Discussion item for staff/team meetings

Assessing Parenting Capacity -NSPCC factsheet 5 (March14)

Aimed at practitioners, this factsheet describes the process of assessing parenting capacity. It highlights aspects of good practice drawn from research literature and guidance.

This factsheet is relevant across the UK (it does not refer to specific policy frameworks and legislation).

What is parenting capacity?

A simple definition is: "the ability to parent in a 'good enough' manner long term" (Conley, 2003).

According to a survey of practitioners' perceptions of 'good enough' parenting, there are four elements:

- meeting children's health and developmental needs
- putting children's needs first
- providing routine and consistent care
- acknowledging problems and engaging with support services.

From the same survey, risky parenting was associated with:

- neglecting basic needs; putting adults' needs first
- chaos and lack of routine
- and an unwillingness to engage with support services (Kellett and Apps, 2009).

What is a parenting capacity assessment?

Parenting capacity is one of three core elements which practitioners assess when concerns about a child's welfare are raised.

The other two elements are the child's developmental needs, and wider family and environmental factors.

These three elements are inter-related and cannot be considered in isolation (HM Government, 2013).

The assessment process

Parenting assessment focuses on identifying strengths and weaknesses in relation to six dimensions of parenting:

- basic care

- ensuring safety
- emotional warmth
- stimulation
- guidance and boundaries
- stability.

Assessment must also take into account the impact of wider factors on parenting and the child's development. These include:

- family history and functioning
- extended family
- housing
- employment
- income
- social integration and community resources (HM Government, 2013).

During a parenting assessment it is important to establish whether poor parenting is a regular occurrence (Kellett and Apps, 2009).

To obtain a full picture of parenting capacity, the practitioner must consider the care parents provide in a variety of settings and at different times of the day (Jones, 2010).

Parenting capacity assessments involve:

- interviewing parents/carers
- interviewing children
- whole family assessments
- observations of parent-child interaction in a number of settings and at different times of the day (Jones, 2010).

Building relationships

Building a positive relationship with parent/carers pays dividends during the assessment process. Parents are a vital source of information about the family's circumstances. Their response to attempts to build a working relationship may also predict how co-operative they will be in enacting change in the long-term (Department for Education, 2010a).

There are a number of barriers to building positive relationships with parents:

- the challenge of working with vulnerable people who may have trouble trusting authority figures
- parents/carers' fear of losing their children
- practitioners' lack of confidence, fear of making mistakes, fear of violence, and work and time pressures (Department for Education, 2010a).

Practitioners need to work effectively with parents whilst retaining a focus on the child's welfare. They must never become so immersed in parents' problems that they lose sight of children's needs. They need to be honest and clear with parents without creating hostility; and show empathy without colluding with unacceptable behaviour (Forrester et al, 2008).

Interviewing parents/carers

This should include:

- giving reasons for the assessment and explaining clearly the process and desired outcomes
- assessing each parent's/carer's physical, mental and emotional health, including evidence of issues such as substance misuse, learning difficulties or domestic violence
- asking them to share their feelings about each child over time
- building a picture of parent-child attachment over time and the child's attachment and separation behaviour at key stages in their development such as starting school
- establishing the identities of all adults who care for the child
- considering parents' views about concerns relating to their parenting (Jones, 2010; Kellett and Apps, 2009).

Interviewing children

Children should be interviewed on their own. The practitioner must not ask leading questions and should avoid distressing the child. Dependent on the age of the child, the interview will cover:

- their current concerns and what needs to happen to address them
- their views on family relationships
- their views on school and their social relationships.

With younger children, this may involve a play-based session (Jones, 2010; HM Government, 2013).

Observations

This includes observations of each individual carer and their verbal and non-verbal interaction with each child. Observations need to cover the following:

- how the parent or carer talks to the child
- how/whether they show affection and warmth
- how they set boundaries and offer guidance.

Practitioners must measure strengths and weaknesses against the first five of the six parenting dimensions in the assessment framework. Observations should take place at home and in other familiar settings (Jones, 2010; Kellett and Apps, 2009).

The assessment must also be backed up by complementary sources of information. These include:

- interviews with extended family, friends, and professionals from other sectors including healthcare and education
- access to health, educational and criminal records (Jones, 2010).

Building a chronology of events

A family's past history, patterns of behaviour and agency interventions need to be recorded as a chronology. This will guard against 'start again' syndrome which involves a succession of assessments at crisis points which do not take into account the findings of previous assessments (Brandon et al, 2009).

A chronology is drawn up using information and knowledge already held by agencies involved with the family. Its aim is to provide early indications of emerging patterns of concern. It includes the following elements:

- key dates and milestones
- life changes and transitions
- a brief note of interventions and actions taken by professionals (Social Work Inspection Agency, 2010).

The parents own history should be part of any chronology. This includes any experiences of child abuse and neglect which may impact on their parenting capacity (Jones, 2010).

Assessing motivation to change

An essential part of the assessment process is evaluating parents'/carers' ability and motivation to change. This is characterised by parents accepting responsibility for their own actions; sustaining changes over time; and taking up offers of support and resources from services. Practitioners should note evidence of changes and improvements made as a result of previous interventions. They should also assess parents' ability to translate information into action (Department for Education, 2010b).

Practitioners need to be alert to cases of 'disguised compliance' (Reder, Duncan and Gray, 1993). This is when parents/carers appear to co-operate with child welfare agencies but have little intention of changing their behaviour permanently. It often features as a theme in serious case reviews. In a biennial analysis of reviews between 2003 and 2005, Brandon et al (2008) noted: "Apparent or disguised cooperation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted."

Examples of disguised compliance include engaging with professionals such as health workers for a limited period of time, agreeing with practitioners' recommendations but then failing to make use of services provided, or only cleaning the house before scheduled visits from a professional (Reder, Duncan and Gray, 1993).

Assessing parents with complex needs and problems

In many cases in which there are concerns about a child's welfare, parents will be facing at least one of the following issues:

- domestic abuse
- substance misuse
- mental health problems
- and/or learning difficulties.

Cleaver and Walker (2004) found that three-quarters of the 866 initial assessments they audited in 24 local authorities in England identified one or more of these problems.

Practitioners must be mindful of the fact that parents often struggle with more than one of these problems and should factor this in to their assessment. Furthermore, risks to the child's welfare increase significantly if the parents themselves were raised by carers experiencing any of these issues (Cleaver, Unell and Aldgate, 2011).

Such cases will always require specific in-depth assessment of the impact of these issues on parenting capacity.

Domestic violence and abuse

Domestic abuse has a serious impact on parenting capacity. It creates an inconsistent and unpredictable environment for children. Carers affected by domestic abuse usually exhibit a lack of emotional warmth and higher levels of aggression and rejection (Calder et al, 2004). Even if they try to create a nurturing environment, these attempts can be undermined by the child sensing the fear and anxiety of the person being abused (Buchanan et al, 2001). Children are harmed by hearing or witnessing violent incidents (Calder et al, 2004). Children can be manipulated by a perpetrator and used against the victim. They are also at risk of abuse and assault themselves (Kurz, 1996).

The best way to keep children and non-abusing parents safe from domestic abuse is to focus on early identification, assessment and intervention from specially-trained staff in universal services (for example, health care and education) (Scottish Government, 2010).

Practitioners should enquire about domestic abuse as a routine part of any assessment (Hester, 2006). However, they must raise the issue in a safe setting which does not expose the victim to further violence. In order to do this, it is advisable to consult with community safety officers or staff working in domestic violence and abuse organisations (Stanley, Cleaver and Hart, 2010).

Stanley and Humphreys (2006) suggest that two professionals be present at assessments involving both parents so that there is less chance of the perpetrator intimidating the practitioners or manipulating them in to a collusive relationship.

Asking the following questions may provide insight when assessing risks posed by domestic abuse:

- how are arguments settled?
- what happens when you agree or disagree?
- what happens when your partner gets angry?
- have you ever felt frightened or threatened by your partner?

(Stanley, Cleaver and Hart, 2010 adapted from Hester et al, 2006).

It is unhelpful to place all responsibility for a child's protection on the non-abusive parent without addressing the problem of the abusive partner. It is therefore important to engage both parents in the assessment (Farmer and Owen, 1995; Stanley, 1997).

Practitioners must be cautious in threatening care proceedings if a parent does not leave an abusive partner. This fails to recognise the complexity of an abusive relationship and the dangers inherent in leaving. Practitioners must therefore identify ways in which the abuser can be engaged in assessment and treatment programmes (Radford, Blacklock and Iwi, 2006).

Practitioners should remember that men can be victims and women can be perpetrators of domestic abuse.

Substance misuse

Substance abuse does not inevitably affect parenting capacity. However the social, legal and financial pressures associated with substance misuse make it more difficult to parent adequately (Stanley, Cleaver and Hart, 2010).

Analysis of serious case reviews since 2001 has shown that parental substance misuse is a significant factor in child deaths and serious injuries (Brandon et al, 2008, 2009; Rose and Barnes 2008). Children of substance misusers are more likely to experience physical and emotional neglect, they are less likely to be immunised and may be injured due to lack of parental supervision (AMCD, 2003). They are also more likely to be physically abused by substance misusing parents (Royal College of Psychiatrists, 2012).

There are a number of barriers to carrying out effective parenting assessments including the denial and stigma of addiction. This can also influence practitioners. A study carried out by Hart and Powell found that social workers, under pressure to protect limited resources, only offered the necessary support to those who actively sought help for their addictions. As a consequence, they were reluctant to 'lift the lid' on how parental addictions affect children (Hart and Powell, 2006).

Assessments must focus on children's needs and ways in which parents are unable to meet these needs due to their addiction. Practitioners should use the Common Assessment Framework (HM Government, 2013) to understand the child's needs and areas where help is needed. They should also liaise with adult substance misuse workers (Stanley, Cleaver and Hart, 2010). The 'risk and resilience' approach involves identifying and reducing risks posed by substance misuse and promoting protective factors. For example, practitioners work to reduce family conflict whilst at the same time building family and social support networks. Practitioners should also seek to connect families with specialist services providing intensive practical support (Forrester, 2004; Velleman and Templeton, 2006).

There are tools available to help practitioners assess the extent of alcohol use and how big a risk it poses to the child's welfare. These include: the Alcohol Use Questionnaire (Department of Health, Cox and Bentovim, 2000) or the screening questionnaires T-ACE and TWEAK (BMA, 2007) can be helpful in assessing the risk.

Mental health problems

Reviews of serious case reviews have noted an association between mental health problems and the risk of serious harm for children (Brandon et al, 2008; Falkov, 1996; Reder and Duncan, 1999). However, factors linked to mental health problems such as poverty and social exclusion can also adversely affect outcomes for the child (Social Exclusion Unit, 2004).

Mental health problems such as depression can inhibit parents' ability to respond to their children's emotional cues and offer consistent care (Falkov, Mayes and Diggins, 1998; Gorin, 2004). Maternal insensitivity, commonly caused by depression, can either be 'intrusive and hostile' or 'withdrawn and disengaged.' This can cause children distress and damage their social and emotional development (Murray et al, 2010).

The stigma attached to mental health problems can lead to delays in disclosure. Practitioners and parents can also struggle to recognise and understand mental health symptoms (Stanley, Cleaver and Hart, 2010).

During the assessment, practitioners need to focus on how mental health issues are affecting day-to-day parenting capacity. They also need to remember that mental health problems can fluctuate over time - sometimes over the course of a day. For example, a depressed mother may function better in the evening than in the morning. For this reason, they should visit more than once, at different times of the day. It is important to note that due to the remitting and relapsing nature of some mental illness, parents will require more support at some times than at others (Stanley, Cleaver and Hart, 2010).

Cassell and Coleman (1995) have suggested considering the following during a parenting capacity assessment of people with mental health problems:

- the warmth of the parent-child relationship
- the parent's ability to respond to the child's needs
- delusional thinking
- the parent's anger management
- the availability of another responsible adult.

Information and advice should also be sought from mental health practitioners involved in the parents' care. Unless there is a risk of significant harm to the child, practitioners should seek consent before doing this. If there is a risk of significant harm, guidance stresses that confidential information should be shared with or without consent (HM Government, 2008).

Learning disabilities

McGaw and Newman (2005) identified parental learning disabilities as a risk factor in child neglect. They concluded that "neglect appears to occur as a result of acts of omission rather than commission". For this reason parent education and skills teaching must be an integral part of any intervention. However, professionals must guard against what Booth and Booth (1993) have termed the 'presumption of incompetence' which leads them to assume that parents cannot cope solely because they have learning difficulties. This leads to skills and strengths being overlooked and parents denied the opportunity to build on existing strengths. It is unlawful to remove a child from his or her family solely on the grounds of a parental learning disability.

As always, the focus of the assessment is on whether the parent can meet the needs of the child. The parent's intellectual impairments should be identified and assessed and support put in place as early as possible. The following factors should be assessed:

- the parent's own early childhood experiences (for example, their parenting deficits may be due to a lack of adequate care when they were children)

- the parent's ability to learn or acquire new information and retain this over time
- the parent's ability to assess and respond to changing situations
- the parent's ability to prioritise appropriately the needs of self and others (DfE, 2010c).

Communication must be clear and simple at all times, with adequate opportunities for repetition. Instructions need to be concrete rather than abstract and it is important to check comprehension frequently. A positive, empathic and patient approach is encouraged (Department for Education, 2010c).

What happens next?

Assessment is a continuous and dynamic process. Decisions made must be reviewed in the light of new and emerging information. In some cases, parents will be unable to make sufficient and timely change to ensure they meet their children's needs and can protect them from harm.

When parents are unable to provide their child with 'good enough' parenting, professionals must decide what child protection measures should be taken to protect the child from significant harm.

This may involve making a child subject to a child protection plan or instigating care proceedings and drawing up a care plan. Such plans offer access to support services and outline the differences these services are expected to make to parenting capacity (Jones, 2010). Changes happening as a result of interventions need to be measured and modifications to the plans made on an on-going basis.

In some cases, parents will be unable to make sufficient and timely change to ensure their children do not continue to suffer significant harm and it may be necessary to consider separating the child from his/her caregivers permanently (HM Government, 2013).

Further help and information

Search the NSPCC Library Online for more information about parenting capacity.
