**Guidance on undertaking a Parenting Capacity Assessment**

**What is parenting capacity?**

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

**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.

It is important that parenting capacity be considered in the context of the family’s structure and functioning, and who contributes to the parental care of the child. Exploration of the friend and family safety network is vital, in order to build on strengths, break any secrecy that typically surrounds situations of child abuse and ensures a shared understanding of the concerns, the bottoms line and the safety goals.

All assessments should be underpinned by the signs of safety framework; at its simplest, this framework can be understood as containing four domains for inquiry:

1. What are we worried about? (Past harm, future danger and complicating factors)
2. What is working well? (Existing strengths and safety)
3. What needs to happen? (Future safety)
4. Where are we on a scale of 0-10 when 10 means it is certain that the parent/carer is able to meet the needs of the child at a good enough level so that Specialist Children’s Services can close their involvement and 0 means it is certain the chid will be abused/re-abused (Signs of Safety workbook).

In family situations where there is cause for concern about what is happening to a child, it becomes even more important to gather information about how these tasks are being carried out by each parent/caregiver or member of the friends and family safety network in terms of the six dimensions of the DOH Framework of children in Need and their Families (basic care, ensuing safety, emotional warmth, stimulation, guidance and boundaries and stability).

Particular consideration should be given to -

* their response to a child and his or her behaviour or circumstances;
* the manner in which they are responding to the child’s needs and the areas where they are experiencing difficulties in meeting needs or failing to do so;
* the effect this child has on them (ie: change in lifestyle, impact on relationships with partners etc);
* the quality of the parent/child relationship;
* their understanding of the child’s needs and development;
* their comprehension of parenting tasks and the relevance of these to the child’s developmental needs;
* the impact of any difficulties they may be experiencing themselves on their ability to carry out parental tasks and responsibilities (distinguishing realisation from aspiration);
* the impact of past experiences on their current parenting capacity;
* their ability to face and accept their difficulties;
* their ability to use support and accept help;
* their capacity for adaptation and change in their parenting response

Observation of interactions is as critically important as the way they are described by the adults involved.

The parenting tasks undertaken by fathers or male care givers should be addressed alongside those of mothers or female care givers. In some families, a single parent may be performing most or all of the parenting tasks. In others, there may be a number of important caregivers in a child’s life, each playing a different part which may have positive or negative consequences. A wide range of adults, for example grandparents, step relations, child minders or baby sitters, may have a significant role in caring for a child.

A distinction has to be clearly made between the contribution of each parent or caregiver to a child’s wellbeing and development. Where a child has suffered significant harm, it is particularly important to distinguish between the capabilities of the abusing parent and the potentially protective parent. This information can also contribute to an understanding of the impact the parents’ relationship with each other may have on their respective capacities to respond appropriately to their child’s needs.

**Planning for assessment**

It is important to agree an assessment plan with the child and family, so that all parties understand who is doing what, when, and how the various assessments will be used to inform overall judgements about a child’s needs and subsequent planning. When joint assessments are being undertaken, clarity is required about whether this means one professional will undertake an assessment on behalf of the team or whether several types of assessment are to be undertaken in parallel. In the latter situation, thought is required regarding how these can be organised to avoid duplication.

Before meeting with the family members, it is important that practitioners begin to develop the danger statement (what we are worried will happen to the child if nothing changes) and safety goals (in response to the danger statement, what we need to see to know that the child is safe and that we can close our involvement). Use simple language which is understandable to the family.

Some examples might include:

*Parental drug abuse*

Danger statement

I (Jayden’s social worker) am worried about you being able to look after baby Jayden because you was using drugs throughout your pregnancy to such an extent that baby Jayden had to be in special baby care for four weeks and doctors say that he will continue to have problems with his development. Because you used drugs so much and because you couldn’t get up to feed Jayden whilst he was in hospital, I (Jayden’s social worker) am worried that even though I know you love Jayden, you won’t be able to do the basic things, like get up to him at night when he comes home, feed him, cuddle him, clean him and dress him. Jayden needs lots of special care when he comes home and because lots of your friends are also using drugs, I worry that Jayden could end up getting hurt, sick or even die because he is not getting the care he needs.

Safety Goal

You have said that you know that you have to stop using drugs and live in a place where other people don’t use drugs. So for me (Jayden’s social worker) to feel less worried and to give you a chance to have Jayden in your care, I would need to see you being drug free for six months and living somewhere where no-one else is using. After this, I would need for you and some friends and family that you choose, to help you show that you can do all the basic things Jayden needs like getting up or him at night, feeding, cuddling, keeping him clean and giving him the regular, careful medical treatment that he needs over a steadily increasing 12 month programme of contact starting with 4 hours per week to Jayden living with you.

(example taken from Signs of Safety workbook)

*Neglect case*

Danger Statement

The school, your mum and I (Anyella and Archie’s social worker) are worried that you are not managing to make sure that Anyella and Archie go to school on time and every day, have a warm and safe place to live that is free from dog poo, broken toys and clothes and that these conditions will lead them to getting hurt again like when Anyella burnt her hand on the oven and when Archie fell out of the window.

Safety Goal

For the school, your mum and I to feel less worried, we would want for the house to be free from dangerous items and for you to always know where the children are and what they are doing so that they are safe from harm and for them to attend school on time. To do this, we would want for you to take time with your mum to think about all of the people in your life who could help you put together a plan to help you decide how they could help you manage this and how long it might take to achieve this. After you have made the initial changes we would want to see the improvements remaining for 6 months in order that we can consider finishing our involvement with you and the children.

Before beginning the assessment, think about the ‘best questions to ask’ (see page 7 Signs of Safety workbook for more ideas).

Some suggestions are:

*What is your best attribute as a parent? What do you do well? What do you most like about your child? What would you child say they most like about you? Tell me about times when you have managed to keep the house clean/stay off drugs etc – what made the difference for this to happen? What are the biggest problems you have had to face in your life before now? How did you manage then? Has there been a time when you have said no to going out and getting stoned and stayed at home with the children? Who would the children say could help? Who do the children feel safest with?*

Plus, think about some scaling questions which will help you consider how worried you are feeling about the circumstances. ie:

When considering the case where mum is misusing drugs: on a scale of zero to ten, how confident am I that Jayden’s mum will be able to stay drug free for six months and meet the ongoing care needs of Jayden where 10 is that with a good safety plan and family and friends network plan, mum will engage with support needed for her to stop using drugs and will maintain the abstinence and where 0 is that even with a good safety plan and family and friends plan there is absolutely no way that Jayden’s mum will manage to stay off drugs and in fact it is likely that she will use more drugs in order to manage the stressors of parenting.

When considering the case where there are worries about neglect: on a scale of zero to ten, how confident am I that Anyella and Archie’s mum will clean up the house, keep the children safe from accidents and get them to school where 10 is that she is already showing understanding as to how her care of her children is impacting on their safety, confidence and emotional well being and is motivated to change for the better and 0 is that that mum has no idea that the unsafe home conditions are impacting on the children and does not see that she needs to make any changes and even if she did, she is either too lazy or unmotivated to bother.

 Parenting capacity assessments should 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

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. It is important that the language used with parents is straightforward, rather than professionalised so that it can be understood, “the best chance of change is when everyone (professionals and family) can readily understand each other” (Signs of Safety comprehensive briefing paper, pge 29).

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 in the long-term.

**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

Use your planned ‘best questions’.

**Interviewing children**

Research indicates that many children and young people caught up in the child protection system feel like they are “pawns in big people’s games” and that they have little say or contribution in what happens to them (cited in Signs of Safety Workbook, pge 31).

Sometimes children have to be interviewed without advising or seeking the permission of parents or primary care givers. Wherever possible the parents should be advised/asked in advance and any tools that the social worker intends to use with the child should be introduced. This creates transparency and sets the context for the worker to be able to come back to the parents with the information from the child.

There are numerous tools that can be used with children including the three houses, the fairy/wizard tool, words and pictures explanations, child relevant safety plans etc. Any tools that are used should be carefully introduced to the child with an explanation of why the conversation is taking place and what will happen next (see SoS workbook and core skills handbook for examples).

**Observations**

This includes observations of each individual carer and their verbal and nonverbal 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

**Building a chronology of events**

A family's past history, patterns of behaviour and agency interventions should always be recorded as a chronology, and this should be reviewed and updated regularly to consider significant events. 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).

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.

The information within the chronology should be reviewed and analysed as part of updating assessments.

**What about capacity to change?**

An assessment of capacity to change adds a time dimension and asks whether parents – over a specified period of time and if provided with the right support – are ready, willing and able to make the necessary changes to ensure their child’s well-being and safety (Research in Practice 2013).

When assessing capacity to change, practitioners need to:

* ensure they monitor change by having clear, observable goals by which to determine whether change has occurred
* understand that parents may be unwilling to recognise and address some aspects of their situation
* recognise that parents with multiple problems may find the challenge of making changes overwhelming
* acknowledge that some parents may show an initial willingness to engage in the change process but fail to make changes that indicate a capacity to improve their parenting remember that willingness to work with a particular professional or participate in a particular programme should not be equated with capacity to change.

(cited in assessing parenting capacity NSPCC 2014)

Helpful tool - Research in Practice - Assessing parents' capacity to change: Frontline Briefing (2013)

**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

***Domestic Abuse***

Domestic abuse has a serious impact on parenting capacity as it can create an inconsistent and unpredictable environment for children. Practitioners should enquire about domestic abuse as a routine part of any assessment and should define the nature of abuse if it is a concern. These worries must be raised 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.

Children and young people are likely to experience a range of emotional and behavioural responses,

including fear, anxiety, worry, anger and aggression. They may feel isolated and stigmatised, while many have to take on caring responsibilities. The risk of psychological harm is high for those who also experience other forms of abuse and neglect (Stanley, N 2011).

Impact differs by developmental stage: infants may show delayed development, sleep disturbance, temper tantrums and distress; school-age children may develop conduct disorders and difficulties with their peers and find it hard to concentrate; depression, delinquency and aggression are common among adolescents (Stanley, N 2011).

It is vital that the impact of the domestic abuse on the child/ren is considered within the analysis of the assessment. Not all children suffer adverse effects but there is evidence that the impact of domestic abuse is cumulative, with sustained exposure over time leading to the most severe impact.

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.

(cited in assessing parenting capacity NSPCC 2014)

Helpful tool - Research in Practice - Children Experiencing Domestic Violence: A Research Review (2011)

***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.

(cited in assessing parental capacity NSPCC 2014)

Helpful tool - Research in Practice - The impact of parental substance misuse on child development, front line briefing and chart (2013)

***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, 2011).

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 cited in NSPCC Assessing Parenting Capacity).

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.

***Learning Difficulties***

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".

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)

A helpful tool – Research in Practice - Positive parenting: Supporting parents with learning disabilities: Audio (2008)

**Tools to record the Parenting Assessment**

Social workers should use the child and family assessment framework to complete a proportionate assessment. For some children, a brief assessment is all that is required prior to offering services and for others (ie: those children subject to child protection plans or subject to care proceedings) the assessment needs to be more in-depth, broader in scope, and take longer in order to get a sufficiently accurate understanding of the child’s needs and circumstances to inform effective planning. A decision about the depth and breadth of an assessment should be made at a local level via supervision.

Within Care Proceedings existing child and family assessments should be reviewed if additional parenting assessments are requested. It is important that the social worker considers the ‘reason for doing the assessment’ carefully and uses this section to identify clearly what they intend to consider within the work. It is equally important that the social worker removes any information from the child and family assessment that is not relevant to the reason for doing the assessment.

**Analysis**

A sound analytical assessment will provide a good picture of the child, their parent/s/carers and their story. Be clear about the individual child’s needs and how the parent is meeting those needs now and the likelihood of the parenting being “good enough” in the future. Consider the seriousness of the needs identified and be clear about what success will look like and what will happen/impact on the child if the parenting remains of a poor quality or returns to a poor quality (danger statement). State clearly what work has been done and could be done to support the family to make the changes they need to make.

Base these thoughts around a signs of safety approach, what are we worried about? What is working well and what needs to happen? What might ‘get in the way’ of success (complicating factors).

Use your analysis to show your understanding of the family history and the way that the history may have contributed; include an analysis of what we don’t yet know and adopt an open-minded and questioning approach – ie: is this the only way of understanding this? Make explicit the underpinning knowledge (ie: child development knowledge, attachment etc) and the prediction about the likely impact on the child if the identified needs are not met.

Show ‘your working’; how you have used the information available to reach certain conclusions? And be free of jargon, especially words and phrases that will mean little to the family.

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