



Assessing Parental Progress

FINDING 6. HAVE THE PARENTS MADE SUFFICIENT PROGRESS TO MAKE IT POSSIBLE FOR THE CHILD TO SAFELY RETURN HOME?

Is a parent making needed changes in their behaviors, conditions or circumstances so the child can *safely* return?

To determine if parents have made *sufficient progress* for the child to *safely* return home:

1. Know the jurisdictional basis. Services must have a rational relationship to mitigate the allegations in the jurisdiction.
2. Understand, that for DHS to recommend a return, they must verify: the conditions for return have been met; an ongoing safety plan can manage identified impending danger safety threats; the parents/guardians are willing/able to accept responsibility for care with an ongoing safety plan; the parents/guardians are willing/able to continue participating in case plan services; service providers/legal parties have been informed in writing of the reunification plan with an in-home ongoing safety plan; and no safety concerns for the child/young adult are raised persons currently residing in a parent/guardian's home. (OAR 413-040-0017)
3. **Is there progress on “Conditions for Return?”** (behaviors, conditions, or circumstances that must exist before return)
4. **Determine progress on meeting the criteria for an In-Home Safety Plan:**
 1. There is a home like setting for the parent/child;
 2. The home is calm enough to allow safety service providers and activities to occur;
 3. At least one parent is willing to cooperate with the safety plan; and
 4. The necessary safety activities and resources are available to implement the plan.If DHS can say Yes to *all four* of the above items, an in-home plan is appropriate and the least intrusive.
5. Review the required services for each parent. Services should have a rational relationship to the basis for jurisdiction.
6. Review each parent’s participation in services and specifically the parent’s:
 - **Cooperation in a timely manner.** Ongoing engagement with caseworker, attending meetings, etc.;
 - **Consistency.** Consistently attending visits, meetings with caseworker, treatment meetings, etc.;
 - **Overall participation in required services.** Positive reports from treatment providers, negative UA's, etc.;
 - **Ability to internalize what they have learned and able to express what they have learned from services:**
 - Cognitive - can verbalize knowledge, understanding;
 - Behavioral - actions, activities, performance; and
 - Emotional - feelings, attitudes and identification;
 - **Concern regarding child's experience.** Shows empathy, doesn't blame, understands safety threats, and is protective;
 - **Ability to put the child's needs above their own.** Is a parent with an abusive partner? Incarcerated?
 - **Culture.** How does a Native American and/or other non-dominant culture parents’ culture affect their participation? For example, not making eye contact is a sign of respect in some cultures.
7. **Review the ASFA timeline for each specific case.** If it is an initial 6-month CRB, a parent may not have made enough progress to have the child returned home within the immediate future. They may be on track to reunify by the time of the first permanency hearing though. Remember, permanency is due 14 months from placement or 12 months from jurisdiction, whichever date is earliest. The board would most likely make a “No” finding if it is a subsequent review and a parent has not made sufficient progress to reunify by the ASFA deadline or is incarcerated for a period past the ASFA timeline.
8. **Understand trauma-informed practice** and a parent’s need for safety and security (e.g., safety, housing, food, transportation, employment, etc.). Has DHS helped parents meet those needs? How is DHS helping parents engage services (eg transportation)?
9. **Active efforts for Indian Child Welfare Act (ICWA) and cultural considerations:** If ICWA, have active efforts been made? Does the Tribe(s) recommend any services? Are services culturally appropriate?

10. Other Considerations.

- Are services and assessment of progress culturally appropriate?
- Using trauma-informed practice, highlight any parental progress first, if the board needs to make a negative finding.
- Do the parents feel they need any additional services?
- Do the parents’ attorneys have anything they would like to add on parent progress?
- Do parents have a support system?
- Has DHS referred for services recommended in the psychological? How quickly did parent engage?
- Are psychological recommendations including parent’s cognitive abilities, learning style, culture (ICWA), etc. being followed?

“YES” FINDING FOR PARENTAL PROGRESS

Board members should consider giving a Yes finding when some or all the following elements are present:

- The parent is actively participating in case plan and is keeping in contact with the caseworker.
- The parent is actively engaged in required services.
- The parent acknowledges the need to change.
- The parent assertively acts to address what must change.
- The parent demonstrates change in perceptions, attitudes, motives, emotions and behaviors that are associated with protective capacities.
- The parent consistently attends parenting time and there are positive reports for visits. If a parent is making progress, board members should consider a recommendation to expand visitation time and ensure parents are given the opportunity to have visits during normally occurring events such as doctor appointments and school events.
- **NOTE: All the above is verifiable.**
- The parent has made sufficient progress to reunify by the time of the first permanency hearing that is due 14 months from placement or 12 months from jurisdiction, whichever date is earliest.

“NO” FINDING FOR PARENTAL PROGRESS

Board members should consider giving a No finding when some or all the following elements are present:

- Parent has been incarcerated during the review period and has not participated in any available services or parent will not be released until after the ASFA deadline.
- Parent did not attend scheduled evaluations or consistently attend services.
- Service provider reports do not report progress; e.g., positive UA’s, lack of attendance, etc.
- Parent has not consistently attended visitation with their child and/or there are consistent negative reports for parent behavior during visits.
- The parent maintains that problems are separate from him or herself.
- The parent continues to blame his or her problem on others;
- The parent maintains there is not a problem that needs to be addressed.
- The parent refuses to participate in recommended or court-ordered treatment services, such as in-patient treatment.
- The parent rejects discussion or feedback related to what needs to change.
- The parent’s current functioning makes it unlikely that he or she could benefit from change interventions as noted in, for example, a psychological evaluation.
- The parent is not keeping in contact with DHS and/or treatment providers.
- The parent verbalizes commitment but does not follow through.

16 Safety Threats

<p>1) Family situation results in no adult in the home performing parenting duties/responsibilities that assure child's safety.</p>	<p>2) Caregivers' behavior is violent and/or they are behaving dangerously.</p>	<p>3) Caregivers' behavior is impulsive or they will not/cannot control their behavior.</p>	<p>4) Caregivers' perceptions of a child are <u>extremely</u> negative.</p>
<p>5) A family situation or behavior exists so that the family does not have or use resources necessary to assure child's safety.</p>	<p>6) Caregivers' attitudes, emotions, behavior are such that they are threatening to severely harm a child or are fearful they will maltreat the child and/or request placement.</p>	<p>7) Caregivers' attitudes or emotions are such that they intend (ed) to seriously hurt the child.</p>	<p>8) A situation, attitudes and behavior exist so that caregivers' lack parenting knowledge, skills, and motivation necessary to assure child's safety.</p>
<p>9) Caregivers' attitudes and behavior result in overtly rejecting CPS intervention, refusing access to child, or some indication that the caregivers will flee.</p>	<p>10) Caregiver attitude, behavior, perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.</p>	<p>11) The family situation is that living arrangements seriously endanger the child's physical health.</p>	<p>12) The situation is that a child has serious physical injuries or serious physical symptoms from maltreatment.</p>
<p>13) The situation is that a child shows serious emotional symptoms and/or lacks behavioral control that results in provoking dangerous reactions in caregivers.</p>	<p>14) The situation is that a child is fearful of the home situation or people within the home.</p>	<p>15) Because of perception, attitude or emotion, caregivers cannot/will not/do not explain a child's injuries or threatening family conditions.</p>	<p>16) One or both parents or caregivers has a child out of his/her care due to child abuse or neglect, or has lost a child due to termination of parental rights.</p>