

11. Measure Progress

Whenever Child Welfare is involved with a family due to a threat to child safety, the caseworker is measuring progress on a continual basis. Why do we need to measure progress? The paramount concern is child safety, and caseworkers must continually be aware of potential safety threats, managing existing threats, and responding with the least intrusive interventions that still manage child safety. We are required to work toward maintaining a child in his/her home or, if in substitute care, to achieve placement with a parent, in almost all situations. We are mandated to address children's need for permanency and to ensure their well-being.

Measuring progress is necessary to increase the likelihood that we achieve these goals in a timely fashion. When measuring progress, a number of areas need to be considered, including whether:

- The parents are making adequate progress toward the Expected Outcomes.
- The parents are making progress toward the Conditions for Return.
- The interventions of Child Welfare are effective in assisting the family.
- The child's need for permanency and well-being are being met.
- The child's safety can adequately be managed and sustained without Child Welfare's involvement.

Procedure

The caseworker must:

- Assess progress as a part of the ongoing intervention with the family, including at the following times:
 1. During and/or after any contacts with parents, children, service providers, and others who are connected to the child and/or family.
 - a. Measure progress by observing changes being made over time.
 2. Every 90 days, formally measure progress when reviewing the Child Welfare Case Plan.



Note: the previous section of this chapter 'Conduct a Child Welfare Case Plan Review' provides procedure regarding contact and documentation requirements for Child Welfare Case Plan reviews.



Use the findings of the ongoing protective capacity assessment to think about progress.

| Protective Capacity Assessment | Progress |
|---|--|
| • <i>Identified Safety Threats</i> | • <i>Status of Safety Threats</i> |
| • <i>Enhanced Protective Capacities</i> | • <i>Progress toward enhancing protective capacities</i> |
| • <i>Diminished Protective Capacities</i> | • <i>Provision and use of services</i> |
| • <i>Interventions</i> | • <i>Willingness and readiness to change</i> |
| • <i>Readiness</i> | • <i>Safety Management</i> |

- Measure progress with respect to the following:
 1. Meeting the Conditions for Return (*when a child is in substitute care*)
 2. Achieving the Expected Outcomes (including):
 - a. Improvements in parent’s protective capacities that are related to the safety threats and/or
 - b. Reduction in or elimination of safety threats
 3. Permanency and well-being for the child
 - a. Child Welfare monitors child well-being and provides services to ensure children’s needs are met and/or supports parents in meeting children’s needs.
- Progress is measured in terms of what has changed, been accomplished, or can be observed. It can be documented, because it has been verified that it has occurred, changed or been observed.

For example, in the case example used in Determine Expected Outcomes, Section 5. E. of this Chapter, of the mom who takes off and leaves her children alone, the relationship between the Expected Outcomes and the measurement of progress could be something like:

Expected Outcome

- *Mom will make sufficient child care arrangements with a suitable person(s) each time she is going out and will sustain this for the next six months.*

Measure of Progress

- *Caseworker verified with the child care provider that services are consistently used. Mother made appropriate decisions on supervision of the child when child care provider was not available. Caseworker verified mother used grandmother as babysitter.*

If the Child Welfare Case Plan included an expected outcome related to the protective capacity about mom learning to put her children's needs before her own the measure of progress would be something like:

Expected Outcome within the next 6 months:

- *Mom will learn to understand her children's needs for safety and security that require that she think about and respond to their needs before her own.*
- *Mom will be able to describe the dangers of leaving the children alone, and to describe the feelings the children may have as a result of being exposed to these dangers.*
- *She will be able to accept her responsibilities to ensure that the children's basic needs for safety are met.*

Measure of Progress:

- *Mother's mental health therapist reported positive results from individual counseling specific to understanding children's needs for safety important and must be met.*
- *Mother's parent trainer reported mother's demonstrated ability to understand and describe children's feelings.*
- *Caseworker observations of mother with children during face-to-face contact demonstrated mother's ability to consistently and appropriately respond to children's needs.*
- Adjust the following, when indicated, based on the information learned when monitoring the Child Welfare Case Plan, maintaining case contacts, and measuring progress:
 1. Child Welfare interventions, including but not limited to:
 - a. Action Agreements
 - Logically sequence actions, services and activities through a series of time-limited, focused Action Agreements.
 - b. Timing, sequencing, and appropriateness of services.
 - c. Caseworker contacts (frequency, quality, and content.)
 - a. Caseworker approach with parents.
 2. Level of intrusiveness:
 - a. Strive toward the lowest level of Child Welfare intrusiveness that is needed to manage child safety.
 - b. Step up or step down intrusiveness based on ensuring child safety.
 3. Parental responsibility for the protection of the child, including:
 - a. Encouraging and supporting parents' efforts to be in a protective role.
 - b. Increasing parental responsibility when possible and safe to do so.
 4. The Ongoing Safety Plan:
 - a. Adequately managing child safety.
 - b. Lowering the level of intrusiveness when safe to do so.
 - c. Increasing parental responsibility for child protection when possible.

5. The Child Welfare Case Plan, including:
 - a. Adjusting any of the above issues.
 - b. Securing services and supports for the child or the parents.
 - c. Increasing the support system so that sustained changes and child safety are most likely to continue without Child Welfare's involvement.
- Consider the following when measuring the parents' progress toward a change:
 1. What signs of *readiness* and *motivation* to change do I currently see?
 2. How does this compare with what I have seen in the past with this family?
 3. What can I do to increase readiness and motivation toward change?
 4. What is the parent's *motive* to do something, or not do something? Motive has to do with *intent* and a *choice* to change. Reflect on:
 - a. What parents say and do
 - b. How they plan
 - c. Their approach to problem solving
 - d. The extent to which they direct their efforts to the child safety issue
 - e. Their follow through
 - f. The extent to which they remain focused
 - g. How they prioritize
 5. In what way is *movement* being made regarding the desired change? Movement has to do with *activity and behavior*. Reflect on:
 - a. Evidence of trying, participating, following through, being dependable, being committed, and making gains.
 - b. Qualities of the movement by considering questions such as:
 - What small steps are occurring?
 - What forward movement (along with slips away from desired change) is occurring?
 - Are the parents learning things from the steps backward that will help to ultimately strengthen the change?
 - How motivated or ready are the parents to change now?
 - How may this motivation/readiness have changed over time and to what may that shift be contributed?
 - In what ways am I, as the worker, helping to motivate change?
 - In what ways am I noticing and acknowledging movement?
 - What may be reinforcing the parents' movement toward the desired change?
 - What may be reinforcing maintenance of the status quo?
 - What may be reinforcing slips away from the desired change?
 - c. Think about the interventions of Child Welfare and service providers.
 - Are they likely to facilitate positive change, given the parents' current motivation/readiness for change?
 - ▶ If no, adjust based on what can be done differently.

- d. Is there a match between Child Welfare or service provider's interventions and the parents' readiness at this moment?
 - If no, adjust based on what could be more effective at influencing positive change.
6. What are the potential *barriers* to change and how can this be dealt with?
 - a. Ask yourself some questions to determine what may stand in the way of achieving positive change including:
 - What may keep the parents from being more ready for change at this time?
 - What are the parents' capacities to change?
 - Are necessary resources for change available?
 - What will the parents lose if the change is made? And what can help the parents adjust to/cope with that loss?
 - In what way are others holding relapses or slips backward against the parents? (and how can relapse be normalized and used as an experience that can: strengthen positive change, enhance important learning about oneself, and motivate continued desirable change?)
 - Who can assist the parents with things that stand in the way of change? And what is my role in this, as the caseworker?
7. How *likely* is it that change will occur in a necessary time frame? Ask yourself some of these questions to examine this, including:
 - a. What is the likelihood for acceptable change and success?
 - b. How long is acceptable change likely to take?
 - c. How does this time frame impact the child's need for permanency in a reasonable amount of time for this particular child (considering the child's emotional status, developmental age, attachment needs)?
 - d. What has happened historically?
 - e. What is the nature of the safety threat?
 - f. What are the circumstances in which the safety threat occurred?
 - g. How much effort will be required to make adequate change with the critical diminished protective capacities?
 - h. What support do the parents have and what additional support could be put into place to improve chance for success?
 - i. What personal and concrete resources are available to support change?
8. Pay attention to the parents' thoughts/feelings/beliefs and qualities about the parents that may signal barriers for making change or those that may be associated with success in making change. Make adjustments in approach or decisions as needed.
 - a. Some examples of thoughts/beliefs/perceptions that may be a barrier to positive change:
 - unrealistic feelings of helplessness
 - reference to rigid beliefs/values
 - focus on the limitations and faults of others involved in the problem
 - psychological labeling of problems

- beliefs that family members lack the capacity or desire to make changes
 - unchangeable external factors
 - misconceptions about innate qualities that cannot be changed
 - b. Some examples of thoughts/beliefs/perceptions/qualities that may signal likelihood for success in making positive change:
 - sense of family identity
 - desire to stay together
 - vision of the future
 - notion that life can be better/different
 - sufficient capacity to learn
 - participate in problem solving and gain some insight
 - motivation to change
 - sense of hope
 - openness and capacity to participate in a relationship
 - need for relationships
 - openness to the caseworker and a capacity to trust
 - openness or readiness for change
 - common worker/family acceptance of necessary change
 - the family 'owns' the Child Welfare Case Plan to address change
- Measure progress based on *your own understanding* of the parents' protective capacities *coupled with information* you gain from other sources.
 1. Caseworker gains understanding about safety and the parents' protective capacities by:
 - a. Developing a relationship with parents and children and maintaining meaningful caseworker contacts with the parents and child.
 - b. Knowledge about the parents' thoughts, feelings, beliefs, and behaviors and knowledge about the specific child's needs.
 - c. Asking questions, probing into issues, and observing situations.
 - d. Exploring any contradictions that are revealed and being careful about over or under estimating what parents or others may say.
 - e. Attempting to establish proof of protective capacities.
 2. Parents make statements about their capabilities and intents, as well.
 - a. While the non-offending and non-threatening parent is the most important source of information about his or her protective capacities, it is bad practice to accept a parent's statements as the only basis for decisions about child safety.
 - b. Parents may intentionally or unintentionally reveal important information to which the caseworker needs to attend.
 - c. When parents have a reasonable, do-able plan that is likely to protect the child, that may be reflective of their enhanced protective capacity and may increase the caseworker's confidence in the parents' ability to be responsible for providing protection.
 3. People who know the parents may provide information to confirm what the caseworker learns about the parents on his own. The caseworker needs to judge the person's reliability and veracity. Potential information includes:

- a. Providing historical information indicative of protectiveness.
 - b. Giving information about the nature of the relationship between the parents and the person who threatens child safety.
 - c. Stating an opinion about the parents' plan to protect.
 - d. Responding to caseworker questions, such as:
 - What specific behaviors have you seen that tell you that the parents are better able to protect the child?
 - What have the parents done or said that may have made you concerned about whether they could or would protect the child?
 - (Use of scaling questions). If 0 is completely unsafe and 10 is completely safe, what would you rate the safety of the child when Child Welfare first became involved? What would you rate it today? What would need to happen for you to rate it one number higher? What would need to occur for you to consider it a 10?
4. The child may be a source of information.
 - a. What does the child notice about changes the parents are making?
 - b. What does the caseworker observe between the parents and child when seeing them together?
 5. Reports from the service providers.
 - a. As addressed in this chapter, Section 5, under Determine Appropriate Actions, Services and Activities, the caseworker needs to communicate with service providers at least every 90 days.
 - What are their thoughts about child safety at this time?
 - What observations do they have of changes in the parents' protective capacity and enhancement of parents' responsibility for child protection?
 - How have they arrived at the conclusions and recommendations they are making?
 6. Reports from safety plan participants.
 - a. What do individuals involved in the current plan to provide for child safety say about changes the parents are making or changing circumstances related to safety?
 7. Reports from other Child Welfare staff who are involved with the family (Social Service Assistant, supervisor, or other staff).
 8. Reports from others involved in the case, such as the child's CASA, attorneys, others with significant attachment to the child or affiliation with the family.
 9. *When a child is in substitute care*, adjust the following, when indicated, based on the information learned through the process of measuring progress:
 - a. Child Welfare interventions and activities of concurrent planning, including but not limited to:
 - Review services being provided to meet child's needs and ensure they are adequately meeting needs and no other services are needed at this time;
 - Assess the child's need for a safe, permanent home, and in a time frame

that meets the child's needs;

- ▶ Consider: child's age, developmental level, whether the identified concurrent plan still appears to best meet the child's needs, and whether a person has been identified to provide permanency in the concurrent plan;
 - ▶ Consider whether an expert evaluation is needed to provide information and make recommendations about any of the above issues;
 - ▶ Consider people who could potentially become a permanent placement resource for the concurrent plan, including:
 - Determining whether additional efforts are needed to complete the diligent relative search or to locate additional relatives;
 - If the substitute caregiver would be interested in and appropriate to provide permanent care if needed; and
 - If there are still no potential permanent placement resources in the concurrent plan, whether any other avenues for locating individuals who could provide permanency need to be explored at this time.
 - b. Assess the capacity of the substitute caregiver to meet the identified needs of the child, and making adjustments as needed.
 - c. Consult with people who may provide guidance about appropriate activities for concurrent planning, including consultation with your supervisor.
 - d. Determine whether an in-home safety plan may be able to manage child safety when Conditions for Return are met.
 - e. Reevaluate the Child Welfare Case Plan, including implementing the concurrent plan when adequate change is not being made and the child needs permanency in the near future.
- How do you decide that the concurrent plan should be implemented? You're working hard to provide efforts to reunify the child with the parents. You're measuring progress and making adjustments to try to help the child safely return to parents. You've been working simultaneously toward achieving the concurrent plan and staffing the case regularly with your supervisor. Yet, it seems that adequate progress is still not being made.

Answers to the questions below may signal that it's time for Child Welfare to recommend that the concurrent plan be implemented:

1. Is the permanency hearing date quickly approaching?
 - a. If so, how likely is it that 'Conditions for Return' will soon be met and that an in-home safety plan can manage the child's safety in the home? If not likely, it may be time.
2. Has the child been in substitute care almost 15 of the last 22 months?
 - a. If so, the law requires that there are compelling reasons not to file a petition to terminate parental rights when that time frame is reached. It may be time.

3. What does the child need?
 - a. Factors such as the child's age, the child's developmental level, the child's attachment to the parents, the child's ability to transfer an attachment to another person, and the child's special needs may all play a part in determining the child's needs. If the child needs permanency now, it may be time.
 4. Who can tell us about the child's need for permanency?
 - a. The substitute care provider? the child's therapist? the CASA? the Indian child's tribe(s)? What are these people telling us about permanency?
 - b. Is there somebody with professional expertise (such as a psychologist) who has evaluated the child and can inform us and/or the court about this matter? If not, it may be time to get this evaluation.
 - c. What do parents say about the child's needs, given the progress and/or lack thereof that has been made with reunification?
 5. Do the parents know about options that may be available?
 - a. The options are different depending on the safety issues and what option will provide the most legally secure and permanent concurrent plan that best meets this child's needs. Some options may include:
 - b. Voluntary planning for adoption by relinquishing parental rights and possibly entering into a mediated agreement regarding openness in adoption;
 - c. Permanent placement with a relative through adoption, guardianship, or permanent foster care;
 - d. Continued placement in the substitute caregiver's home through adoption, guardianship, or permanent foster care;
 - e. Guardianship or permanent foster care that may allow continued contact with the parents, if appropriate.
- Obtain court approval prior to working toward the concurrent permanency plan.
 1. The case must be staffed at the local legal assistance staffing with an Assistant Attorney General (or District Attorney if in Multnomah County) for approval to file a TPR petition.
 2. If TPR is approved in the staffing, request the court to schedule a permanency hearing to determine the plan within 30 days, if one is not already scheduled within 30 days of the approval from the local legal assistance staffing. If the court declines to schedule a permanency hearing, contact the AAG to file a motion requesting a permanency hearing.
 3. At the permanency hearing, recommend the permanency plan change from reunification; and request that the court approve the change of plan pursuant to ORS 419B.476(5).
 4. If the court approves the change of plan to adoption, CAF may then request a Family Law Section AAG file a TPR petition. If the court does not approve the change of plan to adoption, CAF must continue to work with the parent(s) toward reunification, and no TPR will be filed, except in the following circumstances.

5. If, after review with your supervisor and local legal assistance staffing, Child Welfare believes the plan approved by the court is not in the best interests of the child, consult with an AAG and Central Office staff to determine whether it would be appropriate to appeal the court's determination of the plan or take other actions.
 6. These procedures should be followed when changing the permanency plan from reunification to any other permanency option, including guardianship, permanent foster care, or any APPLA plan.
 7. In the circumstance where the court orders Child Welfare to file a TPR and simultaneously continue to work toward reunification, comply with the court order.
 8. If, after review with your supervisor, you determine the decision is not in the best interests of the child, an appeal or other legal action may be considered.
- Relief of efforts toward reunification.
 1. Continue to offer services to parents throughout the life of the case. Historically, in some courts the caseworker has asked to be relieved of efforts to reunify the child with the parents at the time a permanency plan is changed. In other courts, the court has ordered Child Welfare to be relieved of efforts to reunify the family.
 2. Except in cases where Child Welfare is not required to make reasonable efforts, commonly characterized as 'aggravated circumstances' cases which are described in ORS 419B340(5), the caseworker is *not* to request relief of efforts toward reunification, even after the court has approved a change in the permanency plan.
 3. Continue to provide reasonable services to the parents after a TPR petition is filed, even if a court enters an order relieving Child Welfare of making reunification efforts. The continuation of reasonable efforts is required by Oregon case law and statutes.

The Supervisor's Role

- Provide regular consultation with the caseworker.
- Review the progress being reported, ask questions, review case notes.
- Assist the caseworker in making decisions when progress is slow or there is not progress toward meeting Expected Outcomes.
- Review again with the caseworker the parental protective capacities and the related services and activities to mitigate diminished protective capacities.
- Suggest alternative methods to achieve Expected Outcomes.
- Assist the caseworker in meeting with the family when a joint meeting is determined to be helpful.
- Provide regular supervision whenever a permanency plan change is being considered. Support the caseworker in continuing to provide services to the parents even after a court has relieved Child Welfare of making reunification efforts.



Forms and References

Forms

- CF 333a
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333a.doc
- CF 333b
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333b.doc
- CF 333c
http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333c.doc

References

- I-B.3.1 Developing and Monitoring the Case Plan
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b31.pdf

