

### Permanency Planning Indicator

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|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Case Name:</b>                           |                                                                                                                                                                                                                                                                                                                                               | <b>Form Completion Date:</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                       |
| <b>Parent or Prior Custodian:</b>           |                                                                                                                                                                                                                                                                                                                                               | <b>Social Worker's Name:</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                       |
| <b>Case Number:</b>                         |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
| <b>Section 1 – Strengths</b>                |                                                                                                                                                                                                                                                                                                                                               | <b>Section 2 – Barriers</b>                                                                                                                                                                  |                                                                                                                                                                                                                                                                       |
| <b>Parent-Child Relationships</b>           |                                                                                                                                                                                                                                                                                                                                               | <b>Catastrophic Prior Abuse</b>                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
| <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.                                                                                                                                                                                                                                                            | <b>Dangerous Lifestyle</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| <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.                                                                                                                         |
| <b>Current Parental Support System</b>      |                                                                                                                                                                                                                                                                                                                                               | <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.                                                                                                                                                                             |
| <b>Past Parental Support System</b>         |                                                                                                                                                                                                                                                                                                                                               | <b>Significant History</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| <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.                                                                                 |
| <b>Family History</b>                       |                                                                                                                                                                                                                                                                                                                                               | <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.                                                                                                                                                                |
| <b>Parent's Self-Care and Maturity</b>      |                                                                                                                                                                                                                                                                                                                                               | <b>Parental Conditions</b>                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |
| <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.                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
| <b>Child's Development</b>                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
| <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.                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
| <b>Section 3 - Need for Concurrent Plan</b> |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |
| <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"> <li>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.</li> <li>Reassessment consists of review of the parent's visitation with the child and progress with the case plan.</li> </ul> |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |