**Statewide Protective Capacity Family Assessment**

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| --- | --- |
| **Case Name:**  | **UNITY Case #:**  |
| **Permanency Worker Name:**  | **Supervisor Name:**  |
| **Date Worker Assigned:**  | **Date PCFA Form Completed:**  |

**Section I. PCFA Contacts and Process:**

***(Record the PCFA process: identify dates of contact and/or attempted contact, caregiver (s) who participated in the meeting, note PCFA intervention stage (i.e. intro, discovery, case planning), location of the meeting, length of each contact and comments regarding the contacts that are significant.)***

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| --- | --- | --- |
| Start Date:       | Start Time:       | End Time:       |
| PCFA Intervention Stage:       | Type of Contact:       | Travel Time:       |
| Participant(s):       | Location:       | Length:       |
| Comments:       | TCM Activity: Choose an item. |  |

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| --- | --- | --- |
| Start Date:       | Start Time:       | End Time:       |
| PCFA Intervention Stage:       | Type of Contact:       | Travel Time:       |
| Participant(s):       | Location:       | Length:       |
| Comments:       | TCM Activity: Choose an item. |  |

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| --- | --- | --- |
| Start Date:       | Start Time:       | End Time:       |
| PCFA Intervention Stage:       | Type of Contact:       | Travel Time:       |
| Participant(s):       | Location:       | Length:       |
| Comments:       | TCM Activity: Casepln Devel |  |

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| --- | --- | --- |
| Start Date:       | Start Time:       | End Time:       |
| PCFA Intervention Stage:       | Type of Contact:       | Travel Time:       |
| Participant(s):       | Location:       | Length:       |
| Comments:       | TCM Activity: Choose an item. |  |

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| --- | --- | --- |
| Start Date:       | Start Time:       | End Time:       |
| PCFA Intervention Stage:       | Type of Contact:       | Travel Time:       |
| Participant(s):       | Location:       | Length:       |
| Comments:       | TCM Activity: Choose an item. |  |

**Section II. PCFA Introduction Stage Summary**

Summarize the PCFA Introduction Stage with each caregiver. The summary to include the following:

1. Engagement: Describe the caregiver’s responsiveness and include your efforts to engage him/her.
2. Roles, Expectations and PCFA Process: Describe the extent to which the caregiver understands the purpose of the PCFA.
3. Reason for Agency Involvement: Describe the caregiver’s current understanding of why the agency is involved related to Impending Danger and his/her level of acceptance.
4. Commitment to Participate: Describe the caregiver’s willingness and/or capacity to participate in the PCFA process.

 Caregiver 1: Name

 Narrative

Caregiver 2: Name

 Narrative

**Section III. PCFA Discovery Stage Summary**

1. Enhanced Caregiver Protective Capacities (Identify the specific Enhanced Caregiver Protective Capacities that you and the caregiver discussed during the PCFA Discovery Stage, and describe how those Caregiver Protective Capacities could be used to influence change. Describe relevant engagement with caregiver.)

Caregiver 1: Name

**Adult Functioning Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Controls Impulses [ ]  Is Self-Aware [ ]  Meets Own Emotional Needs

[ ]  Takes Action [ ]  Is Intellectually Able [ ]  Is Resilient

 [ ]  Recognizes Threats [ ]  Is Tolerant

 [ ]  Is Stable

**Parenting General Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Sets Aside Own Needs for Child [ ]  Recognizes Child’s Needs [ ]  Expresses Love, Empathy,

 Sensitivity to the Child

[ ]  Demonstrates Adequate Skills [ ]  Understands Protective Role [ ]  Is Positively Attached with the

 Child

[ ]  Adaptive as a Caregiver [ ]  Plans and Articulates Plans [ ]  Is Aligned and Supports the

 For Protection Child

Narrative

Caregiver 2: Name

**Adult Functioning Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Controls Impulses [ ]  Is Self-Aware [ ]  Meets Own Emotional Needs

[ ]  Takes Action [ ]  Is Intellectually Able [ ]  Is Resilient

 [ ]  Recognizes Threats [ ]  Is Tolerant

 [ ]  Is Stable

**Parenting General Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Sets Aside Own Needs for Child [ ]  Recognizes Child’s Needs [ ]  Expresses Love, Empathy,

 Sensitivity to the Child

[ ]  Demonstrates Adequate Skills [ ]  Understands Protective Role [ ]  Is Positively Attached with the

 Child

[ ]  Adaptive as a Caregiver [ ]  Plans and Articulates Plans [ ]  Is Aligned and Supports the

 For Protection Child

 Narrative

1. Diminished Protective Capacities (Identify the Diminished Caregiver Protective Capacities that you and the caregiver discussed during the PCFA Discovery Stage that will be addressed in the Case Plan and how those diminished capacities relate to the child(ren) being deemed unsafe, specifically relating to the Impending Danger Threats. Describe relevant engagement with caregiver.)

Caregiver 1: Name

**Adult Functioning Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Controls Impulses [ ]  Is Self-Aware [ ]  Meets Own Emotional Needs

[ ]  Takes Action [ ]  Is Intellectually Able [ ]  Is Resilient

 [ ]  Recognizes Threats [ ]  Is Tolerant

 [ ]  Is Stable

**Parenting General Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Sets Aside Own Needs for Child [ ]  Recognizes Child’s Needs [ ]  Expresses Love, Empathy,

 Sensitivity to the Child

[ ]  Demonstrates Adequate Skills [ ]  Understands Protective Role [ ]  Is Positively Attached with the

 Child

[ ]  Adaptive as a Caregiver [ ]  Plans and Articulates Plans [ ]  Is Aligned and Supports the

 For Protection Child

 Narrative

Caregiver 2: Name

**Adult Functioning Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Controls Impulses [ ]  Is Self-Aware [ ]  Meets Own Emotional Needs

[ ]  Takes Action [ ]  Is Intellectually Able [ ]  Is Resilient

 [ ]  Recognizes Threats [ ]  Is Tolerant

 [ ]  Is Stable

**Parenting General Protective Capacities**

**Behavioral** **Cognitive** **Emotional**

[ ]  Sets Aside Own Needs for Child [ ]  Recognizes Child’s Needs [ ]  Expresses Love, Empathy,

 Sensitivity to the Child

[ ]  Demonstrates Adequate Skills [ ]  Understands Protective Role [ ]  Is Positively Attached with the

 Child

[ ]  Adaptive as a Caregiver [ ]  Plans and Articulates Plans [ ]  Is Aligned and Supports the

 For Protection Child

 Narrative

1. Discuss caregiver’s thoughts, feelings and perceptions of the identified enhanced and diminished protective capacities; identify stage of change for each diminished protective capacity.

(Tips: note areas of agreement and disagreement, level of participation in the PCFA process for developing Case Plan Goals)

Caregiver 1: Name

 Narrative

Caregiver 2: Name

 Narrative

1. Based on the analysis of the caregiver protective capacities, identify caregiver outcomes that will drive the Case Plan

 Caregiver 1: Name

 [ ]  Behavioral Protective Capacity

 [ ]  Cognitive Protective Capacity

 [ ]  Emotional Protective Capacity

Caregiver 2: Name

 [ ]  Behavioral Protective Capacity

 [ ]  Cognitive Protective Capacity

 [ ]  Emotional Protective Capacity

**Section IV. Children’s Needs**

1. Identify the status of each need. Child(ren)’s needs require direct, ongoing, and/or formal intervention as part of the Case Plan.

Child 1: Name

* Medical/Dental/Vision Health

 Being Met [ ]  Yes [ ]  No

(If “No” document specific description of Medical/Dental/Vision Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning).

 Narrative

* Mental Health/Behavioral

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Mental and Behavioral Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* Educational

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Educational unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* + Child 2: Name
* Medical/Dental/Vision Health

 Being Met [ ]  Yes [ ]  No

(If “No” document specific description of Medical/Dental/Vision Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning).

 Narrative

* Mental Health/Behavioral

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Mental Health and Behavioral Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* Educational

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Educational unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* + Child 3: Name
* Medical/Dental/Vision Health

 Being Met [ ]  Yes [ ]  No

(If “No” document specific description of Medical/Dental/Vision Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning).

 Narrative

* Mental Health/Behavioral

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Mental Health and Behavioral Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* Educational

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Educational unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* + Child 4: Name
* Medical/Dental/Vision Health

 Being Met [ ]  Yes [ ]  No

(If “No” document specific description of Medical/Dental/Vision Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning).

 Narrative

* Mental Health/Behavioral

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Mental Health and Behavioral Health unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

* Educational

 Being Met [ ]  Yes [ ]  No [ ]  NA

(If “No” document specific description of Educational unmet needs, their duration, effect on child, caregivers’ recognition and concern, and how the need is occurring within the child’s daily life and functioning.)

 Narrative

**Section V: PCFA Safety Management and Conclusion**

Reassess safety through new Safety Assessment (SA) in Unity 2.0

* + If SA has Impending Dangers then do SPD/CFR, SP (Note: Must complete a new SPD/CFR, SP regardless if outcomes are the same as prior assessment. The level of intrusiveness regarding the Safety Plan (SP) must continually be assessed.)
	+ If SA has no Impending Dangers, then child(ren) is safe, proceed to Case closure

**Section VI: Supervisor Review**

Document a case note in UNITY under supervisory contact to support supervisor review and approval of the PCFA.

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**Permanency Worker’s Signature Date**

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**Supervisor’s Signature Date**