Chapter 3

ASSESSMENT OF CHILD FUNCTIONING

3-1. Purpose. The case manager is responsible for assessing child functioning which includes the specific indicators of child well-being. An assessment of child functioning is the basis for understanding how the parent(s) and/or caregiver(s) address any specific child needs. The child well-being indicators, referred to as "Strengths and Needs," are a core component of the FFA-O and Progress Updates. The child's strengths and needs will be assessed throughout the child's involvement with the child welfare system, establishing what must be addressed in a child's case plan. For a child who needs out-of-home placement, assessment of child functioning also includes the comprehensive information necessary to determine the most appropriate least restrictive placement match, or to stabilize a child already in a placement. In order to reduce negative child outcomes, considerations should be made regarding the proximity of placement to the removal home, the ability of the placement to meet the child's needs, and the recommendations of any child placement assessment.

3-2. Legal Authority.

a. Section 39.523(1)(a), Florida Statutes (F.S.).

b. Section 39.523(1)(b), F.S.

c. Section 39.523(2), F.S.

3-3. Definitions.

a. The "Child Functioning" domain is concerned with describing the child's general behavior, emotions, temperament, development, academic status, physical capacity, and health status. It addresses how a child functions from day-to-day and their current status rather than focusing on a specific point in time (e.g., contact during investigation, time of maltreatment event, case manager's home visit, etc.). An assessment of child functioning must take into account the age of the child and/or any special needs or developmental delays. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, paragraph 2-4g for the full definition of child functioning.

b. The "Child Strengths and Needs" are a set of indicators directly related to a child's well-being and success. Each indicator is rated based upon information that is provided in the narrative description of child functioning. The ratings provide a way for the case manager to identify areas that need attention in the case plan and to measure changes over time. Refer to CFOP 170-1, Florida's Child Welfare Practice Model, Chapter 2, Core Safety Concepts, for the specific scaling criteria for each indicator that case managers will use each time the family assessment is updated. The child strength and needs indicators are the following:

(1) "Emotion/trauma" means the degree to which, consistent with age, ability and developmental level, the child is displaying an adequate pattern of appropriate self-management of emotions.

(2) "Behavior" means the degree to which, consistent with age, ability and developmental level, the child is displaying appropriate coping and adapting behavior.

(3) "Development/Early Learning" means that the child is achieving developmental milestones based on age and developmental capacities; child development in key domains is consistent with age and ability appropriate expectations (this applies to children under the age of 6 years old).

(4) “Academic Status” means the child, according to age and ability, is 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 or vocational program (this applies to children age 6 years and older).

(5) “Positive Peer/Adult Relationships” means that the child, according to age and ability, demonstrates adequate positive social relationships.

(6) “Family Relationships” means that the child demonstrates age and developmentally appropriate patterns of forming relationships with family members.

(7) “Physical Health” means that the child is achieving and maintaining positive health status which includes physical, dental, audio and visual assessments and services. If the child has a serious or chronic health condition, the child is achieving the best attainable health status given the diagnosis and prognosis.

(8) “Cultural Identity” means that important cultural factors such as race, class, ethnicity, religion, gender, gender identity, gender expression, sexual orientation, and other forms of culture are appropriately considered in the child’s life.

(9) “Substance Awareness” means that the assessment of substance awareness is multi- dimensional. First, the assessment includes the child/youth’s awareness of alcohol and drugs, and their own use. Second, for children who have experienced the negative impacts of parent/caregiver substance misuse within their home, the assessment includes their awareness of alcohol and drugs and treatment/recovery for their parent/legal guardian(s), as age appropriate.

(10) “Preparation for Adult Living Skill Development” means that the child, according to age and ability, is gaining skills, education, work experience, long-term relationships and connections, income, housing, and other capacities necessary for functioning upon adulthood. This also includes adolescent sexual health and awareness (this applies only to children age 13 years and older).

3-4. Activities to Assess Child Functioning.

a. Whether children are in an out-of-home safety plan or remain with the parent(s) as part of an in-home safety plan, it is important for the case manager to first gather information from parent(s) as to the child’s functioning before interviewing the child(ren). The case manager must gather comprehensive information from the parent(s), child(ren), and other persons who know the child(ren). Comprehensive information includes, but is not limited to:

(1) The child’s strengths, including the activities the child enjoys; the family members, friends, or other persons the child likes to spend time with; and child’s positive traits.

(2) The child’s needs. This includes:

(a) the child’s day-to-day routines and need for supervision;

(b) special medical, mental, or behavioral needs including medications; and,

(c) developmental or academic needs.

(3) The abilities of the parent(s) to provide for the child’s needs, and issues that are a challenge.

(4) Any discrepancies between what the parent and others say versus the child's observed behaviors and what the child says (see Appendix A of this operating procedure, "Progress Evaluation Facilitative Objectives").

(5) When a child needs an out-of-home placement, the case manager must gather the following additional information:

(a) The child's preference for placement if the child is verbal or based on the case manager's observations of the child's behaviors or attachments to potential caregivers.

(b) The relatives and non-relatives who have a relationship with the child or with whom a relationship can be developed and who are willing and able to provide care for the child, including any special needs.

b. The following activities will be conducted to assess child functioning:

(1) Talk with the child's parents, the child, other caregivers, and persons who know the child, about child functioning including current well-being strengths and needs.

(2) Observe parent-child, sibling, and other family interactions to assess protective capacities and child needs. Examples include, but are not limited to:

(a) Child displays behaviors that seem to provoke strong reactions from parent or siblings.

(b) Parent ignores inconsequential behavior or appropriately responds to child's "acting out."

(c) Child has difficulty verbalizing or communicating needs to parent.

(d) Parent easily recognizes child's needs and responds accordingly.

(e) Child demonstrates little self-control and repeatedly has to be re-directed by parent.

(f) Child plays by himself or herself, or with siblings/friends age appropriately.

(g) Child responds much more favorably to one family member.

(h) Family members appropriately express affection for each other.

(i) Parent demonstrates good / poor communication or social skills.

(j) Parent is very attentive / ignores or is very inattentive to child's expressed or observable needs.

(k) Parent consistently / inconsistently applies discipline or guidance to the child.

(l) Parent reacts impulsively to situations or circumstances in the home.

(m) Parent demonstrates adequate coping skills in handling unexpected challenges.

c. In order to determine if specific child needs are being adequately addressed and managed by the parent, the case manager will conduct the following activities:

(1) Obtain parental authorization to collect information from medical/mental health providers and schools. In non-judicial cases parental authorization is necessary. When children are in out-of-home care and parental authorization is not available, a court order will be sought.

(2) Obtain copies of the child's medical or treatment records.

(3) Contact the child's physician and other treatment providers to fully understand medical, mental, developmental conditions or needs and the impact of such needs on the child's daily functioning and care.

(4) For all children in out-of-home care, a referral for a Comprehensive Behavioral Health Assessment (CBHA) must be made within seven days of removal. Requirements associated with the CBHA are provided in Rule 65C-28, Florida Administrative Code (F.A.C.). The case manager shall review and consider any interventions or services recommended in a CBHA.

(5) For children age 13 years and older, obtain and utilize assessments conducted to identify existing life skills and skills that need development.

d. When children need an out-of-home safety plan

(1) Per s. 39.523(2), F.S., the Community-Based Care Lead Agency or sub-contracted agency responsible for assessment and placement must convene a multi-disciplinary team staffing to review information known about the child and to choose the most appropriate available out-of-home placement.

(2) The case manager must document the child's preference for placement in the Child Functioning domain of the FFA-O.

(3) The case manager is responsible for reporting to the court as to the child's stability in the placement setting and the extent to which the placement is a good match to the child's needs. Even though the case manager may not have been responsible for the initial placement match, the case manager is responsible for the on-going assessment of the requirements specific to placement matching as outlined in Rule 65C-28.004, F.A.C.

3-5. Determining Child Needs to Include in Case Plan.

a. The case manager must complete an assessment of caregiver protective capacities before it can be determined whether the protective capacities or the parent(s)/legal guardian(s) are sufficient to address identified child needs.

b. The case manager will determine whether the child's developmental needs are being met. These needs include, physical health, cognitive, speech and language, socio-emotional development, and other well-being needs. These needs must be addressed with interventions and/or services in the case plan as follows:

(1) For the child with an in-home safety plan, do the parents' protective capacities include ability and willingness to tend to all child needs. If the parent(s) are able and willing to continue to address child needs, they do not need to be addressed in the case plan.

(2) For the child with an out-of-home plan, child well-being needs must be addressed in the case plan based on a ratings result of “C” or “D” in the FFA-O or Progress Update. See paragraph 2-7 of CFOP 170-1 for specific rating criteria.

(3) All children over the age of 13 years must have case plan outcomes that relate to the development of any life skills that have been identified as a need.

3-6. FSFN Documentation.

a. Within two business days, each contact is recorded by the case manager in case notes in FSFN to document information learned about child needs.

b. Within two business days, information gathered from other sources to inform the child needs assessment will be documented in case notes in FSFN. Records from evaluators or providers will be scanned into the FSFN file cabinet under the relevant Image Category and Image Type.

c. The case manager shall document any medical, mental health, or education information learned by using the medical and/or educational functionality in FSFN.

d. The case manager will document their assessment of functioning in the “child functioning” family assessment area of the FFA-O or Progress Update. The case manager will also provide a rating of each child strength or need in accordance with the ratings provided in CFOP 170-1, Chapter 2.

e. If any other formal assessments are used or obtained, they should be scanned to the Medical page or Educational page. Any formal independent living skills assessment should be documented in the FSFN Independent Living Module. If there is other documentation, like a life skills development plan, it can be uploaded to the file cabinet under IL Plans.

f. The following FSFN resources are located on the Center for Child Welfare website under the FSFN “How Do I Guide” page:

(1) Education – How Do I Guide.

(2) Medical/Mental Health – How Do I Guide.

(3) Independent Living – How Do I Guide.