

Assessing Adult Protective Capacities

Requirements

PCSAs 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. PCSAs 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 CAPM tools:

- **The Safety Assessment**
- **The Family Assessment**
- **Case Review**
- **The Ongoing Case Assessment/Investigation**
- **The Reunification Assessment**

Purpose

The concept of adult protective capacities is concerned with whether or not caregivers can adequately care for and protect the children. An assessment of the adults' capacity to meet the safety needs of the 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 vulnerabilities, adult protective capacities, and safety factors that lead to a determination as to whether or not a child is safe. Additionally, the identification of adult 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 adult protective capacities should inform the case plan development. 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.

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 role and protecting the child. When gathering information to assess adult 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 an adult'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 adult protective capacities may be enhanced by considering the capacities (emotive, cognitive, and behavioral) in relation to the children's stages of development.

Infant: Birth to 1 Year

Consider the physical, emotional, cognitive, and behavioral functioning of infants in relation to their caretakers' cognitive, emotive and behavioral protective capacities. Information on the developmental milestones for children age birth through five years can be found on the Centers for Disease Control's website:

<https://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:

5101:2-1-01 Children Services Definition and 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

<https://codes.ohio.gov/ohio-administrative-code>

Ohio Revised Code:

2151.421 Reporting child abuse or neglect.

5153.16 Duties of agency

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

Other Information and Resources:

<http://jfs.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

<https://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

Cognitive Protective Capacities

© ACTION for Child Protection, Inc. Page 5 July 2008