

# 5. Conduct the Protective Capacity Assessment (PCA)

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## A. Introduction to Protective Capacity

The PCA process begins immediately following the CPS assessment at the point the case is opened for services, whether or not the case is transferred to a new caseworker. The initial PCA must be completed within 30 days unless a supervisor approves an exception. The PCA process is documented in case notes as actions and contacts occur and information becomes known to the caseworker. The findings of the PCA include identification of the parents' enhanced and diminished protective capacities which are directly related to the identified safety threats. This information is used in the development of the written Child Welfare Case Plan. Understanding the parents' enhanced and diminished protective capacities provides the in-depth information on how behaviors, conditions or circumstances resulted in an unsafe child, and the related behaviors, conditions or circumstances that must change to sustain child safety. The description of the specific behaviors, conditions and circumstances that must be present to sustain child safety are documented as the Expected Outcomes of the Child Welfare Case Plan. The assessment of protective capacity continues throughout the life of the case and the findings of the PCA are updated at each 90 day review of the Child Welfare Case Plan and used to measure progress toward achieving the Expected Outcomes.

Two concepts critical to the PCA are safety threats as described in the "Safety Threat Guide" and parental protective capacities as described in the "Protective Capacity Reference." [See Appendices 2.4 and 3.1]. In most child protection cases, several (or perhaps many) parental protective capacities could be identified as diminished. The challenge is to clearly identify both the diminished and enhanced protective capacities directly related to the identified safety threats.

The PCA process guides and focuses the interactions between the caseworker and parents toward a mutual understanding of what must change for the parents to regain responsibility for the care and safety of the child. A clear understanding of the specific behaviors, conditions, and circumstances which caused the child to be unsafe promotes mutual selection of services and activities focused specifically on building upon the foundation of the parents' enhanced capacities (strengths) and enhancing the diminished protective capacities. It promotes effective case planning and implementation.

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Following the protective capacity assessment conducted in the first 30 days, the parents' protective capacities are continually assessed throughout the life of the case. Parental protective capacities are used to measure progress toward achieving the Expected Outcomes, and to guide decisions regarding the appropriate actions, services and activities needed to facilitate change. As the relevant protective capacities are enhanced, the safety threats are diminished. Once the protective capacities are sufficient to eliminate, reduce or manage the safety threats to ensure sustained child safety, the Expected Outcomes have been met and the case is closed.

### **Protective Capacity Assessment decisions**

The following questions are answered by the conclusion of the initial PCA:

- Are safety threats being sufficiently managed in the least restrictive way possible?
- Can existing protective capacities (strengths) be built upon to make needed changes?
- What is the relationship between identified safety threats and currently diminished protective capacities?
- What is the parents' perspective or awareness regarding safety threats and their relationship to diminished parental protective capacities?
- 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 actions, services and activities will be used to assist in enhancing diminished parental protective capacities?

### **Stages of the Protective Capacity Assessment**

The four stages of the initial PCA are:

Stage 1: Preparation

Stage 2: Introduction

Stage 3: Exploration

Stage 4: Change Strategy and Case Planning

- Each of the stages has a distinctly defined purpose.
- There is no set amount of time for completion of each stage. As the purposes of one stage are completed, proceed to the next stage.

- Of the four stages, all but the first require face-to-face contact with parents and perhaps others. This does not necessarily mean that every family will require exactly three separate interviews/meetings. Additional or fewer meetings may be needed.
- The transition from one stage of the process to the next should evolve smoothly between identifying needs (diminished protective capacities), strengths (enhanced protective capacities) and solutions (actions, services, and activities).

### **B. Stage1 – Preparation**

This stage is the process of planning by the caseworker in consultation with the supervisor, to allow an efficient and focused PCA. The caseworker must ensure they have everything they need to begin the PCA 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 the PCA.

The activities required during the Preparation stage are outlined below. The activities are described in a logical order, but the order in which they occur is controlled by the specific circumstances in a given case. The “Case Transfer Information Sufficiency Checklist” Appendix 3.2, should be used by the caseworker to guide the Preparation stage.

### **Procedure**

#### **Review Case Information and Child Safety**

- Within five days of receiving a case, the caseworker must:
  1. Review case records (and whenever possible speak to the CPS worker) to gain a thorough understanding of the case history and the actions and decisions during the current CPS assessment including:
    - a. Child Welfare case history and past interventions;
    - b. CPS assessment information including the maltreatment, nature of the maltreatment, child functioning, adult functioning, discipline and general parenting;
    - c. Special circumstances known by Child Welfare impacting the family;
      - domestic violence
      - parents' own childhood history of abuse
      - substance abuse
      - mental illness

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- criminal behaviors
- other factors impacting the parents' abilities to be protective; and
- d. Current safety threats.
- e. Information gathered at the Child Safety Meeting
- Reconfirm the sufficiency of the ongoing safety plan (See Section 4 of this chapter for detailed procedures.)

### Plan initial contact

To help ensure an effective introduction stage, the caseworker must gather information and thoughtfully plan the approach, including who to involve and the arrangements for the logistics of the meeting.

#### **Procedure:**

- Be clear about the purpose of the introduction meeting.
- Given what is known about the parents, decide how best to describe current safety threats and reasons for Child Welfare involvement.
- Plan how to explain the purpose and process of the PCA in clear, jargon-free language.
- Based upon what is known, form some initial impressions of the specific enhanced and diminished protective capacities that are, are not, or might be impacting child safety.
- Develop general areas of inquiry/discussion questions based upon confirming and refuting initial assessments of relevant protective capacities.
- Identify professional records that should be obtained and considered in case planning.
- Consider whether professional evaluations might contribute to the protective capacity assessment.
- Gather information regarding other persons who could contribute to the PCA process.
  1. Learn about the unique circumstances and composition of the family. Grandparents, parents' live-in partners, extended family, persons with significant attachment to the child, teachers, physicians, coaches, neighbors or members of the faith community may be able to appropriately contribute information and assist the parents in making necessary changes.
  2. Assess each person's ability and willingness to provide helpful information and to assist the parents.
  3. Involve an Indian child's tribe(s).
    - a. If the child is in the legal custody of Child Welfare, and if the tribe has not been notified, immediately notify the tribe of the child's legal custody status.

- b. Explore available services of the tribe that may address the safety needs of the child.
  - c. Ask the tribe's designated social service and/or ICWA representative if the tribe can assume custodial responsibility for the child.
  - d. Assist the tribe in determining the tribe's ability to assume custodial care or offer services or placement assistance for the child.
  - e. Document in case notes all contacts with the child's parents, Indian custodian and tribal social services representatives.
4. If the child is in substitute care, ask the substitute caregiver what they have learned about the child. If the substitute caregiver is a relative, they will likely have historical information about the family and the child.
- Plan the timing, location and circumstances of the initial contact to facilitate communication without interruptions or distractions.
    1. Should the meeting be at the family home, the office, a neutral setting?
    2. Can childcare be arranged to avoid interruptions?
    3. What day of the week and time of day would best allow the parents to focus on the meeting?
  - Understand and plan to use the professional interpersonal skills needed for effective intervention. Please refer to Appendix 3.3 "Caseworker's Role During the Protective Capacity Assessment" for more information.

Once the caseworker is confident he or she is well informed and well prepared to make contact with the parents, the first contact with the parents can be scheduled and the PCA process can continue to the Introduction stage.

### **Conducting the PCA when parents are unable or unwilling to participate**

There will be situations where, despite the ongoing 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 are at odds about what needs to change. It is the ongoing responsibility of the caseworker to move the case forward and to continue to actively seek the parents' involvement.

#### **Procedure:**

- Seek to understand what is leading to the parents' inability or unwillingness to engage.
- Work diligently to overcome the barriers to the parents' participation.
- Frequently and actively re-invite the parents' participation.
- Continue to work toward establishing a partnership.

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- Obtain and review all relevant documentation.
- Interview other involved persons.
- Obtain professional assessments and evaluations.
- Decide upon the most likely relevant enhanced and diminished protective capacities.
- Clearly explain to the parents the identified enhanced and diminished protective capacities and how they are related to the safety threats.
- Clearly explain to the parents what must change (the Expected Outcomes).
- Ask for the parents' input/feedback.
- Provide a written Child Welfare Case Plan and Letter of Expectation to parents who remain unwilling to engage.

Note: Whenever Child Welfare is working with a family where the child remains in the home with an ongoing safety plan, the parents must be able and willing to participate in the ongoing safety plan and are engaging in activities and services to mitigate the current safety threats to the child. Non-compliance by parents in the activities and services related to long-term changes in behavior, condition or circumstance and increases in protective capacity (Expected Outcomes) should be addressed by the caseworker using strategies to facilitate change and should not be confused with, equated to, or dealt with the same as non-compliance with safety-related services which are required to manage child safety.

### **C. Stage 2 – Introduction**

The initial meeting with the parents is a time to build rapport, begin to build a partnership, provide information, and allow parents to express themselves. The introduction stage is the point of transition for the parents from the CPS case to the ongoing case. This stage should allow parents to express their thoughts about what has happened up to this point in order to begin thinking about how they will choose to deal with the ongoing involvement with Child Welfare. Also refer to Section 3, Case Transfer, of this chapter.

- First impressions make a difference. A calm, honest, open, empathetic and respectful approach goes a long way toward establishing in the parents' mind the kind of interactions they can expect from you.
- Demonstrate respect for self-determination and your commitment to provide the information they need to make informed choices.
- Be open and clear about your objective and desire to work in partnership with them to understand and address the reasons for Child Welfare's current involvement with their family due to identified safety threats to the child.

- Do not assume parents know what is going on in their case or understand why the case was opened for ongoing Child Welfare involvement.
- Provide clear, honest answers to their questions.

The activities required during the Introduction stage are outlined below. The activities are described in a logical order, but the order in which they occur is controlled by the specific circumstances of the case.

### **Procedure:**

- Introduce yourself by full name and job title.
- Ensure the family has your contact information.
- Communicate in layman's terms what your job is with Child Welfare.
- Clearly differentiate between the goals of the CPS worker (assessing child safety, abuse and neglect) and your role as the case continues (managing child safety and partnering with the parents to resolve the reasons for Child Welfare involvement).

## **Clarify reasons for Child Welfare involvement**

### **Procedure:**

- Ask the parents to share their understanding of the reasons for Child Welfare involvement. Do they know and understand the identified safety threats? If not, clearly explain the identified safety threats and the reason for Child Welfare involvement.
  1. Determine if the parents deny the threat, are in partial agreement, or are in nearly complete agreement.
  2. If needed, help the parents understand specifically what is making the child unsafe.
  3. Describe what your work with families usually involves (i.e., figuring out what needs to change for parents to regain responsibility for the care and safety of their children).
  4. Answer their questions about the current Child Welfare involvement in their lives.

## **Openly Addressing Issues and Concerns**

Until questions are answered and emotions are expressed, people are unable to move forward toward necessary change. Although difficult, it is the responsibility of the caseworker to initiate ongoing discussions that will allow the parents continuing opportunities to have these needs met. Refer to Appendix 3.4, Stages of Change.

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### **Procedure:**

- Seek feedback from the parents regarding the experience (generally) with Child Welfare up to this point. Expect, and graciously accept resistance.
- Allow parents to express feelings. Provide points of clarification when possible, but avoid confrontation or arguing.
- State your desire for a partnership with the parents and demonstrate genuine empathy, respect, and concern.

### **Explain the purpose of the PCA**

When describing the PCA to parents it is not necessary, or even advisable, to use the professional terms such as “exploration,” “PCA,” or “protective capacities.” The goal is for the parents to understand:

- The importance of working in partnership with the caseworker;
- The process that will be used to reach an understanding about how the identified safety threats resulted in an unsafe child (We will want to understand together how the behaviors, conditions, or circumstances in their home resulted in their child being hurt.
- There are specific behaviors, conditions and circumstances that can be identified, described, and observed that lead to safety or lack of safety for children (That there are specific things we can identify that will lead to their child being safe or being hurt); and that the focus of Child Welfare’s intervention will be to address the identified safety threats by providing opportunities for the parents to increase their abilities related to caring for and keeping their child safe. It will be our job together to figure out with them why their child was hurt, what their child needs from them to keep him safe, and what they can do as parents to care for and protect their child.

### **Procedure:**

- Describe the purpose, goals and objectives of the PCA, which are:
  1. Building collaborative partnerships.
  2. Gaining a mutual understanding of what changes are needed to restore and sustain child safety (Expected Outcomes).
  3. Promoting family involvement and self-determination in case planning and implementation.
  4. Developing focused, effective, individualized case plans (actions, services, activities).
- Describe the stages of the PCA by briefly explaining the remaining two stages of the PCA, which are:

1. Exploration – identifying and discussing what must change to restore and sustain child safety; determining what parents are willing to work on to increase their ability to care for and keep their child safe.
2. Change Strategy and Case Planning – prioritizing the focus of the Child Welfare Case Plan; identifying the specific actions, services and activities the parents are willing to commit to doing to increase their ability to care for and keep their child safe.

### Set Expectations



#### Procedure:

- Discuss the expectations you have for the parents, both generally during the life of the case, and specifically regarding the PCA.
- Reinforce the goal of a partnership while asking the parents for:
  1. Agreement or commitment to participate in meetings, interviews, planning, activities and services.
  2. Openness or willingness to consider issues and concerns, and possible solutions.
  3. Expression of their perspective and feelings regarding what has been leading to the identified safety threats, what needs to change, how things are going, what might work better.
  4. Involvement in identifying children’s unmet needs.
  5. Involvement in developing Child Welfare Case Plans and Action Plans.
  6. Thoughtful decision-making based upon their right of self-determination.
    - a. People may be unfamiliar with the concept of self-determination and will need it to be defined for them.

Self-determination refers to the “right” parents have to select choices, to make decisions, to chart their course, to do what they want. Self-determination is affected by the realities of life and influenced by individual needs and social relationships. It is regulated by anticipated and actual consequences. Caseworkers have an ongoing responsibility to promote and safeguard parents’ self-determination. Understanding and accepting the reality of self-determination and clearly explaining the choices available to the parents and the possible consequences (positive and negative) allows a caseworker to assist the parent in making informed choices. It is a foundation of the Protective Capacity Assessment.

### Evaluate the parents’ readiness and willingness to change

#### Procedure:

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- Evaluate the parents' readiness for change.
  1. Are the parents willing to participate with the Child Welfare?
  2. Do they respond to phone calls?
  3. Are they available and do they participate in visits?
  4. Are the parents willing to engage in the protective capacity assessment process?
  5. Are they willing to consider change?
  6. Have they come up with good ideas on their own?
- Consider ways to increase the parents' readiness and willingness to change.
  1. Are there barriers, real or imagined, that need to be addressed?
  2. Are there extended family members or other family friends who are available to help the family?
  3. Is there something the parents can accomplish quickly to feel some measure of success?

### **Seek a commitment to participate**

- Conclude the Introduction stage by overtly seeking a commitment from parents to participate in the PCA process and in case planning and implementation. Ask for their continued participation.
- Express appreciation to the parents for their participation and reaffirm your desire for a collaborative partnership.
- Set the date, time and place of the next contact with the parents or, if appropriate, move to the next stage of the PCA during this meeting.
- Provide the 24-hour contact information for your local office.
- If the parents are unwilling to commit to the PCA process, try to gain additional information and discuss with them the reasons they are unwilling to participate in the process. Seek to find some areas of mutual agreement such as meeting their child's needs, which can serve as a point of further discussion or allow for some collaborative planning between the parent and the caseworker. Finding some area of agreement demonstrates the caseworker's intent to use the parent's input and build a collaborative relationship.

### **Document the introduction stage**

- Document the persons present, date, location and circumstances of each contact.
- Document relevant observations, behaviors, conditions, circumstances, and activities of the family in FACIS case notes.

### D. Stage 3 – Exploration

This stage is a process of joint exploration with the parents of what must change in order for the parents to regain and sustain responsibility for their child's safety. The exploration stage facilitates the identification of the enhanced protective capacities (strengths) and diminished protective capacities (needs) directly related to the identified safety threats. The stage concludes with determining what actions, services and activities in which the parents are ready and willing to participate to increase their protective capacities.

Refer to “Caseworker’s Role During the Protective Capacity Assessment,” Appendix 3.3, for supplemental information on facilitating the PCA process.

The activities required during the exploration stage are outlined below. The activities are described in a logical order, but the order in which they occur is controlled by the specific circumstances of the case.

### Plan for successful exploration

#### Procedure:

- As with the Introduction stage, give careful thought and preplanning regarding the persons to be present, the timing and environment for the meeting to be conducive to communication and exploration. If the child is in substitute care, an Oregon Family Decision-making Meeting must be considered and is often appropriate for a more thorough understanding of the family. For more information on conducting meetings, refer to Section 6, Conducting Family Meetings, later in this chapter.
- Based upon what is currently known, enter the Exploration stage prepared to discuss current thoughts regarding the likely enhanced and diminished protective capacities of the parents and the relationship to the identified safety threats as well as possible actions, services and activities to enhance protective capacities.
- Develop specific areas of inquiry/discussion questions based upon wanting to confirm/refute the initial assessment of protective capacities made during the CPS assessment.
- Prepare to maintain an open mind, remain sensitive to the parents’ point of view, and to honor their right to self-determination.
- Plan how to explain to the parents the concept of enhanced and diminished protective capacities as related to the safety threats, case planning, and actions, services and activities in terms the parents are able to understand.

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Refer to the “Safety Threats Guide,” Appendix 2.4, and the “Protective Capacity Reference,” Appendix 3.1, as needed throughout the PCA process.

### **Introduce the exploration stage**

#### **Procedure:**

- Explain to the parents that the purpose of the exploration stage is:
  1. To reach understanding/agreement on what how the identified safety threats cause their child to be unsafe.
  2. To decide what must change.
  3. To learn what the parents are willing to do.
- Define the concepts of enhanced and diminished protective capacities and their relationship to safety threats, case planning, and actions, services and activities.
  1. Identifying enhanced protective capacities (strengths) allows them to be built upon and avoids unnecessary efforts and services (i.e., if the parents know how to parent, parenting classes are not needed).
  2. Identifying diminished protective capacities (needs) provides clarity for everyone (parents, Child Welfare, providers, courts) on what must change in the behaviors, conditions or circumstances of the family for the child to be cared for and safe, and leads to relevant and specific interventions (individualized actions, services and activities).
- Ask for feedback, answer questions, acknowledge and address difficult emotions to allow the parents to move forward to participation.

### **Gather additional information about family and child circumstances**

If the child is in substitute care, an Oregon Family Decision-making Meeting must be considered and is often appropriate for a more thorough understanding of the family. For more information on conducting meetings, refer to Section 6, Conducting Family Meetings, later in this chapter.

#### **Procedure:**

- Through discussion with the parents, develop additional knowledge about:
  1. Special circumstances impacting the family such as:
    - a. Domestic violence
    - b. Parents’ own childhood history of abuse
    - c. Substance abuse

- d. Mental illness
- e. Criminal behaviors
2. Additional individuals who may contribute to the PCA process (i.e., family members, professionals, tribal members, neighbors, faith community, teachers). Ask about:
  - a. Who may contribute to the understanding of the current situation?
  - b. Who may contribute to restoring child safety, permanency and well-being?
  - c. When the child is an Indian child, how is or can the tribe(s) be involved?
  - d. What are the unique circumstances and composition of the family? Grandparents? Aunts/Uncles? Cousins? Parent's live-in companion?
3. Determine whether expert assessments/evaluations are needed to help assess child needs and parental protective capacities.
4. What professional records should be obtained and considered in case planning?
  - a. Medical records
  - b. Treatment records
  - c. Legal records
5. Ask about special assessments that may have occurred regarding the child's special or unique needs. Also refer to "Determine the child's Needs" in the next section.
6. Obtain information regarding other persons or professionals who have information about the child's special need.



Professional assessments such as substance abuse assessments, mental health assessments, psychological evaluations, and parent/child observations may be helpful during the PCA process. If a professional evaluation is used to assist in determining protective capacities and identifying appropriate interventions, the "Protective Capacity Reference," Appendix 3.1, and the "Protective Capacity Assessment Decisions" Appendix 3.5, are helpful in formulating concise and relevant referral questions. For example, questions posed in a mental health referral could include:

Does the parent accurately perceive reality?

Is the parent able to set aside his or her own needs in favor of the needs of the child?

What services might be beneficial to the parent to increase his or her impulse control?

### **Referrals to Family Planning Services:**

When talking with the family about current circumstances, if a family member receiving department services requests family planning information, referrals may be made to adults or a child 15 years old or older. Appropriate referrals may include County Health Departments and other qualified health care providers. Further resource information can be obtained through the Oregon Health Authority, Family Planning Program website:

<http://public.health.oregon.gov/PHD/OFH/WRH/FP/Pages/index.aspx>

Family planning and birth control services may include:

- Interviews with trained personnel;
- Distribution of literature;
- Referral to a licensed physician for consultation, examination, medical treatment and prescription; and, to the extent so prescribed,
- Distribution of rhythm charts, the initial supply of a drug or other medical preparation, contraceptive devices and similar products.

Also, refer to procedures for providing family planning information to children age 15 and older, in child welfare custody, contained in Chapter 4, Section 21-J.

### **Determine the child's needs**

Whenever Child Welfare intervention is required to manage child safety, Child Welfare has responsibility for assessing the child's needs. The assessment begins during the CPS assessment and has as its primary focus, child safety. The needs of the child are assessed as long as Child Welfare intervention is required. A child's needs are determined based upon information from the child's parents, extended family, school, any medical or mental health providers the child has or has had in the past. Services to a child are individualized to meet the specific needs of a child.

### **Understanding the parameters and limitations of Child Welfare responsibilities**

#### **When the parent retains legal custody of the child**

- If the family retains legal custody of the child, the parent retains the responsibility for medical and educational needs of the child. If the reasons that brought the family to the attention of Child Welfare are unrelated to physical health issues of the child, it is not Child Welfare's responsibility to monitor medical care. However, it remains the caseworker's responsibility to assure that the child is safe and that his or her needs are being met. If at anytime the caseworker determines that the child's unattended health care needs are a safety threat, follow procedures for managing a new safety threat.
- If the child is school age, the caseworker may discuss any issues regarding school with the family as part of the assessment, and assist as appropriate. However educational issues should not be a reason to continue involvement once the safety threats have been resolved.

#### **When Child Welfare has temporary legal custody of the child, but the child remains in the physical custody of the parent**

- If Child Welfare obtains temporary legal custody of a child, but the child remains in the physical custody of the parent, Child Welfare is responsible for monitoring the child's medical and mental health care, making sure the parents are getting the child to appointments, and helping the family access medical and mental health resources.
- Monitor school attendance, review school records and any educational assessment and ensure the child's educational needs are met. See Educational Section below.

#### **When Child Welfare has temporary legal custody of the child and the child is placed in substitute care**

- When Child Welfare has the legal and physical custody of the child, as the legal custodian, Child Welfare is responsible for identifying and meeting the child's needs.
- The caseworker is responsible for assuring the child's physical and mental health, developmental and educational needs are addressed. There are specific procedures for each of these topics. For detailed procedures, refer to Chapter IV, Services to Children.

#### **Procedure:**

Assessment of a child's needs takes place during face-to-face contact with the child, face-to-face contact with the parents, contact with others that are providing services to the child, and others with knowledge of the child's functioning, such as extended family.

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### **Physical health needs:**

- Talk with the child's parents and the child, if age appropriate, about current health and dental needs.
- Work to form a partnership with the parents to learn and understand the child's physical health needs.
- Ask the parents to obtain copies of the child's health records or ask the parents to sign an "Authorization for Use and Disclosure of Information," DHS 2099, specifying authorization to disclose the child's medical or dental records.
- Contact the child's physician and dentist.
- Obtain medical records for the child, including immunization records.
- Determine if child has special medical needs, or is vulnerable because of special circumstances. For example, the child was exposed to drugs or alcohol in utero or has a chronic health condition such as juvenile diabetes.
- Determine whether the child's physical health needs must be addressed with services in the written Child Welfare Case Plan or the parents' protective capacity includes ability and willingness to tend to the child's health care.

### **Mental Health needs:**

- Ask the child's parents and the child, if age appropriate, whether the child has had any mental health assessments, or other specialized assessment including psychological or psychiatric evaluations.
- Ask the parents to obtain copies of the child's health records or ask the parent to sign an "Authorization for Use and Disclosure of Information," DHS 2099, specifying authorization to release the child's mental health records.
- Determine if child has special mental health needs, or is vulnerable because of special circumstances, for example, the child's mental health condition results in challenging behaviors. Consider that any child who is a victim of abuse or neglect is likely to have some mental health needs. These needs may be compounded when the child is removed from their home.
- Determine whether the child's mental health needs must be addressed with services in the written Child Welfare Case Plan or the parent's protective capacity includes ability and willingness to tend to the child's mental health care.

### **Developmental needs:**

- Discuss with the parents and other family members, educators, mental health, and medical service providers regarding any issues the child is having developmentally.
- Work with the parents in obtaining further assessment of the child's developmental milestones with a physician, mental health professional, or through the child's school or the local education service district.
- Work with the parents in obtaining a developmental assessment through Early Intervention/ Early Childhood Education Services if child is birth through 5 and there are any concerns regarding developmental delays. Follow up on any referral to Early Intervention completed during the CPS assessment for a child birth through 3 years.
- Work with the parents in requesting a developmental assessment through the child's school if the child is school age.
- Determine if a child has developmental needs, or is vulnerable because of special circumstances, for example, when the parents do not accept or understand the child's identified developmental delays.
- Determine whether the child's developmental needs must be addressed with services in the written Child Welfare Case Plan or the parents' protective capacity includes ability and willingness to tend to the child's identified developmental needs.

### **Educational needs:**

- Ask the child's parents and the child, if age appropriate whether the child has specific educational needs, or has had any educational assessments or evaluations.
- Ask the parents to obtain copies of the child's education records or ask the parents to sign an "Authorization for Use and Disclosure of Information, DHS 2099, specifying authorization to release the child's education records.
- Determine if child has educational needs.
- Determine whether the child's educational needs must be addressed with services in the written Child Welfare Case Plan or the parents' protective capacity includes ability and willingness to tend to the child's education.

For detailed information on procedure regarding services to children, refer to the relevant section in Chapter IV.

For detailed information on procedure regarding independent living program services, refer to Chapter. IV, Youth Transitions.

### Explore what led to the child being unsafe



#### Procedure:

- Review the identified safety threats with the parent. For example:
  1. The mother's condition (mother is alcoholic) results in no adult in the home routinely performing parenting duties and responsibilities (mother drinks, passes out and is unavailable) that assure child safety: The child has a diagnosed medical condition (diabetes) and is not receiving necessary care and treatment.
  2. Re-evaluate if the parents are denying the presence of safety threats, are in partial agreement, or are in near complete agreement.
  3. If necessary, help the parents understand specifically what makes the child unsafe.
- Seek information from others who know the family and the behaviors, conditions, or circumstances that led to an unsafe child.
- Reach agreement with the parents as to what the child needs to be cared for and safe. For example:
  1. The child needs a responsible adult to ensure the daily basic needs, including the medical needs related to the diabetes, are consistently met.
- Examine the current family behaviors, conditions, and circumstances.
  1. What has changed to create the unsafe situation?
  2. What has/hasn't worked in the past?
  3. Explore general adult functioning, general child functioning, adult functioning in the parental role, and adult functioning regarding discipline.
- Discuss which diminished protective capacities may be may have resulted in the identified safety threats (Refer to Protective Capacity Reference, Appendix 3.1.).
  1. Encourage the parents to offer their perspective as to which diminished protective capacities led to an unsafe child.

It is easy to confuse a need with a service. A need is something the child requires to improve or address some aspect of his or her life; a service is something put in place to achieve that end. For instance, the statements, "the child needs a mentor" or "the child needs counseling" are inaccurate. The child may need to increase his reading level by a grade, therefore, the service may be a mentor to work with him on his reading, or the child may need to control her anger, so the service may be a weekly meeting with a counselor. This is important to distinguish to make sure that the services put in place meet the needs of the child.

2. If the parents are unable or unwilling to offer their perspective, offer suggestions as to which protective capacities may be diminished and ask for feedback.
- Reach agreement with the parents as to which diminished protective capacities directly impact child safety. For example:
  1. A parent does not set aside his/her needs in favor of the child (The parent drinks alcohol to the point of passing out several times each week rather than being alert and available to care for the child.).
  2. The parents do not take necessary action (The parents know what the child needs, but take no action to ensure the child's needs, including the special needs related to the diabetes, are consistently met).

### **Identify and Utilize Enhanced Protective Capacities (Strengths)**

#### **Procedure:**

- Use the information gathered thus far to identify the specific enhanced protective capacities existing in the family.
- Reach agreement with the parents what enhanced protective capacities are present and may be built upon to restore child safety.
  1. Encourage the parents to offer their perspective as to which enhanced protective capacities (strengths) could be built upon to address the identified safety threats.
  2. If the parents are unable/unwilling to offer their perspective, offer suggestions as to which protective capacities may be enhanced and ask for feedback. For example:
    - a. The parents know how to care for the child's diabetes.
    - b. The parents have a history of providing appropriate care for the child.
    - c. The parents use necessary resources to meet the child's needs (i.e., the child is enrolled in the Oregon Health Plan and has access to all needed diabetes supplies and medication).
- Explore what the parents might do to build upon enhanced protective capacities and increase diminished protective capacities to reach the Expected Outcomes of the case.
  1. Ask the parents to brainstorm a list of everything that might help them reach the Expected Outcome and regain safety for the child.
  2. If the parents are unable or unwilling to offer ideas, make as many suggestions as possible about actions, services and activities that may be helpful. For example:
    - a. Addiction services
    - b. AA meetings

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- c. Church involvement and support
- d. Community support services
- e. A change in child custody to the other parent who will meet the child's needs
- f. Medical services
- g. Mental health services
- h. Another responsible adult (perhaps a relative) taking full responsibility for ensuring the child's needs are met into the foreseeable future.

### Explore what must change

Now that the protective capacities which resulted in the identified safety threats are better understood, the caseworker and parent can work together to arrive at a mutually agreeable decision about what must change with respect to the identified safety threats and parental protective capacities for child safety to be restored and sustained. When the change is an Expected Outcome, and the Expected Outcome is accomplished, Child Welfare's intervention will no longer be necessary to manage a child's safety, and thus, the case will be closed. The Expected Outcome is a desired end result and takes effort to achieve. While child safety must be managed in the moment, through an ongoing safety plan, the Expected Outcome is achieved over time through increasing the parent's protective capacities and/or through a significant change in the behaviors, conditions, or circumstances which led to the identified safety threat to the child.

The Expected Outcome is the concrete statement of the observable, sustained behaviors, conditions, or circumstances that, when accomplished, will reduce, eliminate or manage the identified safety threats and will be documented in the Child Welfare Case Plan.

### Procedure:

- Focusing on the identified diminished protective capacities, come to agreement about what must happen for the child's safety to be sustained without the involvement of Child Welfare.
  1. Talk about what it will look like when the child is safe.
  2. How will the parents (and Child Welfare) know that the child is safe?
  3. What will change so that the child's safety is sustained?
- Restate the identified diminished protective capacities as an Expected Outcome, an observable, sustained change in behavior, condition, or circumstance. These will be documented in the Child Welfare Case Plan. For example, using the case scenario related to the parent frequently drinking to the point of passing out and neglecting the child's care and treatment for diabetes, the Expected Outcomes statements could be the following:
  1. The child's basic needs are met at all times, including the special care related to diabetes.

2. The child has developmentally appropriate care and supervision at all times.
3. A responsible adult will ensure there are no incidents of lack of care/treatment of the child's diabetes, and the child will not be made responsible for self care and treatment.

### Explore How to Change

Once the Expected Outcomes are identified, the observable changes in behavior, condition, or circumstance, the caseworker and parents move on to discussion about what actions or services will need to occur to achieve the Expected Outcomes. While discussing ways to achieve the Expected Outcomes, keep in mind, increasing the parents' protective capacities is only one way to work toward that end. Changes in the family structure, including who has custody of the child, or other changes in circumstances and environment are also considered as a way to achieve the Expected Outcomes.

#### **Procedure:**

- Discuss differences between observable, sustained change in the parents' behavior, condition, or circumstances and the parent's compliance with attending services or participation in activities, and how progress is measured by observable, sustained changes, not by the parent "jumping through hoops."
- Talk about what must eventually exist in order to establish a safe home, to restore parent to the protective role, and for Child Welfare's intervention to be complete.
- Decide which of the diminished protective capacities will be targeted for or the focus of change. Note: Do not look at everything that could possibly change. Instead, keep the focus on child safety. Work toward success.
  1. Another way to say this is 'What protective capacities must be enhanced so that the child will be safe and remain safe long term?'

### Explore what the parents are willing to do

#### **Procedure:**

- Work from the brainstormed list of possible actions, services and activities and the Expected Outcomes. Ask the parents what specifically, they are willing to start doing now.
  1. Where are the parents willing to begin to make initial changes?
  2. What's the best place to start?
  3. Are there activities in which the parents are willing to do that will provide early success?
- List the initial actions, services and activities in which the parents are willing to engage.
- Discuss any barriers to the chosen actions, services and activities.

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1. What needs to be in place for the parents to do what is necessary to change?
  2. What special considerations need to be addressed?
  3. Are there language or cultural considerations?
  4. Are there transportation, child care, housing, funding or other external factors preventing access?
- Discuss possible solutions to each identified barrier including what Child Welfare can and cannot provide. Discuss any possible alternatives.
  - Agree which barriers can be overcome and which may prevent particular actions, services, activities.
  - Discuss the benefits of engaging the extended family in a Family Decision Meeting (or an Oregon Family Decision-making Meeting ) in developing the family's plan which is integrated into the Child Welfare Case Plan, if appropriate.
  - Request the parent's and extended family members' participation in a Family Decision Meeting (Refer to Section 6, Conducting Family Meetings for more information on meetings.)



A Family Decision Meeting (or Oregon Family Decision-making Meeting if a child is in substitute care) is beneficial to the case planning process and should routinely be used to guide the family to develop a family plan that, if appropriate, is integrated into the Child Welfare Case Plan. The procedures outlined below fit the structure and purpose of a Family Decision Meeting. The procedures for Family Meetings are discussed in detail in Section 6 of this chapter, "Conducting Family Meetings."

### Document the Exploration Stage

#### Procedure:

- Document the persons present, date, location and circumstances of each contact including relevant observations, conditions, activities and circumstances of the family in FACIS case notes.



#### **The Supervisor's role:**

- Consult with caseworkers to support and encourage their efforts to do the following:
  1. Approach the process of the protective capacity assessment as one that requires parents' involvement, partnership, and mutual agreement.
  2. Acknowledge and build on parents strengths (enhanced protective capacities) as caseworkers attempt to facilitate the process of change.
  3. Focus on the identified safety threats.

4. Articulate, with parents, observable, measurable changes that will lead to sustained child safety.
  - When consulting with caseworkers and developing Child Welfare Case Plans, confirm that the Expected Outcomes, when achieved, will likely result in an increase a parents' protective capacity and/or reduce or eliminate or manage safety threats such that Child Welfare's intervention will no longer be necessary to manage child safety.
  - Monitor when cases should be reviewed, based on decisions about child safety that emerge from, among other factors, an assessment about whether the parental protective capacity has changed and whether this change has resulted in sustained child safety or whether safety threats no longer exist.
  - Assist the caseworker when the caseworker experiences challenges in reaching a mutually agreed upon decision (between Child Welfare and the parent) about Expected Outcomes.
  - Ensure the caseworker communicates to community partners (including schools, courts, safety service providers, CASAs, attorneys, etc.) that Child Welfare plans to close the case when the Expected Outcomes have been met (parents' protective capacities have been enhanced so that they can adequately manage the identified safety threats or the identified safety threats are reduced or eliminated, and child safety is sustained).

### **E. Stage 4 – Change Strategy and Case Planning**

During this final stage of the initial PCA, the caseworker and parents work together to prioritize what must change, create an individualized Child Welfare Case Plan that documents the Expected Outcomes, and select specific actions, services and activities to achieve the Expected Outcomes.

A collaborative protective capacity assessment does not mean that parents direct the focus of the Child Welfare Case Plan. What must change and therefore what must be addressed in the Child Welfare Case Plan is related to the identified child safety threats and to a large extent is not negotiable. However, parents should have a say in how change occurs and what a Child Welfare Case Plan may ultimately end up looking like.

When parents choose not to participate or commit to changing, acknowledge areas of disagreement, be clear about potential consequences for choices and emphasize areas where there is agreement.

### **Determine Expected Outcomes**

#### **Procedure:**

- Review with the parents the relationship between the identified safety threats and the diminished protective capacities.

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- Discuss with the parent what behavior, conditions, or circumstances must exist to manage or remediate the identified safety threats.
- Consider and identify the specific needs a child that must be addressed in the Child Welfare Case Plan.
- Document the Expected Outcomes in behavioral terms that can be measured. Expected Outcomes are what we anticipate will exist in the future, and thus are written in the future tense. For example:
  1. When working with a mom whose primary protective capacity needing improvement is impulse control (because she takes off and leaves her children alone), an Expected Outcome would include something like :
    - a. Mom will make safe child care arrangements with a suitable person(s) each time she is going out and will sustain this for the next 6 months.
  2. The Child Welfare Case Plan might also include an Expected Outcome related to the protective capacity related to mom learning to put her children's needs before her own. An Expected Outcome might read:
    - a. *“Within the next 6 months:*
      - *Mom will learn to understand and describe her child's needs for safety and security that require that she think about and respond to the child's needs before her own.*
      - *Mom will be able to describe the dangers that leaving the children alone create, and to describe the feelings they may have as a result of being exposed to these dangers.*
      - *Mom will be able to accept and demonstrate her ongoing ability to be responsible to ensure that children's basic needs for safety are met.”*
- If an agreement cannot be achieved, without arguing or being judgmental, be clear about what you (on behalf of Child Welfare) believe needs to change, why you believe this, and your beliefs about how the Child Welfare Case Plan (actions, activities, supports and services, etc.) can be helpful to the family and ultimately to the child.”
  1. Ask for feedback.
  2. Consult with your supervisor, to explore ways to increase the likelihood that the parents and Child Welfare will come to a mutually agreed upon decision, when this is not occurring.
    - a. Other sections of procedure in this chapter, Determine Appropriate Actions, Services and Activities, and Document the Child Welfare Case Plan, address the use of a Letter of Expectation and the Child Welfare Case Plan (CF 333) when Child Welfare and parents do not reach an agreement.

3. Explain to the parents that, together with the parents, Child Welfare will continually review and report the progress made toward the Expected Outcomes, including at the following junctures:
  - a. As an ongoing activity, the caseworker will measure progress and will look at, among other things, the progress that is being made toward achieving the Expected Outcomes. This will be reviewed a minimum of every 90 days, during the case plan review (addressed further in this chapter, in the section titled, Measure Progress).
  - b. When providing updates about progress to the court the caseworker will report, among other things, the progress or lack thereof that is being made with respect to achieving the Expected Outcomes (addressed further in Chapter VIII, Work with the Courts and External Partners).
  - c. When making a decision to close the in-home ongoing safety plan and to close the case, the caseworker must determine the parents have demonstrated capacity to sustain the safety of the child based upon, among other things, the extent to which the achievement of the Expected Outcomes supports the ability of the parents to sustain the safety of the child (Refer to, Closing an In-Home Ongoing Safety Plan in this Chapter).

### **Determine Appropriate Actions, Services and Activities**

After the protective capacities are understood and well-defined, it is important to determine services that will assist in facilitating necessary change, achieving the Expected Outcomes, enhancing specific diminished protective capacities and helping the parents regain and sustain primary responsibility for their child's safety. While formal, structured services such as parenting classes, family sexual abuse treatment, or intensive family services may be utilized when appropriate, these are by no means the only services and supports that are available. Services may also include support and assistance from individuals in the family system, community resources, treatment providers, or any number of creative and flexible interventions.

Using information gained during the processes of protective capacity assessment and determining the child's needs, the caseworker and parents can decide together what will assist the family in making the necessary change. Exploring the available intervention options with the parents results in an individualized approach to the family, one that is culturally relevant and which maximizes the family's self-determination and commitment to the process of change.

If the parents of a child living in the parents' home refuse to participate in the process of determining services, or if safety services the caseworker sees as critical to managing child safety while the child remains in the family home are being refused, the caseworker must immediately consult with the supervisor to determine any actions necessary to adequately manage the child's safety at this time.

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Remember, the behaviors, conditions, or circumstances necessary to keep a child safe at home should not be confused with services or activities that will lead to sustained change of parental protective capacity (the expected outcomes).

### **Procedure:**

The caseworker must:

- Meet with the parents to explore services (supports, treatment providers, other interventions) that are available and that may be helpful to the parents.
- Determine if an expert evaluation for either a parent or the child is appropriate. Expert evaluation is a written assessment prepared by a professional with specialized knowledge of a particular subject matter such as physical, psychological, or mental health, sexual deviancy, substance abuse, and domestic violence to:
  1. Assist in analyzing child safety when there is a specific condition or behavior that requires additional professional assessment, including situations such as:
    - a. The parent or child is displaying unusual or bizarre behaviors that are indicative of:
      - Emotional or behavioral problems;
      - Physical illness, physical disability, or mental illness;
      - Suicidal ideation; or
      - Homicidal ideation.
  2. Determine service or treatment needs based on information that has been gathered up to this point;
  3. Provide additional information regarding an individual's functioning in the area of the professional's specialized knowledge; or
  4. Develop a better understanding of whether the individual's functioning impacts his or her protective capacity.
- If an expert evaluation is appropriate, do the following:
  1. Explain to the parents the need to secure an expert evaluation.
  2. Obtain the consent of the parent prior to arranging the expert evaluation.
  3. Explain the use of the Authorization for Use and Disclosure of Information (DHS 2099) to the parents and seek permission to exchange information with individual/agency that is doing the evaluation.
  4. Obtain the parent's signature on the DHS 2099. State form 2099i lists helpful instructions for completing the DHS 2099.
  5. Choose an appropriate expert, refer for the evaluation, provide background material that is needed for a thorough and accurate evaluation, and ask questions of the evaluator that provide the information Child Welfare needs.

- Consult with the supervisor if the parent refuses an expert evaluation.
- Upon receipt of an expert evaluation:
  1. Assess whether information obtained in the expert evaluation needs to be shared with any individuals/agencies providing supportive, treatment, or safety services so that the intervention is best able to meet the identified parent's needs and child safety is maintained. If so:
    - a. Obtain permission to re-release evaluation from the 'expert evaluator' to the service provider(s) and
    - b. Obtain permission from the parent to release information from expert evaluation to the service provider.
  2. Consult with a supervisor if this permission is not granted, to determine next steps.
- Determine whether it is appropriate to incorporate the expert evaluator's recommendations into the Child Welfare Case Plan:
  1. If not appropriate to incorporate recommendations into Child Welfare Case Plan:
    - a. Consult with the supervisor to obtain approval to not follow recommendations AND
    - b. Document the recommendations in the Child Welfare Case Plan in FACIS and, if recommendations are not utilized, document the rationale for the determination not to use those recommendation.
- Along with the parents, consider appropriate services or interventions, by critically examining key questions such as:
  1. What will it look like when the child is safe and the parents have regained responsibility to care for and keep the child safe?
    - a. Then focus on what is needed to get there
  2. How might services or supports improve behaviors, conditions, or circumstances in the parents' home and facilitate permanency in the home?
  3. How can parents' capacity to provide for their children's needs, including the need to care for and keep the child safe, be enhanced?
    - a. This may be achieved by directing services to the parents or the child.
  4. How can the parents' strengths be utilized to increase child safety and to enhance protective capacities?
  5. Consider acknowledging and utilizing what is already working well, and the effect that acknowledgement may have on a family and their readiness for change.
  6. Explore how to build on the protective capacities that are already in place.
  7. Ensure services are not focused at things the parents are currently doing well.

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8. Who is available to the parents in their already existing support network and are there supports these individuals can provide?
  9. Who is available and willing to participate with the family now?
  10. Are flexible and creative options being explored and entertained?
  11. Are proposed interventions culturally appropriate?
  12. Do activities and recommended services respect the parents' belief system and values?
  13. Are the services, supports, or activities the least intrusive interventions available for this family?
  14. Are the services, supports, or activities able to remain in place after Child Welfare is no longer involved and has this potential benefit been adequately considered?
  15. What opportunities are there to connect the parents with supports that are available to people in the community, that do not require the involvement of Child Welfare?
  16. What are the parents' ideas about what would be most helpful to them?
  17. How am I, as a caseworker, honoring that the parents have a right to select choices and make decisions that affect their life?
  18. How do I adjust any preconceived intervention ideas after analyzing information from the parents about:
    - a. What is most comfortable for them?
    - b. What do they perceive as the most valuable intervention?
    - c. What concerns or hesitations do they have about the use of particular supports?
  19. Will the proposed services, supports, and activities address the identified safety threats so that safety can be managed and the parents can resume responsibility for protecting the child and meeting the child's needs without the involvement of Child Welfare?
  20. What are the reasons for, conditions that contributed to, or circumstances that surround the diminished protective capacities?
    - a. Given this, are the proposed interventions likely going to be helpful?
    - b. Is there a match between the circumstances of the diminished protective capacity, the identified safety threats, and the intervention that is selected?
    - c. Will the proposed services to the parents or child likely improve conditions in the parents' home and increase likelihood for sustained child safety without Child Welfare's involvement?
- Have discussions with parents and seek agreement about where to begin and how to arrange services, supports, interventions, and activities. Note: Information gathered in this discussion will be utilized when the Child Welfare Case Plan is written and an Action Agreement is developed .



1. Consider:
  - a. The parents' schedules,
  - b. Other commitments in the parents' life,
  - c. Sense of loss parents may feel when contemplating or making changes
  - d. Readiness for change at this moment
  - e. What is most important to the parents at this point?
  - f. Why and how the protective capacities have become diminished
  - g. Appropriate timing of interventions
  - h. Importance of sequencing of steps
  - i. Frequency with which the next steps should be decided upon
  - j. Parents' need for clear, concrete steps or preference other approaches
- When selecting service providers, consider some of the following:
  1. Does the service provider have the knowledge, skills, and ability to assist the family with the specific services needed to address the parents' identified diminished protective capacity?

When thinking about where to start the process of change, these concepts may also be helpful for you and the parents to consider together. In looking at the diminished protective capacities, this capacity is the one that:

**Most reliable-** is essential and needs to change

**Most compelling-** must be addressed

**Most defining-** is the central explanation for why the person is not protective; is reflective or representative of the person

**Genesis-** is at the root of or is the cause of other diminished protective capacities

**Sum-** sums up several closely related diminished protective capacities

**Greatest interest-** is of the most interest to you and the parent

**Quickest payoff** – is most easily or quickly addressed

**Most crucial-** is most associated with protectiveness; may produce the greatest gain or the greatest loss

**Least threatening-** the parent is challenging the least

**Least resistive-** the parent feels the least concern about changing

Taken from: Action for Child Protection, November 2005 article entitled 'Integrating Caregiver Protective Capacities into Case Plan'

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2. Is there a match between the service that is being considered and the diminished protective capacities that have been identified? In other words, will the service likely address the behavior, condition, or circumstances that led to the identified safety threat?
  - a. For example: A child is neglected when her basic needs were not met (safety threat). The parents lack knowledge about typical child development (diminished protective capacity). The service provides necessary information about child development (good match). –OR- The service offers ‘treatment’ for the parents’ traumatic childhoods, when this issue was not connected to the safety threat (poor match).
- When referring to services, share necessary information with service providers. Necessary information may include any information that will help the parents achieve the Expected Outcome, enhance protective capacities, and/or meet an identified child or family need.
- Consider the information these individuals would likely need to know to be able to provide assistance to the parent in working toward increasing protective capacities and achieving Expected Outcomes.
- Explain Child Welfare’s use of the ‘Authorization for Use and Disclosure of Information’ (DHS 2099) to the parents.
- Ask the parents to sign the DHS 2099 to allow Child Welfare to exchange pertinent information with them.
  1. State form 2099i lists helpful instructions for completing the DHS 2099.
  2. Consult with supervisor when the parent hesitates signing DHS 2099, after you’ve fully explained the purpose, reason for, use of information, and have heard the parents’ concerns.
- Communicate with service providers and reach agreement regarding the following:
  1. How will they know change is occurring and progress is being made? Or, that progress is not being made?
  2. What will they be able to observe in the parents’ behaviors, attitude, thinking, etc. that indicates to them that the Expected Outcome is being met- or not?
  3. How will the service provider notify Child Welfare and the parents of the progress or lack thereof that is observed?
  4. How will contact between Child Welfare and service providers be made a minimum of every 90 days?
  5. How often will Child Welfare and the parents receive this feedback?
  6. What does Child Welfare expect to see from the parents with regard to observable, measurable progress?

7. How will we determine if adequate progress is being made?
- Explain to the parents that every service provider, for the parents or the child, will be asked to provide certain information including:
    1. Notifying Child Welfare immediately when a child is believed to be unsafe;
    2. Providing supportive documentation regarding the continued safety of the child in the home when working with parents whose child remains or has returned to the parents' home;
    3. Providing updates about progress or lack thereof, in meeting Expected Outcomes or in meeting the child or family's needs, a minimum of once every 90 days;
    4. Providing the aforementioned information verbally or in writing, as requested by the caseworker.
  - Consult with supervisor immediately if any of the following occur:
    1. The parents refuse to participate in this process; or
    2. Safety services the caseworker sees as critical to managing child safety while the child remains in the family home are being refused; or
    3. The parents or a safety service provider does not adhere to the in-home safety plan that is currently in place.
  - Follow the supervisor's direction regarding an immediate protective action to manage the child's safety if situations such as those listed above occur.
  - Additional actions when a child is an Indian child:
    1. Make active efforts to ensure the Indian child's tribe and/or Indian parent's tribe participates in person, by telephone or another effective means of communication in selection of services and activities.
    2. Contact the tribal social services and/or ICWA representatives and ask the tribe to assist with the identification and provision of culturally appropriate services and programs available through the tribe and/or an organization such as the Native American cultural and/ or services center that may assist the child and the parents.
    3. Ask the tribe to provide the following information:
      - a. The name, address, telephone number and a contact person of a tribal program or an organization that provides services to Native American families; and
      - b. When appropriate, information about any known persons recognized by the Indian community as medicine men or other traditional tribal leaders, such as elders, whose skills can be used to keep the family together.
    4. Document all contacts with the Indian child's and/or Indian parent's tribe including the name, address, title, telephone number of the person contacts and the results of these contacts in case notes.

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- a. File copies of all correspondence with tribal staff in the case record.



### **The Supervisor's Role:**

- Consult with the caseworker and provide direction when the caseworker believes an expert evaluation of the parents or the child is appropriate, but the parents refuse to authorize consent.
- If a caseworker questions whether it is appropriate to follow recommendations made by an expert evaluator:
  1. Meet with the caseworker to understand the issues and provide consultation including:
    - a. Exploration of resources that are available;
    - b. Legal and case planning implications of a decision to not follow recommendations; and
    - c. Whether the recommendation was based on erroneous information and, if so, whether clarification via an addendum or other means needs to be requested.
- Consult with caseworker about how to document the decision to not follow an expert evaluator's recommendation in the Child Welfare Case Plan.
- In regular consultation with the caseworker, explore issues and provide feedback regarding concepts such as:
  1. Partnership, collaboration, and self-determination.
  2. Culturally relevant and individualized services and interventions.
  3. Use of least intrusive approaches and services that encourage a progressive move toward restoring parents' responsibility for child safety whenever it is safe and appropriate to do so.
  4. Assisting parents with the process of change (including normalizing 'resistance'), seeing change as a process, timing and sequencing of steps being guided by readiness for change at that moment, techniques being utilized to hear and be nonjudgmental about the parents' hesitancy to make change and effective ways to assist the parents to continue to make positive steps toward change;
  5. Appropriateness of selected services in light of the particular diminished protective capacity and safety threat that exists; and
  6. Setting the stage (with service providers) to obtain feedback about progress and measurable changes that can be observed.
- Provide direction about whether an immediate protective action should be taken to manage a

child's safety if the supervisor becomes aware of a circumstance when a child is unsafe.

### F. Determine Conditions for Return

Conditions for Return are the written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan while the parents continue to work with Child Welfare toward reaching the Expected Outcomes. This written statement is related to the identified safety threats could not be managed with an in-home safety plan. The Conditions for Return may become part of the court order, making it the official record and expectation that gives guidance to intervention, decisions, and subsequent court involvement concerning returning a child.

Conditions for Return is a description of what needs to be present in the home to manage child safety rather than a statement about individuals and what they must do. There may be multiple statements which make up the overall Conditions for Return.

Conditions for Return should not be confused with the Expected Outcomes, which are the desired end result, based on a sustained change in the parents' behavior, which will signal that Child Welfare's intervention is no longer needed. Parents do not necessarily have to change in order for children to be returned to the parents' home. Instead, to achieve reunification, a well-defined set of interventions to manage the identified safety threats must be in place and must be sufficient to manage the child's safety in the parents' home. This distinction maintains the focus on reunification as a safety decision, instead of allowing the parents' involvement and progress with services and treatment activities to become the measure for reunification.

The following is an **example** of a 'Conditions for Return' statement when the identified safety threat is: The family situation is such that no adult in the home routinely performing parenting duties and responsibilities that assure child safety.

*Mom is willing and able to have a responsible adult in the home to help her provide adequate care for her child.*

This could be made more specific, to define what 'care' means, depending on the age and needs of the child. A more detailed description could read:

*Care includes: supervision of the child at all times, providing meals at regular intervals, giving*

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*baths on a regular basis, and ensuring that the child does not leave the home without a responsible adult being in arms-reach.*

Note: this statement focuses on what would be present in the child's home environment, and does not necessarily require that the parents are the ones to provide for the supervision at this time. While the Expected Outcome, or long-term goal, may be for the parents to understand and consistently meet the child's need for age-appropriate supervision, this desired end result does not necessarily need to be achieved in order for the child to be reunified with the parents with an ongoing safety plan. What must be present is the willingness and ability of the parent to engage in an ongoing safety plan and to continue to work with Child Welfare toward the Expected Outcomes.

### **Procedure:**

- The caseworker must:
  1. Determine the conditions that must exist prior to the return of the child to the parents by doing the following:
    - a. Think about the identified safety threats to consider options:
      - How are the identified safety threats manifested?
      - What is the parents' capacity surrounding, attitude about, and awareness of the safety threats?
      - What must be managed?
      - How can it be managed?
      - What, if anything stands in the way of the identified safety threat being managed while the child is in the home?
      - Who, other than the parents, can help manage safety?
      - Can anyone substitute for the parents within the home to provide sufficient protective capacity to assure safety management?
      - What is the potential for the parent or person who is unable or unwilling to be protective to leave the home?
      - What specifically will manage the identified safety threat in the home?
    - b. Develop a detailed understanding as to why an in-home plan will not work at this time.
      - If the caseworker questions whether an in-home safety plan could be put into place at this time to adequately manage safety, seek additional information and consult with the supervisor to further consider this option.
      - The supervisor may be able to think of additional resources and/or options that have not yet been considered.

- c. Determine what would manage child safety with an in-home safety plan, such as:
  - Who are some acceptable individuals that could become safety service providers to manage the identified safety threats in the child's home?
  - What parental behaviors, if exhibited, would be acceptable?
  - What situations would be safe? and
  - What circumstances would create safety?
- d. Clearly communicate the Conditions for Return to everyone involved, most notably the child's parents.
- e. Communicate Conditions for Return to the court, attorneys, CASA, Tribe(s), etc., through regular court reports, case plan reviews, discussions, and other forms of communication.
- f. Document information about the conditions for return in the Child Welfare Case Plan (CF 0333a), and describe the following:
  - The specific behaviors, conditions, or circumstances that must exist before a child can return to the parents' home with an in-home ongoing safety plan; and
  - The actions and time requirements of all participants in the in-home ongoing safety plan, for a child to be safe.



### **The Supervisor's Role:**

- Assist the caseworker to consider options that would allow for reunification.
- Assure that Conditions for Return will, in fact, manage safety for the child.
- Provide assistance to the caseworker, when needed, to communicate to others involved why the particular Conditions for Return are Child Welfare's conditions for reunification.
- When reviewing and approving court reports and Child Welfare Case Plans, attend to:
  1. Are Conditions for Return clear?
  2. If the stated Conditions for Return, are met, would the supervisor likely approve reunification, if an adequate in-home ongoing safety plan could then be developed?
  3. Is it clear that adequate options have been considered to determine that an in-home ongoing safety plan is not appropriate at this time?



### **Forms and References**

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### Forms

- CF 333a  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0333a.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333a.doc)
- CF 333b  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0333b.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333b.doc)
- CF 333c  
[http://dhsresources.hr.state.or.us/WORD\\_DOCS/CE0333c.doc](http://dhsresources.hr.state.or.us/WORD_DOCS/CE0333c.doc)

### References

- I-B.3.1 Developing and Managing the Case Plan  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-b31.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b31.pdf)