

Chapter 6

EVALUATING FAMILY PROGRESS

6-1. Purpose. Evaluating family progress is a collaborative review and conclusion about enhanced caregiver protective capacities and child needs. The evaluation includes information from the case manager, parent(s)/legal guardian(s), temporary caregivers, treatment providers and others who are a part of the remediation process. The evaluation of family progress should be continuous and result in timely modifications to safety plans and case plans as progress, or lack thereof, is made. Sufficient evaluation of family progress is critical to achieving permanency goals for children in accordance with established timeframes. The evaluation of family progress is documented in Progress Updates which provide the agency's formal justification and record for the current safety plan and all case plan actions. Per requirements in s. [39.701](#), F.S., judicial reviews must be conducted by the court at a minimum of every six months from the date of a child's removal to review the child's status as to placement stability, progress towards permanency, and other aspects of well-being.

6-2. Purposeful Case Management Contacts.

a. Contacts are one of the primary methods used by case managers to evaluate family progress as well as to evaluate the sufficiency of a safety plan. Contacts regarding safety management are outlined in CFOP 170-7, Chapter 11, [paragraph 11-2](#), "Monitoring Responsibilities."

(1) The case manager will make face-to-face contact with every child under supervision and living in Florida no less frequently than every 30 days in the child's residence. The primary case manager is responsible for monitoring that the child's needs, as defined in Chapter 3 of this operating procedure, are being met whether the child remains with a parent/legal guardian or is in an out-of-home placement.

(2) At least every 90 days, or more frequently if warranted based on the safety plan, the case manager shall make an unannounced visit to the child's current place of residence.

(3) Contacts with parent(s)/legal guardian(s) must occur at a minimum every 30 days. The frequency of face-to-face contact with parent(s) should be driven by safety management as well as what the case manager needs to achieve as a result of the contact. When meetings with parent(s) occur at least every 30 days or more frequently, the case manager is better able to assist parent(s) with moving through the stages of change and progressing towards goal achievement. Refer to Appendix A to this operating procedure, "Progress Evaluation Facilitative Objectives," for further discussion as to the progress evaluation objectives with parent(s), children, and providers.

(4) When a child is with a parent in a certified domestic violence shelter or a residential treatment program, visitation arrangements shall be coordinated with program staff and may occur outside of the facility.

(5) When non-maltreating parent(s)/legal guardian(s) have outcomes and/or tasks that have been added to the case plan, face-to-face contacts shall be every 30 days.

(6) When an out-of-county services case manager is responsible for courtesy supervision or when another case manager conducts the contact with the child or parent on behalf of the primary worker, the primary case manager remains responsible for reviewing the contacts made to determine the quality of the contact and addressing any concerns.

b. The case manager is responsible for ongoing communication and collaboration with the family, team members involved, and the court to effectively evaluate family progress. If the case plan is targeting the correct issues and casework practice reflects consistent efforts to engage the family and

the family's team, there will be adequate information supporting the evaluation of family progress and conclusions reached. The evaluation will be sufficient to determine whether the outcomes of the case plan remain appropriate or have been met and whether the strategies, services, and interventions are working effectively or not to achieve lasting child safety or permanency.

c. The case manager is responsible for helping the parent(s)/legal guardian(s) and the team identify how to measure change in behavior, family conditions, or dynamics. This includes:

(1) Identify how the other persons, including any out-of-county services workers involved in the case plan, will determine if adequate progress is being made.

(2) Explain to the parent(s)/legal guardian(s) that every service provider involved in the case plan will be asked to provide certain information including:

(a) Notify the agency immediately when it is believed a child is in danger or threat of harm.

(b) Provide updates to the parent(s)/legal guardian(s) about progress or lack thereof in meeting outcomes or in meeting the child or family's needs at the time of parent contacts.

(3) Identify expectations for when team meetings will occur and what the team will address.

(4) Follow local operating procedures for periodic team meetings with the parent(s)/legal guardian(s), providers, and the family resource network to discuss progress towards case plan goals, and any safety plan and case plan modifications needed.

d. Monitoring activities of the case manager to evaluate family progress include, but are not limited to:

(1) For the child, gathering information to determine whether the child's medical, mental health, and/or developmental needs are being adequately addressed by the parent(s)/legal guardian(s) and the parents and/or any other caregivers are getting the child to necessary appointments and accessing identified resources. This includes the following:

(a) Have a conversation with a verbal child; the focus of the conversation should be the child's feelings regarding his or her safety in the home or current placement.

(b) Getting feedback from the child as to whether they are visiting the persons that they wish to see, with adequate frequency and quality of the visitation setting, and transportation arrangements.

(c) Providing the child with information that is age-appropriate as to the progress of their parent(s)/legal guardian(s), case plan goals and outcomes.

(d) Assessing the quality of the child's placement setting in terms of meeting their basic needs for care including routine health care and supervision.

(e) Assessing whether the child's special medical or mental health and educational needs are being adequately addressed. Additional information may be needed from treatment providers or other persons to assess the whether the child's special medical and mental health needs are being adequately addressed. The child's school attendance, review of school records, and any educational assessment may be necessary to ensure the child's educational needs are being met. If the child is younger than school age, developmental needs shall be addressed

through an assessment should be conducted of any records from a child care program, early education program, or preschool program, including attendance requirements.

(f) Determining whether the out-of-home caregiver for the child has any needs for support, including services or training that might be critical to the child's placement stability.

(2) The case manager must complete the following actions to evaluate the current status of caregiver's protective capacities and to confirm the sufficiency of any safety plan. These actions will be a combination of in-home visits, parent contacts for the child in an out-of-home plan, and on-going communication with any current safety plan providers.

(a) Have face-to-face contact with parent(s)/legal guardian(s) and any non-maltreating parent or alternate caregivers that a child has been released to or placed with.

(b) Provide the parent(s)/legal guardian(s) with information as to their progress towards achieving case plan outcomes. Feedback should begin with the positive findings and praise, reinforcement, and encouragement. When information has been gathered from providers, other team members, or the case manager's own observations and concerns that reflect a lack of progress, it is the obligation of the case manager to share that information as well. The case manager should explore the caregiver's perception as to the quality of treatment services including any barriers, interpersonal conflicts, or other safety management or case management challenges.

(c) Assess whether there have been any changes in the parent(s)/legal guardian(s) conditions, attitude, ability or willingness to support the current in-home plan, or to create an in-home plan to achieve reunification.

(d) Determine whether the parent(s)/legal guardian(s) continue to be cooperative, or would now be cooperative, with safety services necessary for an in-home safety plan as evidenced by:

1. The parent(s)/legal guardian(s) is agreeable to the safety services necessary for an in-home safety plan.

2. The parent(s)/legal guardian(s) is cooperative with all participants in the safety plan.

3. The parent(s)/legal guardian(s) is participating as expected in the actions and the time requirements of the ongoing safety and case plan.

4. The parent(s)/legal guardian(s) is meeting the expectations detailed in the ongoing safety plan.

5. Whether the home environment continues to be, or has become, stable enough for safety service providers to be in the home and be safe.

6. Determine whether the condition of the child is satisfactory and danger threats to the child are being actively managed.

6-3. When a New Progress Update Is Required.

a. Case notes will be used to document new information learned through family contacts and other activities that will be taken into consideration when the family assessment is formally updated and documented. Reports from treatment providers and evaluations received will be scanned into the

FSFN file cabinet under the relevant Image Category and Image Type to ensure that the child's record is current.

b. A new Progress Update will be created in FSFN at a minimum every 90 days from the approval date of the FFA-O or last Progress Update. A new Progress Update will be created sooner when fundamental decisions are being made for the child or children, or when critical events are occurring that necessitate a formal re-evaluation of protective capacities and child needs. Such times include, but are not limited to:

- (1) When safety management has resulted in a decision to remove a child from home.
- (2) At the birth or death of a sibling.
- (3) Upon the addition of a new family member, including intimate partners.
- (4) Before changing the case plan to include unsupervised visits.
- (5) Before recommending or implementing reunification as Conditions for Return are met.
- (6) Before a recommendation for case closure.
- (7) When a case has been dismissed by the court.

c. The case manager shall seek a supervisory case consultation to review case dynamics when case circumstances include any of the following. The case consultation will determine if a Progress Update should be completed prior to the 90-day period based on the discretion of the supervisor.

- (1) When significant changes in family members' and/or family circumstances warrant review and possible revision to the safety plan and/or case plan, such as a change to unsupervised visitation.
- (2) When an emergency change in a child's out-of-home safety plan placement is needed.
- (3) When the children and/or caregivers are making little or no progress toward the established outcomes and/or an immediate change in the case plan is needed.
- (4) After any review (i.e., judicial, administrative, state, or county QA) recommends or directs that changes be made.
- (5) At receipt of a new investigation or report of domestic violence in the home.

d. Before every required judicial review hearing or citizen review panel hearing, the Progress Update must also include pertinent details relating to the child that includes, but is not limited to:

- (1) Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.
- (2) A description of the type of placement the child is in at the time of the hearing, including the safety of the child and the continuing necessity for and appropriateness of the placement, any concerns for the stability of the placement, and what efforts have been undertaken to ensure the child's stability.

(3) The amount of fees assessed and collected from parent(s)/legal guardian(s) during the period of time being reported.

(4) The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.

(5) The number of times a child has been removed from his or her home and placed elsewhere, the number and types of placements that have occurred, and the reason for the changes in placement.

(6) The number of times a child's educational placement has been changed, the number and types of educational placements which have occurred, and the reason for any change in placement.

(7) If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.

(8) Copies of all medical, psychological, and educational records that support or indicate a change is needed to the terms of the case plan, and that have been produced concerning the parent(s)/legal guardian(s) or any caregiver since the last judicial review hearing.

(9) Copies of the child's current health, mental health, and education records.

(10) When children are in out-of-home care, visitation and family time opportunities are evaluated for quality and frequency using the ratings in CFOP 170-1, [Chapter 2](#), "Core Safety Concepts." The case manager should determine if the frequency and quality of family time arrangements need to be modified to provide more sufficient opportunities to meet any of the following or other objectives:

(a) Provide an opportunity for parent(s)/legal guardian(s) to practice new skills and if using a parenting coach, to acquire new skills and improve parent-child interactions.

(b) Provide critical information about parental capacity to safely meet the needs of their child in a less restricted form of family time such as unsupervised or overnight visitation.

(c) Ease the pain and potential damage of separation for all.

(d) Help the child to eliminate self-blame for removal.

(e) Support the child's adjustment to a new caregiver's home.

(f) Reinforce the parent(s)/legal guardian(s)' motivation to change.

(g) Offer a potentially therapeutic intervention, rather than just "a visit."

(h) Provide a unique opportunity for the parent(s)/legal guardian(s) to observe the parenting skills of foster parents who are willing to co-parent.

(i) Help parent(s)/legal guardian(s) gain confidence in their ability to care for their child.

(j) Provide opportunities for parent(s)/legal guardian(s) to be up-to-date on their child's developmental, educational, therapeutic, and medical needs as well as their child's religious and community activities.

(k) Family time may provide an opportunity to heal damaged or unhealthy relationships between the parent(s)/legal guardian(s) and other family members who may be caregivers.

(11) In all court supervised cases, the case manager is required to provide the court with an overall evaluation of case plan compliance at each judicial review. The overall case plan compliance evaluation will be based on the case manager's assessment of progress on all of the outcomes, and when a child is in out-of-home care, the quality and frequency of family time. The case manager will choose from the following:

(a) The parent(s)/legal guardian(s), though able to do so, did not comply substantially with the case plan, and the agency recommendations;

(b) The parent(s)/legal guardian(s) did substantially comply with the case plan;
or,

(c) The parent(s)/legal guardian(s) has partially complied with the case plan, with a summary of what has been partially completed, additional progress needed, and the agency recommendations.

(12) In out-of-home cases, a statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents must be provided to the court along with the Progress Update.

6-4. Progress Updates for Dependent Children 17 Years Old.

a. At the first judicial review hearing held subsequent to the child's 17th birthday, the department shall provide the court with an updated case plan that includes specific information related to the independent living skills that the child has acquired since the child's 13th birthday, or since the date the child came into foster care, whichever came later.

b. For any child that may meet the requirements for appointment of a guardian pursuant to Chapter [744](#), F.S., or a guardian advocate pursuant to s. [393.12](#), F.S., the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad item; the temporary custodian of the child; and the parent(s)/legal guardian(s), if parental rights have not been terminated.

c. At the judicial review hearing, if the court determines pursuant to Chapter [744](#), F.S., that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child and that no less restrictive decision making assistance will meet the child's needs:

(1) The department shall complete a multidisciplinary report which must include, but is not limited to, a psychosocial evaluation and educational report if such a report has not been completed within the previous two years.

(2) The department shall identify one or more individuals who are willing to serve as the guardian advocate pursuant to s. [393.12](#), F.S., or as the plenary or limited guardian pursuant to Chapter [744](#), F.S. Any other interested parties or participants may make efforts to identify such a guardian advocate, limited guardian, or plenary guardian. The child's biological or adoptive family members, including the child's parent(s)/legal guardian(s), if the parental rights have not been terminated, may not be considered for service as the plenary or limited guardian unless the court enters a written order finding that such an appointment is in the child's best interests.

6-5. Actions Following Progress Updates. Based on the Progress Update as to the progress that parent(s)/legal guardian(s) are making as well as any changes in the status of children, the case manager will determine whether any changes are needed to:

- a. The safety plan.
- b. Case plan goal(s).
- c. Case plan outcomes.
- d. Case plan activities and tasks.
- e. Case plan services provided and/or service providers.

6-6. Supervisor Consultation and Approval. The supervisor is responsible for a case consultation and the approval of any completed Progress Update.

6-7. FSFN Documentation.

a. The child's record in FSFN should be updated with new information, including the completion of all contact notes. This ensures that the child's record is current and provides all of the relevant supporting documentation for a new Progress Update. The child's case record in FSFN should be reviewed and updated as follows:

(1) Ensure that all chronological notes are current.

(2) Update information about case participants including their relationship to the child and contact information.

(3) Ensure that Living Arrangement/Child Placement information is correct and that most current safety plan is in the child's record.

(4) Update Medical/Mental Health information which documents all primary health care and any specialty providers, child health conditions and/or diagnoses, services received including immunizations, and any medications prescribed.

(5) Update Education information which includes current school information (case manager can enter school information which reflects past school attendance history). This section of the child's record is used to document any child's Exceptional Student Education/Individualized Education Plan, as well as diploma and certificate information.

b. It is important for the case manager to always create a new Progress Update in FSFN in order to document the current assessment. This will ensure that prior versions of the Progress Update remain intact. When a new Progress Update is created, it will prefill with information from the most recent version which should be edited and updated to provide current progress information.

(1) For cases opened prior to implementation of the updated Child Welfare Practice Model (formerly known as "Safety Methodology"), the Family Assessment in FSFN was utilized and may continue to be used until case closure.

(2) For all cases opened after implementation of the updated Child Welfare Practice Model, the FFA-O and Progress Update will be used.

(3) The case manager will confirm that the parent(s)/legal guardian(s) whose behaviors need to change are the primary focus of the Progress Update and will determine which other persons

will be associated with, and described in, the information domains for the parent/legal guardian. See CFOP 170-1, Chapter 2, [paragraph 2-3](#), “Focus of Family Assessment.”

(4) When a new Progress Update is created, it will be pre-populated with information already entered in any previous FFA-O or Progress Update for ease of review. The case manager will delete, edit, and add information to compose a new description, based on further information gathered and assessed which will support any progress or change in protective capacities and the child needs. The new Progress Update prepared by the case manager will provide a current status description for child functioning, adult functioning, parenting approach and discipline: based upon case manager observations, conversations, and information gathered from other team members involved including all service providers. The status description will provide:

(a) A description of what each family assessment area (child functioning, adult functioning, parenting, and discipline) looks like currently based on assessment information gathered from the different sources which are included.

(b) When pertinent for an in-home case, and for all out-of-home cases, the case manager is responsible for incorporating a summary of relevant information about the child’s educational status, medical/mental health, and independent living skills into the child functioning domain.

(c) The information in the family assessment areas should support the case manager’s scaling of Caregiver Protective Capacities and Child Strengths and Needs.

c. The case manager will ensure that information received from any of the parent(s)/legal guardian(s) treatment providers informs their current assessment of protective capacities. If there have been improvements or a decline in any of the protective capacity ratings, the basis for those changes must be described in the information domains, current status descriptions.

d. The case manager will update the scaling of Caregiver Protective Capacities using the ratings in CFOP 170-1, Florida’s Child Welfare Practice Model, [Chapter 2](#), “Core Safety Concepts,” and establish the baseline ratings for any new parent/legal guardian. If there is a diminished capacity rating of “C” or “D” that will not be addressed in the case plan, the reasons need to be provided.

e. For any new household members who have significant caregiver responsibilities, the case manager will provide assessment information specific to that person and rate their caregiver protective capacities.

f. The case manager will ensure that information received from any of the child’s treatment providers and out-of-home caregivers informs their current assessment of child strengths and needs. The case manager should update the scaling of “Child Strengths and Needs” indicators using the ratings in CFOP 170-1, [Chapter 2](#), “Core Safety Concepts,” and establish the baseline ratings for any new child in the home.

(1) If a child has a need that is scaled at a “C” or “D” there should be a narrative description as to whether or not the parent(s)/legal guardian(s) is adequately meeting the need.

(2) When parent(s)/legal guardian(s) with an in-home safety plan are adequately meeting child needs, they do not need to be addressed in the case plan.

g. A new Safety Analysis should be written to justify and document why current safety services should continue, if less intrusive safety actions are feasible, if the Conditions for Return should be modified, or if other actions to achieve a lasting safety resolution are needed.

h. Each time a Progress Update is completed, each case plan outcome will be evaluated to determine the extent to which the parent(s)/legal guardian(s) is making progress. The case manager will rate progress with each outcome using the ratings provided in CFOP 170-1, Chapter 2, [paragraph 2-12](#). Given progress, or lack thereof, case plan outcomes might need to be adjusted.

i. FSFN functionality is designed to support the case manager in preparing a Judicial Social Study Report (JSSR) that meets all of the statutory requirements. The case manager will complete the Judicial Review Worksheet in FSFN to capture additional information for court cases involving a child in out-of-home care. FSFN will create a final JSSR for the court that pulls all necessary information from both the Progress Update and Judicial Review Worksheet.

j. The following FSFN resources are located on the [Center for Child Welfare](#) website under the FSFN “How Do I Guide” page:

- (1) [Progress Update – How Do I Guide](#).
- (2) [Judicial Review Worksheet – How Do I Guide](#).

