

*Tool 5*

JV#, Child first and last name

**Choose an agency**

*If Other, specify:* **Enter agency**

**Protective Capacities Family Assessment (PCFA)**

*Completed by the Case Manager. Refer to Tool 5A &* [*607-05-70-60*](http://www.nd.gov/dhs/policymanuals/60705/60705.htm#607_05_70_60.htm%3FTocPath%3DChild%2520Welfare%2520Practice%2520Model%7CAppendices%2520607-05-70%7CChild%2520Welfare%2520Practice%2520Appendix%252013%253A%2520PCFA%2520Instructional%2520Guidelines%2520607-05-70-60%7C_____1) *when completing this form.*

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| *The Protective Capacities Family Assessment (PCFA) is a collaborative process between the case manager and the parent/caregiver to examine and understand the behaviors, conditions, or circumstances that resulted in a child being unsafe. The collaborative process identifies enhanced protective capacities that can be employed to promote and reinforce change, and diminished protective capacities that must change in order for the parent/caregiver to regain full responsibility for the safety of the child. The Case Plan is developed with the family based on information gathered and documented within this assessment.* |

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| **DEMOGRAPHIC INFORMATION** |
| **FRAME#** | Enter FRAME # | **CPS Assessment #** | Enter Assessment # |
| **Case Manager** | First and last name | **Supervisor**  | First and last name |
| **Case Name** | Enter case name | **FRAME Program Type** | [ ]  In-Home[ ]  Foster Care |
| **Legal Status** | [ ]  Parent/Caregiver Custody[ ]  Agency Custody | **Current Safety Plan Type** | [ ]  In-Home[ ]  Out-of-Home |
| **Date of Warm Handoff 2***This is the date the case was opened for case management* | Select date |
| **CHILDREN** |
| First and last name | Age **years old** | **DOB:** MM/DD/YY |
| **Native American Heritage?** | [ ]  **Yes** Enter Tribe [ ]  **No** [ ]  **Unknown** |
| *When “Yes”:** *Refer to ICWA policy requirements AND*
* *Complete the* [*ND ICWA Inquiry form*](https://und.edu/cfstc/_files/docs/2020-nd-icwa-inquiry-form-fillable.pdf) *AND*
* *Send to the designated Tribe(s) when ICWA applies (if not already completed)*
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| **RESIDENT OR PRESENT PARENTS/CAREGIVERS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone #** Enter phone # | **Address**Enter address |
| **NONRESIDENT OR ABSENT PARENTS/CAREGIVERS** |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone #**Enter phone # | **Address**Enter address |
| **OTHER ADULTS***Safety service providers, alternate caregivers, foster parents, kinship caregivers, child and family team members, etc.* |
| **Name**First and last name | **Relationship to Child(ren)**Relationship | **Phone #**Enter phone # | **Address**Enter address |

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| **SECTION I*****PCFA Introduction Stage Summary*** |
| 1. **Document efforts to engage parents/caregivers – both present and absent – in the PCFA process and their responsiveness; include the current status of engagement.**

*This is information learned from Warm Handoff 3 – Initial Contact With the Family (introduction meeting). Document a summary of the conversation.* Describe efforts to engage all parents/caregivers |
| 1. **Roles, Expectations, and the PCFA Process**

*Document your conclusions about the parents’/caregivers’ understanding of role, acceptance of, and expectation for agency involvement; document the extent to which parents/caregivers understand the PCFA process. This is information learned from Warm Handoff 3 – Initial Contact With the Family (introduction meeting).*Describe conclusions about parent/caregiver understanding of roles, expectations, and PCFA process |
| 1. **Reason for Agency Involvement**

*Document discussion about Impending Danger, parent/caregiver response, parent/caregiver current understanding and acceptance. This is information learned from Warm Handoff 3 – Initial Contact With the Family (introduction meeting).*Describe discussion with parent/caregiver about impending danger |
| 1. **Commitment to Participate**

*Identify your conclusion about parent/caregiver willingness and capacity to participate in the PCFA process. This is information learned from Warm Handoff 3 – Initial Contact With the Family (introduction meeting).*Describe your conclusion about parent/caregiver willingness to participate |
| 1. **Safety Management Status**

*Describe the status of the safety plan at the onset of the PCFA process. This is information learned from Warm Handoff 3 – Initial Contact With the Family (introduction meeting).*Describe status of the safety plan |

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| **SECTION II*****PCFA Discovery Stage Summary*** |
| 1. **Enhanced Parent/Caregiver Protective Capacities**

*Refer to Tool 5A. Identify the* ***key*** *parent/caregiver protective capacities that you and parents/caregivers believe are enhanced; include rationale and basis; indicate differences in opinions.*Identify the KEY enhanced parent/caregiver protective capacities including rationale and basis  |
| 1. **Diminished Parent/Caregiver Protective Capacities**

*Refer to Tool 5A. Identify the* ***key*** *diminished protective capacities of each parent/caregiver that you and parents/caregivers believe are diminished; include rationale and basis; indicate differences in opinions.*Identify the KEY diminished parent/caregiver protective capacities including rationale and basis |
| 1. **Parent/Caregiver Self-Awareness Regarding What Must Change**

*Describe your attempts [including use of clinical measures as appropriate] to raise parent/caregiver awareness; identify the current degree of their self-awareness related to the key diminished parent/caregiver protective capacities.*Describe parent/caregiver self-awareness of what must change |
| 1. **Areas of Agreement Regarding What Must Change**

*Document what you and the parent/caregiver agreed upon related to enhancing the key diminished parent/caregiver protective capacities.*Document areas of agreement |
| 1. **Areas of Disagreement Regarding What Must Change**

*Document what you and the parent/caregiver do not agree upon related to enhancing the key diminished parent/caregiver protective capacities.*Document areas of disagreement |
| 1. **Children’s Needs**

*Indicate the extent to which needs are being met for each child.* |
| ***Foster Care Requirements****When the agency has custody, the following are ALWAYS required for initial and ongoing assessment of the child:** *Health Tracks screening*
* *Ongoing maternal and paternal relative search*
* *Important connections to parents, siblings, relatives, friends, culture, faith, community, school, etc.*
* *Physical/dental/vision health needs and oversight of medications (includes over the counter and prescription)*
* *Mental/behavioral health needs and oversight of psychotropic medications (includes over the counter and prescription)*
* *Developmental needs (e.g., physical, learning, language, and/or behavior areas)*
* *Educational needs and services*

***In-Home Requirements****Based upon case circumstances, the following may be necessary for initial and ongoing assessment of the child:** *Health Tracks screening*
* *Ongoing maternal/paternal relative search (if child is at high risk of removal and/or an alternate caregiver is needed per the safety plan)*
* *Important connections to parents, siblings, relatives, friends, culture, faith, community, school, etc.*
* *Physical/dental/vision health needs*
* *Mental/behavioral health needs*
* *Developmental needs (e.g., physical, learning, language, and/or behavior areas)*
* *Educational needs and services*
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| **CHILD’S NAME:** |  First and last name |
| **Describe Child Functioning***Refer to* [*607-05-70-10*](http://www.nd.gov/dhs/policymanuals/60705/60705.htm) *“Appendix 3: The Vulnerable Child” and Tool 3B – Factor #3 Child Functioning*Describe child functioning  |
| **RELATIVE SEARCH** |
| [ ]  **N/A because** *(choose one of the following)*[ ]  **This is an in-home case and relative search is not necessary (due to case circumstances).**[ ]  **This is a foster care case and relative placement is not appropriate due to child’s specialized** **needs.**[ ]  **This is a foster care case and identity of both parents and relatives remains unknown.**[ ]  **This is an 18+ foster care case.*****= = = Go to IMPORTANT CONNECTIONS section = = =***[ ]  **Maternal relative search has been completed**[ ]  **Paternal relative search has been completed***Indicate efforts to identify, locate, inform, and evaluate maternal and paternal relatives as potential placement options and results of the search.*Document relative search efforts.[ ]  **Same for all children** |
| **IMPORTANT CONNECTIONS** |
| [ ]  **N/A** *This is an in-home case and the safety plan does not include placement with alternate caregivers.****= = = Go to PHYSICAL HEALTH section = = =***[ ]  **Important connections have been maintained**List child’s important connections and describe how they are being maintained. |
| **PHYSICAL HEALTH** |
| [ ]  **N/A** *This is an in-home case and physical health needs are not present or parent/caregiver is willing and able to manage* *child’s needs.****= = = Go to MENTAL/BEHAVIORAL HEALTH section = = =***[ ]  **Physical, dental, and vision health needs have been assessed****Needs identified and services provided:**List child’s physical, dental, and/or vision health needs and services provided. If none identified, enter “None identified”.[ ]  **Health Tracks screening has been scheduled or completed****Date:** Select date of most recent screening[ ]  **N/A** *This is an in-home case and Health Tracks screening isn’t necessary based on the circumstances.*[ ]  **Child takes medication for physical health needs****Medications:** List type(s) and dosage(s)**CHECK ONE:**  |
| [ ]  **Physical health needs are met***No needs or services completed* | [ ]  **Physical health needs are partially met***Services in place but not completed* | [ ]  **Physical health needs are not met***Services not in place or are pending* |
| **MENTAL/BEHAVIORAL HEALTH** |
| [ ]  **N/A** *This is an in-home case and mental/behavioral health needs aren’t present or parent/caregiver is willing and able to manage* *child’s needs.****= = = Go to DEVELOPMENT section = = =***[ ]  **Mental/behavioral health needs have been assessed** **Needs identified and services provided:**List child’s mental/behavioral health needs and services provided. If none identified, enter “None identified”.[ ]  **Child takes medication for mental/behavioral health needs** **Medications:** List type(s) and dosage(s)**CHECK ONE:** |
| [ ]  **Mental/behavioral health needs are**  **met***No needs or services completed*  | [ ]  **Mental/Behavioral health needs are** **partially met***Services in place but not completed* | [ ]  **Mental/behavioral health needs are** **not met***Services not in place or are pending* |
| **DEVELOPMENT**[ ]  **N/A** *This is an in-home case and developmental needs are not present or parent/caregiver is willing and able to manage child’s needs.***= = = *Go to EDUCATION section* = = =**[ ]  **Developmental needs have been assessed****Needs identified and services provided:**List child’s developmental needs and services provided. If none identified, enter “None identified”.**CHECK ONE:** |
| [ ]  **Developmental needs are met***No needs or services completed* | [ ]  **Developmental needs are partially met***Services in place but not completed* | [ ]  **Developmental needs are not met***Services not in place or are pending* |
| **EDUCATION**[ ]  **N/A** *This is an in-home case and educational needs are not present or parent/caregiver is willing and able to manage child’s needs OR* *this is an out-of-home (foster care) case and the child is age or younger and there are no apparent developmental delays requiring educational services.***= = = *Go to OTHER section* = = =**[ ]  **Educational needs have been assessed****Needs identified and services provided:**List child’s educational needs and services provided. If none, enter “None identified”.**CHECK ONE:** |
| [ ]  **Educational needs are met***No needs or services completed* | [ ]  **Educational needs are partially met***Services in place but not completed* | [ ]  **Educational needs are not met***Services not in place or are pending* |
| **OTHER**[ ]  **N/A** *No other needs have been identified.***= = = *Go to SECTION III* = = =** [ ]  **Other needs have been assessed that are not identified above** *(for example, independent living, social skills, peer* *relationships, attachment and caregiver relationships, etc.)***Needs identified and services provided:**List child’s other needs and services provided. If none identified, enter “None identified”.**CHECK ONE:** |
| [ ]  **All other needs are met***No needs or services completed* | [ ]  **All other needs are partially met***Services in place but not completed* | [ ]  **All other needs are not met***Services not in place or are pending* |

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| **SECTION III*****PCFA Safety Management Conclusion*** |
| **DANGER THRESHOLD CRITERIA***Impending danger is a foreseeable state of danger in which a family behavior, attitude, motive, emotion, or situation can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The Danger Threshold is crossed and becomes and Impending Danger when the safety threat meets* ***ALL*** *of the following five criteria.* |
| **Observable** | *Family behaviors, conditions, or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood, and are subject to being reported, named, and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker- family interaction, lack of cooperation, or difficulties in obtaining information.* |
| **Vulnerable Child** | *A child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others.* |
| **Out of Control** | *Family behaviors, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions, or situations.* |
| **Imminent** | *The belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.* |
| **Severity** | *The degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment, and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.* |
| **Is there Impending Danger?** *Determine whether circumstances within the family cross the Danger Threshold; reference the most recent safety plan.* | [ ]  **Yes** [ ]   **No** |
| **STATUS OF IMPENDING DANGER***Document whether the Impending Danger identified during the CPS Assessment remains the same at the conclusion of the PCFA. If the status of Impending Danger has changed, identify how the danger is currently manifested.* |
| Document information regarding the status of Impending Danger.[ ]  **N/A** *No Impending Danger was identified during the PCFA process.* |

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| **SECTION IV*****Safety Determination Analysis*** |
| *Consider the following safety determination analysis questions to determine the least intrusive and most appropriate level of effort for controlling and managing the identified Impending Danger.* |
| **Home** |
| 1. Does/do the child’s primary parent(s)/caregiver(s) have a suitable place to reside where an in-home safety plan can be considered?
 | [ ]  **Yes** [ ]   **No** |
| 1. Is there confidence in the sustainability of the safety plan in the current location of the parent(s)/caregiver(s)?
 | [ ]  **Yes**[ ]   **No** |
| **Calm and Consistent Enough** |
| 1. Is the home environment calm and consistent enough to allow safety services in accordance with the safety plan, and for people participating in the safety plan to be in the home safely without disruption (e.g., reasonable schedules, routine, structure, general predictability of family functioning)?
 | [ ]  **Yes**[ ]   **No** |
| **Willing and Able** |  |
| 1. Is/are the primary parent(s)/caregiver(s) cooperative with child welfare services and willing to participate in the development of an in-home safety plan?
 | [ ]  **Yes**[ ]   **No** |
| 1. Is/are the primary parent(s)/caregiver(s) willing to allow safety services and actions to be provided in accordance with the safety plan?
 | [ ]  **Yes**[ ]   **No** |
| 1. Do/does the primary parent(s)/caregiver(s) possess the necessary ability to participate in an in-home safety plan and do what they must do as identified in an in-home safety plan?
 | [ ]  **Yes**[ ]   **No** |
| **Sufficient Resources** |  |
| 1. Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified impending danger threats?
 | [ ]  **Yes**[ ]   **No** |
| **JUSTIFY YES AND NO RESPONSES**Provide justification for “Yes” and “No” responses above. |
| **SAFETY PLAN TYPE***NOTE:** *If the answers to any of questions 1-7 are “No,” the use of an out-of-home safety plan is indicated. Promptly establish an out-of-home safety plan or continue to maintain the child in out-of-home placement.*
* *If the answers to all questions 1-7 are “Yes,” the use of an in-home safety plan is indicated OR the child is safe and no safety plan is needed.*

*Check the box next to the most accurate safety plan type:*[ ]  **An out-of-home safety plan is indicated.** [ ]  **An out-of-home safety plan has been in place, but the use of an in-home safety plan is indicated.** *Proceed with the reunification plan; develop and establish an in-home safety plan.*[ ]  **In-home safety plan remains sufficient.**[ ]  **In-home safety plan has been revised, as needed.**[ ]  **No safety plan is needed; child is safe.** |

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| **SIGNATURES** |
| **Case Manager** | **Date** |
| **Supervisor**  | **Date** |