

Assessing Parental (Caretaker) Protective Capacities

Requirements

PCSAAs are required to assess the safety of children involved in a report made to the agency. Assessing child safety begins at screening (i.e., gathering information about the child's current condition and exposure to threats) and occurs during each contact with a child and family throughout the course of agency involvement. PCSAAs have a responsibility to engage families in the assessment of safety. The assessment of protective capacities is key to making a safety decision and must be recorded, along with all other components of the assessment of safety, on the following CAPMIS tools.

- **The Safety Assessment (JFS 01401)**

The CAPMIS Safety Assessment is to be completed within four working days from the date of the report. This is the first formal documentation of the assessment of safety which includes the identification of safety threats, as well as an assessment of child vulnerability and parent or caregivers' protective capacities.

- **The Family Assessment (JFS 01400)**

The PCSA shall complete the CAPMIS Family Assessment no later than forty-five days from the date of the report. The Safety Reassessment portion of the Family Assessment tool is where the worker documents new or additional information about the parent or caregivers' protective capacities learned after the JFS 01401 was completed.

- **Case Review (JFS 01413)**

The PCSA is to complete a review of case plan services no later than every three months from whichever of the following activities occurs first:

- (1) Original court complaint date.
- (2) Date of placement.
- (3) Date of court ordered protective supervision.
- (4) Date of parent, guardian, or custodian's signature on the case plan (in-home supportive services only).

One purpose of the Case Review is to ensure that child safety is being continually reassessed, including parental protective capacities. Like the Family Assessment, there is a Safety Reassessment section within the Case Review where workers are able to document new observations about the parent or caregivers' protective capacities. Every other Case Review is completed in conjunction with the Semiannual Administrative Review or SAR.

- **The Ongoing Case Assessment/Investigation (JFS 01412)**

When the child abuse and/or neglect report involves a principal of the report who is currently receiving ongoing protective services from the PCSA, the PCSA shall complete the report disposition by completing the CAPMIS Ongoing Case Assessment/Investigation (OCAIT). The OCAIT contains a safety reassessment

section and shall be completed no later than forty-five days from the date of the report.

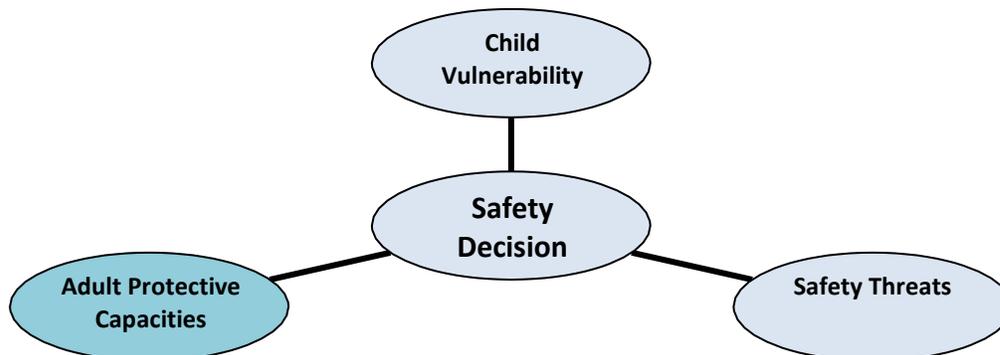
- **The Reunification Assessment** (JFS 01404)

The PCSA shall complete the CAPMIS Reunification Assessment when reunification with the removal family is being considered and the child has been placed out of the home (through either a voluntary out-of-home safety plan or a legally authorized out-of-home placement) for thirty days or more to assess, support and document the PCSA's decision regarding the family's reunification readiness. The assessment of the family's reunification readiness includes a review of child safety.

Purpose

The concept of protective capacities refers to parental (caretaker) capacities and is concerned with whether or not parents can adequately care for and protect their children. An assessment of the parents' capacity to meet the safety needs of their children is a critical component in the assessment of child safety.

Ohio defines protective capacities as *family strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child*. It is the integration and analysis of information regarding child vulnerability, caretakers' protective capacities and safety threats that leads to a determination as to whether or not a child is safe.



Additionally, the identification of protective capacities informs the caseworker as to what protective capacities exist and possibly can be enhanced, or in the case where protective capacities are lacking, the identification can lead to building a family's protective capacities. The assessment of protective capacities should inform the case plan services.

Three protective capacity domains are assessed: cognitive, emotional and behavioral.

1. Cognitive

The cognitive domain refers to parents/caretakers' specific intellect, knowledge, understanding, and perception used to assist in protecting a child. Cognitive

abilities include recognizing a child's needs (such as the basic needs of food, shelter, and clothing, social needs, psychological needs, and the need for protection from harm), personal responses to various stimuli, awareness of threatening family circumstances within their family system and understanding the parent's responsibility to protect.

Examples of information assessed under cognitive protective capacities include:

- A father recognizes he is frustrated by his two year old child's refusal to eat dinner.
- Parents leave their three year old with another responsible adult for care and supervision while parents host a party and become intoxicated.
- The mother of a newborn understands that a newborn baby cries to communicate a need.
- The caretaker has cognitive delays or impairments that prevent him or her from caring for a child.
- Parents have realistic expectations and understand the developmental needs of their children.
- The parents plan and are able to articulate a plan to protect the child.
- Other examples include: absence of any mental illness; having an accurate perception of the child and his vulnerabilities.

2. Emotional

The emotional domain refers to the parents/caretakers' specific feelings, attitudes, and motivations that are directly associated with child protection. Emotional abilities include a willingness and desire to protect, emotional stability, resiliency, the form in which love is expressed and reciprocated, and the nature of the parent-child attachment. Also included is how effectively the parents meet their own emotional needs.

Examples of emotional protective capacities include:

- Parents demonstrate a healthy attachment to their child.
- A mother responds affectionately to her newborn son's cries for a bottle.
- A father displays a desire to prevent future harm to his child.
- A parent displays empathy when his or her child expresses hurt feelings.
- The parent is able to meet his or her own emotional needs.
- The parent is resilient and tolerant as a caregiver.
- The caregiver expresses love, empathy and sensitivity toward the child; shows empathy for the child's perspective and feelings.

3. Behavioral

The behavioral domain refers to parents/caretakers' specific actions and activities to assist in protecting a child. Behavioral abilities include the parents/caretakers' physical capability to intervene to protect a child; the ability to defer one's own needs in favor of the child; and the skills associated with meeting the child's safety related needs.

Examples of behavioral protective capacities include:

- Mother requires her husband to leave the home after he physically disciplined their son leaving bruises on the boy.
- Mother physically intervenes when her four year old child attempts to ride her bike in the street.
- Dad separates his two teenage sons who were fist fighting one another.
- Parents demonstrate the ability to defer their needs in order to meet the needs of their children
- The parents have a history of protecting.
- Other examples include being adaptive, assertive and responsive, taking action, and demonstrating self and impulse control.

Ohio requires that caseworkers assess and reassess protective capacities throughout the life of the child protective services case. At certain points along the case continuum, case decisions require a formal assessment of protective capacities which is documented on the following CAPMIS tools: Safety Assessment; Family Assessment; Case Review; Ongoing Case Assessment Investigation Tool; Semiannual Administrative Review; and the Reunification Assessment.

As every caretaker is unique and possesses individual characteristics that may enhance or reduce their protective capacities, the assessment of protective capacities is imperative. The caretakers' protective capacities must be synthesized from a framework that considers each caretaker's emotive, cognitive and behavioral ability to protect. As conditions in the lives of families change, it is necessary to reassess protective capacities throughout the life of a case.

Attention to the behavioral demonstration of caretakers' protective capacities is critical. Simply possessing cognitive and emotive protective capacities, absent acting on them behaviorally is insufficient. The behavioral component must be present for protective capacities to be sufficient to protect a child.

Strategies for Accomplishing

Caseworkers must assess the information parents reveal about themselves, specifically how they are thinking, feeling, and behaving as it relates to their parental role and protecting their child. When gathering information to assess protective capacities, the caseworker should collect information through a review of prior history, observations and interviews, including information obtained from collateral sources, and other household members, including all children. When information regarding a caretaker's protective capacities is inconsistent further assessment is needed.

Caseworkers should ask questions and observe the behaviors of the parents and children noting:

- Parents' ability to set and enforce limits
 - Parent allows teenager to drink alcohol or use drugs in the home

- Parent and children are able to identify household rules, routines and behavioral consequences for not meeting or following rules
- Parent disciplines child and does not follow through with consequences
- Parents' response to children's needs and wants
 - Mom responds to her newborn baby's cries
 - Dad ignores son's request for assistance with tasks that are difficult for the child
- Parents' engagement in age appropriate activities with their children
 - Parent sits on the floor and plays with toddler, parent asks teenager about his or her day at school or with friends
 - Parent attends or participates in extracurricular activities with child
 - Parent sits on the couch and yells at child in another room
- Parents' identification of strengths and positive attributes their child possesses
 - Joey is kind to others
 - Courtney is a good student
 - Jamal is a great helper with chores around the house
- Parents' interaction with their children
 - Parents share a meal with their children
 - Parents speak to their children in a loving manner
 - Parents yell and call their children names
- Parents' attitudes and knowledge of the parental role
 - Parents understand their parental role of protector
 - Parents take action to protect their children
- Parents' knowledge of child development and age appropriate behaviors
 - Parents understand that a toddler requires constant supervision
 - Parents understand that rebellion is a normal phase of adolescent development
- Parents' perceptions of how parenting is going for them
 - Areas of confidence
 - Areas of struggle
- Familial interactions
 - Verbal exchanges suggest respect for one another
 - Parent child attachment is behaviorally demonstrated
 - Children's energy levels and response to stimuli
 - Children's compliance with parental requests
 - Family system is nurturing and supportive of the child

Engagement Strategies

Approach each family member with an open mind. It is important to review and be aware of the history an individual has with the agency; however, the history should not drive a caseworker's assessment of the family. Ask the parents open ended questions to garner the parents' input without asking leading questions; and engage the parents in discussion so that *they* may identify their family's strengths.

- Find out what is important to each member of the family.
- Use mirroring. Take note of words used by the parents and try to incorporate them into the conversations.
- Notice if parents use a nick name for a child.
- If discussing a sensitive topic such as sexual abuse or sexual behaviors determine what language is used by the family and incorporate their language into the conversation.
- Listen to the parents' explanations without correcting or arguing.
 - Allow each parent to fully respond and provide their input.
 - Dialogue should be conversational for the parents.
 - Do not bombard parents with question after question.
 - Use reframing of the parents experience in the discussion in order to assess the underlying conditions and concerns.
 - Use a solution focused approach to resolve barriers. For example, parents were not available for the last two home visits because they forgot. The caseworker should focus dialogue on how to ensure future visits are kept rather than criticizing the parents for missing the visit.
- Ask questions rather than issuing threats or commands.
- Discuss with parents their feelings regarding PCSA involvement.
- Discuss the impact of the parents' history of abuse or neglect on their parenting.

Things to Consider

- The assessment of protective capacities does not stop with identification of protective capacities that are present and/or absent.
- Analyze the degree to which certain behaviors or conditions increase threats to the immediate safety of a child compared with protective factors that may decrease concern for the immediate safety of a child.
- Safety is a *point in time* assessment and judgment about the child's safety status. Remain cognizant that the information is often incomplete and subject to change with changing family dynamics and circumstances, e.g., use of drugs or alcohol; incidents of intimate partner violence; new household members.
- Each parent has unique characteristics and strengths. The assessment of parental protective capacities should reflect their individuality.

Child Development (Ages and Stages)

The assessment of protective capacities may be enhanced by considering the caretakers' protective capacities (emotive, cognitive, and behavioral) in relation to the children's stages of development. Information on normal child development (physical,

intellectual, social, emotional and moral) for children age birth through 19 can be found at: <http://www.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm>.

- **Infant: Birth to 1 Year**

Consider the social, emotional, and cognitive functioning of infants in relation to their caretakers' cognitive, emotive and behavioral protective capacities. The social, emotional, cognitive, communication and physical milestones for children age birth through five years can be found on the Centers for Disease Control's website: <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>.

- **Toddler: 1 to 3 Years**

During the toddler years, children are advancing from infancy toward and into the preschool years. A child's physical growth and motor development will slow in this stage, but you can expect to see some tremendous intellectual, social, and emotional changes. Toddlers have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs. In addition, important social, cognitive and physical skills are developed in early childhood and failure to meet a child's needs may have a significant impact on later growth and development.

- **Preschool: 3 to 5 Years**

The preschool years may bring challenging behavior and a child who was once calm has now become a dynamo of energy, drive, bossiness, belligerence, and generally out-of-bounds behavior. Dealing with obstinate behaviors can be difficult for some parents. Children from birth to six years of age are especially vulnerable. They have limited speech capacity and are totally or primarily dependent on others to meet their nutritional, physical and emotional needs.

- **Grade School: 5 to 12 Years**

Grade school children should feel confident in their ability to meet the challenges in life. This sense of personal power evolves from having successful life experiences in solving problems independently, being creative and achieving positive reinforcement for the efforts made.

- **Teen: 12 to 18 Years**

Adolescence can be a challenge for both the youth and their parents. Youth may at times be a source of frustration and exasperation, not to mention financial stress. Teens need to develop an outlet for their unique interests and skills. This is the stage of development where youth desire and assert their independence. Peer friendships are extremely important to them, and peer pressure can be a significant influence of adolescents.

Resources

Applicable Ohio Administrative Code Rules:

<http://emanualstest.odjfs.state.oh.us/emanuals/>

- 5101:2-1-01** Children Services Definition of terms
- 5101:2-37-01** PCSA Requirements for Completing the Safety Assessment
- 5101:2-37-03** PCSA Requirements for Completing the Family Assessment
- 5101:2-37-04** PCSA Requirements for Completing the Reunification Assessment
- 5101:2-38-09** PCSA Requirements for Completing the Case Review
- 5101:2-38-10** Requirements for Completing the Semiannual Administrative Review

Ohio Revised Code:

<http://codes.ohio.gov/orc>

2151.421 Reporting child abuse or neglect.

5153.16 Duties of agency

Other Information and Resources:

<http://ifs.ohio.gov/cdc/InfantToddler.pdf>

<http://www.ocwtp.net/CAPMIS/capmishome.html>

<http://www.ocwtp.net/CAPMIS/aboutcapmis.html#Safety>

American Academy of Pediatrics

<http://www.healthychildren.org>

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncbddd/actearly/milestones/index.html>

<http://www.cdc.gov/ncbddd/childdevelopment/facts.html>

Help Me Grow

<http://www.ohiohelpmegrow.org/parents/wellness/ages03/Guidelines.aspx>

Action for Child Protection

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