



Protective Capacity Assessment

STAKEHOLDER EDITION



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Office of Children's Services

Protective Capacity Assessment

Model Summary and Practice Protocol

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Key Decisions during the Child Welfare Case Cycle by Rose Wentz and Leslie Hay*



Protective Capacity Assessment: Stages of Intervention

The Protective Capacity Assessment begins after the determination has been made to open a case for Family Services. The Protective Capacity Assessment represents the first essential ongoing case management intervention with families where children have been identified as unsafe or at high risk. The Protective Capacity Assessment provides family services workers with a structured approach for engaging and involving caregivers and children in a case planning process. With respect to promoting client change, the Protective Capacity Assessment has the following five purpose(s):

1. Engage caregivers in a collaborative partnership for change.
2. Facilitate caregivers in identifying their own needs and the needs of their children.
3. Facilitate awareness and agreement regarding what needs to change in a family in order to create a safe environment.
4. Involve caregivers and children, as appropriate, in the development and implementation of changed based strategies (case plans) that are individualized and most likely to address what needs to change to assure that children are not maltreated and are safe.

Assuring the child's permanency needs are met.

The Protective Capacity Assessment is designed to be an interactive method for achieving the five purposes outlined above. There are specific decisions and objectives for the Protective Capacity Assessment that are associated with the designated purposes. The decisions and objectives represent the end results or outcomes of the Protective Capacity Assessment and, therefore, they inform the framework for the assessment approach.

The Protective Capacity Assessment objectives are as follows:

- Verify Safety Plan Sufficiency.
- Assure child is in best placement option. Identify, locate and inform all relatives of the child's placement in care and their right to be involved in the child's case plan.
- Reassess family contact plan, including siblings' visits if not placed together.
- Elicit caregiver perception(s) regarding identified safety threats.
- Focus on safety threats as the highest priority for change.
- Identify existing caregiver protective capacities.
- Identify diminished caregiver protective capacities associated with safety threats.



- Evaluate caregiver stage of change related to safety threats and diminished protective capacities.
- Create a change strategy with the caregivers that includes both caregiver and child needs.
- Establish and document case plans related to what must change to address diminished protective capacities and safety threats.
- Determine ICWA status, notify and engage tribe in case planning.
- Identify primary and secondary permanency plans.
- Determine if case meets aggravated circumstances standards and if so file action.

The Protective Capacity Assessment decisions are as follows:

- Are safety threats being adequately managed and controlled?
- How can existing enhanced caregiver protective capacities be used to help facilitate change?
- What is fundamentally the impending danger to the child based on how safety threats are manifested in the family?
- What caregiver protective capacities are diminished and, therefore, resulting in impending danger to the child?
- How ready, willing and able are caregivers to address impending danger and diminished protective capacities, and what are the implications for continued case worker engagement and facilitation with the family?
- What change strategy (case plan interventions) will most likely enhance caregiver protective capacities and decrease impending danger?
- Are caregivers making progress toward reducing safety threats and enhancing protective capacities within required timeframes?

The assessment objectives and decisions are achieved by applying specific fundamental practice concepts. The conceptual basis for the Protective Capacity Assessment provides greater definition, focus and precision to ongoing case workers when interacting with families. The use of key concepts support and drive practice within standardized stages of intervention and are intended to help case workers and families accomplish the assessment objectives and decisions. The delineation of the case worker's role in the assessment process as well as the use of specified interpersonal/interviewing skills and techniques will enhance worker competency throughout the assessment's stages of intervention.

The following sections of the assessment model summary and practice protocol will identify and explain how the Protective Capacity Assessment objectives and decisions will be achieved through the use of conceptual constructs, the case worker's facilitative role, the stages of intervention and the use of specific interpersonal skills and techniques.

Protective Capacity Assessment Constructs

There are several concepts, theories and principles that form the basis for the design of the Protective Capacity Assessment. These constructs must be well understood by family services case



workers if they are to be effectively applied in the case planning assessment process. As previously mentioned, it is through the use of key constructs that the Protective Capacity Assessment objectives and decisions are achieved.

The Protective Capacity Assessment constructs are as follows:

Caregiver Protective Capacities

The concept of caregiver protective capacities is central to the design of the Protective Capacity Assessment. It is through the understanding and use of the concept of caregiver protective capacities that case workers and caregivers can formulate case plans that enhance family/family member functioning and caregiver role performance and, in doing so, reduce impending danger.

Caregiver protective capacities are personal and parenting behavior, cognitive and emotional characteristics that specifically and directly can be associated with being protective of one's children. Caregiver protective capacities are "strengths" that are specifically associated with one's ability to perform effectively as a parent in order to provide and assure a safe environment.

When families are opened for family services, the Protective Capacity Assessment takes into account caregiver protective capacities that exist (as identified by the Initial Assessment) and considers how those capacities or strengths might be utilized in case planning. On the other hand, the presence of impending danger in a family is an indication of caregiver protective capacities that are significantly diminished or essentially non-existent. A child is determined to be unsafe when impending danger exists and caregiver protective capacities are inadequate to assure a child a protective and a safe environment. The Protective Capacity Assessment is designed to produce case plans that will address child safety by sufficiently enhancing diminished caregiver protective capacities which, in turn, will eliminate or reduce impending danger to the point where a family can adequately manage child protection.

Impending Danger

Safety threats represent the presence of impending danger in the Initial Assessment (IA) process. Impending danger is the standard used for determining child safety at the conclusion of the IA process and throughout ongoing CPS. The impending danger safety standard is one of the essential constructs applied in the Protective Capacity Assessment. Developing change strategies that eliminate impending danger or make impending danger manageable by the family is the essential purpose for case plans. The focus on impending danger during the Protective Capacity Assessment is intended to bring precision and a clearer rationale for the case planning assessment process by directing the attention of the case worker and the family to consider what must change in order to reduce and eliminate the safety threats and create a safe environment.

Impending danger is a clearly defined family condition or situation or family member behavior, emotion, temperament, motive, perception or function that is out-of control (unpredictable, chaotic, immobilizing, etc.) and occurs in the presence of a vulnerable child. Given the out-of-control nature of the family condition or family member function coupled with the presence of a vulnerable child, the prudent judgment is that there is reasonably a threat of severe harm to a child in the near future. This defines the safety threshold.



Safe Environment

The prime mission and goal of ongoing CPS is that children are protected from maltreatment by enabling caregivers to provide for a safe environment. A safe environment is the absence of perceived and/or actual threats to child safety. A safe environment provides a child with a place of refuge and a perceived and felt sense of security and consistency. The Protective Capacity Assessment is the first step toward establishing a safe environment for children by attempting to produce case plans that are individualized, “family owned” and focused on decreasing impending danger and enhancing protective capacities.

Family Centered Practice

The Protective Capacity Assessment is designed to focus intervention on family engagement, the family’s perspective and “world-view,” family needs, family strengths and collaborative problem solving. The belief that families are involved with case workers as a full partnership is a central practice tenet. When children are identified as unsafe, the ability to create safe environments exists within the family. Necessary change and sustainable change in caregivers and children are more likely to occur when families are involved, invested and able to maintain self-determination and personal choice. Family agreement with needed change is assertively pursued during the Protective Capacity Assessment. Case plans that are created as a result of the assessment process are intended to be collaborative change strategies and are specifically tailored to the uniqueness of each family.

Full Disclosure

Full disclosure is a process that facilitates open and honest communication between the case worker, family and all parties involved in the family’s intervention. By communicating openly and honestly, everyone involved in the case will understand what is happening and why and in what timeframes. Full disclosure is a skill and a process of sharing information, establishing expectations, clarifying roles and addressing obstacles to the work with families.

(The material on full disclosure is paraphrased from the National Resource Center for Foster Care and Permanency Planning)

Reasonable/Active Efforts

The Protective Capacity Assessment provides an organized process for ongoing CPS intervention that promotes active and intentional efforts when working with families. The Protective Capacity Assessment is the first essential step in assuring that families are provided with individualized, culturally responsive and appropriately matched remediation services intended to enhance family protective capacities. The Protective Capacity Assessment uses practice methods consistent with reasonable and active efforts. These include:

- Utilizing family input and perspective when identifying needs, concerns and strengths;
- Involving extended family and tribes in the case planning process;
- Timely response and facilitation of case movement through the CPS intervention process;
- Consistent, structured and focused assessment and case planning;



- Collaborative development of case plans that are relevant to caregivers' and child's needs;
- Approaching intervention from a family centered/family system orientation;
- Identifying primary and secondary permanency plans, and
- Facilitating the access and use of effective and culturally responsive case plan services and service providers.



Case Worker's Role during the Protective Capacity Assessment

The case worker-caregiver collaboration that occurs during Protective Capacity Assessment requires workers to be versatile and competent when it comes to the “use of self” as a facilitator. The Protective Capacity Assessment is an activity that cannot be effectively completed in the absence of a case worker actively facilitating the assessment process. The Protective Capacity Assessment is an ongoing CPS intervention with families and, as such, it relies heavily on the case worker’s mentality, skills, techniques and direction.

Facilitation

Case worker facilitation in the context of the Protective Capacity Assessment refers to the interpersonal, guiding, educating, problem solving, planning and brokering activities necessary to enable a family to proceed through the assessment process resulting in the development of a change strategy that can be formalized in a case plan.

A case worker’s primary objectives for facilitating the Protective Capacity Assessment include:

- Building a collaborative working relationship with family members,
- Assuring the family fully understands why CPS is involved,
- Engaging the caregivers in the assessment process,
- Simplifying the assessment process for the family,
- Focusing the assessment on what is essential to child protection and safe environment,
- Learning from the family what must change to create a safe environment,
- Seeking areas of agreement regarding what must change to create a safe environment,
- Stimulating ideas and solutions for addressing what must change, and
- Developing strategies for change that can be implemented in a case plan.

Facilitation in the Protective Capacity Assessment involves four roles and several related responsibilities. The four facilitative roles within the Protective Capacity Assessment are: guide, educator, evaluator and broker. *(Adapted from Techniques and Guidelines for Social Work Practice 4th ed. - Sheafor, B.W., Horejsi, C.R. and Horejsi, G.A. 1997)*

Guide

- The role of the guide involves planning and directing efforts to navigate families through the assessment process by coordinating and regulating the approach to the intervention and focusing the interactions with families to assure that assessment objectives and decisions are reached.



- Engage family members in the assessment and change process.
- Establish a partnership with caregivers.
- Assure that caregivers are fully informed of the assessment process, objectives and decisions.
- Adequately prepare for each series of interviews; be clear about what needs to be accomplished by the conclusion of each of your series of interviews.
- Consider how best to structure the interviews in order to achieve facilitative objectives.
- Focus interviews on the specific facilitative objectives for each intervention stage.
- Redirect conversations as needed.
- Effectively manage the use of time both in terms of the individual series of interviews and also the assessment process at large.

Educator

- The role of the educator involves empowering families by providing relevant information about their case or about “the system,” offering suggestions, identifying options and alternatives, clarifying perceptions and providing feedback that might be used to raise self-awareness regarding what must change.
- Engage family members in the assessment process.
- Fully answer questions regarding CPS involvement, safety issues, practice requirements, expectations, court, etc.
- Support client self-determination and right to choose.
- Inform caregivers of options as well as potential consequences.
- Promote problem solving among caregivers.
- Provide feedback, observations and/or insights regarding family strengths, motivation, safety concerns and what must change.

Evaluator

- The role of the evaluator involves learning and understanding family member motivations, strengths, capacities and needs and then discerning what is significant with respect to what must change to create a safe environment.
- Engage family members in the assessment process.
- Explore a caregiver’s perspective regarding strengths, capacities, needs and safety concerns.
- Consider how existing family/family member strengths might be utilized to enhance protective capacities.
- Focus on safety threats and diminished protective capacities as the highest priority for change.
- Clearly understand how impending danger is manifested in a family and determine the principal threat to child safety.



- Identify the protective capacities that must be enhanced that are essential to reducing impending danger.
- Seek to understand family member motivation; identify the stage(s) of change for caregivers related to what must change to address child safety.

Broker

- The role of the broker involves identifying, linking, matching or accessing appropriate services for caregivers and children as needed related to what must change to create a safe environment.
- Engage the family and tribe in the case planning process.
- Promote problem solving among caregivers and their tribe if appropriate.
- Seek areas of agreement from caregivers regarding what must change.
- Consider caregiver motivation for change.
- Collaborate and build common ground regarding what needs to be worked on and how change might be achieved.
- Brainstorm solutions for addressing safety related issues.
- Have knowledge of services and resources and their availability.
- Provide options for service provision based on family member needs.
- Create change strategies with families and establish case plans that support the achievement of the change strategy.



Child Protective Services System Integration: Initial Assessment (IA) and Protective Capacity Assessment

CPS represents a continuum of intervention that begins at the point that a referral is received by the agency and concludes when a case closes and children are safe and in a permanent home. The effectiveness of a CPS/child welfare system of care is contingent on a cohesive rationale for how the various aspects of the system work together to achieve outcomes. As a family proceeds through the steps or decision-making points in the CPS process, there are seven basic purposes for intervention: problem identification, control and management of safety threats, understanding and determining what must change, planning for change, implementing and managing change strategies, measuring progress of change and assuring children achieve permanency. CPS interventions are more effective when the system is highly integrated. CPS becomes integrated when there is a clear definition of who CPS should serve; there is greater precision regarding what must change with families who are involved with CPS; there is a clear expectation regarding what constitutes success in cases; and the various CPS interventions apply consistent concepts, criteria, standards and approaches for decision-making.

The integration and interdependence of the Initial Assessment with the Protective Capacity Assessment is established on the following guiding principles for CPS intervention and change:

- CPS should be primarily about the business of child protection.
- CPS should seek to identify and provide ongoing services to those families where children are unsafe or at high risk of maltreatment.
- CPS effectiveness and success should be based on the determination that services have resulted in children being in permanent safe environments and that safety threats have been eliminated or caregivers have sufficient protective capacities to manage impending danger and assure child safety.
- CPS should focus on improving family/family member functioning that is associated with safety threats by formal and informal services on diminished caregiver protective capacities.
- CPS should consistently apply safety intervention concepts, safety threshold criteria, standardized safety threats and the concept of protective capacities throughout the case process.

Description of Integrated Approach

Child safety, permanency and well-being are the essential focus for CPS intervention. Child safety is a concern throughout the case process with specific implications for structuring CPS intervention and decision-making. CPS is concerned about child safety and permanency at the point a referral is made, during the IA process, at the conclusion of the IA process, at the point a family transfers to family services case management, during case planning, during the family service provision and at the conclusion of CPS involvement with a family. Due to the constant concern for child safety and permanency, it is essential that CPS intervention be designed in such a way to reflect how child safety and permanency is specifically addressed at various points in the CPS case process. The Protective Capacity Assessment builds upon the intervention that occurs during the Initial Assessment by using safety and permanency concepts and criteria to provide direction and focus for family services case management.

CPS Function	CPS Integrated Intervention	Time Frames
Intake	<ol style="list-style-type: none"> 1. Screen Referral. 2. Identify all relatives and tribes if applicable. 3. Check for history for aggravated circumstances. 4. Determine Response Time: Indications of Present Danger. 	Same day
Initial Assessment	<ol style="list-style-type: none"> 5. Initial Contact with Family: <ol style="list-style-type: none"> 5a. <i>Indications of Present Danger</i> 5b. <i>Control Present Danger as needed.</i> 5c. <i>Expedite information collection.</i> 6. IA Information Gathering: <i>Problem Identification and Family Strengths</i> 7. Conclusion of IA: <ol style="list-style-type: none"> 7a. Determine if children are unsafe due to 7b. Impending Danger and Diminished Protective Capacities. 7c. Identify all relatives and tribes if applicable. 7d. Engage in full disclosure. 7e. Implement Safety Plan to control 7f. Safety Threats (Impending Danger). 7g. Develop family contact plan, including sibling visits if not placed together. 7h. Determine how parents, caregiver's and child's needs will be met. 7i. Confirm the need to serve and if child is in best placement option. 8. Transfer case to Family Services. 	<p>Day 1</p> <p>Completed within 45 Days</p>
Protective Capacity Assessment	<ol style="list-style-type: none"> 9. Receive case from IA. 10. Review case following Case Transfer Information Sufficiency Checklist. 11. Identify and inform all relatives and tribes, if applicable, to participate in case planning. 12. Review and revise if necessary, family contact plans. 13. Preparation for the Protective Capacity Assessment: <ol style="list-style-type: none"> 13a. Review IA documentation. 13b. Confirm the sufficiency of the Safety 13c. Plan and respond as needed. 14. Consider approach for conducting the <ol style="list-style-type: none"> 14a. Impending Danger as the focus for treatment and change 14b. Consider how to build upon existing 14c. Identify caregiver protective capacity characteristics that must change to Address Impending Danger. 15. Develop uniquely tailored Case Plan: <ol style="list-style-type: none"> 15a. Create change strategy to enhance 15b. Protective Capacities which can reduce or Eliminate Impending Danger. 15c. Identify primary and secondary permanency plans. 15d. Implement Case Plan. 	<p>Day 1</p> <p>Completed within 60 Days</p>

Protective Capacity Assessment: Stages of Intervention



There is a critical need for engaging families in collaborative partnerships which includes involving children and caregivers in the mutual development of change strategies that will enhance the capacity of caregivers to provide for their children's safety, permanency and well-being. To promote family involvement in the case planning process that will result in the development of individualized change strategies, the Protective Capacity Assessment provides four stages of intervention: Preparation, Introduction, Exploration, and Change Strategy and Planning. The four intervention stages identify the actions and level of effort of the family services case worker, the facilitation objectives for assessment interviews, specific assessment content and questions to be considered during each intervention stage.

The four sequential stages of the Protective Capacity Assessment enable case workers to guide families through a structured process that encourages collaboration, is strength seeking focuses on the use of key concepts and directs the assessment toward problem identification, solution thinking and planning. It is important to note that family engagement in a working partnership is emphasized throughout the assessment process. Family engagement is crucial with respect to the development of individualized case plans as well as the belief that change in caregiver functioning will not occur unless the caregiver recognizes and accepts the need to change. Increasing information about one's self and areas of want and need, and raising self-awareness and expression of feelings regarding what needs to change and how change might occur begins for the family services case worker at the point that the Protective Capacity Assessment begins.

A progression through the four stages of the Protective Capacity Assessment encourages families to share their perspective regarding identified safety threats, strengths and protective capacities that exist, protective capacities needing to be developed and/or enhanced and possible strategies that will address what must change. While the four stages of intervention delineate specific assessment content questions and facilitative objectives, the assessment approach is flexible in terms of the interaction with families. The transition from one stage to the next should be cohesive in the sense that discussions with families evolve smoothly between thinking about needs and solutions. Of the four stages of the Protective Capacity Assessment, three stages will require face-to-face contact with family members. This does not necessarily mean that every family will require three separate series of interviews/meetings. Depending on the family, the Protective Capacity Assessment may be completed in less than three series of interviews.