

Protective Capacity Progress Assessment Philosophy...Purpose...Decisions

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Introduction

Over the months we have described and explained assessments that form a comprehensive assessment process and provide the foundation for a safety intervention system. Now we come to the final assessment – the Protective Capacity Progress Assessment (PCPA).

Social Casework - a Social Work method – is the primary influence for the nature and design of the CPS intervention process. Social Casework always emphasized the importance of case evaluation as fundamental to managing and influencing change. Federal law and state policy have reinforced that notion for three decades. Periodically all those who are involved in an ongoing CPS case ought to stop and take stock of where things stand and where things need to go. Agencies have called these decision-making events case evaluations, case reviews, administrative reviews, and so on. Typically such reviews occur in established and required intervals such as 90 days or six months.

In virtually every planned change model – no matter the setting, endeavor, or profession – a change process exists. That process always includes creating plans, implementing plans, evaluating plans and implementation, and revising plans. Such a circular process occurs repeatedly until achievement of outcomes happens.

So the PCPA serves the purpose described in this introduction. It exists as part of a highly inter-related triad: the Protective Capacity Family Assessment, the Case Plan, and the PCPA. Additionally the PCPA complies with the requirements of the Adoption and Safe Families Act regarding measuring progress related to safety concerns.

Philosophy of the Protective Capacity Progress Assessment

The PCPA is the fifth assessment within a comprehensive assessment process and a safety intervention system: Intake Assessment, Family Functioning Assessment, Safety Assessment, Protective Capacity Family Assessment, and Protective Capacity Progress Assessment. In application, the PCPA is actually a process that begins with the implementation of the Case Plan, continues during Case Plan implementation, includes case management and safety management, focuses upon caregiver protective capacity as an assessment concern, and is complete when child safety and permanency have been achieved.

Routine case management and safety management are responsibilities within the PCPA. The PCPA (continual assessment) occurs as a process during service provision. The PCPA also occurs as an event to officially assess the enhancement of caregiver protective capacity and reduction of impending danger. The term PCPA process includes all of CPS responsibilities occurring once the Case Plan is implemented and throughout ongoing CPS. The PCPA process concludes when the CPS case is successfully closed because the child is safe or when the case moves into an intervention process involving child permanency separate from the child's family.

The PCPA process employs safety concepts and theories of change that have supported the intervention with the family during Family Functioning Assessment and Protective Capacity Family Assessment. The PCPA process is highly active as you support and facilitate change, arrange and monitor service provision, troubleshoot and resolve conflict, sustain family connections, assure safety management, and evaluate progress.

The basic tenets governing the Protective Capacity Progress Assessment are:

Child Safety Is Paramount. The mission of CPS is to assure children are protected. As a family continues with CPS, child safety remains the focus of

primary attention as long as caregivers are not able to perform their protective responsibilities. Child safety is the criteria used for judging success in association with PCPA and desired case outcomes.

Permanency Is an Integral Part of Child Safety. Permanency refers to the restoration or establishment of stable, enduring protective child living arrangements and environments. The essence of permanency is Child Safety. By assessing progress with respect to caregivers' capacity to protect, the PCPA and PCPA process provide the pathway each follows during ongoing service provision toward permanency for the child. The PCPA assesses the process of change that rules in or rules out a caregiver's ability to provide for a safe and permanent home. The PCPA forms the judgments that account for the adjustment of the intrusiveness of safety intervention.

Individualization Guides Assessment. Among the most important values that serve the PCPA is individualization and this concept applies primarily to caregivers within a family, within a case. A caregiver is considered to be the person who holds primary responsibility for a child both in general but also at specific times and in various circumstances. In safety intervention one considers the term *caregiver* as synonymous with the parent role or the person who carries the responsibility for parenting a child, protecting a child, and making necessary and important decisions on behalf of a child. A caregiver may be a blood related parent, a step parent, an adult companion of a child's parent, a grandparent, or a person who resides in the family/household and assumes parenting responsibilities.

With respect to whomever might be in the role of caregiver, an effective PCPA and case management process requires respect for the person's uniqueness and fundamental rights as a human being. This is crucial with respect to considering progress and change a person accomplishes. Individualization means viewing a person as like no other; as one who possesses his or her own distinctive

experience, personal interests, beliefs and values; as having basic self-worth while having both strengths and limitations.

Individualizing caregivers during the process of change is crucial and definitely depends on the intention to understand the person through his or her cultural frame of reference. Within safety intervention and specifically related to PCPA, the cultural frame of reference includes nationality, race, religion, class, education, regional and geographic influences and characteristics. The cultural frame of reference emphasizes that within a context of mainstream society or prominent cultures there are many and varied forms of cultural blending that combine aspects of traits and characteristics of people, their values, their experience, and their life challenges. That is what makes individualization such a critical value and reinforces the importance of seeking to understand caregivers and family members from *them*, in *their* life space, and in *their* terms.

Purposeful Expression Is Encouraged. Caregivers and family members can be supported to express their feelings, thoughts, and ideas in productive, helpful ways. The PCPA process is largely grounded on this value and expectation. The PCPA provides a process that encourages caregivers toward full involvement in the change process and supports their full representation and feeling of the experience they are going through. That includes full opportunity for disclosure and opinion about what their judgments are about progress and what is or isn't influencing change.

This value holds to the understanding that to be truly involved as partners in a process of change one can be actively encouraged to trust you; the PCPA process; and him or herself sufficient to reveal feelings, concerns, dreams, reservations, and personal boundaries. Fundamental to this value is seeking to understand the personal meaning CPS intervention has for a caregiver.

You Control Your Emotional Involvement. A balance between subjective and objective involvement is vital to the PCPA process. Objective involvement seeks

to partner with the caregiver in order to encourage and support change and to judge progress toward restoring the caregiver to his or her protective and parenting responsibilities. Subjective involvement is concerned with understanding the personal meaning experienced by the caregiver in all aspects of his or her life. Subjective involvement is expressed through feelings and demonstration of empathy for the caregiver. This value underscores the importance for you to maintain and represent yourself as a genuine, caring person who is well prepared to guide the caregiver through a process of change.

Self-Determination Is Respected. Self-determination is the cornerstone of a safety intervention system and always respected during the PCPA. To change, a person must decide to change. The process of change depends on a person moving through stages that leads to a decision to change. The PCPA process exists to support change that ends with a caregiver responsible for the protection of his or her children. Caregivers have a right to determine the course of their lives. This value should not be misunderstood to include that caregivers can determine that they will not, for instance, protect their children or participate with you in a process of change without contending with resulting consequences. So this value includes the realization that it is a responsibility for you to (1) honor caregiver self-determination and (2) fully explain potential consequences of choices made by the caregiver – both good and bad.

In practical ways, this value operates during the PCPA process with the intention to “keep the caregiver in the driver’s seat.” This means always encouraging caregivers to own and feel responsible for what they are doing during service provision to make their concerns known and participate as full partners in considering the quality of the Case Plan, of service provision, and their progress.

Demonstrate Acceptance. This value is crucial since the PCPA is concerned with judging and reaching conclusions about caregiver involvement and progress. It is important for you to demonstrate acceptance for the caregiver as a person worthy of the time and effort necessary for change to occur. You don’t accept or condemn

the caregiver for lack of involvement, non productive behavior, relapse or for failure to make progress. However, you do encourage understanding and acknowledgement about patterns of thinking, feeling, and behaving which contribute to or distract from enhancing diminished caregiver protective capacities.

Employ Family System and Family Centered Principles and Thinking. The sanctity and purpose of the family unit is an underlying value that pervades safety intervention generally and is reinforced during the PCPA. The family is viewed as consisting of those who have relationship and reside with the children and the network of individuals and relationships that are associated with the family (kin). This belief includes awareness of the significance that relationship, interdependence, and connectedness among family members has in understanding and assessing child safety and in enhancing diminished caregiver protective capacities. Family system intervention recognizes that the day-to-day case business and case decision making must involve caregivers as the executives of the family by being focused upon strengthening their role within the system. In profound ways, the PCPA demonstrates this value by emphasizing the importance of increasing the effectiveness of the executive function of the family system.

Family centeredness promotes a certain kind of intervention behavior and interpersonal skill which emphasizes the family unit as the best source for solutions, engagement, involvement in decision making, and the family network as a supportive resource.

This value is fundamental to social connection which is always a by-product of the PCPA process. Social connection as an objective of the PCPA occurs through vigilance that assures caregiver – child social proximity (i.e., contact, interaction, closeness); reinforces functional family networks; and encourages integration within supportive communities and social networks.

Keep It Reality Oriented. With respect to the PCPA, it is important to emphasize this value belief because the PCPA is an evaluation of what exists. It is essential that all who participate in the PCPA maintain a reality oriented perspective. The over arching expectation that accompanies all work associated with the PCPA is that you continually attempt to orient the caregiver to his or her reality. This includes reality testing with caregivers and routinely describing reality particularly with respect to the reasons for CPS involvement, threats to child safety, caregiver protective responsibilities, decisions to be made, what must change, choices available to caregivers, potential consequences of decisions and behavior, progress being made or not, what is influencing the status of change, and what responsibility a person has for his or her progress.

Collaborate. An elemental and indispensable value prevailing within the PCPA is sustaining the collaborative spirit. This value is reinforced during the PCPA process and when the actual assessment event occurs by keeping the relationship between you and the caregiver central to judging and understanding whether progress is occurring and, if not, what to do about it. Relationship is the vehicle for the PCPA process. This value is an imperative during the PCPA process. The PCPA process relies on relationship. The relationship between you and the caregiver exists in order to pursue progress and change together. The PCPA worker reduces his or her authority and position while attempting to empower and elevate the status of the caregiver in the process. This means that, rather than being an outsider and judge, you are seen as a welcome asset to the caregiver.

Seek to Be Least Intrusive. This value is fundamental to the conceptual foundation of safety intervention. However, with respect to PCPA, “least intrusive” represents the guiding force. Once service provision begins, your eyes are on the “finish line.” Routinely and at certain PCPA events, you and the caregiver are judging how close or far away the “finish line” is. When the “finish line” is crossed, intrusion ends. Progress toward the “finish line” involves caregiver change and child safety. This value is at work when you assure that the focus of interest related to caregiver change remains on caregiver protective

capacities. When the focus is on safety management, you continually apply a provisional perspective about whether safety intervention can be adjusted to be less intrusive. Ultimately you are directing all efforts and understanding toward no intrusion.

Provide Client-Centered Service. The PCPA process puts caregivers at the center of service provision and progress assessment. That means supporting caregivers to identify and achieve their own choices about how change occurs and direct their own lives to the greatest extent possible. This approach challenges you to adapt intervention to fit caregiver and family member needs, rather than to expect caregivers to adapt to administrative or service structures.

Build on Strengths. Far too frequently, CPS focuses predominantly on what is wrong with parenting behavior as represented by diminished caregiver protective capacities. The PCPA process encourages recognition, emphasis, and use of enhanced caregiver protective capacities and family protective factors that can be accessed to support change. Consideration of these strengths often serves to establish the foundation for far more lasting changes. In addition, a positive intervention mentality, attitude, and approach make it far easier for caregivers to stay committed and continue within the collaborative partnership with you.

Advocate. You serve as an advocate for caregivers and family members. This is a fundamental role performed by you as a part of case and safety management. Other values have supported caregivers participating in decision making that affect their lives. They may find it difficult to best represent their point of view or speak for themselves. In these circumstances, caregivers should have confidence that you will represent them or assist them in involving a friend, advocate, or support person to help and represent them.

Recognize Diversity. Families experiencing the PCPA process have diverse needs, backgrounds, and abilities. You respect and respond to the social, cultural, and

economic factors that shape caregivers' perceptions, experiences, and need to change in order to be restored to their protective responsibilities.

Promote Mutual Respect. Mutuality has been identified as a cardinal value that supports the Protective Capacity Family Assessment (PCFA). With respect to the PCFA, the concept of mutuality undergirds the intention for the PCFA worker and caregiver to arrive at similar understanding about what must change. An aspect of mutuality is mutual respect for each other. That is how to think of the value in relationship to the PCFA. As the PCFA process unfolds, it is essential that you show his or her respect for caregivers. Likewise, as case manager, you must show respect for the knowledge, skills, experience, and perspective of others involved in the service provision effort. This should be so regardless of age, level of training, position, particular discipline, setting, or the agency involved.

Promote Accountability. The idea of accountability is not often included in a list of values or principles that support an aspect of intervention. However, this value and the associated worker behavior is crucial to an effective, responsible PCFA process. The manner in which this value must be considered is that the PCFA process is accountable to the caregiver who is involved in it. This means that you take as much responsibility for encouraging successful change as the caregiver takes in participating and attempting to make significant life changes. Reliance and dependability are dimensions of this value. The value is best characterized by keeping in touch with caregivers, by keeping them informed to the greatest extent possible of all case issues and activities that affect them.

Purpose and Objectives of the Protective Capacity Progress Assessment

The purpose of the PCPA is to encourage, support, and facilitate caregivers in the process of behavioral change which restores them to their role and responsibilities concerned with protecting their children.

The objectives of the PCPA are:

- To produce a process resulting in continuity of care;
- To assure the accessibility and accountability of service options;
- To manage and facilitate service provision efficiency;
- To maintain a collaborative partnership with caregivers;
- To maximize positive influences affecting caregiver participation and progress and minimize barriers and disruptions to the process for change;
- To inform caregivers of the reasons for CPS involvement and for the purpose of the PCPA process and the PCPA event (i.e., official judgments about progress, case issues);
- To verify safety plan sufficiency;
- To continue to elicit caregiver perceptions regarding identified impending danger and their own needs and the needs of their children;
- To focus on impending danger as the highest priority for change;
- To reinforce and employ existing enhanced caregiver protective capacities;
- To evaluate progress and change with respect to diminished caregiver protective capacities associated with impending danger;
- To assure service provision remains directed at what must change in order to restore caregivers to their protective role and responsibilities within their family;
- To follow and manage the collaborative strategic plan arrived at during the PCFA that addresses what must change and that involves those chosen by the caregiver to participate;

- To assure that plans for addressing children’s unmet needs as part of the Individual Service Plan are carried out;
- To involve others as appropriate and based on caregiver choice in supporting the strategic plan for change;
- To conduct periodic assessments of caregiver progress in achieving what must change;
- To continually assess the status of impending danger and the sufficiency of safety plans including adjusting safety plans in accordance with the opportunity to reduce intrusiveness.

Decisions of the Protective Capacity Progress Assessment

The decisions that occur as a result of the PCPA are:

- Is impending danger being effectively managed and controlled?
- How can existing enhanced caregiver protective capacities contribute to facilitating change?
- What progress is occurring that enhances diminished caregiver protective capacities?
- Are caregivers motivated to participate in addressing impending danger and diminished caregiver protective capacities and making behavioral change?
- Is progress being made toward the goals of the Individual Service Plan?
- Are necessary services, resources, and supports being applied effectively to implement the Individual Service Plan?
- Is unmet need of the children being addressed and met?
- If children are placed, have conditions for return been met (which is related to the reunification decision)?
- Is it possible to revise the safety plan to reduce the level of intrusion?

Next Month

In September we will consider the PCPA in relationship to indicators of change.