of the goals is "Another Planned Permanent Living Arrangement" and the reviewers determine that the goal was established without a thorough consideration of other permanency goals, then the answer to this question should be No.

<sup>21</sup> If the child/youth has been in foster care less than 60 days and the goal is not specified in the case file, this question should be answered N/A. If the primary permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order, then the answer to question should be No.

<sup>22</sup> Concurrent permanency goals should be established in the case file, such as in the case plan or in a court order. If no concurrent goal is specified in the case file, reviewers should ask the caseworker to identify the concurrent permanency goal toward which the county is working for the child/youth. This goal should be entered for the question. Reviewers should ask the caseworker to explain why the child/youth's permanency goal is not specified in the case file and include that information in the documentation.

\* Concurrent goals are not required for in-home cases; however, if a concurrent goal has been established for an in-home case then reviewers should record the concurrent goal.

For closed cases, reviewers should enter the most recent permanency and concurrent goals prior to case closure.

**Goal definitions:**

- Return home - If a child/youth cannot remain home; this is the most desirable permanent goal. In order to achieve this goal, services must be such that the child/youth can return home safely. Completion of the goal to return home is time-limited by law.
- Adoption - The second most desirable permanency goal. It reflects the mandated premise that children/youth need a permanent home. There must be a compelling, thoroughly documented reason that the goal of adoption does not serve the child/youth's "physical, mental or emotional health, safety or morals" in order for the Court to rule out this goal.
- Permanent Legal Custodianship/Subsidized Legal Custodianship - The third most desirable permanency goal. This goal entails awarding legal custody of a child/youth to an individual whom the Court finds in the child/youth's best interest.
- Placement with a fit and willing relative - The fourth most desirable permanency goal. It can only be considered when a child/youth cannot return home safely in a timely manner and each of the first three permanency goals have been ruled out by the Court. This goal emphasizes the importance of prior positive and ongoing relationships children have with extended family members and reflects the necessity of preserving families whenever possible. A relative can be considered a placement resource for a child/youth if they meet all the background and safety requirements for providing out-of-home care.
- Other planned placement intended to be permanent/Another Planned Permanent Living Arrangement - The least desirable permanency goal. The Court must rule out each of the other goals before this goal can be considered.

<sup>23</sup> Answer this question based on your professional judgment regarding the appropriateness of the concurrent permanency goal. Consider the factors that the agency considered in deciding on the permanency goal and whether all of the relevant factors were evaluated. If one of the goals is "Another Planned Permanent Living Arrangement" and the reviewers determine that the goal was established without a thorough consideration of other permanency goals, then the answer to this question should be No.

<sup>24</sup> If the child/youth has been in foster care less than 60 days and the goal is not specified in the case file, this question should be answered N/A. If the concurrent permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order, then the answer to question should be No.

<sup>25</sup> ASFA requires a County to seek termination of parental rights (TPR) under the following circumstances, unless there are compelling reasons not to seek TPR (see footnotes #28 and #32): The child/youth has been in care for at least 15 of the most recent 22 months, or a Court of competent jurisdiction has determined that: (1) the child/youth is an abandoned child/youth, or (2) the child/youth's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including: (a) committed murder of another child of the parent; (b) committed voluntary manslaughter of another child of the parent; (c) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (d) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

<sup>26</sup> Enter the date that the TPR was filed for the child/youth's Mother. If TPR has not been filed, leave the appropriate section blank.

<sup>27</sup>For a TPR to be considered timely it must be filed when the child/youth has been in care for at least 15 of the most recent 22 months *unless* there are compelling reasons (compelling reasons must be approved by the Court; see footnote 28) not to file.

<sup>28</sup> Exceptions to the TPR requirement include the following: (1) at the option of the County, the child/youth is being cared for by a relative; (2) the County has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the County has not provided to the family the services that the County deemed necessary for the safe return of the child/youth to the child/youth's home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

<sup>29</sup> Enter the date that the TPR was finalized for the child/youth's Mother. If TPR has not been finalized, leave the appropriate section blank.

<sup>30</sup> Enter the date that the TPR was filed for the child/youth's Father. If TPR has not been filed, leave the appropriate section blank.

<sup>31</sup> For a TPR to be considered timely it must be filed when the child/youth has been in care for at least 15 of the most recent 22 months *unless* there are compelling reasons (compelling reasons must be approved by the Court; see footnote 32) not to file.

<sup>32</sup> Exceptions to the TPR requirement include the following: (1) at the option of the County, the child/youth is being cared for by a relative; (2) the County has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the County has not provided to the family the services that the County deemed necessary for the safe return of the child/youth to the child/youth's home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

<sup>33</sup> Enter the date that the TPR was finalized for the child/youth's Father. If TPR has not been finalized, leave the appropriate section blank.

<sup>34</sup> This question is for out-of-home care cases ONLY. If you are reviewing an in-home case this question should be left blank.

- **Siblings:** children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child/youth lived before his or her out-of-home care placement, or with whom the child/youth would be expected to live if the child/youth were not in out-of-home care.

<sup>35</sup> Provide narrative about the child/youth's current living situation to include information about the child/youth's caretakers, household members and those that the child/youth comes into contact with.

<sup>36</sup> Examples of additional information would include the following:

- Reasons for N/A
- Questions about whether individuals are to be rated
- Justification for rating of "Other"
- Why a person wasn't interviewed
- Why the child/youth wasn't seen
- Reasoning surrounding an inability to rate specific indicators