



*North Dakota
Safety Framework
Practice Model*

*PCFA, Case Planning
& PCPA Quick Guide*



North Dakota Protective Capacity Family Assessment Guide

Protective Capacity Family Assessment (PCFA)

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

Protective Capacity Family Assessment Decisions

The following questions should be answered by the conclusion of PCFA:

- ✓ Are safety threats being sufficiently managed in the least intrusive way possible?
- ✓ Can existing protective capacities be built upon to make needed changes?
- ✓ What is the relationship between identified safety threats and diminished protective capacities?
- ✓ What is the parents' perspective or awareness regarding safety threats and what needs to change?
- ✓ What are parents ready, willing, and able to do to make needed changes?
- ✓ What are the areas of disagreement between the parents and child welfare regarding what needs to change?
- ✓ What change interventions/services will be used to assist in enhancing diminished parental protective capacities?

Stage 1: Preparation

This stage is the process of planning by the case worker in consultation with the supervisor, to allow an efficient and focused PCFA. The case worker must ensure they have everything they need to begin the PCFA including the necessary documentation, thorough knowledge of the case, information regarding safety threats and the ongoing safety plan, an understanding of the parents' reaction to CPS and anticipated challenges in conducting PCFA. This stage should take 1-2 hours.

The case worker must review:

- ✓ Child Welfare case history and past interventions
- ✓ CPS assessment information including the sufficiency of the 6 areas of assessment
- ✓ Existing protective capacities
- ✓ CPS Safety Analysis and Plan
- ✓ Any other relevant case information that will help to prepare for initial contact with the family.
- ✓ Plan for the Introduction Stage including:
 - Developing a clear statement of purpose for the introduction meeting and what their role will be working with the family.
 - Deciding how best to describe current safety threats and reasons for Child Welfare involvement
 - Plan how to explain the purpose and process of the PCFA in clear, jargon-free language.
 - Determining interview logistics (order, contacts needed, immediate needs, etc.)



- Pull out important details from case documentation and tools
- Ask yourself, "Is there missing information or gaps within the CPS Assessment?"
- Prepare yourself for any questions that the family may have.
- Prep starts the minute you hear you are getting the case.
- Make the time to get it done- it pays off!

Stage 2: Introduction

The initial meeting with the parents is a time to build rapport, begin to build a partnership, provide information and allow the parents time to express themselves. This stage is the point of transition for the parents from CPS Assessment to ongoing services through In Home or Foster Care. The caseworker will explain his/her job title, ensure the family has his/her contact information, and differentiate the roles of the CPS Worker and the role of In Home or Foster Care Worker (assessing safety vs managing child safety and partnering with the parents to resolve the reasons for child welfare involvement).

The ongoing caseworker should do the following:

1. Introduce themselves and explain their role as an ongoing worker.
2. Begin to build partnership with the family.
3. Debrief the family's experience regarding CPS involvement.
4. Review and clarify the impending danger threats.
5. Ask the parents to share their understanding of the reasons for our involvement. Do they know and understand the identified safety threats?
6. Confirm that the current safety plan is sufficient and least restrictive.
7. Answer the parent's questions openly and let them express their emotions. People are unable to move toward necessary change until their questions can be answered.
8. Explain the PCFA process and what next steps will be. Seek a commitment to meet again to continue the process.



- Make sure that you can clearly describe the safety threats and interventions needed – not using Safety Framework jargon.
- Slow things down- we are not jumping to services yet.
- It is not strength based to not clarify safety threats clearly with a family- “I respect you enough to be honest with you.”
- Remember that when we are talking about safety, we are talking about a pattern of behavior vs an incident.

Stage 3: Discovery

This stage is the process of joint discovery for you and with the parents of what must change in order for the parents to be able to safely care for their children. This stage helps identify the existing (strengths) and diminished protective capacities which are directly related to the identified Impending Danger Threat. In other words, the diminished protective capacity is either causing the Impending Danger Threat or causing the parent to be unable/unwilling to protect the child from the Impending Danger Threat. It will likely take more than one contact with the parent to complete this stage.

The ongoing case worker should do the following:

- Develop a hypothesis for what may be the existing and diminished protective capacities.
- Develop general areas of inquiry/discussion questions based upon confirming and refuting your hypothesis regarding the existing or diminished protective capacities.

During this stage the case worker will also be:

- Looking for areas of agreement with the client.
- Areas of disagreement.
- Develop an understanding of what stage of change the parent is in regards to each safety concern.

Your goal should be to try to move the client to at least Contemplation stage of change (recognizing there is something that might need to be different). However, this might not be possible for all safety concerns during the initial 60 days of a case. The case worker should continue the PCFA process with the parent on an ongoing basis to try to help motivate change through trust and understanding.

By the end of this stage you should be able to confirm existing and diminished protective capacities.



- Attempt to make the conversation balanced: Talk directly about negative conditions in the family that are threats to child safety as well as existing strengths or enhanced protective capacities that can be used to affect change.
- This process could entail a number of visits with the family, avoid the temptation to move too fast. This is where the bulk of our work within the process is present.

- Reinforce the parent/caregiver autonomy and their right to self –determination.
- It is your responsibility to provide parents/caregivers with every opportunity to make a change if they should choose to do so, but you cannot will them to change
- Be straightforward about areas of agreement and disagreement but don't argue the points of difference. Acknowledge the realities of the situation in a neutral, nonjudgmental way and emphasize your continued desire to work together with the parent/caregivers on the safety concerns.

Making the connection between the safety threats and diminished protective capacities:

1. Have parents/caregivers identify what they see as their personal strengths or protective capacity

What do they think they do well or what do they view as positive aspects about themselves and as parents/ caregivers? Why do they think this?

2. Have parents/caregivers think about how existing strengths and protective capacities might be used to create a safe environment/increase protectiveness.

- ✓ *What do parents/caregivers believe to be their primary function as a parent/caregiver?*
- ✓ *How effective do they feel they are at performing this function?*
- ✓ *How do parents/caregiver judge when someone is a good parent/caregiver or an effective parent/caregiver?*
- ✓ *What do they know about themselves or about other people that demonstrate that they are effective parents/caregivers?*
- ✓ *What characteristics or capacities do parents/ caregivers feel are necessary to be an effective parent/caregiver?*
- ✓ *Are there specific characteristics that, if improved, would help them to be more effective in their parent/caregiver role?*
- ✓ *Do parents/caregivers make a connection between their children being unsafe and problems with themselves or problems with their parenting?*

3. Compare what parents/caregivers identified as necessary characteristics for effective parenting with the indications of safety threats in their family.

- ✓ If parents/caregivers are reluctant to express their opinions, don't believe that there are any problems or are having difficulty making a correlation between safety threats and parent/caregiver protective capacities, you should proceed by sharing your perspective regarding diminished protective capacities and what you believe needs to change. This is about how to be persuasive regarding what must change without becoming argumentative.

4. Summarize what has been discussed, what has been decided and the areas of disagreement between the agency and the parent/caregiver.

- ✓ It is critical that at this point it does not turn into the agency vs. the parent/caregiver. While there may be areas of disagreement regarding what the agency and parent/caregiver's view as essential for change, it is important for you to demonstrate that you respect the parents/caregiver's right to make choices.

Possible Solution Focused Questions to ask:

Miracle Questions (Example): Suppose you woke up tomorrow and a miracle has happened. All the problems that brought CPS into your home (or that others think you have) were solved. What would be different? What would you notice about yourself? Your children? What would others notice about you/your family?

Scaling Questions (Example): On a scale from 1 to 10, 1 being not at all, 10 being completely, how would you rate yourself in terms of where you are in comparison with where you want (wanted) to be in parenting?

Exception Finding Questions (Example): Sounds like you have been through some tough times before: what did you do in the past that seemed to work for you and your family?

Possible Assessment Questions:

Telling the family story:

What are the family's perceptions of the reasons that the system is involved—or why the child has been removed?

- What has your life been like in the past year? Have there been any big events or changes? How are you and your child dealing with these changes?

- Describe your childhood – what was it like growing up in your family?

Parenting

Parenting is not something that you wake up and know how to do...it is just hard for all of us. Do you ever get lost as a parent?

- How often do you eat with your children?
- Do the children have breakfast before they go to school?
- Scaling question—On a scale of 1-10, where are you at in comparison with where would you like to be as a parent?
- What is a day in your life like?
- If one of your kids is being really difficult such as, “lies all of the time,” what is one creative way that you have used to deal with it?
- What bugs you about your child – what pushes your button— who does he/she remind you of? Describe each of your children?
- Describe a great memory you have of your family.
- When is a time when your child was very successful—what part did you play in that success?
- What are the ways that you show love to your children?
- Who taught you to be a parent? Who is your biggest influence as a parent?

Family Fears:

- What scares you the most about CPS involvement?
- We are all afraid to be judged...are you afraid of how I might perceive you?
- Do you think that you are going to be able to do what the judge or child protection wants you to do?
- Are you afraid of what your children might think?
- How do you think the rest of your family is going to respond to our involvement?

Family Resources/ Strengths

- What was something that you did in the last 30 days that you are proud of?
- When do things work well in your family?
- What do you enjoy doing?
- What are you good at?
- How does your family have fun? What activities do you and your child like to do outside of the home?
- What gets you through a bad day?
- When was the last time you felt really good about yourself— what were you doing

Child Strengths:

- What things can your child do by himself?
- What is he/she really good at?

Stage 4: Change Strategy and Case Planning

Once diminished protective capacities are well understood, your goal is to work with the client to determine what intervention(s) will help to facilitate the necessary enhancement of diminished protective capacities so that children can be safely cared for in the home. In this stage you will work with the family to determine the Objective, Goals, and Intervention/Service. While you are developing this case plan, it is important to ensure that it is clear how progress will be measured.

During this final stage of PCFA, the case worker and parents work together to:

- Prioritize what must change
- Create an individualized case plan with clearly defined Objectives and Goals that are measurable.
- Negotiate interventions/services that will help to facilitate change by helping the parent achieve the Objectives and Goals of the case plan.

Example using Danielle Post from Safety in CPS: Impending Danger:

Impending Danger Threat: Parent is unable or unwilling to meet her child's exceptional needs

We want Danielle to be able to recognize and address Amanda's special needs and to de-escalate Amanda using non-violent strategies.

Diminished Protective Capacity: Parent has adequate knowledge to fulfill parenting responsibilities.

Goal: Danielle understands how Amanda's past trauma impacts her current behavioral and mental health. She uses this knowledge to develop strategies to effectively address Amanda's outbursts



- Use the family’s language when writing goals and service provisions.
- Be mindful to keep the parents/caregivers involved, look for opportunities to include their perspective in case plan decision making.
- Talk openly with parents/caregivers about the rationale for a particular service option. Don’t focus too much on what a service is but, rather, on what the service is intended to accomplish.
- Individualize goals so that it is specific to how the danger plays out in their family (i.e. don’t use the same goals around addiction for every family)
- Negotiate services but not around safety- Without being argumentative or judgmental, be straightforward and clear about what you believe needs to change, why you believe it needs to change and your belief regarding how the case plan/treatment services can be helpful.
- Remember, change is what is most important, not compliance!
- Put a copy of objectives for each stage in your notebook until this becomes second nature.
- BREATHE!!! This will take time to get good at – for everybody!

Creating a meaningful Case Plan:

1. Start with receiving specific area of agreement and disagreement regarding what must be addressed in the case plan.

- ✓ *Acknowledge differences of opinion and the right to self-determination.*
- ✓ *In spite of areas of disagreement, reiterate why we believe that certain protective capacities must be enhanced to assure child safety.*

2. Prioritize the order and focus on what must be addressed in the Case Plan.

- ✓ What do parents/caregivers feel is the most pressing issue to be worked on first?
- ✓ What does the agency view as the priority for change?
- ✓ What are parents/caregivers willing to work on?
- ✓ What treatment services are more readily available that would allow for work to begin in certain areas?
- ✓ What treatment services might enable a quicker and safe return home for children?
- ✓ Discuss time frames for accessing resources, activities and/or services.

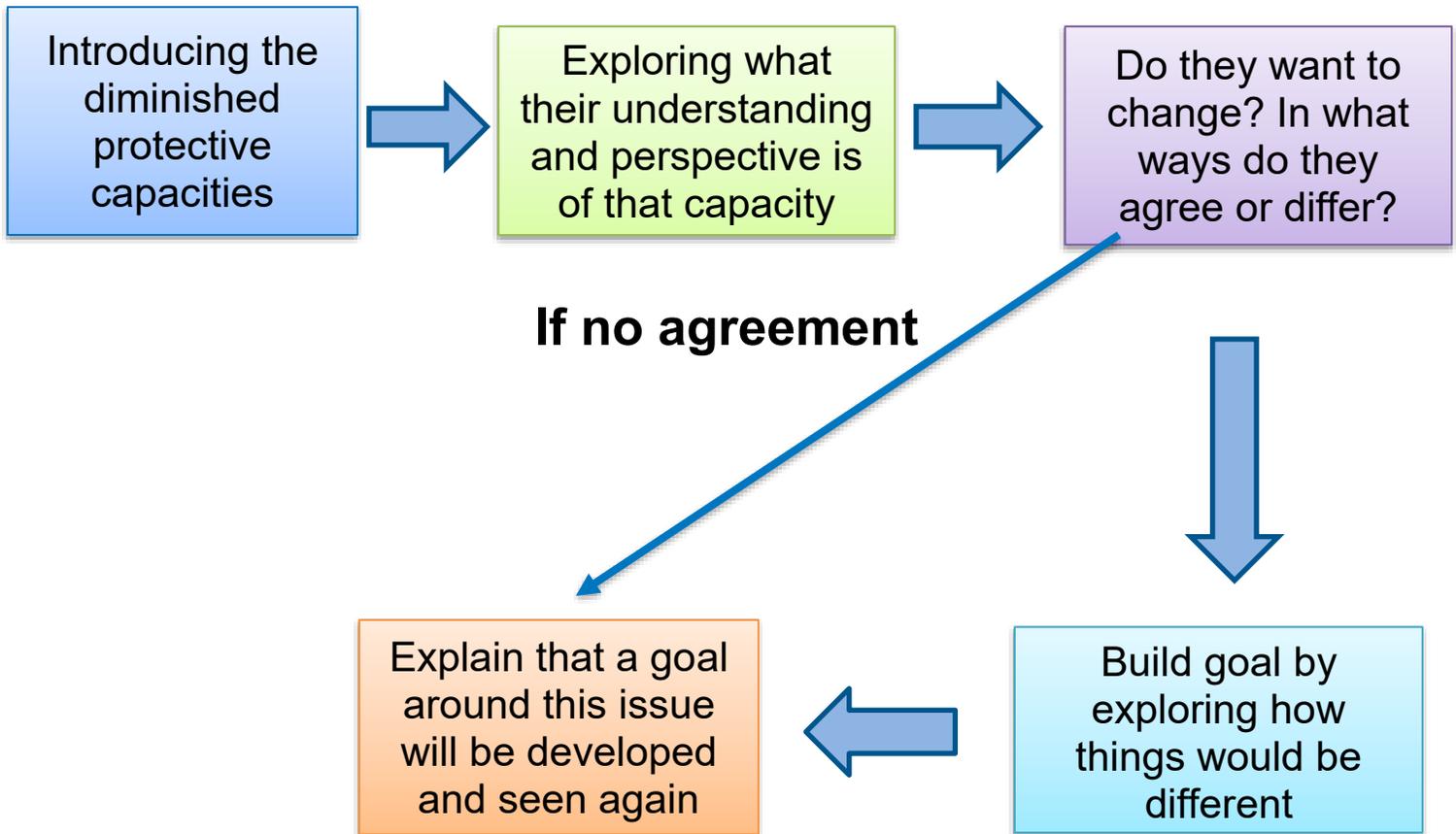
3. Finalize Case Plan- Determine what must change.

- ✓ Make sure that the Case Plan outcomes are stated as enhanced diminished protective capacities and specifically describe in enough detail to show behavior change.
- ✓ Use the parent/caregiver's language
 - *How would you like things to be different?*
 - *What is it about yourself or as a parent that you want to change the most?*
 - *If you could accomplish what was most important to you, what would that be?*
 - *What does (insert a caregiver protective capacity) mean to you? For example: What does having a closer relationship with your child mean to you?*
 - *How would you know when you have changed? What would this look like?*
 - *Where do you think the most logical place to begin is?*

4. Discuss needs of the children

- ✓ Discuss with parent/caregivers the specific needs of the children, noting their input regarding activities and services that they believe would benefit their children.
- ✓ Discuss time frames for accessing resources, activities and/or services.

Pathway to Goal Development



**How would it make a difference?
Who would notice? What would they notice?**

Conducting PCFA when the parents are unable or unwilling to participate

There will be situations where, despite the best efforts of the caseworker to engage the parents in a collaborative process, the parents are unable or unwilling to engage, or the caseworker and the parents lack agreement about what needs to change. It is the responsibility of the caseworker to move the case forward and to continue to actively seek the parents' involvement.

The ongoing caseworker should do the following:

1. Seek to understand what is leading to the parents' inability or unwillingness to engage.
2. Work diligently to overcome the barriers to the parents' participation, frequently and actively re-invite the parents' participation, and continue to work towards establishing a partnership.
3. Obtain and review all relevant documentation, including professional assessments and evaluations.
4. Interview other involved collateral contacts
5. Provide informed consent as to what may happen if they choose to participate or not participate in the PCFA and case planning process.
6. Decide upon the most likely existing and diminished protective capacities and what must change.
7. Discuss this with your supervisor and then provide the information to the parents and ask for input/feedback. Provide a written copy of the case plan/permanency plan.

**North Dakota Children and Family Services Division (2020) *Child Welfare Practice Policy Manual*
607-05-70-60-20**

Completing the PCFA When Parents/Caregivers are Resistant to Participate

In cases where parents/caregivers are highly resistant throughout the PCFA process, identify desired outcomes and develop case plan goals and tasks/change strategies while continuing to motivate parents/caregivers to participate with the agency. You should consult with the supervisor and field service specialist as necessary concerning:

- Ongoing child safety concerns;
- Development of case plan goals and the case plan; and
- How to proceed with facilitating the PCFA and case planning process.

When parents/caregivers refuse to participate in the PCFA process, make concerted efforts in consultation with the supervisor and field service specialist to contact parents/caregivers and attempt to engage them. All contact efforts must be documented in the case activity log of the ND child welfare management information system. If, after repeated attempts to engage with continued lack of parent/caregiver response, you should consult with the supervisor, field service specialist, and juvenile court on the next appropriate action to assure child safety.

Assessing for Caregiver Protective Capacities

Think about what kind of information you would need to gather in order to assess if a protective capacity existed or was diminished?

How does the parent think (cognitive), feel (emotional), and do (behavioral) in regards to parenting?

Here is a list of potential conversation topics you can have with a caregiver:

- What does the person know about child development?
- What does the person know about parenting? What is the person's parenting style? Where did it come from?
- What does the person think she does best as a parent? Is she able to talk about her skill as a parent?
- What are the person's child rearing attitudes and expectations?
- How does the person communicate with her child?
- In what ways does the person think about, talk about, and perceive her child?
- How does the person include the child in her life?
- What examples show how the person accepts her responsibilities as a parent?
- How does the person view child rearing in terms of difficulty, complexity, or challenge?
- What examples and experiences are discussed that show the person is bonded with the child?
- How does the person manage parenting frustrations?
- What expectations does the person have for her child?
- How satisfied is the person as a parent?
- How does the person describe and demonstrate affection and attachment?
- How does the person demonstrate approach child management and discipline?
- How does the person describe daily interaction with the child?
- How does the person describe daily routine and specifically the child's routine?

References:

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