

# Caregiver Protective Capacities and Family Protective Resources

## Introduction

Recently we were in a state helping with a case review. Within the state's safety model was a requirement for evaluating caregiver protective capacities. When we looked at the guidelines for making this evaluation we found that caregiver protective capacities were defined as "family strengths or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child."

- ➡ We found a definition that stated family strengths were those relationship qualities that contribute to the emotional health and well-being of the family.
- ➡ In the child maltreatment prevention literature, you will find reference to protective factors. These are described as individual, family and community factors.
- ➡ Another source concerned with child resilience said protective factors were the constellation of personal, family and environmental factors that enable children to survive and thrive in the face of adversity.

This can be confusing, huh? When guidelines or literature use similar terms, it can send the message that these similar terms stand for the same thing. If that's not true, that confuses things even more.

Do you think caregiver protective capacity is the same thing as a protective factor? Is a protective factor the same thing as a family strength? When or how is a family strength related to safety intervention? Is this all really just a matter of semantics? What difference does it make?

Our answer is that it certainly makes a difference because we are not just talking about words or labels—we are talking about concepts. These concepts frame our understanding of CPS intervention, and they provide the basis and have purpose for what we do in safety intervention.

The concept *caregiver protective capacity* is the cornerstone of CPS intervention. Diminished caregiver protective capacity is the reason that CPS becomes involved with a family; enhanced caregiver protective capacity is why CPS no longer needs to be involved with a family. So a precise understanding of caregiver protective capacity is crucial. Additionally, understanding caregiver protective capacity in comparison to other related concepts, such as family strengths or protective factors, is also essential.

### **Caregiver Protective Capacities**

Caregiver protective capacity is a concept that applies specifically to the adult who lives with a child and is responsible for the primary care of a child. In particular, we refer to the adult who holds the primary responsibility for the child's safety. Normally we are thinking of the child's parent or a person who operates in that capacity in relation to a child. So, this includes natural parents, stepparents, an adult companion of a child's parent, a grandparent, an uncle or aunt. The caregiver resides with the child; they live in the same household. Another distinction is that the caregiver - child relationship is expected to be a continuing one. The caregiver is going to remain in the child's life and will maintain responsibility for the child's safety. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, care providers such as day care or other institutions, babysitters, and so on.

Caregiver protective capacities are personal and caregiving behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's young. Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

When you are considering a particular aspect or quality or trait of an individual parent or caregiver, how do you decide whether it represents a protective capacity or not? How do you judge? Here are some questions you can explore in relation to individual characteristics:

❏ *Does the characteristic prepare this child's parent/caregiver to be protective?*

For instance, this might include facts about the parent's/caregiver's knowledge or skill.

❏ *Does the characteristic enable or empower the child's parent/caregiver to be protective?*

For instance, this might involve the parent's/caregiver's emotions and perceptions held toward a child.

❏ *Is the characteristic necessary or fundamental to being protective?*

For instance, this might be related to the parent's/caregiver's physical health and strength.

❏ *Must the characteristic exist prior to being protective?*

For instance, this might be related to the parent's/caregiver's ability to correctly read reality.

❏ *Can the characteristic be related to acting or being able to act on behalf of a child?*

For instance, this might involve the parent's/caregiver's mental health.

Why are caregiver protective capacities as covered here so important to CPS intervention? We mentioned above that this concept actually is the defining concept for CPS intervention. Fundamentally, CPS exists because caregivers within our communities are not protective—they lack protective capacities, or their protective capacities are sufficiently diminished so that their children are not being protected from danger. When can child protective services be closed? A case can be considered to no longer require CPS when a caregiver possesses and demonstrates sufficient protective capacities to assure that his or her child is safe.

Using this concept, CPS conducts assessments to identify threats to safety and evaluate caregiver protective capacity; CPS opens cases for ongoing treatment because caregiver protective capacities are diminished; CPS assesses and develops case plans with caregivers designed to enhance diminished caregiver protective capacities; CPS evaluates progress and enhancement of caregiver protective capacities and reduction of threats to child safety; then CPS closes cases when caregiver protective capacities are sufficient to protect the child, and caregivers are restored to their protective role and responsibilities.

Do you see that child protection is the mission of CPS and the enhancement of caregiver protective capacity is the objective of CPS? We expect to achieve long-term protection of children by restoring caregivers to their protective role and

responsibilities. You might think of it this way: Caregiver protective capacity is our business, and a safe child is our product.

Caregiver protective capacities are grouped into three areas of functioning. People vary in terms of the capacity they possess. It is hard to think about someone who does not demonstrate some, even if a few, enhanced capacities (from the list below). While we recognize that very challenged or troubled caregivers may have limits in a large number of capacities, some caregivers can be having just as hard a time because a limited number of capacities (or even one) are seriously diminished.

As you look at these lists below, remember that these capacities are considered in relation to how they contribute to empowering and enabling a parent – the primary caregiver to keep his or her vulnerable children safe. These are not family characteristics; these are individual caregiver characteristics.

### *Behavioral Protective Capacities*

- The caregiver has a history of protecting.
- The caregiver takes action.
- The caregiver demonstrates impulse control.
- The caregiver is physically able.
- The caregiver has/demonstrates adequate skill to fulfill caregiving responsibilities.
- The caregiver possesses adequate energy.
- The caregiver sets aside her/his needs in favor of a child.
- The caregiver is adaptive as a caregiver.
- The caregiver is assertive as a caregiver.
- The caregiver uses resources necessary to meet the child's basic needs.
- The caregiver supports the child.

### *Cognitive Protective Capacities*

- The caregiver plans and articulates a plan to protect the child.
- The caregiver is aligned with the child.
- The caregiver has adequate knowledge to fulfill caregiving responsibilities and tasks.
- The caregiver is reality oriented; caregiver perceives reality accurately.
- The caregiver has accurate perceptions of the child.
- The caregiver understands his/her protective role.
- The caregiver is self-aware as a caregiver.

### *Emotional Protective Capacities*

- The caregiver is able to meet own emotional needs.
- The caregiver is emotionally able to intervene to protect the child.
- The caregiver is resilient as a caregiver.
- The caregiver is tolerant as a caregiver.
- The caregiver displays concern for the child and the child's experience and is intent on emotionally protecting the child.
- The caregiver and child have a strong bond, and the caregiver is clear that the number one priority is the well-being of the child.
- The caregiver expresses love, empathy and sensitivity toward the child; caregiver experiences specific empathy with the child's perspective and feelings.

### **Family Protective Resources**

It is common to find definitions for protective capacity that combine the capacity of individual caregivers and capacity existing within the family network. Of course, this is problematic since CPS must approach the individual caregiver's capacities from a different perspective and for a different purpose than occurs with respect to family network capacities. We always have to remember that

although CPS is best when it is family centered, reports are not investigated because a “family” is not protective. Reports are investigated because a parent/caregiver is not protective. No child abuse and neglect reporting law in the country is based on a family not being protective. Law which authorizes CPS and CPS intervention are directed at individual responsibilities not being met.

So, once again, caregiver protective capacities apply to the individuals who are responsible for protecting the child—in effect—the persons who are reported. A big deal is made of this in order to emphasize the distinction between caregiver protective capacities and family protective resources.

Family protective resources are personal, tangible and intangible assets that exist within the family network that are available and accessible for use within a safety plan which contribute to controlling threats and managing child’s safety while CPS intervention continues.

The purpose family protective resources serve is to provide close proximity, less intrusive means and methods necessary to control and manage impending danger threats—threats to child safety. Family protective resources, particularly those involving individuals, can serve as a substitute for caregivers who are not able or willing to assure the protection of their children.

The family network refers to all the individuals and social connections with which caregivers and their children are associated. A family network can include relatives, neighbors, friends, professionals involved with the family, acquaintances connected through formal means such as church members, and members of the community in which caregivers live. How wide the family

network circle expands is interpreted by caregivers in accordance with their perceptions about personal and social proximity.

Let's look at examples of family protective resources. As you consider these, remember each is qualified by case-specific safety plans which delineate kind of effort, level of effort, scheduling, and expected responsibilities and accountability.

### *Personal Resources*

- Providing full-time care of a child in the person's home
- Providing occasional or part-time care of a child in a person's home
- Providing residence for a caregiver and children
- Caring for a child in the child's home part-time
- Caring for a child in the child's home full-time
- Supervising the home climate and situation
- Supervising, monitoring and/or observing caregiver behavior
- Coaching or teaching a caregiver essential basic parenting and protective skills
- Providing housekeeping/home care
- Involving caregivers and children in respite activities and diversions
- Assisting and teaching basic home management and life skills
- Assisting with and/or monitoring in home health care, use of medication, etc.

### *Tangible*

- Providing money
- Providing for food, clothing or other essential needs
- Paying for or providing transportation
- Providing telephone or other forms of communication
- Providing housing options

## *Intangible*

- Providing emotional support
- Providing encouragement
- Interpreting and testing reality
- Instilling hope
- Motivating
- Setting limits
- Demonstrating acceptance
- Providing spiritual and life adjustment guidance
- Demonstrating caring and affection

It is important to emphasize that personal family protective resources must always be checked out when deployed as part of a safety plan. You probably know that the Adoption and Safe Families Act (ASFA) requires you to evaluate the safety of every home in which a child is placed at placement and periodically after that. So if a safety plan involves a placement using a family protective resource—say a relative—then a safety assessment is required. This means justifying the use of the personal family protective resource for placement as safe, but we are referring to more than the ASFA requirement.

When using people within the family network to participate in and be responsible for a safety plan, CPS must determine that the individuals are suitable and qualified. This should remind us that family protective resources, in particular individuals within the family network, cannot be considered acceptable simply because they are recommended by caregivers and/or part of the family network.

How do you determine suitability? What questions should guide you as you consider whether someone who is available as a family protective resource is suitable and qualified to participate in a safety plan?

### *Some General Questions*

- ❏ Is the person a responsible adult who is physically and cognitively adequate?
- ❏ Does the person understand what the threats are and accept them as existing, serious and concerning?
- ❏ Does the person have a sufficiently strong will and personality so that he or she cannot be influenced by the child's family members?
- ❏ Is the person fully aware of and committed to the assigned tasks in the safety plan?
- ❏ Is the person available and ready to begin the same day the safety plan is enacted?
- ❏ Can the person complete his or her responsibilities throughout the life of the safety plan?
- ❏ Is the person accessible which means in close proximity with transportation and easily and immediately reachable as required by the safety plan?
- ❏ Does the person possess a keen sense of perception about things happening around him or her?
- ❏ Is the person prepared, trained and skilled in a particular area of competency required by the safety plan?
- ❏ Is the person trustworthy, willing to work with you in a cooperative/collaborative relationship and willing to communicate regularly concerning all matters associated with the safety plan?

- ❑ Does the person have a precise understanding of the schedule, activities and expectations contained in the safety plan?

### *More Specific Questions*

- ❑ Is the person's viewpoint toward the child appropriate and realistic?
- ❑ Is the person's attitude toward whether the child contributed to the need for a safety plan, a placement or family problems consistent with the facts and appropriate?
- ❑ Is the person's attitude toward the child's parents appropriate and realistic?
- ❑ Does the person accept CPS involvement?
- ❑ Does the person possess the ability to perform the basic care and/or activities exactly as needed for the safety plan?
- ❑ Does the person's use of substances in any way affect his or her ability to perform expected responsibilities?
- ❑ Are the person's beliefs about what happened that required safety intervention and who is responsible reasonable and appropriate?
- ❑ Does the person possess the knowledge, skill and motivation necessary?
- ❑ Is the person currently involved in any criminal activity or does he or she have a history of criminal behavior?
- ❑ Does the person possess sufficient resources to meet his or her responsibilities?

 Are the person's living arrangements safe (if the safety plan involves his or her home)?

Is the person's home secure from access by others?

Is the person's living arrangement socially and geographically proximate with respect to the case situation?

Are the person and the home situation stable?

 Is the person involved in domestic violence?

 Does the person have an active CPS case or history of being a CPS case?

 Does the person have a history of being protective of and providing acceptable care to children?

All of these questions may seem daunting. The idea we are attempting to express by laying out all kinds of things you should know in order to qualify a family network member as suitable to be part of a safety plan is to “know as much as you can as soon as you can.” It is conceivable that you may have to rely on a person within the family network to provide protection for a child in an emergency situation. Such circumstances may not allow you the opportunity to fully “vet” the person, but as long you are relying on the person to provide protection you should continue to seek the answers to these kinds of questions to reinforce your confidence in his or her suitability.

### **Protective Factors**

We mentioned in the introduction that the child maltreatment prevention field employs the concept *protective factors*. The concept is defined as “conditions in families and communities that, when present, increase the health

and well-being of children and families” (Davies 2004). Protective factors in the prevention setting are considered buffers which serve in helping parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

The protective factors that are central to producing healthy parent-child relationships and that are fundamental to framing programs concerned with prevention of child maltreatment are:

- ◆ Nurturing and attachment
- ◆ Knowledge of parenting and of child and youth development
- ◆ Parental resilience
- ◆ Social connections
- ◆ Concrete supports for parents

Right away you notice the relationship between protective factors and caregiver protective capacities. The individual characteristics common to these two concepts are nurturing, critical knowledge, and resilience.

Prevention is about acknowledging the context that exists in healthy parent – child relations and using that as a reinforcement benchmark for at risk families. Therefore we can see the conceptual significance for including social connections and support and for framing the concept in what amounts to a community context.

Do you see that the concept of *protective factors* has a different meaning and usefulness when intervening for prevention purposes compared to the concept of *caregiver protective capacity* when intervening for assessment and treatment purposes or the concept of *family protective resources* when intervening to control safety threats as part of a safety plan?

## Family Strengths

We'll close this article by considering the concept of family strengths in order to clarify and better understand caregiver protective capacities and family protective resources.

Sometimes, these days, people ask questions or associate within their conversations the concepts of protective capacities, protective factors and family strengths. Remember in our introduction we mentioned a policy that defined caregiver protective capacities as “family strengths.”

*Family strengths* is a concept or idea that has been popular in child welfare for more than two decades now. Its introduction into our thinking, language, programs and intervention came from family-based services first, then family-centered practice. Both of these originated out of the family therapy mental health field. In general, this approach acknowledges that families possess strengths which can be mobilized to bring about change and to further strengthen families. In CPS, the idea of strength-based practice seems primarily to be more an idea, value or philosophy which affects a worker's orientation; how a worker approaches a case; and how a worker interacts with clients. The actual identification of pertinent family strengths and how they are to be used specifically in intervention typically has not been clearly delineated. For instance, here's a policy that is fairly representative of the kind of direction related to family strengths you can commonly find:


*Consider family strengths and evaluate the potential for treatment of the underlying factors to ameliorate risk factors and to assist the family in taking adequate care of the child.*


This seems like a good idea but doesn't go very far in guiding you with respect to exactly what this means or what you should do.

But this vagueness isn't a problem if we can understand and accept that the importance of recognizing and acknowledging family strengths is an overarching value and expectation not necessarily meant to translate into exactly what is to be done with those strengths other than, say, reinforcing and supporting their existence. The point is the problem doesn't exist as long as you are clear about the differences of several concepts that relate to the family and intervention. Consider this table to see if the point comes through:

Concept	Relationship to Intervention
Family strengths	A value that governs the approach to and interaction with families and family members
Protective factors	Conditions in families and communities that, when present, increase the health and well-being of children and families; recognized as basic to preventing child maltreatment
Caregiver protective capacities	Behavioral, cognitive and emotional characteristics of a parent/caregiver that specifically and directly can be associated with being protective to one's young
Family protective resources	Personal, tangible and intangible assets that exist within a family network that are available and accessible for use within a safety plan

You may know that there is a family strengths movement out there in communities based in the private sector, universities, churches, and family support and prevention agencies. These are proactive, positive initiatives and programs that recognize the characteristics of strong families and exert efforts to maintain and enhance family life based on family strengths. While the perspective about the essential family strengths varies from source to source, this list pretty much captures the lion's share:

 Caring and appreciation

 Time together

- ↗ Encouragement**
- ↗ Commitment**
- ↗ Communication**
- ↗ Flexibility**
- ↗ Spirituality**
- ↗ Community and family ties**
- ↗ Clear responsibilities**
- ↗ Physical health**
- ↗ Mental health**
- ↗ Economic health**
- ↗ Support**
- ↗ Sense of family history**
- ↗ Sense of humor**
- ↗ Resiliency**
- ↗ Contentment with lifestyle**
- ↗ Unity**
- ↗ Self-esteem**
- ↗ Adaptive ability**

These “strengths” apply to strong families. There’s no reason why we in CPS shouldn’t be alert to notice the degree to which these characteristics are present or absent in a family as we study how a family is functioning in order to understand and identify the existence of impending danger and caregiver protective capacities. It is wise and useful to support the existence of these attributes as we encourage caregivers and family members to cope and contend with the effects of stressful situations; to learn to communicate with each other; to accept each other's feelings, concerns, and ideas; to develop better problem-solving skills; to show appreciation for each other; and to accept the support of friends and neighbors.

You must remember, however, in a safety-driven approach to CPS intervention that these are not the objectives of intervention. The objectives of

intervention in a safety-driven approach are enhancement of caregiver protective capacities and establishment of safe homes. Family strengths that exist in various degrees can be reinforced and supported to serve as a foundation that underpins CPS intervention focused on restoring caregivers to their protective role and responsibilities.