

The Protective Capacity Assessment: Addressing Threats to Child Safety within the Case Plan

Introduction

What does an assessment need to achieve? This fundamental question must be understood and answered prior to conceptualizing and developing an approach to assessment. An assessment is an intervention method for achieving specific results when working with families. In other words, an assessment is a means to an end. What a particular assessment model should “look like” is based on the judgment of what the assessment must accomplish. Another way to think about this is an assessment must be designed and implemented in such a way so as to inform the case plan.

Developing a case plan assessment initially requires considering what the case plan must address with families in order to achieve treatment success. The objectives and decisions associated with a case plan assessment are based on the desired outcome(s) for the implementation of a case plan. The expectation for what the case plan and, consequently, the case plan assessment are intended to achieve is determined by first identifying a concept for CPS intervention and change. Having an operating concept for CPS intervention and change implies that the approaches to intervention with families consistently applies key concepts and criteria throughout each of the progressive decision-making points in the CPS process: problem identification, control and management of impending danger threats, determining and understanding what must change, planning for change, implementing and managing change strategies and measuring progress related to change.

A Concept for a Case Plan Assessment within a Comprehensive Safety Intervention System

The federal requirements for safety intervention outlined in the Adoption and Safe Families Act (ASFA, 1997) establishes direction for an operating concept for change. ASFA provides specific expectations for case planning which determines case plan assessment objectives. ASFA states that case plans must address child safety. This means that what you do with caregivers and family members during ongoing CPS ought to change family conditions that exist as impending danger or are related to threats to child safety. Those who crafted ASFA, perhaps unknowingly, created a conceptual foundation for a safety intervention system that can be implemented throughout the CPS process and specifically includes objectives for changing safety concerns within a case.

The requirement for case planning that includes safety concerns as outlined in ASFA essentially clarifies the following for CPS:

- What constitutes treatment success?

A “safe home” which is achieved by reducing or eliminating impending danger or establishing continued management of impending danger

- What is the necessary treatment outcome for case plans?

The enhancement of diminished caregiver protective capacities that restore caregivers to their role and responsibilities for protecting their children

- What must a case plan assessment accomplish?

A clear understanding of diminished caregiver protective capacities associated with impending danger; the determination of what must change

to achieve a safe home; and identification of enhanced caregiver protective capacities that can support the case plan

In addition to ASFA, the Children and Family Service Review (CFSR) outcomes and indicators have implications for the design of a case plan assessment and implementation of case plans. The CFSR Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect speaks to the mission of CPS. The CFSR Well-being Outcome 1: “Families have enhanced capacity to provide for their children’s needs” is consistent with child safety being best assured by enhancing caregiver protective capacity. Concerning the specific structure of a case plan assessment, CFSR Well-Being Outcome 1 further addresses the expectation that change strategies (case plans) be individualized and that caregivers and children be involved in developing case plans.

Safety is the common theme throughout ASFA and the CFSR. So, it’s reasonable to conclude that child safety should be the principal concept for CPS intervention and change since the primary reason for CPS involvement with families is child protection.

What does this mean?

- It means that CPS should absolutely provide ongoing treatment services to families where children are identified as unsafe as a first priority if not the sole priority.
- It means that CPS effectiveness and success should be based on the determination that case planned treatment services have resulted in children being in permanent, safe homes. The existence of a safe home is based on treatment intervention that has reduced or eliminated impending danger or enhanced caregiver protective capacities sufficiently enough to continually manage threats to child safety.

- It means that the client change process that includes assessment, case planning and measuring progress should focus on improving family functioning and meeting children's needs by targeting treatment services on diminished caregiver protective capacities.
- It means that CPS should consistently apply safety intervention concepts, safety threshold criteria, standard safety threats and the concept of protective capacities throughout the case process.

The concept for intervention that is spelled out in ASFA leads to a natural conclusion concerning the case plan assessment. It should include or perhaps totally be based on understanding caregiver protective capacity. So, here we introduce to you the idea and approach we call the Protective Capacity Assessment.

Protective Capacity Assessment (PCA)

The PCA is a structured interactive process that is intended to build partnerships with caregivers in order to identify and seek agreement regarding what needs to change related to child safety and to develop case plans that will effectively address caregiver protective capacities and child needs.

The PCA process begins after the determination has been made in initial assessment that a child is unsafe and the family is in need of ongoing CPS. The PCA is the first remedial intervention concerned with unsafe children during ongoing CPS. The PCA applies safety as the fundamental concept for intervention and change. The PCA process meets the requirements set forth in the Adoption and Safe Families Act concerned with integrating safety concerns in case plans and achieving safe homes. The PCA is designed to meet the requirements set forth in the Child and Family Service Review related to safety, enhanced capacity and caregiver and child involvement in the case planning process.

The concepts of safety and caregiver protective capacities are central to the design of the PCA. It is through the understanding and use of the concepts of safety and caregiver protective capacities that an ongoing CPS worker and caregiver formulates case plans that enhance diminished caregiver protective capacities and reduce or eliminate safety factors.

The PCA process recognizes and takes into account the significance of readiness and motivation as related to change. An ongoing CPS worker should be mindful of the fact that caregivers usually are in some involuntary state concerning participation in the protective capacity assessment and case planning process. Therefore, while conducting the PCA, an ongoing CPS worker should attempt to re-establish the caregiver sense of and right to self-determination and assist him or her to reclaim the option for personal choice.

With respect to promoting change in families, the PCA has the following six intervention purposes:

- To engage caregivers in a collaborative partnership for change;
- To evaluate caregiver readiness for change;
- To facilitate communication and interaction with caregivers in order to identify caregiver and family member needs;
- To facilitate awareness and agreement with caregivers regarding protective capacities that must change and other changes needed in a family in order to create a safe home;
- To involve caregivers in the development and implementation of case plans that are individualized;
- To employ enhanced caregiver protective capacities within the case plan; and
- To address diminished caregiver protective capacities within the case plan.

The PCA objectives are:

- To verify continuing safety plan sufficiency;
- To elicit caregiver perception(s) regarding identified safety factors;
- To focus on enhancing diminished caregiver protective capacities as the highest priority for change;
- To emphasize the use of existing enhanced caregiver protective services to bolster and contribute to the success of case planned services;
- To reinforce the reduction and elimination of safety factors;
- To evaluate caregiver readiness for change related to acknowledging safety factors and the need to improve diminished protective capacities; and
- To begin the creation and formation of a case plan with caregivers that includes augmenting diminished caregiver protective capacities and meeting children's needs.

There are four common themes associated with the purposes and objectives for the PCA:

1. **SAFETY:** The focus of the PCA is safety. Therefore the focus of all your discussions with caregivers is in some way related to safety and protection. The impending danger that was identified as a result of an initial assessment or investigation is the number one priority in the PCA. The assessment process targets the family/caregiver problems and conditions that exist as safety concerns by understanding which caregiver protective capacities must be enhanced.
2. **SHARING:** Getting caregivers to take part in the assessment process is a key objective. This means that caregivers are able to share in the experience, share their perspectives and share in the responsibility for creating case plans. To put it simply, get caregivers involved by asking them what they think. What do they think about their experience in dealing with CPS? What do they think about the impending danger

associated with them and/or their family? What do they think needs to change, if anything? What do they think about their responsibility to protect?

3. **SELF-DETERMINATION:** The PCA objectives and decisions recognize that caregivers have the right to make a choice about whether or not they want to change. Caregivers can decide about whether they acknowledge threats to child safety or have concerns about diminished protective capacities. The focus for CPS, in terms of what needs to change, must remain on impending danger and diminished protective capacities. However, caregivers do have the greatest stake in what happens to them and their families and should have a say in what goes into a case plan.

4. **STRATEGIZING:** The entire PCA process is geared toward creating a case plan. As you move through the stages of intervention with caregivers, you are thinking about caregiver protectiveness, deciding about what must change and considering different treatment service options. The purpose for the case plan is specific: Enhance diminished caregiver protective capacity in order to restore caregivers to their protective role and responsibilities.

Next Month More on the PCA