

CASE SCENARIO 2: DANIELLE

Danielle, a seven-year-old girl, was reported to CPS by the attending physician as having a broken arm and femur, as well as having bruises along the side of her torso. As a result of her injuries, she required hospitalization and medical follow-up. Danielle said her stepfather Sam caused her injuries when he hit her with a big board. Danielle is afraid of Sam and doesn't want to return home as long as he is there. Danielle has been placed with her maternal grandmother.

Danielle's mother Sally and stepfather Sam were interviewed at their home. Sally is 22 and Sam is 30. They married when Danielle was six years of age but have lived together since she was four. They have lived in five different homes during their time together, sometimes staying with relatives when they didn't have rent money. Danielle's biological father is not in contact with the family.

Sam is a general construction worker and Sally is a waitress. Both graduated from high school and Sally has taken some junior college classes. Sally was raised in a nurturing and stable single parent household, although Sally did live with an aunt in another county for one year during high school when she started running with a "wild" bunch of kids. Sam spent 10 years in foster care as a child, from age 8 to 18, living in six different homes. They have little contact with Sam's family. Sam's father is an alcoholic and abuses Sam verbally when they are together. They are both now employed full time, but Sam is frequently out of work. Sally accuses Sam of drinking too much. He comes home late from work and drunk three or four nights a week. Sam says he has always drunk a lot and that she knew this when they got married. He has been arrested for driving under the influence and currently has a suspended driver's license for this offence. Sam states that he sometimes can't remember what happened when he was drunk. They agree they are more likely to argue when Sam has been drinking.

Sally has begun using crystal-met amphetamine during the last year. She has tried to stop but has been unable to. She entered a drug treatment program twice in the last year but has been unable to stay clean. Sam complains that when she starts using drugs, he has to take care of Danielle all by himself and there usually isn't anything to eat in the house.

Sally's extended family lives close by, often keeping Danielle for weekend visits and providing back up child care.

Danielle is doing below grade level work in her second grade class and has missed about 30% of the school days in the last year. She has never been a difficult child to raise nor has she had any unusual medical problems.

Sam said he had about six beers and two shots of liquor within the four hours prior to his hitting Danielle. He says he shouldn't have hit her, but she should have taken her bath like he told her. He quickly becomes defensive when Sally berates him for this action. He dismisses Danielle's fear of him, saying she should know he won't hurt her again. He says he was beaten like that as a child and it didn't do him any harm. There is tension between them with Sam not understanding why Sally won't let go of "this one mistake." However, they remain committed to their marriage and Danielle.

Sam has had his parental rights for his two children from another relationship terminated subsequent to a founded incident of physical abuse. Sam had on three separate occasions beaten one or the other of the children, then aged six and eight, with a coat hanger, leaving welts. Sam was ordered to attend Alcoholics Anonymous but was unsuccessful in staying sober.

- What strengths did they find?
- What red flags or poor prognosis indicators did they identify?
- What do they still want to know?
- What steps would you suggest happen next – with Sally, Sam, with Danielle?

Permanency Planning Indicator

Case Name:		Form Completion Date:	
Parent or Prior Custodian:		Social Worker's Name:	
Case Number:			
Section 1 – Strengths		Section 2 – Barriers	
Parent-Child Relationships		Catastrophic Prior Abuse	
<input type="checkbox"/>	1. Parent shows empathy for child	<input type="checkbox"/>	*1. Parent has killed or seriously harmed <i>another</i> child through abuse or neglect and no significant change has occurred in the interim.
<input type="checkbox"/>	2. Parent responds appropriately to the child's verbal and non-verbal signals	<input type="checkbox"/>	*2. Parent has repeatedly and with premeditation harmed or tortured <i>this</i> child.
<input type="checkbox"/>	3. Parent has an ability to put the child's needs ahead of his/her own.	<input type="checkbox"/>	*3. Child experienced sexual abuse by a caretaker or entered foster care due to sexual abuse.
<input type="checkbox"/>	4. When they are together, the child shows comfort in the parent's presence.	<input type="checkbox"/>	4. Child experienced physical abuse in infancy.
<input type="checkbox"/>	6. In the past, the parent has met the child's basic physical and emotional needs.	Dangerous Lifestyle	
<input type="checkbox"/>	7. Parent accepts some responsibility for the problems that brought the child into care or to the attention of the authorities.	<input type="checkbox"/>	5. Parent's only visible support system and only visible means of financial support is found in illegal drugs, prostitution, and street life.
Current Parental Support System		<input type="checkbox"/>	6. Parent is addicted to debilitating illegal drugs or alcohol.
<input type="checkbox"/>	8. Parent has positive, significant relationships with other adults who seem free of overt pathology.	<input type="checkbox"/>	7. Pattern of documented domestic violence between the spouses and they refuse to separate.
<input type="checkbox"/>	9. Parent has a meaningful support system that can help him/her now (job, counselor, faith based group/network/institution).	<input type="checkbox"/>	8. Parent has a recent history of serious criminal activity and jail.
<input type="checkbox"/>	10. Extended family is nearby and capable of providing support.	<input type="checkbox"/>	9. Mother abused drugs/alcohol during pregnancy despite medical evidence to the contrary.
Past Parental Support System		Significant History	
<input type="checkbox"/>	11. Extended family history shows family members able to help appropriately when one member is not functioning well.	<input type="checkbox"/>	*10. Parental rights to another child have been terminated following a period of service delivery to the parent and <i>no significant change has occurred in the interim.</i>
<input type="checkbox"/>	12. Relatives came forward to offer help when the child needed placement.	<input type="checkbox"/>	11. There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect.
<input type="checkbox"/>	13. Relatives have followed through on commitments in the past.	<input type="checkbox"/>	12. In addition to emotional trauma, the child has suffered more than one form of abuse, neglect, or sexual abuse.
<input type="checkbox"/>	14. There are significant other adults, not blood relatives, who have helped the family in the past.	<input type="checkbox"/>	13. Siblings have been placed in foster care or with relatives for a period of time over six month duration or have had repeated placements with CPS intervention.
<input type="checkbox"/>	15. Significant other adults have followed through on commitments in the past.	<input type="checkbox"/>	14. This child has been abandoned with friends, relatives, hospital, or in foster care; or once the child placed in subsequent care, the parent does not visit of his/her own accord.
Family History		<input type="checkbox"/>	15. CPS preventative measures have failed to keep the child with the parent.
<input type="checkbox"/>	16. Family's ethnic, cultural, or religious background includes and emphasis on mutual caretaking and shared parenting in times of crisis.	<input type="checkbox"/>	16. Parent is under the age of 16 with no parenting support system, and placement of the child and parent together has failed due to parent's behavior.
<input type="checkbox"/>	17. Parent's own history shows consistency of parental caregiver.	<input type="checkbox"/>	17. Parent grew up in foster care or group care, or in a family of intergenerational abuse.
<input type="checkbox"/>	18. Parent's history shows evidence of his/her childhood needs being met adequately.	<input type="checkbox"/>	18. Parent has asked to relinquish the child on more than one occasion following initial intervention.
Parent's Self-Care and Maturity		Parental Conditions	
<input type="checkbox"/>	19. Parent's general health is good.	<input type="checkbox"/>	*19. Parent diagnosed with severe mental illness (psychosis, schizophrenia, borderline personality disorder, sociopathy) which has not responded to previously delivered mental health services.
<input type="checkbox"/>	20. Parent uses medical care for self appropriately.	<input type="checkbox"/>	20. Parent's symptoms continue, rendering parent unable to protect and nurture child.
<input type="checkbox"/>	21. Parent's hygiene and grooming are consistently adequate.	<input type="checkbox"/>	21. Parent has a diagnosis of chronic and debilitating mental or physical illness: psychosis, schizophrenia, borderline personality disorder, sociopathy, brain injury, or other physical illness that responds slowly or not at all to current treatment modalities.
<input type="checkbox"/>	22. Parent has a history of stability in housing.	<input type="checkbox"/>	22. Parent is intellectually impaired, has shown significant self-care deficits, and has no support system of relatives able to share parenting
<input type="checkbox"/>	23. Parent has a solid employment history.		
<input type="checkbox"/>	24. Parent has graduated from high school or possesses a GED.		
<input type="checkbox"/>	25. Parent has employable skills.		
Child's Development			
<input type="checkbox"/>	26. Child shows age-appropriate cognitive abilities.	<p>* Extreme conditions making family reunification a low probability.</p> <p><i>Adapted from Concurrent Planning: From Permanency Planning to Permanency Action, Katz and Robinson.</i></p>	
<input type="checkbox"/>	27. Child is able to attend to tasks at an age-appropriate level.		
<input type="checkbox"/>	28. Child shows evidence of conscience development.		
<input type="checkbox"/>	29. Child has appropriate social skills.		
<input type="checkbox"/>	30. Major behavioral problems are absent.		
Section 3 - Need for Concurrent Plan			
<input type="checkbox"/>	Concurrent Plan Needed		
<input type="checkbox"/>	Concurrent Plan Not Needed		
<input type="checkbox"/>			
<input type="checkbox"/>	<ul style="list-style-type: none"> The Permanency Planning Indicator is done once, as early in the process as possible, to determine if the child will be placed in a permanency planning resource family. Reassessment consists of review of the parent's visitation with the child and progress with the case plan. 		