

**Quick Study
Job Aid for
Reviewers**

**QSR CHILD/YOUTH PROTOCOL:
Listing of Status, Progress,
and Practice Indicators**

QSR INDICATORS

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

- ◆ **Status indicators** measure the extent to which certain desired conditions are present in the life of the focus child and the child’s parents and/or caregivers—as seen over the past 30 days. Status indicators measure constructs related to *well-being* (e.g., safety, stability, and health) and *functioning* (e.g., the child’s academic status and the caregiver’s level of functioning). 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 and family team (CFT). The core practice functions measured are taken from the CFT 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.

QSR CHILD & CAREGIVER STATUS INDICATORS

This version of the QSR Protocol provides ten qualitative indicators for measuring the current status of a focus child and the child’s parent and/or caregiver. Status is determined for the most recent 30-day period, unless stated otherwise in the indicator. A status measure could be viewed as a desired outcome for a child, parent, and/or caregiver who, at an earlier time, may have experienced significant difficulties in the area of interest.

- 1a. **SAFETY - Exposure to Threats of Harm:** Degree to which:
 - The child is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings.
 - The parents and caregivers provide the attention, actions, and supports necessary to protect the child from known safety factors in the home.
- 1b. **SAFETY - Risk to Self/Others:** Degree to which the focus child:
 - Avoids self-endangerment.
 - Refrains from using behaviors that may put others at risk of harm. [*For a child age three years and older*]
- 2. **STABILITY:** Degree to which:
 - The child’s daily living, learning, and work arrangements are stable and free from risk of disruptions.
 - The child’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. [*Timeframe: past 12 months and next 6 months*]

- 3. **PERMANENCY:** Degree of confidence held by those involved (child, parents, caregivers, others) that the child/youth is living with parents or other caregivers who will sustain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.
- 4. **LIVING ARRANGEMENT:** Degree to which:
 - Consistent with age and ability, the focus child is in the most appropriate/least restrictive living arrangement, consistent with the child’s needs for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation.
 - [If the child is in temporary out-of-home care] the living arrangement meets the child’s needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.
- 5. **HEALTH/PHYSICAL WELL-BEING:** Degree to which the focus child is achieving and maintaining favorable health status, given any disease diagnosis and prognosis that the child may have.
- 6. **EMOTIONAL WELL-BEING:** Consistent with age and ability, the degree to which the focus child is displaying an adequate pattern of:
 - Attachment and positive social relationships,
 - Coping and adapting skills,
 - Appropriate self-management of emotions and behaviors,
 - Resilience,
 - Optimism,
 - A positive self-image, and
 - A sense of satisfaction that his/her fundamental needs are being met.
- 7a. **EARLY LEARNING STATUS:** Degree to which:
 - The child’s developmental status is commensurate with age and developmental capacities.
 - The child’s developmental status in key domains is consistent with age- and ability-appropriate expectations. [*For a child under 5 years of age*]
- 7b. **LEARNING & ACADEMICS:** Degree to which the focus child [according to age and ability] is: (1) regularly attending school, (2) placed in a grade level consistent with age or developmental level, (3) actively engaged in instructional activities, (4) reading at grade level or IEP expectation level, and (5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent. [*For a child age 5 years or older*]
- 7c. **PREPARATION FOR ADULTHOOD:** Degree to which the youth [according to age and ability] is: (1) meeting academic requirements for annual promotion and course completion leading to a high school diploma or equivalent; (2) gaining life skills, developing relationships and connections, and building capacities for living safely, becoming gainfully employed, and functioning successfully upon becoming independent of child services; - OR - (3) becoming eligible for adult services and with the adult system being ready to provide (without waiting or disruption) continuing care, treatment, and residential services that the youth will require upon discharge from services.
- 8. **FAMILY FUNCTIONING & RESOURCEFULNESS:** Degree to which the parents [with whom the child is currently residing or has a goal of reunification]:
 - Have the capacity to take charge of family issues, enabling family members to live together safely and function successfully.
 - Are able to provide the child with the protection, assistance, supervi-

sion, and support necessary for daily living. • Take advantage of opportunities to develop and/or expand a network of social and safety supports in establishing and sustaining family functioning and well-being.

- 9. **CAREGIVER FUNCTIONING:** Degree to which: • The substitute caregivers, with whom the child is currently residing, are willing and able to provide the child with the assistance, protection, supervision, and support necessary for daily living. • If any added supports are required in the home to meet the needs of the child and assist the caregiver, the supports are meeting the needs.
- 10. **FAMILY CONNECTIONS:** Degree to which family connections are maintained through appropriate visits and other means when children and family members are living temporarily away from one another, unless compelling reasons exist for keeping them apart.

QSR provides a close-up way of seeing how individual children and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.

QSR PRACTICE PERFORMANCE INDICATORS

This version of the QSR Protocol provides nine qualitative indicators for measuring certain core practice functions being provided with and for the focus child and the child’s parents and/or caregivers. Practice performance is determined for the most recent 90-day period for cases that have been open and active for at least the past 90 days.

- 1. **ENGAGEMENT:** Degree to which those working with the focus child and family (parents and other caregivers) are: • Relating with the child/youth, biological family, extended family, primary caregiver, and other team members for the purpose of building a genuine, trusting and collaborative working relationship. • Identifying a support system and/or finding family members who can assist with support and permanency for the focus child. • Developing and maintaining a mutually beneficial trust-based working relationship with the child and family that involves having unconditional positive regard, respect for diversity, an inclusive planning process, and the ability to understand and work through resistance to participating in services. • Focusing on the child and family’s strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation. • Offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.
- 2. **VOICE & CHOICE:** Degree to which the focus child, parents (including the non-custodial parent), family members, and caregivers are active ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child and family strengths and needs, goals, supports, and services.
- 3. **TEAMWORK:** Degree to which: (1) The “right people” for this child and family have formed a working Child and Family Team that meets, talks, and plans together. (2) The CFT has the skills, family knowledge, and abilities necessary to define the strengths and needs of this child and family and to organize effective services for this child and family, given the level of complexity of

circumstances and cultural background of the child and family. (3) Members of the child and family’s team collectively function as a unified team in planning services and evaluating results. (4) The decisions and actions of the team reflect a coherent pattern of effective teamwork and collaborative problem solving that builds upon child and family strengths and needs to benefit the child and family.

- 4. **ASSESSMENT & UNDERSTANDING:** Degree to which those involved with the child and family understand: (1) Their strengths, needs, risks, preferences, and underlying issues. (2) What must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively. (3) What must change for the child/family to have better overall well-being and improved family functioning. (4) The *big picture* situation and dynamic factors impacting the child and family sufficiently to guide intervention. (5) The outcomes desired by the child and family from their involvement with the system. (6) The path and pace by which permanency will be achieved for a child who is not living with nor returning to the family of origin. [Need, as used in this indicator, is based on the *Framework for Assessing and Responding to Needs* presented in the introductory section of the practice performance domain.]
- 5. **LONG-TERM VIEW:** Degree to which there are stated, shared, and understood safety, well-being, and permanency outcomes and functional life goals for the child and family that specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child and family to achieve and sustain adequate daily functioning and greater self-sufficiency. [*Current goals guiding planning of interventions over the past 90 days*]
- 6. **PLANNING:** Degree to which a well-informed, well-reasoned, family-centered, team-driven planning process is being used to direct strategies and resources for: (1) meeting near-term child and family needs; (2) achieving child safety, well-being, and permanency outcomes; and (3) supporting and sustaining the family or permanent caregiver.
- 7. **SUPPORTS & SERVICES:** Degree to which the strategies, supports, and services planned the child and family are available on a timely and adequate basis to meet near-term child and family needs and to achieve the outcomes planned.
- 8. **INTERVENTION ADEQUACY:** Degree to which planned interventions, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to meet near-term needs and achieve outcomes that fulfill the long-term view.
- 9. **TRACKING AND ADJUSTMENT:** Degree to which those involved with the child and family are: • Carefully tracking the child’s/family’s intervention delivery processes, progress being made, changing family circumstances, and attainment of functional goals and well-being outcomes for the child and family. • Communicating (as appropriate) to identify and resolve any intervention delivery problems, overcome barriers encountered, and replace any strategies that are not working. • Adjusting the combination and sequence of strategies being used in

response to progress made, changing needs, and knowledge gained from trial-and-error experience to create a self-correcting intervention process.

TIMEFRAMES AND RATING SCALES

Timeframes for Review

Presented below is a display illustrating the timeframes used for rating indicators. QSR provides a point-in-time review that uses varying time parameters depending on the type of indicator being applied in a case review.

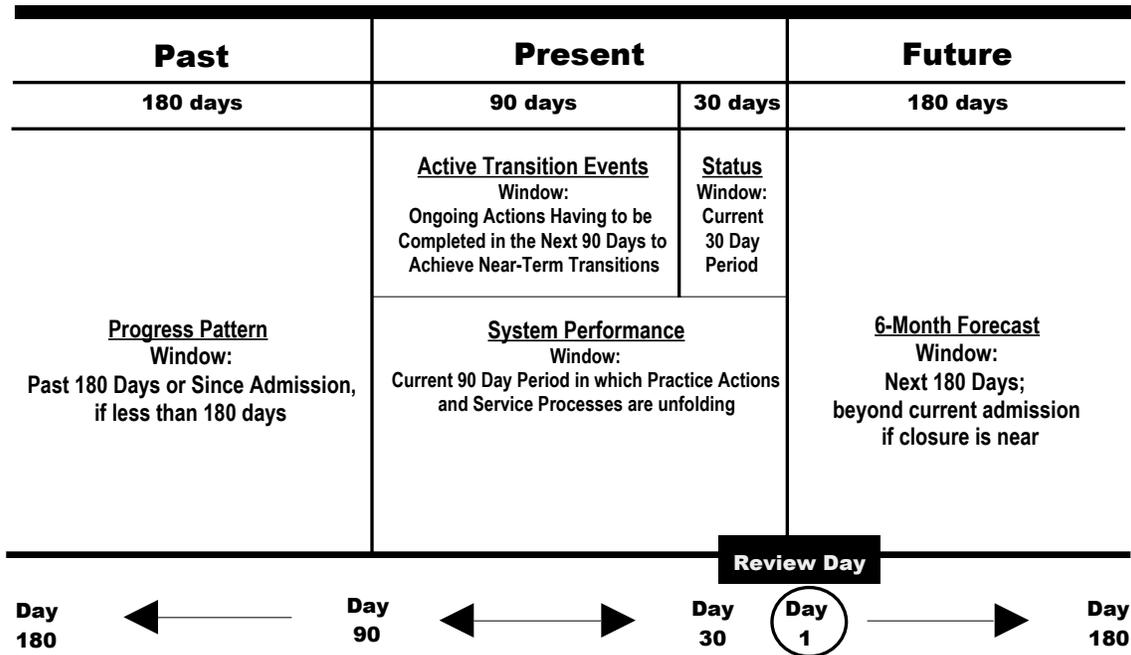
- The timeframe for *current status* indicators is generally 30 days unless stated otherwise in an indicator.
- The timeframe for reviewing *practice performance* is the past 90 days. These indicators focus on events that have already occurred recently and/or on recent processes that have been and are continuing to occur at the time of review.
- The *six-month prognosis* focuses on the near-term future looking forward 180 days from the time of the review.

The two displays presented on the next page illustrate and explain the logic of the 6-point rating scales used with the QSR indicators.

SUMMING-UP ACROSS INDICATORS WITHIN DOMAINS

The QSR Protocol provides directions to reviewers for determining an overall status rating and practice performance rating in a case for which a review has been completed for all of the indicators in each domain. Each domain (status and practice) has key criteria for determining the minimum conditions under which Overall Status and Overall Performance are deemed acceptable. For example, the status of the focus child cannot be regarded as acceptable if the child is unsafe or persons in the focus child’s daily settings are not safe from the focus child. Likewise, the overall practice performance domain would not be considered acceptable in a case where any of the following five core practice functions were found to be inadequate: engagement, assessment, teaming, planning, or intervention adequacy. More information regarding the sum-up process for the two review domains are in Section 4 of the QSR protocol.

Timeframes of Interest in Case Reviews



QSR Interpretative Guide for Status Indicator Ratings

**Maintenance
Zone: 5-6**

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

- 6 = **OPTIMAL & ENDURING STATUS.** The best or 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.
- 5 = **GOOD & CONTINUING STATUS.** Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with attainment of long-term needs or outcomes in area. Status is "looking good" and likely to continue.

Acceptable
Range: 4-6

**Refinement
Zone: 3-4**

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

- 4 = **FAIR STATUS.** 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 in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

- 3 = **MARGINAL INADEQUATE STATUS.** Status is mixed, limited, or inconsistent and not quite sufficient to meet the individual's short-term needs or objectives now in this area. Status in this area has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.

Unacceptable
Range: 1-3

**Improvement
Zone: 1-2**

Status is problematic or risky. Quick action should be taken to improve the situation.

- 2 = **POOR STATUS.** Status is and may continue to be poor and unacceptable. The individual may seem to be "stuck" or "lost" with status not improving. Any risks may be mild to serious.
- 1 = **ADVERSE STATUS.** The individual's status in this area is poor and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.

QSR Interpretative Guide for Practice Indicator Ratings

**Maintenance
Zone: 5-6**

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

- 6 = **OPTIMAL & ENDURING PERFORMANCE.** 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.
- 5 = **GOOD ONGOING PERFORMANCE.** 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.

Acceptable
Range: 4-6

**Refinement
Zone: 3-4**

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.

- 4 = **FAIR PERFORMANCE.** 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..

- 3 = **MARGINAL INADEQUATE PERFORMANCE.** 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.

Unacceptable
Range: 1-3

**Improvement
Zone: 1-2**

Performance is inadequate. Quick action should be taken to improve practice now.

- 2 = **POOR PERFORMANCE.** 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.
- 1 = **ADVERSE PERFORMANCE.** Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.