Bringing it together: Assessing parenting capacity in the child protection context

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Assessing parenting capacity is a core component of child protection social work and something that all social workers do from their very first interaction with a parent. An assessment of parenting capacity involves determining the parent’s capacity, insight and knowledge to provide safe and appropriate care for their child. Assessing parenting capacity is not a ‘one-off’ exercise; continual review may indicate the need for further assessment at different points in time to ensure the care being provided to the child is continuing to meet their needs.

This article begins with a general overview of the factors that child protection social workers consider when undertaking a parenting capacity assessment, including the importance of putting the child at the centre of the assessment and understanding the impact that one’s own values and beliefs can have on the process. From there it provides practical suggestions on the areas explored in the assessment of parenting capacity as well as things to consider when bringing everything together.

**Defining ‘competent parenting’, ‘parenting capacity’ and ‘parenting ability’**

Statutory social workers often struggle with feeling like they have to ‘decide’ if a parent is competent and has the capacity to carry out their parenting role safely and appropriately. This intrusion into a usually private area of family life can be a daunting and overwhelming proposition, and one that sits uncomfortably for many social workers.

However, assessing parenting capacity is not about making decisions based on values, judgements or ‘gut instincts’, but rather about gathering clear and factual information weighed against the child’s specific needs.

This then lays the foundation for analysing this information to help formulate an evidence-based conclusion about the parent’s capacity to provide enduring safe care for their child within a particular setting.

In undertaking this task, social workers begin with a baseline definition of the term ‘competent’ as it applies to parenting. It is important to have a clear understanding about the attributes and qualities one would expect to see in a competent parent so as to measure these against the attributes and qualities of the parent being assessed. One such definition is that “competent parents are simply people who show through their behaviour that they care about what happens to their children and who can restrain themselves from seriously harming them” (Westman, 1994, p. 28–29). A competent parent needs to provide their child with the core elements of care such as clothing, nutrition, shelter, education and health care, but Westman (1994) suggests they also need to:

- be able to learn and relate to others
- develop abilities to delay gratifying immediate urges
- be able to tolerate frustration
- adhere to generally accepted values that restrain adults from harming others
- have the skills and knowledge to balance affection while limiting poor behaviour
react consistently to their child’s behaviour
be involved in their child’s life within their community.
Azar, Lauretti and Leding (1998) and Azar and Cote (2002) expand this further and state that competent parenting is about adaptability and more specifically about being able to adapt positively to the changing needs and circumstances of their child. A literature review by the Commonwealth of Australia (2004) identified three themes of adaptability:

1 Perceptiveness: The acuteness of the parent’s awareness of their child, what is happening around their child, and the effects of their behaviour on the child.

1 Responsiveness: The extent to which the parent connects with their child, is sensitive to their needs, and responds to them with affection.

1 Flexibility: The ability of the parent to react in different ways according to the situation at hand.

Social workers need to be able to make the distinction between ‘parenting capacity’ and ‘parenting ability’. A person may be able to parent for a short period of time within a specific setting (i.e. a supervised visit at a neutral location), thus demonstrating parenting ability. However, this does not demonstrate the capacity of that person to parent effectively in the long term (Conley, 2003). Parenting capacity is context driven, and highly dependent on factors such as culture, values and beliefs, socioeconomic circumstances, and proximity to family support (White, 2005).

Assumptions and biases on the part of the assessor may directly impact on the interpretation and weight given to information gathered for a parenting capacity assessment (Choate, 2009; Budd & Holdsworth, 1996).

Holland (2004) developed a checklist that assessors can use as a way of bringing preconceived ideas and values to the forefront of their thinking to help minimise the effect this may have on the integrity of the assessment:

1 What do I know about individuals who have these life experiences?
1 Where does my knowledge come from?
1 What prejudices (both positive and negative) may I hold?
1 What might surprise me and why would it be a surprise?
1 How might I be perceived by this parent/family?
1 How might the assessment be perceived by this parent/family?
1 How might the agency be perceived by this parent/family?
1 What agency norms and practices do I bring with me when undertaking an assessment? (cited in Sawyer, 2009).

The issues around defining competent parenting and parenting capacity and understanding the impact of preconceived ideas and values highlight the importance of regular supervision for those undertaking parenting capacity assessments. Supervisors play a critical role in helping assessors stand back, reflect on their practice, and critique their reasoning and decision-making (Horwath, 2002).

Social workers also need to be realistic and remember that being a competent parent and having the capacity to parent is not about being ‘super-human’, ‘perfect’ or functioning at an ‘optimal’ level. Instead, an assessment of parenting capacity needs to employ a reasonable standard of parenting that ensures the “parenting is adequate to meet the basic safety and emotional needs of the child [and that it considers] the lowest threshold of parenting skills necessary to protect a child’s welfare, given the risks and protective factors present in the family” (Budd, 2005, p. 433).

It is important that people undertaking these assessments recognise the impact that their feelings and values may have, not only on the assessment but also on their interactions with families.
Reasons for assessing parenting capacity

Within the context of child protection, maintaining a child’s relationship with their parent, be it in the form of contact visits or permanent placement in the parent’s care, is of prime importance.

The underlying purpose of a parenting assessment is to explore and optimise how best that relationship can be maintained and fostered.

This concept of family preservation is a fundamental principle of the Children, Young Persons, and Their Families Act 1989, and is specifically stated in section 5(b): “The principle that, wherever possible, the relationship between a child or young person and his or her family, whānau, hapū, iwi, and family group should be maintained and strengthened” (p. 37).

An assessment of parenting capacity within the child protection milieu happens within the context of:

 één evaluating the safety of a child in their parent’s care
 één considering removing a child (including unborn children) from their parent
 één planning to return a child home
 één weighing up the suitability of a parent to have contact with their child when it has been decided the child won’t return home.

In any context, an assessment of parenting capacity sets out to determine if the parent, in respect of their child, can provide a safe, stable and predictable environment that will support the child's development (Steinhauser, 1991). It does this by developing an understanding of the parent’s own strengths and vulnerabilities, the strengths and vulnerabilities that exist within the parent-child relationship, the parent’s ability to meet their child’s individual, basic safety and emotional needs, and the parent’s ability to seek and accept appropriate support for themselves and their child as and when needed.

In addition to assessing parenting capacity, the circumstances that led to the assessment need careful consideration. For instance, some assessments of parenting capacity will be undertaken when a child has been out of the care of their parent for months or even years. The degree to which the separation affected the child will depend on a number of factors including the child’s age, the nature of the relationship and contact between the parent and child during the placement, the quality of the care provided by the caregiver, and how well the caregiver was known to the child prior to the placement (Steinhauser, 1991). In these situations, the assessment will additionally need to identify support for the child; it may be helpful to engage a specialist in the attachment field to work with the parent and child to help strengthen their relationship.

Putting the child at the centre of the assessment

Child-centred practice is at the heart of effective child protection. From the outset, it is vital that the needs of the child are accurately identified and placed at the centre of the parenting capacity assessment (White, 2003) and, in fact, any assessment undertaken within the child protection context. Parenting capacity assessments are “a planned process of identifying concerns about a child’s welfare, eliciting information about the functioning of the parent/s and the child, and forming an opinion as to whether the child’s needs are being satisfied” (Reder, Duncan & Lucey, 2003, p. 3). The assessment needs to take into account the child’s special needs, any disability, issues of ethnicity and culture, temperament, and the special meaning of the child to their parent (Basarab-Horwath, 2001). The parenting capacity assessment also needs to understand that while a parent may be able to successfully care for one child, the nature or demands of another child could be beyond that parent’s capacity (Choate, 2009).
The assessment therefore needs to consider the parent and each child, and each child’s specific needs.

Assessing parenting capacity: A five-pronged approach

A comprehensive assessment of parenting capacity entails careful triangulation to obtain an accurate picture. This includes gathering primary and secondary information from the following areas:

Review of records/history

Records are an essential part of understanding the circumstances of a case (Reder, Duncan & Lucey, 2003), and an assessment of parenting capacity is as much an evaluation of currently held information as it is the evaluation of new information. Interrogation of records such as child protection files, school reports, medical reports (including mental health and drug and alcohol evaluations), counselling reports, and conviction and probation records can be valuable.

Records provide the assessor with an understanding of what has previously happened, what patterns of behaviour have developed over time, and what therapeutic interventions have been tried and the degree to which these were successful. Reviewing records also provides the assessor with the opportunity to add to, correct and clarify existing information as part of the assessment, rather than just duplicating what is already known (Budd, 2005).

Interview with parent/s

The number of interviews needed with the parent for the completion of an assessment of parenting capacity needs consideration. The assessor also needs to be aware of the concept of ‘faking good’. A parent will likely always answer questions or act in a way that portrays them in the most positive light (Budd & Holdsworth, 1996). In a single interview they will usually be able to make a positive impression and the assessor needs to be able to see past this façade. More interactions with the parent will lend greater authenticity to an assessor’s view and illustrate the stresses that emerge from multiple contacts (Choate, 2009).

A parenting couple should be interviewed together and separately. Being interviewed together helps the assessor see their interaction with each other, while separate interviews allow a parent to provide information they may have withheld in the presence of the other parent. Particular areas to consider include:

- Is one parent dominant over the other?
- Is information provided as a couple consistent with information obtained individually?
- How might this interaction impact on the child?

There are a number of practical arrangements that can facilitate useful interviews. The environment where the interviews occur is important. A parent will likely be more relaxed in their own home, although this location might contain distractions and present safety issues for the assessor (Harnett, 2007); on the other hand, the assessor’s own workplace may seem safer to the worker but may represent a power imbalance to the parent. The length of interview sessions is also important – parents who become tired or unfocused are unlikely to produce a true picture of themselves and their life. Setting realistic timeframes will help create a smooth interview, but it is also useful to note that if parents tire or lose focus in a short space of time it may be an indication of an issue that may impact on their parenting ability. Also, the parent being assessed is likely to be quite nervous which may show through in the answers they give, reinforcing the importance of seeing a parent several times.

Interview with child

Every opportunity should be taken to gain the child’s view of their parent, in whatever way will allow them to express their point of view. This may mean interviewing them on their own (if age appropriate) or with support from another adult, sibling or close friend. The assessor should allow the child to describe the relationship they have with their parent, the role that this parent plays in their life, and their understanding
of boundary-setting in the home and how consequences are managed (Choate, 2009).

As with parents, multiple interactions with children help to shed light on the whole picture.

Interviews with children are generally challenging, and even more so in the context of a parenting capacity assessment. It is important to bear in mind that the child may feel pressured or coerced by the parent into providing overly positive feedback about them or they may have complex feelings about their parents. In some cases, the child may simply be unable to directly express how they feel, particularly if they have been led to believe their safety is at risk if they do. Such children may suggest much more about their feelings and experiences through drawings and play than they would in response to direct questions (Steinhauser, 1991).

Confidentiality needs careful reflection and how the child’s information will be used needs to be thought through and communicated to the child (in an age appropriate way), particularly if the assessment will likely be shared with the parents. The child’s information may differ from their parent’s information and if the parent is confronted with this it may place the child at risk, and cause the child to recant their story, deny what they said or learn that disclosure is not safe (Choate, 2009).

Interviews with other key people

Valuable sources of parent and child functioning (Haynes, 2010) can be elicited from interviews with people who know the parent well, such as whānau, friends, caseworkers, medical professionals and employers. Interviews with other key people are also useful in providing details about the parent’s strengths, vulnerabilities and progress, and confirming or countering claims made by the parent (Budd, 2005).

A good assessor should model transparency and attempt to obtain parental permission to contact these people. If a parent is reluctant to provide permission, this may indicate issues about transparency on the part of the parent. Similarly, the assessor needs to ensure that the people they talk to are aware the comments they make during their interviews may end up in the assessment report and that this report will likely be seen by the parent.

Observation of parent–child interactions

Observing the parent and child together is an essential part of the assessment process. Observations may highlight strengths and vulnerabilities not observed in an interview situation, and may also provide an index of the parent’s attempts to demonstrate their best parenting skills (Budd, 2005). Observations that occur in a place familiar to the parent and child will provide the assessor with the best opportunity to see the normal environment in which the child lives or has lived (Choate, 2009).

The assessor may set up structured tasks for the family, such as an excursion to the park or grocery shopping, which create a moderate degree of stress (Hynan, 2003), or they may choose to observe ‘naturally’ stressful activities such as getting the child ready for school, doing homework, or preparing the evening meal. In observing the parent and child, the assessor will look for the following:

1. Do the parent and child ignore each other?
2. Does either constantly and obtrusively demand the other’s attention?
3. To what extent do they talk, listen and make eye contact?
4. Does the parent respond appropriately to their child’s demands for attention, or do they appear distracted, uninterested or annoyed when the child tries to engage them?
5. Is the parent’s need for control or to express affection so intrusive that they cannot allow the child to explore freely or play independently?
6. Are the parent’s expectations of the child reasonable or excessive?
Does the parent let the child speak for them, or do they always try to answer for them?

Does the parent limit inappropriate behaviour or do they pretend to ignore it?

If asked to set appropriate limits, can the parent do so effectively and without confrontation and/or excessive harshness? (Steinhauser, 1991, p. 95).

**Assessing the parenting capacity of parents with mental illness, addiction issues or disability**

It cannot be assumed that simply because a parent has a mental illness, substance abuse problem or disability they are limited in their capacity to parent (Benjet, Azar & Kuerston-Hogan, 2003). However, these conditions can be a cause for concern if they are seen to impact on the parent’s skills, judgement and availability to meet their child’s needs (Bartha & Gonclaves, 1996). Determining the actual impact will require knowing:

- the nature, extent and duration of the parent’s condition
- the effect of the condition on the parent’s responsiveness and behaviour
- whether or not there have been remissions (in the case of substance abuse)
- whether another unaffected parent is in the home
- the child’s age
- the extent of the child’s ability to understand their parent’s behaviour
- the availability of other family members and supports to compensate for the parent’s incapacity (Steinhauser, 1991).

Although applicable to all parenting capacity assessments, there are two useful points to consider when looking at parents with mental illness, addiction issues or disabilities. Research shows that there are three protective factors that increase a child’s resilience to the developmental risks they face when a parent has a disability or is otherwise incapacitated: attributes of the child; positive emotional ties within a family; and external support systems for both the parent and child (Mirfin-Veitch, 2003).

**Understanding these protective factors is an integral part of undertaking the parenting capacity assessment.**

When assessing parents with mental illness, addiction issues or disability, Risley-Curtiss, Stromwall, Hunt & Teska (2004) suggest gathering and analysing information about the nature of the relationship between parent and child, the parent’s ability to manage stress, their acceptance of responsibility, the adequacy and effectiveness of the parent’s current treatment and the likelihood they are able to provide ‘good enough’ parenting over the course of childhood. Motivation of the parent to seek assistance is also considered a key variable (Schutz et al, 1989).

For parents who are taking medication or participating in a treatment programme where they are using substances at lower than usual levels or have stopped using substances completely, the parenting capacity assessment will need to consider the capacity of the parent to provide safe care for the child in the event that they stop taking their medication or return to abusing substances.

Support agencies that work directly with the parent often operate using a ‘parental advocacy’ approach that is likely to be at odds with the child-centred approach employed within the child protection field, and this needs to temper the information they provide. While it is important that the assessor takes the time to see the world through the parent’s eyes, this should never be done at the expense of the child’s best interests.

A parenting capacity assessment of a parent who has some type of disability, mental health or substance abuse problem requires the expertise of someone who has specific knowledge pertaining to the particular needs of the parent, and who can work alongside the social worker to complete the assessment.
Areas of exploration in an assessment of parenting capacity

In 2009 Child, Youth and Family introduced the Assessment Framework Triangle, which draws on and expands the prompts in the British Assessment Framework Triangle. These reference tools highlight key assessment areas that contribute to achieving safety, wellbeing and permanency for the children and young people they work with.

Bringing it all together

When pulling everything together to complete their assessment, the assessor should:

"strive for a balanced presentation by discussing parenting strengths as well as weaknesses, identifying possible precipitants and maintaining variables for parenting problems, suggesting possible interventions to address difficulties, and forthrightly addressing limitations in the assessment"

(Budd, 2005, p. 435)

Additionally, the assessor needs to consider how parental strengths translate into protective factors for the child, the issues that may tip the parent's vulnerabilities over to risk, parent's capacity for and acceptance to change, and whether change can occur within a timeframe that is in the child's best interests. A strong, evidence-based analysis is vital in the completion of the parenting capacity assessment.
These tools offer invaluable prompts that can assist in undertaking parental capacity assessments. In particular, the ‘parenting capacity’ side of the triangle, highlights the following factors:

- **Resiliency**: Resiliency is demonstrated when people use their skills, strengths and knowledge to cope with problems or setbacks. Parents who lack resilience may become overwhelmed when a challenge arises and use unhealthy coping strategies to manage the challenge.

- **Parenting skills and knowledge**: A person’s childhood experiences of being parented will have a strong bearing on their own parenting abilities. The parent’s sensitivity to their child’s cues, interaction with their child, discipline methods, parenting style and ability to display competent parenting for extended periods of time are important factors to consider. This is an area where it is particularly useful for the assessor to be mindful of their own values and judgements.

- **Ensuring safety**: This is about looking at the parent’s ability to provide basic care for their child now and in the future, the nature of the parent’s contact and interaction with their child (e.g. warm and affectionate or overly punitive and abusive), and their ability to keep their child safe and protect them from harm and dangerous situations.

- **Attachment and bonding**: A secure attachment between a parent and their child requires the presence of a warm and caring relationship, and a parent who is consistently available. Understanding the parent’s own experience of attachment as they grew up will help inform their ability to develop a secure attachment with their own child.

- **Willingness and capacity**: Denial of responsibility for injuries or a refusal to accept concerns is a negative indicator to safe care in the future. A parent who recognises they can be a better parent is more likely to be motivated to, and capable of, change.

- **Factors impacting on safe parenting**: Such factors include stress, substance abuse, physical or intellectual disability, mental illness, relationship and family stability, social supports, history of violence, physical living environment, ability to put their child’s needs first, and spiritual/religious considerations.

- **Guidance and supervision**: Parents need to role-model appropriate behaviour, control their emotions, and set appropriate boundaries so their child can develop an internal model of values and behaviour appropriate to the society in which they will grow up.

Even though these assessments provide a ‘snapshot in time’, they need to anticipate the capacity of the parent over the long term. Narrowing the focus to what the parent might be able to do in the short term with supervision and supports does not ensure safety for the child in the long term (Conley, 2003). One approach to consider is the parent’s response to any prior intervention that has been offered in an attempt to improve their parental functioning (Budd & Holdsworth, 1996).

When suggesting possible interventions, the assessor should bear in mind that parents can only do so much, and overloading them with tasks and activities is, in reality, setting them up to fail (Choate, 2009).

A phased approach is often useful, whereby the interventions are listed in order of importance and parents are tested with a few at a time.

If the assessment does not support a child remaining or returning home, the assessor needs to be clear with the parent about how and why this decision has been made. If the assessor is recommending the child returns to the parent’s care, they need to talk with the family about how the transition might best be managed, and within what sort of timeframes.
Conclusion
The assessment of a parent's capacity to care for their child is an important task in the child protection context. The outcome could determine whether or not a child remains or returns to their parent's care, or has any contact with their parent at all; therefore, the assessment process needs to be robust and comprehensive, with specialist opinion sought where and when appropriate. An assessment of parenting capacity is not about finding the 'perfect' parent, but about finding out what the child needs, whether their parent can meet these needs, and what is in the child's best interests.

Child, Youth and Family's Practice Centre website, which provides practice policies, guidance, resources, assessment tools and frameworks, is designed to support social workers in their everyday work. For more information about assessing parenting capacity, the Assessment Framework Triangle and the family strengths and risk assessment tool, go to www.practicecentre.cfy.govt.nz.

REFERENCES