

Brown Case Study Materials

CPS Case File

Last Name of Case:		Brown			
Legal Number(s):		11-7-012345-5			
Child(ren)'s Name	DOB	Age	Ethn	Sex	Current Location
Jessica Brown	February 20	15 years	White	F	Kinship Care Candice Clark

Current Caretaker(s)	Address	Phone
Paternal Cousin (Kinship): Candice Clark (not married)	19004 Coltfeld Court	555-1018

Attorneys for:		
Mother	Dawn Schute	555-6542
Father	Nancy Andrews	555-9870
CPS	Chris Johnson	555-5428

Case History

August 7 (last year): Urgent Care Center notified CPS of 14-year-old Jessica Brown, who had been treated for broken ribs. Jessica told CPS social worker (SW) that she had run away from home the night before after being beaten “for the last time” by her mother’s live-in boyfriend, Wayne Pender. According to police records, there is a history of violence between Mr. Pender and the youth’s mother, Helen Brown.

August 8 (last year): Child released from hospital and placed by CPS into emergency foster care.

August 19 (last year): Youth removed from foster home after a series of arguments with the foster family. Youth explained to SW that the arguments originated because she attempted to confide to her foster mother that she is lesbian. The foster mother said she didn’t feel comfortable with Jessica sharing a room with her 13-year-old daughter. Jessica has been placed in Abigail Barton Home for Girls.

November 8 (last year): Abigail Barton Home for Girls notified SW that Jessica Brown did not return to the group home after school.

December 21 (last year): SW received call from Jessica asking for assistance. Youth had been living on the street since running away from the group home. Youth stated she had been “harassed and bullied” by other girls in the group home. When SW asked youth to explain, the youth said other girls “hit me with batteries, sticks and their fists” and teased her with names such as “Jessie the Lessie” and “dyke.” SW located emergency foster care for Jessica.

December 29 (last year): Youth placed with paternal cousin, Candice Clark (age 30).

CASA History:		Date Assigned:	8/14 (last year)
Case Initially Assigned to:	June Miller	Date Terminated:	Four months ago
Current CASA:	You and your team	Date Assigned:	Today
Initial CPS Social Worker:	Angela Rodriguez		
Current CPS Social Worker:	Angela Rodriguez		

Court-Ordered Services

For the Child:

- Psychological evaluation and counseling (if recommended)
- Educational needs met as appropriate

For the Father:

- N/A

For the Mother:

- Domestic violence survivor’s classes
- Parenting classes

Who do you want to interview first?

The Questioner's List

It is the Questioner's job to ask questions as you go along but not his or her exclusive right. Everyone should make sure they understand the group's ideas and conclusions as you work through the case.

Questions to consider periodically:

- Where else could we get more information that would be useful?
- Why should or shouldn't this family be reunited?
- Have we checked with relatives?

Questions to consider before finalizing court recommendations:

- Are our court recommendations child focused?
- Have we covered every need of the child(ren) in this case?
- Did we appropriately consider the "minimum sufficient level of care" standard in forming our recommendations for this case?
- Do our recommendations ask for what is appropriate, whether or not it is readily available?
- Is our wording clear, diplomatic, and non-judgmental?

Interviews Available

(DO NOT DISTRIBUTE THIS LIST. It is for your use as a facilitator only. Groups have to decide on their own who they want to interview.)

- **Jessica Brown and School Guidance Counselor – Kenya Scott**
- **CPS Caseworker – Angela Rodriguez**
- **June Miller – Former CASA/GAL Volunteer**
- **Foster Mother/Cousin – Candice Clark – First Contact**
- **Foster Mother/Cousin – Candice Clark – Second Contact**
- **Mother – Helen Brown**
- **Mother’s former boyfriend – Wayne Pender**

Jessica Brown and School Guidance Counselor – Kenya Scott

Setting: High school guidance office

Kenya: We have a couple of openly lesbian and gay students in this school. Ten years ago I hadn't even heard of high schoolers being so open about their sexual orientation. I talked with the LGBTQ Center at the U. There's an amazing amount of information on the web, and Lambda Legal has some great materials they give away for free.

I'm worried about Jessica graduating. I just hope I can keep her in school. That's a big challenge for these kids; many drop out. Of my three lesbian and gay kids, none of them are seniors. I can think back and remember some kids who probably were gay, but I wasn't aware of it at the time. Once they drop out—or get kicked out of home—they can end up living on the street, maybe even doing sex work to survive. Even if they escape that fate, the economy and world we live in isn't kind to those without a high school diploma.

Jessica is waiting outside. This was her study-hall period and she wanted to be included. Jessica, would you please come in?

Kenya: Jessica, I want to talk about your mood issues. I think it's important for your CASA/GAL volunteer to know that you've been struggling with depression and possibly PTSD.

Jessica: I have been seeing Dr. Felix.

Kenya: How do you like him?

Jessica: I like Dr. Felix. He understands me. He didn't say anything about PTSD though. That's your thing.

Kenya: What else do you want your CASA/GAL volunteer to know?

Jessica: I want Candice to adopt me. I just don't think I can survive living with my mom. It's really bad. We always fight. I can never be the daughter she wants. I don't think she really loves me; she's just too embarrassed to give me up. That wouldn't look good.

- **What difference does this interview make to the case?**
- **What are your follow-up questions?**

CPS Caseworker – Angela Rodriguez

Setting: Phone call with CPS worker, who is talking with you while in between court hearings that she is attending today

I have been with the agency for five years and have been Jessica’s caseworker from the beginning. For a long time, I thought Helen would never kick Wayne out. But now he’s been gone for two months and Helen is standing firm on that decision. Helen has joined a group for co-dependents and she’s learning how to live on her own.

From where I sit, Wayne being gone changes everything about the case. CPS no longer has justification to terminate this mother’s rights if she is willing to provide a safe place for her daughter. Now that Wayne is out for good, Helen can do that. Therefore, we can’t terminate and we can’t have Candice adopt her. I am changing my permanency planning recommendation from TPR and adoption to reunification.

I support this reunification. Helen wants her daughter back. They have started having visits in her home. I know it will take Jessica some time to feel safe there, but Wayne is gone for good so really she is safe. I know that Jessica and her mother still have fights. I think it’s normal for teenagers and parents to disagree and sometimes get loud about it.

This child brings a lot of negative attention to herself. This lesbian thing honestly seems more like a phase to me. I don’t have a problem with gay people; I have gay and lesbian friends. This feels more like a teenage, experimental phase. You’d be surprised how many teens experiment with their sexuality like this.

I think Jessica will benefit from the therapy that’s finally started. Dr Felix knows what the issues are and that we need to reunify this family. They have only met a few times so I haven’t checked in yet but I bet it’s going well. Dr. Felix is really good.

Candice has done a good job, but she’s very young to be parenting a 15-year-old. They’re still in the honeymoon phase. Wait and see what will happen when Jessica starts to really rebel. Plus, she encourages behavior that’s only going to make things harder for her in the end. Candice should be discouraging this type of behavior.

- **Have the issues that brought the child into care been addressed by the CPS agency?**
- **What factors do you think the CPS agency is weighing in deciding a permanency plan for Jessica?**

June Miller – Former CASA/GAL Volunteer

Setting: Cell phone conversation

It's great to see a volunteer back on this case. There was a four-month gap and it didn't seem like anyone was in Jessica's corner. I'm the one who found Candice for Jessica. I knew we should find some family for her because the foster family wasn't working out and I knew a group home wasn't going to be good either. They don't know what to do with different kids. Has she "come out" to you yet? If not, don't press her on the issue. Wait until she's ready to let you in.

I kept pressing the social worker, Angela. We both talked to Helen's sister, May, and she couldn't take Jessica. May also said Wayne was horrible and Helen should kick him out. Well, she wasn't going to do that. I mean, *hello*, it's your daughter, how about stepping up!

Anyway, May lives halfway across the country, and Angela said Jessica shouldn't have to move during high school. Well, in any case, May couldn't take Jessica; she's got medical issues and family issues of her own. Then I started doing a family genogram with her on the phone. That's how I got her to talk about Jessica's dad's side of the family. He's dead, you know, but he had a married sister and I got her name, Marylou Clark. So I did a civil records search and then I checked a few phone books on the Internet. She lives a couple towns over and her number's listed under her husband's name.

When I called Mrs. Clark, she was very friendly. She mentioned her daughter Candice, who lives right here in town! Candice turned out to be perfect for Jessica. I'm so glad I found her before I had to move away. Thank goodness Jessica felt safe enough to go there. She was so scared—out on the street all that time—and felt betrayed by everybody.

Her mother rejected her; it was terrible. Jessica begged Helen to leave Wayne, but she just wouldn't. She chose Wayne over Jessica, her own child!

Poor Jessica! The foster family rejected her. The group home was scary for Jessica because they made her room with a bully. She was terrified to sleep at night. Even some of the counselors gave her a hard time.

- **Will you want to maintain contact with June and possibly interview her again?**
- **Why or why not?**
- **What are your follow-up questions?**

Foster Mother/ Cousin – Candice Clark

Setting: Home of Candice Clark

I'm a cousin on Jessica's father's side. I remember seeing Jessica at our annual family reunion picnics. She was always a cute kid, real sweet, you know, and a little shy. When her dad died several years ago, the families lost touch. Mom used to call Helen, but it seemed like hearing from our side of the family always made her cry so bad that finally mom just stopped calling. Honestly, I kind of forgot about them. I was off at college.

One day about seven months ago I was on the phone with my mother, and she told me that a lady named June phoned her asking about Helen. June was the last CASA/GAL volunteer. Mom told me Helen had been living with a real bad guy—well, he was living with her actually—and Jessica ran away. And that now she was in foster care somewhere. I was just shocked!

Next thing I knew, June was calling me and she said that Jessica's group home wasn't working out for her. June asked me if I knew of a relative who could take her in and I just said, "Me! Let her live with me. I want her." I think I was as surprised as anybody was, but I'm glad I said it because I love having her here with me. She's a really cool kid.

Then Jessica ran from the group home and was gone for six weeks before she finally called June and June convinced her to come over here. I was already in touch with Angela. I'm glad she let Jessica stay here even though I had just started the classes to be a licensed foster parent. I have no criminal record of course. And I think Helen said it was okay, though I don't think she would say that today. Now Helen wants her back.

I never got married and I never really wanted to have kids either, but I really love having this big, older kid to take care of. I feel like I'm raising Jessica, not just supporting her financially, not just keeping her. I feel like Jessica is mine now and I want to raise her. My life has a deeper purpose because she's with me. Angela and I have talked about this. She knows my commitment and she said we would work toward an adoption. We've been talking about adoption here at home too, and Jessica wants to do it. But lately Angela hasn't said anything about it, which makes me nervous. Now they are making Jessica go see her mom so I don't know what's up. Do you?

This whole sexual orientation thing is pretty special. Not everybody can understand Jessica like I can. I really don't have a problem with it. I'm going to help her do whatever she needs to, to feel comfortable with her life. Why does anyone care that she is a lesbian? I know that sounds naïve, but really, why do they care?

- **What are the mother's thoughts and wishes in reference to this relative?**
- **How will you respond when Candice asks if you know what's going on with the caseworker not talking to her about adoption and making Jessica visit Helen?**

Jessica Brown and Foster Mother Candice Clark – Second Contact

Setting: Cell phone conversation—first with Candice, then with Jessica

Candice: Yeah, Jessica does think I'm really cool. At times, she may think we're more friends than anything else. We do keep it pretty friendly, but I'm not her "friend" when she breaks the rules. I set a curfew for her. But the first week she was here she climbed out the window and stayed out until midnight. That got her grounded for a week. We had a talk about what can happen when you stay out late and no one knows where you are. Jessica hasn't broken curfew again. She's knows I'm the boss and I have to protect her. So, no...I'm not her *friend* and I'm not a pushover. I'm her parent; that's my role in her life.

Sometimes she even calls me "Mom." She wants her mother to love and accept her as she is. Helen won't do that, or maybe she can't, and I know that's so painful for Jessica, that rejection. But I *do* love her just as she is. I don't need her to be different—I accept her. I kind of adore her if you want to know the truth. Not that she doesn't drive me crazy sometimes, but I worry about her too. I know she has some work to do to sort all this out, and who can blame her. I'm so glad she's seeing Dr. Felix.

Here, talk to Jessica, she's right here.

Jessica: Mom was nothing like Candice. With Candice I always know where the lines are. I may sometimes choose to cross those lines (giggles), but I already know what will happen if I do. Mom was kind of crazy to live with. She would ignore me for weeks, whatever I was doing. Then—boom!—she'd fly off the handle.

Is my mom supportive? Are you kidding? Are you hearing me? Hello! I mean, she fed me and all, but she doesn't support me *emotionally*.

What do I want? I want to feel safe. It has been years since I felt safe at home and I love feeling like that now. I didn't know what I was missing.

- **What are your follow-up questions?**

Mother – Helen Brown

Setting: Home of Helen Brown

Thanks for coming over. I really appreciated Ms. Miller’s input and I’m glad there’s another CASA/GAL volunteer working on this now. I was sad to see Ms. Miller go. I’m about to run out to Group, but I wanted to be sure we had time to meet and talk.

Honestly, I really don’t know what I would do without my co-dependency group. We meet for an hour three times a week, and we call each other in-between for support. I joined the group two months before I finally got the courage up to tell Wayne he had to get out. Group has been pretty empowering.

Wayne was a good provider; he made really good money and was generous with it at first. He fixed a lot of things when he moved in and looked after the house like my husband used to. Wayne was a good dad to Jessica for the first few years. Things would have been fine if Jessica hadn’t decided to be all strange and weird. She can be so stubborn! She was a really good little girl until she turned 11. Then she just started changing. Now I don’t know what she thinks she’s doing with all this lesbian nonsense.

Wayne started to get rough with me after we were together about a year. It wasn’t that bad the first couple years. I tried to kick him out a couple times before, but he always convinced me to take him back. But recently, his Internet porn habit got way out of hand. He started to spend a lot of time in the basement looking at sick, disgusting stuff! I was afraid of what he might do to me next so I filed on him. He’s gone for good now.

He and Jessica had that fight when Jessica ran away, and I guess he broke her ribs. Even with Jessica in foster care, I let Wayne stay here for another year before I finally got rid of him. I don’t know what I was thinking! Angela said I can get Jessica back now that I kicked Wayne out. I think Jessica should be with me, her mother. She’s my daughter for crying out loud! I know she’s confused, but she’s in therapy now so I’m hopeful.

I’m telling you this lesbian stuff is getting on my last nerve! I will be so glad when she gets through this phase of her life. I guess it’s an identity crisis—that’s what the shrink will call it and I guess that’s “normal” for teens, but I’m so tired of it!

- **What are your thoughts about Helen’s attitude toward her daughter?**
- **What strengths have you uncovered in this family that you can work with if the primary plan is reunification?**
- **What difference does this interview make to the case?**

Mother's Former Boyfriend – Wayne Pender

Setting: Workshop of Wayne Pender

Helen and I will be back together again soon. We've been through this before. She joins a group—last time it was her knitting circle, "Stitch and Bitch." Before that, it was a scrapbooking group. She gets big-headed with her new friends and then I'm not good enough for her. But you know what, she'll get over it. She always does. We always do.

I'm a hard-working man and a good provider. Helen knows that. We already miss each other. But she said she needed some time to get her daughter back. Honestly, she said we needed a "break," but we weren't "breaking up." That kid of hers needs a firm hand too, which I can provide. You wouldn't believe some of the stuff she pulls for attention. And the running away. Jeez. But yeah, Helen and I still talk.

Sure she took out papers on me, so what? She just did it to piss me off—she lets her emotions get the better of her sometimes. This isn't the first time either. What's it say? Pornography? Porno is the number one reason guys use the Internet. And if I do it, it's a problem? I don't think so. I guess 99% of all the men in this country better move out too, 'cause they all look at porno. Seriously, ask around. And if the guys you know deny it, they're lying.

I think we'll get back together once she gets things straightened out with CPS and her daughter. I put up with her crap too—excuse my French. Okay, so we get in a tussle now and then, no big deal. We tend to forgive and forget. Like I always tell Helen, we need to make sure we're looking forward, not backward.

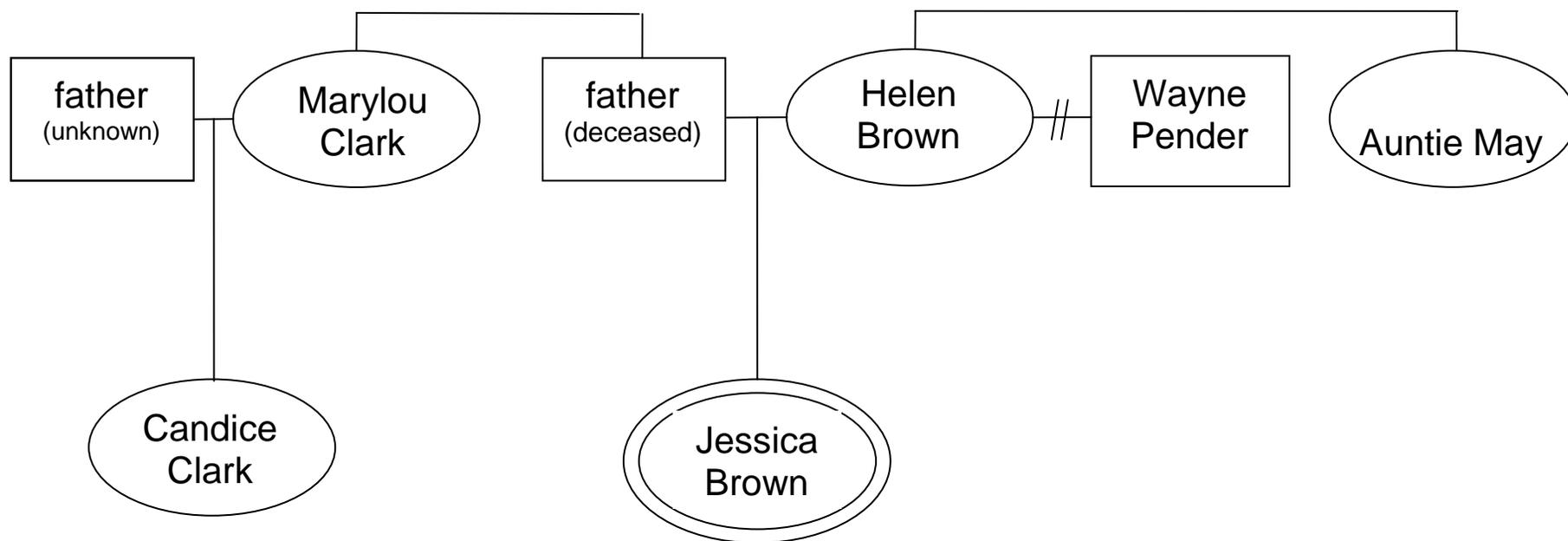
Excuse me, I need to get back to work.

- **After speaking with Mr. Pender, do you think Helen will make up with him or maintain the separation? How will you know if she does or doesn't?**
- **What difference does this interview make to the case?**

Brown Case Debrief Questions

- Who is in Jessica's circle of support?
- How is the lack of support from Helen affecting Jessica's academics and her mental, psychological and social well-being?
- If reunification is accepted by the court, what is the likelihood that Helen will play a more supportive and nurturing role in Jessica's life?
- What impact did the previous CASA/GAL volunteer have on this case (accomplishments, insight, resources)?
- What are some of the actions you might have to take as a result of this impact?
- What resources would you use to expand your knowledge of the needs of LGBTQ youth and inspire others to educate themselves?
- What are some benefits of including Jessica in the service-planning process?

Brown Family Genogram



Assessing a Child's Situation

Assessment of Risk

1. What is the current and immediate safety threat? Has the threat diminished? If not, how can the risk be ameliorated or removed?
2. What harm has the child suffered? (type, frequency, severity, length of occurrence)
3. What is the likelihood of recurrence and why?
4. What kind of long-term or permanent damage could result if the situation goes unchecked?
5. Was removal of the child necessary for his or her protection?
6. What services, short of removal, are necessary to adequately reduce risk?
7. How would the family access these services?
8. Which services were made available to this family prior to removal (or prior to this hearing)? What outcome was observed for each service?
9. Are professional assessments necessary to fully answer any of these questions?
10. List any additional factors which increase the level of risk, i.e. age of child, substance abuse, domestic violence, caregiver abused as a child, history of court involvement with other children, etc.
11. How does the parent manage his/her own life?
12. How does the parent discipline the child?
13. What circumstances accompanied the maltreatment? (i.e. substance abuse, domestic violence, unemployment, etc.)
14. If the child has been removed, what actions would be necessary to allow the child to return home immediately and safely and what services would be required to support the child's return?
15. If the safety threat is too high for the child to return home how have the conditions for return been conveyed to the parent, family, and child and do they understand the conditions?
16. What specifically prevents the parents from being able to provide the minimally adequate standard of care to protect the child?
17. Have the family's cultural background, customs and traditions been taken into account in evaluating the event and circumstances that led to the removal? Have the parent(s) cultural or tribal liaison/relevant other(s) been asked if there is a culturally-based explanation for the allegations in the petition?
18. What was done to create a safety plan to allow the child to remain at home or in the home of another without court involvement?
19. Have non-custodial parents, paternal and maternal relatives been identified and explored? If not, what is the plan to do so?

20. How has the agency intervened with this family in the past? Has the agency's previous contact with the family influenced its response to this family now?
21. How are the parents, extended family and children being engaged in the development and implementation of a plan for services, interventions, and supports?
22. Does the family believe that these services, interventions and supports will meet their current needs and build upon strengths?
23. How are the services, interventions and supports specifically tailored to the culture and needs of this child and family?
24. What evidence has been provided by the agency to demonstrate that the services/interventions for this family have effectively met the needs and produced positive outcomes?

Assessment of Primary Caregiver

1. What is the caregiver's understanding of the situation?
2. Can the parent read and understand English? If so, do they understand the allegations?
3. Has paternity been established and if so, how?
4. If paternity hasn't been established, have efforts to identify and locate fathers been sufficient? What has been done?
5. If one of the child's parents has not been involved, what is the history and current status of the relationship between the caregiver and the other parent? Has the caregiver made any effort to contact the other parent? Why or why not?
6. Are there issues in the case that are covered by the Americans with Disabilities Act?
7. What other family members should be involved in this process and what diligent search efforts were used to identify other family members?
8. Have home studies and background checks been completed?
9. What level of motivation and cooperation has been shown by the caregiver?
10. What is the caregiver's level of parenting skills? Are there health and/or intellectual concerns?
11. Are there any co-occurring problems (e.g., substance abuse, domestic violence, mental health problems)?
12. If so, what is the impact on their ability to parent, duration, severity and recovery history?
13. What kind of support is available from spouse, significant other, extended family and/or friends?
14. If one of the child's parents has not been involved, what is the history and current status of the relationship between the caregiver and the other parent? Has the caregiver made any effort to contact the other parent? Why or why not?
15. How has the caregiver demonstrated cooperation with service providers or lack of it?

16. Does the caregiver have the ability to protect the child or remedy the situation?
17. Did the parents have an opportunity to participate in treatment planning and if so were the parents' and child's needs, strengths, and cultural background thoroughly assessed?
18. Which services been identified to achieve case goals? Are there indications that case goals are being met?
19. Is the caseworker periodically visiting with the child and parents?
20. If the child is nearing permanency, is there a plan to continue needed services for the child (and parents, if appropriate) after custody is transferred?
21. What progress has been made by the caregiver in eliminating the need for placement? What barriers still exist?
22. Are professional assessments necessary to fully answer any of these questions?

Assessment of Child

1. Is the child a member of a federally recognized tribe or eligible for membership? If the child's tribe is unknown at this time, what efforts have been made to identify other relatives and/or tribal members for placement of the child?
2. Are basic food and clothing provided for the child when s/he is in the caregiver's home?
3. How does the child function day to day?
4. What is the child's understanding of the situation?
5. Has the child recently received a physical and mental health examination?
6. Are the child's health records up to date and included in the case file?
7. Do the foster parents have the child's health information?
8. Does the child's service plan include recommendations for specialty care? (i.e. glasses, medications, therapy, mental health treatment, etc.)
9. If the child is taking psychotropic medications, does everyone know the physician, diagnosis, recommended treatment, correct dosage of medication, possible drug interactions, side effects, etc.
10. Does the home contain serious hazards to the child's health and safety? Is the caregiver's current home adequate?
11. How does the caregiver meet the child's health and medical needs?
12. What level of supervision does the caregiver provide?
13. What indications of caregiver-child attachment have been observed?
14. What is the child's relationship with his/her siblings?
15. What is the child's experience with discipline, limit setting and consequences in the home?
16. Does the caregiver have realistic expectations of the child?
17. In what ways are emotional nurturing and intellectual stimulation provided by the caregiver?

18. How does the child perform in school academically and behaviorally? Have there been any significant changes recently?
19. Is the child seen as a cause of problems in the home, school or community? Describe any history of delinquent behavior.
20. Is the family's income sufficient to meet the child's basic needs?
21. Did the child have an opportunity to participate in treatment planning?
22. How has the child adjusted emotionally/behaviorally to the placement?
23. Did the child receive a developmental and educational assessment upon entering care?
24. Is the child enrolled in an early childhood program, if applicable?
25. Is the child eligible for an Individualized Education Program (IEP)? Is the child participating? Are the parents, foster parents, and case worker participating?
26. Is the child receiving special education services?
27. Are IEP goals being addressed? Is the IEP coordinated with the service plan?
28. Are other education supports (tutoring, after-school programs, speech therapy, occupational therapy, etc.) being provided to the child, if needed?
29. What kind of relationship does the child have with extended family members and have they had with the child? Are the family members aware that the child is in care?
30. Are professional assessments necessary to fully answer any of these questions?

Assessment of Out of Home Placement

1. List all the losses that the child would suffer by being/having been removed from the home.
2. What are the child's wishes regarding placement at this time?
3. Would siblings be placed together?
4. What is the most appropriate type of placement for this child? Is such a placement available, and if so, how soon?
5. Have maternal and paternal kinship care options been fully explored? If not, what is being done to explore relatives? If so, why were the relatives deemed inappropriate?
6. If child is placed in kinship care, what steps have been taken to ensure the relative is linked with all available training, services, and financial support?
7. What will out of home placement provide for the child? What will out of home placement provide for the parent?
8. What visitation arrangements have been made between child and parents, i.e. location, frequency, length, transportation, supervision? What arrangements for sibling visitation, if applicable? Have the parents adhered to the visitation schedule?
9. Is the child placed in the least restrictive, most family-like setting, appropriate to his/her needs?

10. Is the child living near his/her parents? Is the child living with his/her siblings? Is the child living near his/her school?
11. What efforts are being made to preserve connections in terms of friends, religious communities, and cultural connections?
12. Does the foster care provider have the information needed to help preserve connections?
13. If the child is Native American, is he/she placed in accordance with ICWA (Indian Child Welfare Act) placement preferences?
14. From the family and child's perspective, is the current placement culturally and linguistically appropriate?
15. How does the placement support the child's cultural identity? In what way does the placement support the child's connection to the family and community?
16. What are the terms of meaningful family time with parents, siblings and extended family members?
17. Do the terms of family time match the safety concerns? Is it supervised? Specifically, why must it be supervised? Is the time and location of family time logistically possible for the family, and supportive of the child's needs?
18. How does the placement support the family/child's involvement in the initial plan?
19. What are the terms of meaningful family time with parents, siblings and extended family members?
20. Do the terms of family time match the safety concerns? Is it supervised? Specifically, why must it be supervised?
21. Is the time and location of family time logistically possible for the family, and supportive of the child's needs?

Assessment of Permanency Plan: Return Home

1. What are the child's needs, wishes, and best interests?
2. To what extent have the parents and agency complied with the case plan and court orders?
3. Did the services alleviate the reasons for removal?
4. What is different now than when the child was removed?
5. How has visitation gone? Has there been a plan to transition home (extended/unsupervised visitation, overnights, weekends, trial home placement) while the court continues to monitor the child's health and safety?
6. What has the agency done to reduce the risk or likelihood of disruption after the child is returned home?
7. What safeguards are in place to protect the child?
8. Will on-going services/monitoring be offered?
9. How does the family foresee handling issues related to child safety without the involvement of the court/agency?

10. What actions would be necessary to allow the child to return home immediately and safely and what services would be required to support the child's return?

Assessment of Permanency Plan: Relative Placement

1. What are the needs, wishes, and best interests of the child?
2. Are there convincing reasons that the child cannot return home or be adopted?
3. Have home studies and background checks been completed?
4. Will the guardian need financial assistance to care for the child?
5. Does the guardian understand his/her rights and responsibilities?
6. Will there be ongoing contact with the child's parents, siblings, and other relatives?
7. Will the agency provide services and/or ongoing monitoring?
8. Does the child have a bond with the custodial family member?
9. Will this custodian make a lifelong commitment to the child?

Assessment of Older Youth in Transition

1. Is there a Transitional Plan (TP)? Is the young person involved in transition planning?
2. Does the Transitional Plan address educational needs (obtaining a diploma, vocational training, post-secondary education), career exploration, employment, and safe and stable housing?
3. Does the Transitional Plan address possible mentors and other avenues to create lifelong connections?
4. Are independent living services being provided to the youth? Is training being provided in daily living skills; budgeting and financial management skills; substance abuse prevention, and preventive health activities such as smoking avoidance, nutrition education and pregnancy prevention?
5. What specific services will the youth need upon exiting the system?
6. How will they receive the medical care needed after turning 18/21?
7. Does the youth understand what services he/she can receive after age 18/21?
8. Does the youth have connections beyond their current placement, agency, and school?
9. What is the youth's current level of functioning and how are they expected to provide for themselves after exiting the system?

Assessment of Foster Care

1. How long has this child been in care?
2. How many placements has the child been in?
3. How long has the child been with the current caretakers?
4. What is the quality of the relationship between the child and the current caretakers?

5. What is the best estimate of how soon the child can return home?
6. If the plan is not return home, what is it? What level of permanency would this plan provide?
7. If the child is unable to return home, what level of involvement would the current caretakers have in his or her future?
8. What progress has been made toward the alternative plan? What are the barriers?
9. What is the length of time anticipated to achieve it?

Assessment of Termination of Parental Rights Hearings

1. Is TPR in the child's best interest?
2. Does DHS have grounds for TPR?
3. Is there an exception to not terminate?
4. Can TPR be achieved without trial? Will voluntary relinquishment or mediation reduce possible harm to the child?
5. Are there any other services which could be provided that would materially affect the ability of the caregiver to parent the child in the next six months?
6. Has measurable improvement occurred in the condition(s) that brought the child into care?
7. If some improvement has occurred, what is the estimated length of time before the child could be returned home?
8. What specifically are the plans for the child to be adopted? Has an adoptive placement been identified?
9. If possible, has the child been invited to select possible adoptive placements?

Compiled from *A Question of Balance: Decision Making for CASA/GAL Volunteers*, casaforchildren.org; "Well-Being Checklist," *Child Protection Best Practices Bulletin*, childlaw.unm.edu; "CASA Volunteer General Hearing Preparation Checklist," arkleg.state.ar.us.