Assessment of parenting capacity

Literature review

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Executive summary

The assessment of parenting capacity is a core task in child protection practice, both in the context of assessing parents' capacity to protect children from risk and enhance their developmental experiences, as well as in deciding whether to remove and/or restore children to the care of their parents.

Assessments of parenting capacity can occur at a number of decision making points within the child welfare system. For example, universal screening of the general population can be employed to detect factors that might indicate a family is at increased risk of having their parenting capacity compromised (such as domestic violence and use of alcohol and other substances).

Assessing parenting capacity can also form part of a family assessment to gain a more comprehensive understanding of the service needs of a family or individual. As Rycus and Hughes (2003:11) point out, "the purpose of family assessment is to identify and explore, in considerable depth, the unique complex of developmental and ecological factors in each family and their environment that may contribute to or mitigate maltreatment". Where abuse has been substantiated, child protection services need to assess parenting capacity in order to determine whether children need to be placed away from their birth family or at what point they can be safely returned.

Most current literature focuses on the contribution parenting capacity assessments make to case planning and service delivery, or in court proceedings to determine custody arrangements for children. There are few empirical studies on parenting capacity assessment, which is exacerbated by the lack of any definitional clarity surrounding the definition of parenting. This creates difficulty in defining 'good enough' parenting, and establishing which behaviours – and the *amount* of these behaviours – practitioners should be considering in their assessments.

Parenting is predominantly seen as a task about the socialisation of children, within an ecological framework that considers children in relation to their family, neighbourhood, the larger social structure and economic, political and cultural environment. There is consensus that for the task of parenting to be performed effectively, parents need to demonstrate a mixture of warmth, control and stimulation of development in their behaviour towards children. For parents to do this most effectively, they need to be adaptable. This involves the ability to be perceptive, responsive and flexible in addressing their child's needs.

Current research identifies some of the behaviours and skills that assist parents to be adaptable, but, due to the changing needs of the child over time, the behaviours and skills required will also change. It is unlikely any single assessment tool can capture this complexity.

It is important for parenting capacity assessments, particularly those directed towards case and service planning, to adopt a strengths-based approach in order to establish benchmarks of current parenting ability and engage parents in services.

Current approaches to assess parenting capacity are based on the use of clinical judgement, and are subject to problems associated with the use of clinical judgement in child protection decision-making. These problems include a lack of recognition of known risk factors, the predominance of verbal evidence over written, a focus on the immediate present or latest episode rather than considering significant historical information, and a failure to revise initial assessments in the light of new information (Munro, 1999).

Mechanisms to assist these problems include:

- using multiple sources of information
- avoiding over-reliance on psychological instruments
- recognising the impact of phenomenon of 'faking good' on psychological tools
- recognising the importance of parental acceptance of responsibility and readiness to change
- collaborative practice

- worker awareness of the impact of their own judgements on appropriate parenting standards
- supervision and training
- using research findings in practice
- recognising the impact of cultural diversity on parenting practices
- recognising the need to tailor parenting capacity assessments to take into account the individual circumstances of parents.

The quality of parenting capacity assessment reports is also crucial due to the impact of these reports on court decision-making processes (Lennings, 2002). Studies of these reports have found the quality to be variable, even among practitioners from similar backgrounds (Conley 2003; Budd, Poindexter & Felix, 2001).

Problems with these reports included:

- evaluations of parents being completed in a single session
- lack of home visits
- using few sources of information other than the parent
- failure to cite previous written reports
- rarely using behavioural methods
- stating purposes in general rather than specific terms
- emphasising weaknesses over strengths in reporting results
- neglecting to describe the parent's care-giving qualities or child's relationship with the parent.

There are a number of recognised approaches to parenting capacity which identify family strengths and services needs, factors related to family risk of reduced parenting capacity, and help inform clinical judgement of practitioners performing parenting capacity assessments for forensic purposes. Guidelines are most commonly used to assess parenting capacity and are designed to support clinical judgement. They include obtaining information from interviews, observation and case histories and administering psychological tests to assess various aspects of parent and/or child functioning. This review includes a more detailed description of a number of these approaches.

1. Introduction

The assessment of parenting capacity is a core child protection task, both in the context of assessing parents' capacity to protect children from risk and enhance their developmental experiences, as well as in decisions about removing and/or restoring children to the care of their parents. Although this is a core task, there is very little literature that assesses how adequately current parenting capacity assessment models and practices inform these decisions.

There is some debate as to whether comprehensive parenting capacity assessments are, in fact, possible (Cann, 2004). The task of parenting is predominantly seen as being the socialisation of children, and there is recognition that such socialisation takes place within an ecological framework that considers children in relation to their family, neighbourhood, the larger social structure and economic and political cultural environment. Given the variety of these environments and influences on parents, the difficulty of determining benchmarks for adequate parenting, the number of factors that impact on parenting and the inability to assess every one of these factors even if they could be known (Saunders & Goddard, 1998) can appear overwhelming.

It is important at the outset to recognise that effective parenting capacity assessments rest upon the accurate identification of the needs of the child within that ecological framework. These assessments involve ascertaining whether the child's needs are being met, appraising the impact of any identified parenting deficiencies on the child's functioning and development, describing the nature and likely origins of the adult's difficulties in fulfilling their parental roles, and considering whether change is possible (Reder, Duncan & Lucey, 2003). Thus 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 et al., 2003: 3).

Most of the current literature focuses on parenting capacity assessments in two contexts: case planning and service delivery, and court decisions about custody arrangements for children. For case planning and service delivery, it appears that assessments tend to consider the needs of the child and the family within their context, and for court decisions, assessments focus on the more direct impact of familial and societal factors on the capacity of the parents or caregivers to meet the needs of the child.

Given the lack of empirical studies on parenting capacity assessment, this review explores the factors that have contributed to the difficulty in developing an empirical evidence-based approach to the assessment of parenting capacity. At the outset this difficulty rests on the lack of any definitional clarity surrounding the concept of parenting. This then creates a difficulty in defining 'good enough' parenting, and the behaviours – and amount of behaviours – that practitioners should be considering in these assessments.

Generally the complexity of such factors is seen as precluding the development of a single comprehensive parenting capacity assessment tool (Azar, Lauretti & Loding, 1998). There is, in particular, considerable difficulty in predicting the adequacy of parenting capacity in the longer term. It may never be possible to develop a parenting capacity assessment tool that meets the current standards for risk prediction given the nature of the risk involved (within a particular relationship) and the period over which prediction is required (up to 18 years) (Benjet, Azar & Kuersten-Hogan, 2003).

Methods of assessing parenting capacity tend to take the form of guidelines for conducting these assessments (e.g. see Pezzot-Pearce & Pearce, 2004). Such guidelines are designed to support clinical judgement, and usually use information obtained from interviews, observation, case histories and psychological tests designed to assess various aspects of parent and/or child functioning. The guidelines tend to include a caveat that the tests used have not been validated for the assessment of parenting capacity (Risley-Curtiss, Stromwall, Hunt & Teska, 2004; Budd, Poindexter & Felix, 2001; Azar et al., 1998).

1.1 Purpose and scope of the review

This review has three aims:

- to identify and synthesis the key themes in the national and international literature that addresses the assessment of parenting capacity
- to identify approaches for improving the assessment of parenting capacity, such as adopting a strengths-based approach to parenting capacity assessment and improving worker decision-making processes
- to provide an overview of a range of examples used in undertaking parenting capacity assessment.

The review focuses primarily on the literature that deals with the assessment of parenting capacity of parents or caregivers where there is a question of the parent's capacity to fulfil their parental responsibility[1].

The review does not focus specifically on the assessment of foster carers although the literature search identified a number of initiatives in this area (for example, the Casey Foundation has undertaken considerable work in developing assessment packages for assessing the parenting competence of people applying to become foster parents[2]). In this context, **parenting competence** rather than **parenting capacity** is assessed and the skills deemed necessary for foster parents to provide care for children in out-of-home care (OOHC) are assessed. In particular, skills such as relationship building are important. Johnson (2005) reports on the development of a system designed to improve procedures for assessing relative and foster providers of which a key component is an actuarial assessment used to classify foster and relative providers by the likelihood that they will provide inadequate care to a child.

The fostering dynamic is, however, seen as being initially different to the context of families under stress, in that the former is more likely to be in relative control and in a state of preparedness while the latter can be wrought with conflict and mental health issues including social withdrawal, tension, anger, anxiety and depression (American Humane, 2003).

1.2 Methodology for the review

Searches were made of databases containing scientific peer-reviewed articles, including EBSCO, ProQuest, Informit, Ovid (PsychInfo), Gale, Medline, the Cochrane Library and Google Scholar. These searches were concluded at the end of May 2005 however some additional material was incorporated during later revision. General terms used to interrogate the databases included parenting capacity, assessing parenting, parental competence, parent assessment, parental capacity, risk assessment, parenting assessment, parenting competence, needs assessment, assessing family strengths. Additional searches were conducted based on tools identified through a more general search (eg Beavers Model of Family Competence, McMaster Family Assessment Device).

Limitations of the review include the difficulty in establishing inclusion and exclusion criteria for the literature. For the most part, limiting the discussion to empirical studies would have eliminated most of the literature on the topic, and so it was decided to include studies and critiques that were mentioned at least three times in the literature. This excluded a number of parenting capacity

1 Such as set out in S54 of *Children and Young Persons (Care and Protection) Act 1998.*

2 The Casey Foster Applicant Inventory (CFAI) is a self-administered questionnaire that foster parent applicant/s (CFAI-A version) and their worker (CFAI-W version) complete during the licensing process (Buehler, Orme, Cuddeback, Le Prohn & Cox, 2003). The Applicant version is a 74-item tool (derived from factor analysis) used to identify his and/or her strengths (for example, 'Others believe I'm good with people'), and need for services (for example, 'I can't be a good foster parent if a worker is too busy to help me'). The Worker version (82 items) is used to provide information on the worker's perspective of an applicant's potential ability to provide care 'successfully'. Typically, both versions are completed independently and the results are compared and discussed at about two-thirds the way through the process.

assessment tools that were described in single studies. Some of these tools appeared to have some face validity in terms of the factors assessed but were not discussed in any further articles, such as the Parenting Risk Scale (Mrazek, Mrazak & Klinnert, 1995); the reasons for such disappearances are not clear. An additional limitation was the restriction of material to what was available in journals and on the internet. The literature indicates that all topics investigated for this review involve considerable practice wisdom on the part of caseworkers and other practitioners, and this is difficult to access.

Due to this shortage of material, the literature search was widened to include an exploration of the factors contributing to the difficulty in establishing an empirical approach to assessing parenting capacity as well as that describing existing approaches. Given that parenting capacity assessments are reached through the process of clinical judgement, literature that explores factors that assist in increasing the accuracy of clinical judgement was also accessed.

Throughout this review, the term 'parenting capacity assessment' rather than 'parental capacity assessment' has been used. The former term is seen as placing the emphasis on the needs of the child for parenting and the caregivers' capacity to meet those needs rather than on the assessment of the parent's characteristics.

1.3 Structure of the report

The review commences with the rationale for parenting capacity assessment in the two contexts in which these assessments are most commonly undertaken: case planning and service delivery, and informing court decisions about permanent custody arrangements for children. This is followed by a discussion of the key issues in effective parenting capacity assessment, including definitions of terms, problems that occur in parenting, and the quality of assessment reports. The review then identifies some approaches to improving the assessment of parenting capacity, including adopting a strengths-based approach and improving worker decision-making processes, before concluding with some recommendations for future research into parenting capacity assessment.

2. Rationale and context for parenting capacity assessment

Parenting capacity assessments inform what Dalgleish and Drew (1989) refer to as 'the most serious decision taken in child abuse cases' – the decision to formally separate the child and family so that parents lose custody of their children. While recognising that assessing parenting capacity is difficult, it is important to conduct such assessments as effectively as possible. As Budd (2005:430) points out:

> At their best, parenting assessments can provide an informed, objective perspective that enhances the fairness of child welfare decisions … At their worst, they can contribute inaccurate, biased and/or irrelevant information that violates examinee's rights and/or impairs the decision-making process.

For children, the assessment of parenting capacity is crucial as it is not the category of abuse or its physical severity that predicts the future well-being or safety of an abused child – the critical variable is the level of disturbance in parenting (Donald & Jureidini, 2004).

Parenting capacity assessments are conducted both to assist in identifying areas of parental strength and needs in order to determine service provision for families, and to inform key decisions on restoration and permanency planning. Formal assessments of parenting capacity can have a significant impact on outcomes for children. Lennings (2002) points out that, in a small study of 37 consecutive child care court cases in England, the recommendations contained in reports of multi-disciplinary team assessments were followed entirely in 73 per cent of the cases.

There are some key differences between parenting capacity assessments that are conducted to determine which children and families are in need of what kind of services and those conducted specifically for court purposes (Reder et al., 2003; Budd, 2005). Core premises of the former are that only a small proportion of children and families in need of services are likely to require a child protection plan, and that families referred to social services should be helped to remain intact and the assessment philosophy aims to identify those interventions that might help them do so. Consequently, services might be introduced concurrently with the assessment (Reder et al., 2003).

Parenting capacity assessments for court differ in that they take place when families have already been identified as showing major problems (Reder et al., 2003). In this context, the assessor may be an expert appointed by the court, and their role is to assist the court on matters relevant to their area of expertise and not to advocate for one or other of the parties (Supreme Court of Australia, 1999). The assessor is expected to remain neutral throughout as to the relative strengths and weaknesses of the family, and to avoid bias towards any particular type of intervention or assumptions about the viability of the family unit. Throughout, distinction is made between assessment and intervention (Reder et al., 2003).

However, Markan and Weinstock (2005) describe a model that has developed a constellation of evaluations and interventions to better meet the needs of children and families during and after dissolution or reconstitution. The model identifies a range of different roles for evaluation and interventions in a Family Court setting. These include:

- comprehensive valuations, indicated when there are complex behavioural or high risk factors such as child abuse
- problem-focused evaluation, designed to answer one or two pressing issues
- dispute assessment, a quality brief evaluation emphasising family factors reflective of statutory issues in the case
- child developmental evaluation, a child centred evaluation emphasising the relationship between the child's needs and custody/parenting time decisions
- child forensic interview, which is typically a videotaped interview aimed at collecting salient data for the judge
- emergency case stabilisation, an intervention aimed at stabilising potentially dangerous circumstances and making referrals for acute treatment.

Therapeutic interventions include:

- therapeutic reunification, an intervention aimed at supporting a renewed relationship, usually between a parent or caretaker and a child
- therapeutic recontact, which is an intervention that occurs in a more closely monitored and restrictive environment than reunification. It is typically designed for cases with documented neglect or abuse, incapacitating mental illness in a parent, impaired parents and substance abusing parents (472)
- forensically informed treatment, which is court ordered therapy with an eye towards forensic issues (see Greenberg & Gould 2001).

This range of evaluations and interventions is seen as better meeting the needs of families involved in family law proceedings. It does so in two ways, firstly by addressing the situation where families are comprehensively assessed when a briefer assessment may have met the needs of the situation more appropriately, and secondly when families are left to their own devices after court decisions have been made with little or no provision made for follow-up (Markan & Weinstock, 2005).

Further, ethical guidelines for forensic psychologists require that in forensic evaluations clinicians are 'obliged to inform the subject of limitations on confidentiality of information, independently corroborate information obtained from a third party, and apply a higher standard of documentation than is typically used in clinical practice' (Budd, 2005:430).

2.1 What parenting assessments can and cannot do

Effective parenting capacity assessment is seen as resting not only on the development of appropriate definitions, tools and systems of data collection, but on the knowledge, skills, organisational support and supervision and training of staff to address implementation issues in both parenting capacity and risk assessment processes.

Given this, Budd (2005:436) summarises the current utility of parenting capacity assessments as shown in Table 1.

2.2 How are parenting capacity assessments currently conducted?

Current 'best practice' in parenting capacity assessment typically consists of consensus-based checklists[3] of information that the practitioner should ensure they have considered and covered in their assessment. This information then needs to be analysed by the practitioner to decide whether any areas need exploring in greater depth, and then the practitioner is expected to identify strategies for assessing these domains (Azaret al., 1998). This could involve the use of specific tools to assess aspects of parental functioning; however, the practitioner then needs to take into account the limitations of these tools in their application to the field of parenting capacity assessment.

There are no actuarial tools[4] that assess parenting capacity, although there are studies that report on the use of validated tools such as the Child Abuse Potential Inventory

(Milner, 1989) to inform parenting capacity assessments. However, the uncritical use of these tools in parenting capacity assessments is viewed as problematic because there have been no studies exploring the nature of the connection (if any) between these tools and parenting capacity (Budd, 2005).

[3] **Consensus-based** instruments are those with items that are included based on the clinical judgement of experts who may draw upon previous research findings, clinical experience, or a combination of both, but an empirical study is usually not conducted to validate the assessment (Shlonsky & Wagner, 2005; Baird & Wagner, 2000; Cash, 2001; Gambrill & Shlonsky, 2000).

[4] **Actuarial** instruments are developed by employing empirical research procedures to identify a set of risk factors with a strong statistical relationship to the behavioural outcome of interest to the predictive enterprise (Shlonsky & Wagner, 2005). These are then weighted and combined to form an assessment tool that optimally classifies families or individuals according to the 'risk' that they will exhibit the behaviour.

Table 1: What parenting assessments can and cannot do

Parenting assessments *can:*
• describe characteristics and patterns of a parent's functioning in adult and childrearing roles
• explain possible reasons for abnormal or problematic behaviour, and the potential for change
• identify person-based and environmental conditions likely to positively or negatively influence the behaviour
• describe children's functioning, needs and risks in relation to the parent's skills and deficits
• provide directions for intervention.
Parenting assessments *cannot:*
• compare an individual's parenting fitness to universal parenting standards
• draw conclusions about parenting adequacy based on indirect measures
• predict parenting capacity from mental health diagnoses
• rule out effects of situational influences (eg time limitations, demand characteristics, current stressors, cultural issues) on the assessment process
• predict future behaviour with certainty
• answer questions not articulated by the referral source.

2.2.1 Recognising the importance of context in parenting

Within the above caveats, a comprehensive approach to assessing parenting capacity requires a focus on a range of proximal and distal factors that affect parenting. The ecological model of Belsky and Vondra (1989) groups the determinants of parenting into 'the characteristics of the parent', 'the characteristics of the child', and 'sources of stress and support in the wider social environment'. Most current considerations of parenting capacity tend to adopt this model and explore all three domains (Woodcock, 2003).

The impact of more distal factors such as the social, political and economic culture within which families live is important to consider in assessing their needs. Culture is 'usefully conceived of as the organisation of the developmental environment' (Super & Harkness, 2002:270). How the important functions of care-giving for an infant (such as physical protection and security, good nutrition, providing love, financial security and stimulating the infant) are carried out depends on where in the 'human community' that infant is going to grow up. In other words, 'with what set of cultural pathways are that infant and its parents about to engage?' (Weisner, 2002:276).

Developmental psychologists have often found it difficult to include culture as a significant dimension of variation in their analyses, in part because the holistic notion of culture appeared to have global effects that are difficult to model as variables in research designs, and anthropologists have not been able to agree on a viable unit of culture (Shore, 2002).

Super and Harkness (2002:270) describe the 'developmental niche' framework, which identifies three operational subsystems of the environment for families – the physical and social settings, the historically constituted customs and practices of child care and child rearing, and the psychology of the caretakers, particularly parental ethnotheories which play a directive role and are, by definition, shared with the community.

Another model for understanding the context of families is the social network model. This model recognises that 'infants are born into a changing array of people, institutions, behaviours and goals, and it is in this array that the development and socialisation of the child takes place. The socialisation of the infant is the process of learning to become a member of these different networks' (Lewis, 2005:9). The social network can be viewed as a matrix in which different social objects (eg mother, father, peers) typically satisfy different social needs or functions, including protection, care-giving, nurturance, play, exploration/learning and affiliation. Although the cultural context largely determines the flexibility of the social network – the number and nature of the people and the functions they perform – the family unit is a source of considerable individual variation (Lewis, 2005:14).

Consequently, the comprehensive assessment of parenting capacity is not a simple process but a complex, time-consuming and costly activity. As a result, Donald and Jureidini (2004) suggest that parenting capacity assessments are best conducted after the assessment of risk to the child has been completed and once child maltreatment has been established.

2.3 Methods of collecting information

There is agreement in the literature that a major consideration in conducting parenting capacity assessments is the accuracy of the most commonly used methods of collecting information on which these assessments are based. Checklists, observation, interviews and psychological tests are four of the methods discussed in the literature.

2.3.1 Checklists

In the field of parenting capacity assessment, checklists such as those developed by Pezzot-Pearce and Pearce (2004) are used to ascertain whether all possible sources of information that can inform the parenting capacity assessment have been accessed. However, while checklists provided by recent systematic approaches to the assessment of parenting are seen as useful, they do not necessarily indicate the relative importance of the positive and negative qualities identified or how the different dimensions interact (Donald & Jureidini, 2004).

2.3.2 Observation

Caution has been suggested in the use of observational measures in Termination of Parental Rights evaluations (Budd & Holdsworth, 1996). Budd and Holdsworth (1996) argue there is potential for over-generalising or misinterpreting findings. Competent use of observational methods requires training in strategies for structuring the tasks assigned to parents, preparing parents appropriately, selecting the behaviours relevant to a particular case, identifying the sequences that are worthy of coding, and then interpreting findings in the light of observations of other parents. The authors note that when such methods are used in a non-standardised way, they are just as subject to bias and misinterpretation as any other procedure.

The main purpose of parent-child observations is to allow the evaluator to view samples of interactions between child, parents and siblings. Such observations also may shed light on other important areas, such as the children's needs and strengths, the degree of stress present between the children and each parent, and parental psychological adjustment (Hynan, 2003). Suggested areas of focus include signs of emotional attachment, communication skills, and reasonableness of parental expectations for children, and other matters such as the appropriateness of toys and other materials the parent brings to the session and how children are addressed. Observational tasks include free play, cooperative tasks and problem solving discussions for various age groups[5] .

It has been found that child protection workers, when observing families assigned a moderately stressful task to complete together, were able to accurately identify abusive and non abusive parent-

[5] Hynan (2003) cites Schutz, Dixon, Lindenberger and Ruther (1989) for more detail in this field.

child dyads at a rate well above chance (Deitrich-MacLean & Walden, 1988). Observing very brief segments of non disciplinary parent-child interactions, 40 per cent of the 52 workers studied correctly classified all of the four dyads observed, and across all the dyads the workers were accurate 76 per cent of the time. Their accuracy was consistent across abuse status indicating that workers did not systematically misclassify either the abusive or non abusive dyads. In contrast, graduate student pilot participants who had no child protection experience were quite poor in their classification of the subtle dyads (35 per cent) however their identification of the obvious dyads (80 per cent) was equivalent to that of the child protection workers. However the authors caution that only black dyads were observed and most workers were Caucasian, so that the results may not generalise.

Epstein, Baldwin and Bishop (1983) point out that the behaviour of families in the observation setting may not generalise their behaviour to the real world. Budd (2001) has also expressed concern that behaviours observed in family assessments may not be indicative of more general family behaviour patterns, particularly due to what she describes as the 'coercive' nature of such assessments, especially those used in legal proceedings.

There are a number of behavioural dimensions that should be looked for in such observations, for example, the extent to which parents engage in informal education and clear, age-appropriate language and the degree of positive reinforcement as well as family interaction patterns that are chaotic, harshly controlled or varying between these styles as these are found more often in abusive/neglectful families (Hynan, 2003:219). However Hynan (2003:220) notes that 'there is very limited empirical research to help guide decisions about what type of tasks to require of families in observational sessions'.

2.3.3 Interviewing

Behavioural interviewing is important because parents may not act naturalistically in access visit observations, due in part to the 'coercive' context (Budd, 2001). Such contexts may also make it difficult for parents to demonstrate their strengths in parenting. Due to the limited time parents have during access visits, they may opt not to structure their child's behaviour as they want the visit to be positive, and so a failure to engage in appropriate management behaviour may not represent a lack of capacity (Azar et al., 1998). Interview techniques that ask parents what they might have done differently when negative transactions are identified can elicit information on parental problem-solving capacities and parents' ability to be self-reflective. This strategy is also effective in identifying parental strengths and positive experiences of child behaviour.

Parents who are maltreating their children may be unwilling to acknowledge the full extent of their culpability, but are often willing to describe their feelings of anger and irritation that they believe are 'provoked' by the child or family events (Azar et al., 1998). Feelings of anger, tension and frustration can be identified most readily by asking parents to provide recent or past examples of irritating child behaviours, the circumstances in which they occurred, how the parents felt and interpreted the situation, and how they and the child reacted.

Such information may be important in addressing the problem of 'volatile combinations' (Saunders & Goddard, 1998). While single factors or the number of factors in a particular case may be important, the interaction of factors or volatile combinations (Tomison, 1999) of factors may especially endanger the child. As well as the possible combination of risk factors in a particular case, there are unpredictable 'triggering events', such as toileting accidents or broken dishes, that are often significant only to the abuser. Doueck, English, DePanfilis and Moore (1993) report that the concept of volatile combinations incorporated in the Child at Risk Field System (CARF) risk assessment instrument appears to give workers particular trouble, and is rarely used appropriately.

2.3.4 Psychological tests

Traditional psychological tests, devised to measure intelligence and personality, were not designed to evaluate an adult's capacity to care for their children. They only bear an indirect relationship to parenting capacity and research has not yet examined their ability to predict parenting effectiveness. Hence, opinions about parenting should not be over-reliant on such findings (Otto & Edens, 2003; Reder et al., 2003; Quinnell & Bow, 2001; Azar et al., 1998; Milner, 1989).

Cousins (2004) notes that literature searches find little by way of practical or agreed tools for assessing the adequacy of parenting, and that for a clinician in the field there is also rarely time for considering and checking all the literature and research when a decision needs to be made. This has led to increasing use of tools and checklists for children at risk, which, although useful as guides, are rarely able to capture all factors and still rely heavily on clinical judgement.

Heinze and Grisso (1996) surveyed 35 psychologists with a specialisation in child custody, child abuse and divorce mediation to identify parenting capacity measures that either they or their colleagues used. Among the most frequently mentioned measures were the Ackerman-Schoendorf Scales of Parent Evaluation of Custody (ASPECT), the Bricklin Perceptual Scales and Perception-of-Relationships Test, the Child Abuse Potential Inventory, and the Parenting Stress Index.

Heinze and Grisso (1996) then examined the research relating to each of these tools for norms, reliability, validity and generalisability. They noted that these criteria are best met by measures that were developed for limited purposes (eg potential for child abuse, or stressful reactions to parenting) whereas methods that assess parents in order to determine 'parental desirability' have so far provided the least evidence for their reliability and validity.

Given that questions of parental desirability cannot be answered without reference to the characteristics, needs and demands of the specific child/ren in need of parenting, Heinze and Grisso (1996:310) hypothesise that no instrument which only assesses parents can ever meet basic scientific standards for making judgements about 'preferred parents'.

Summary

- Parenting capacity assessments conducted for case and service planning tend to differ from those conducted for court (or forensic) purposes. In the former, the assessor aims to join with the family and advocate for services. In the latter, the assessor remains neutral, especially if appointed by the court to be an 'expert witness'.
- Current methods of conducting assessments rely on a number of methods of gathering information: checklists, interviews, observation and psychological tools. However, all of these methods have limitations which need to be recognised by the assessor.

3. Key issues in effective parenting capacity assessment

Effective parenting capacity assessment rests on three key issues: definitional clarity, an understanding of the problems that can occur in parenting and the quality of the reports that convey the findings of parenting capacity assessments into the contexts in which they are to be used.

3.1 Definitional clarity

Definitional clarity is a fundamental issue to be addressed in discussing effective parenting capacity assessments. Without clarity of meaning on what is to be assessed and how the practitioner is to interpret the findings of an assessment, there can be significant difficulty in determining what constitutes acceptable parenting capacity.

Azar et al. (1998) argue that the assessment of parenting competency is dependent on two factors: current models of parenting as frameworks for judging 'fitness' or 'dysfunction'; and the validity of current strategies used to evaluate parenting. Both of these factors are made more complex by the lack of any consensus in the literature on a definition of 'parenting' on which to build a definition of 'parenting capacity'.

This section of the review explores the definitions associated with parenting, including the identification of the nature of parenting.

3.1.1 What is parenting?

Parenting is currently seen as a 'task' that includes the dimensions of sensitivity to a child's needs, social communication and emotional expressiveness and disciplinary control (Rutter, 1985). Parenting is seen as being situated within a relationship which is multiply determined (that is, affected by a wide variety of factors). The interaction of these 'determining factors' in increasing risk or acting as compensatory 'buffers' is crucial to an understanding of the parenting process (Woodcock, 2003).

The purpose of parenting is to facilitate the child's optimal development within a safe environment (Reder et al., 2003). It is important to recognise that the qualities a family is expected to encourage and develop in a child are culturally determined and will differ. For example, self-reliance and independence are seen as important for parents of children in western cultures to foster, whereas reliance on others and community interdependence can be viewed as important in other cultures (Small, 2004).

It is generally accepted that the role of parents is to ensure the successful socialisation of children. Based on a comprehensive review of the research on parenting competence, Teti and Candelaria (2002) noted general areas of agreement in the scientific literature about strategies that assist in the successful socialisation of children:

- parental warmth, sensitivity, and acceptance of children's basic needs are core features of parenting associated with positive outcomes in children, irrespective of developmental stage
- harsh, coercive parenting is regarded as detrimental to children, although the extent of negative impact depends on the age and temperament of the child
- parental involvement appears to be better than no involvement at all, although involvement by itself is not a good indicator of parenting competence
- parental control in the context of high parental warmth and sensitivity produces better adjusted children than circumstances in which parental control is not accompanied by warmth
- the most successful disciplinary strategies enable children to internalise the message behind the discipline attempt. Excessive control can raise a child's arousal to the point where greater attention is paid to the parent's emotion than the message he or she is wishing to convey.

Hoghhughi (1997) lists the following core elements of parenting:

- *care* (meeting the child's needs for physical, emotional and social well-being and protecting the child from avoidable illness, harm, accident or abuse)
- *control* (setting and enforcing appropriate boundaries)
- *development* (realising the child's potential in various domains).

In order to be effective, the parent needs to have:

- *knowledge* (of how the child's care needs can best be met, the child's developmental potential, how to interpret the child's cues and sources of harm)
- *motivation* (to protect, to sacrifice personal needs)
- *resources* (both material and personal)
- *opportunity* (time and space).

The above elements are not static but need to be achieved within the evolving relationship between parent and child.

3.1.2 What is competent parenting?

According to Azar and Cote (2002), competent parenting is about *adaptability*. Parents need to be flexible enough to adapt positively to the changing requirements and circumstances of their children. Parents can be adaptable when they have a capacity for problem-solving and accurate perception of their child's capabilities. Effective support for parents requires consideration of ways to facilitate parental adaptability.

Three themes relate to the idea of adaptability: *perceptiveness*, *responsiveness* and *flexibility* (Commonwealth of Australia, 2004:5-9):

- Perceptiveness refers to the acuteness of a parent's awareness of their child and what is happening around the child, and the effects of the parent's behaviour on the situation. It reflects the reciprocal nature of positive parent-child interaction, and the active role that children take in shaping their environment and influencing the way adult carers respond to them.
- Responsiveness describes the extent to which parents connect with their children. It refers to the ability of a parent to be sensitive to the child, to express warmth, respond with affection, and adjust his or her behaviour based on the child's reactions and needs.
- Flexibility refers to the ability of a parent to respond in different ways according to the needs or demands of specific situations. Problems arise when parents lack alternative ways of responding, or get stuck in an ineffective pattern of responding and are unable to alter it.

Azar et al. (1998) argue that to determine parental 'fitness' an evaluation needs to be undertaken of processes that might disrupt the parent's capacity to identify a child's developmental 'reach' and to respond appropriately. This is a dynamic model in that parental responses must be adjusted as the child develops, and thus requires flexibility in the nature and structure of these parental responses. Perhaps of most significance is the recognition under this model that not only does the child grow and develop in the context of the family, but so does the parent. All family members operate within the 'zone of proximal development' and can be seen as 'learning on the job'.

Consequently there is a sense that those parents who are meeting the needs of their children most adequately are likely to be those who are continually questioning their skills and ability as parents (Cann, 2004). It is unclear whether parents undergoing parenting capacity assessment within child

protective services are likely to express a lack of confidence in their parenting skills due to the context of the inquiry. However, by implication, parents expressing confidence in their abilities may in fact be revealing deficits in their adaptiveness.

3.1.3 What is 'parenting capacity'?

Conley (2003:16) defines 'parenting capacity' as the ability to parent in a 'good enough' manner long term. The term 'parenting capacity' is therefore differentiated from the term 'parenting ability'. An individual may be able to parent for a short period of time in specific circumstances (a supervised visit) and therefore demonstrate parenting ability, but not the parenting capacity to parent effectively over the long term.

Parenting capacity has been related to the development of a parenting 'style'. Stewart and Bond (2002) describe the difference between parenting 'style' and parenting 'practice'. Parenting style is related to behaviours that occur over a broad range of situations and thereby create an 'atmosphere' within which parent-child interactions take place. Parenting practices, in contrast, are situation-specific behaviours. These behaviours take place within defined and limited contexts, and may have different meanings to different cultural groups (Stewart & Bond, 2002). An example of a classification of parenting style is that of Baumrind (1970a, 1970b, 1971, 1972), who describes three styles: 'authoritarian', 'permissive' and 'authoritative'.

However, the utility of such classifications has been questioned (Forehand & Kotchik, 1996; Azar & Cote, 2002). In some cultures, behaviours that can be classified as authoritarian and thus can be seen as maladaptive (eg a high level of parental monitoring), have been found to be effective in preventing delinquent behaviour, or perceived by young people as representing caring behaviour on the part of the parent (Taylor, Casten & Flickinger 1993; Hall & Bracken 1996 as cited in Teti & Candelaria 2002). Azar et al. (1998) thus advocate caution in the classification of behaviour without a consideration of its function.

Parenting capacity is not seen as fixed, but as undergoing constant change dependent on the circumstances facing parents and their children at any given moment in time. Parenting capacity is context driven and is dependent on distal factors such the socio-economic surroundings of the family, housing, culture, societal values as well as more proximal family skills and relationships.

The Parenting Information Project (Commonwealth of Australia, 2004:5) states that:

> Defining parenting competence in terms of function (its effects), rather than its form (what it looks like), recognises the inherent relativity of what constitutes good parenting … What is required is a good match between parenting behaviours, the needs of the child, and the context in which the family lives.

3.1.4 What is 'good enough' parenting?

Daniel (2000) notes that when a practitioner uses the term 'good enough' parenting (a term first used by Winnicott in 1965) they may mean that the child is receiving consistent and optimum physical and emotional care or they may mean that the child is receiving a minimal amount of care. It has been suggested that the term 'good enough parenting' is in fact used to represent a 'lesser' version of parenting (Edwards, 1995).

Community standards as to what constitutes acceptable behaviour may lack consistency, which makes it difficult to establish benchmarks about parenting. For example, Straus, Hamby, Finkelhor, Moore and Runyan (1998) report on an anonymous study in which researchers interviewed a nationally representative group of 1,000 parents about their disciplinary tactics using the Parent-Child Conflict Tactics Scale. This study revealed much higher rates of severe physical assault of children (4.9 per cent of the population) in the last 12 months than those indicated by official statistics.

For constructs such as warmth and nurturance, few behavioural indicators have been established, and consensus has not been reached on lower limits of parenting competence (Budd et al., 2001). Greene and Kilili (1998) stress that in actual cases involving child maltreatment the touchstone for parental fitness or competence is not an exemplary standard; rather, it is a standard of *minimal* adequacy. While noting that the concept of minimum parenting standards will probably always elude explicit definition and quantification, Greene and Kilili (1998:59) note that 'the concept of minimally adequate parenting implies that 1) there may be dimensions of parenting or child care which are essential, 2) proficiency in parenting falls along a continuum of each dimension, 3) parenting adequacy begins to be questionable at some points or within some range of that continuum.

General characteristics of parents – such as being single and alone, poor, in a rough neighbourhood, a drug addict, of limited intellect, and depressed – make it harder to bring up a child successfully (Scott, 1998). However, if these adversities can be managed so that the immediate quality of parenting behaviour is adequate, the outcome for the child is not compromised. It is the quality of the immediate moment-to-moment behaviour of the parent towards the child that has the major influence on the child's wellbeing (Scott, 1998). Therefore, although these conditions may be markers of difficulties in parenting among the general population, their presence in a particular case is not necessarily an indication of an inability to meet minimum parenting standards.

Generally models of parenting refer to *optimal* parenting competence. Parenting models such as those of Belsky and Vondra (1989) or Epstein, Bishop and Baldwin (1982) typically delineate the qualities of an optimal parenting environment, not minimally adequate ones (eg use of positive affection vs. basic child care). These few developmental models that have attempted to be broader lack specific frameworks regarding the general ingredients of competent parenting and risk (Azar et al., 1998). Furthermore, such models typically regard dysfunctional parenting as a separate category from 'normal' parenting and do not employ a continuum view. This lack of refined models results in a state of ambiguity for professionals, leaving room for their personal conceptions of adequate parenting to influence the data used in parenting capacity assessment (Azar et al., 1998).

Summary

- Parenting is predominantly for the purpose of socialising children.
- There is consensus that, for this task to be performed effectively, parents need to demonstrate a mixture of warmth, control and stimulation of development in their behaviour towards children.
- For parents to do this most effectively, they require the ability to be adaptable. This involves the ability to be perceptive, responsive and flexible in addressing their child's needs.
- Current research identifies some of the behaviours and skills that assist parents to be adaptable, but comprehensive lists do not exist. Due to the changing needs of children over time, the behaviours and skills required will also change, so it is unlikely that any single assessment tool will be comprehensive enough to capture this complexity.
- Definitions of parenting as yet do not address the issue of minimal parenting competence, and this contributes to the difficulty in developing parenting capacity assessments.

3.2 Problems that can occur in parenting

The capacity of parents to be adaptable (perceptive, responsive and flexible) can be affected by a wide range of factors, for example, substance abuse, marital conflict, stress, mental health problems, and learning difficulties. Whilst none of these factors per se predicts parenting capacity, they can make parents more vulnerable to reduced parenting capacity. The impact of these factors on parents' cognitions, attributions and capacity to empathise has been associated with increased risk for child maltreatment.

For example, parenting involves considerable cognitive activity (Azar et al., 1998). Parents must balance long- and short-term socialisation goals and make continuous judgements regarding the meaning of child behaviour and its causes, whether intervention is required, and what type of interventions would be effective. There is some evidence of bias in these interpretative processes in abusive and neglectful parents which have been linked to their parenting responses. Cognitive processing problems implicated in child maltreatment include problem-solving difficulties, disturbed schema and attributional biases (Azar et al., 1998). Assessment, therefore, should include an assessment of what the parent thinks is normal child behaviour, the 'typical' meaning parents make of children's responses, and how parents would use that information in relation to their own children.

Lack of parental empathy is associated with poorer outcomes for children (Kilpatrick, 2004). Lack of caring for others or lack of resources for caring in the family (where caring is defined as care for and attention to others, positive feelings for others and taking others as they are) has been found to be associated with child-maltreating families (Nelson, Laurendeau, Paavilainen & Åstedt-Kurki, 2003). Thus a key requirement of the parenting role is a parent's capacity to empathise with their child and set aside their own needs in order to meet those of their children (Donald & Jureidini, 2004). However, Kilpatrick (2004) points out that empirical study of the relationship between parental empathy and child maltreatment has yielded disappointing results, possibly due in part to the ongoing debate regarding the definition of parental empathy. Rosenstein (1995) notes that early literature on child abuse alluded to parents ability or inability to empathise with their child but that risk assessment and studies of variables used as factors to predict risk of abuse at the time of her research did not include parental empathy.

Summary

Parents at risk for child maltreatment have been found to have problems with cognitions, attributions and the capacity to empathise.

3.3 Quality of parenting capacity assessment reports

Parenting capacity assessment reports are often the vehicle by which the findings of formal parenting capacity assessments are translated through court processes into permanent care plans for children. As they form the basis for child protection decision-making, the quality of such reports is crucial. In many instances these reports may not be compiled by the case worker involved with a family but by an outside assessor acting as an expert witness. This section explores the issue of the quality of reports in terms of their accuracy, knowledge of attachment relationships and standards expected by the courts.

Much of the driving debate around parenting capacity assessment arises from the need for accuracy in parenting capacity reports presented to courts seeking to determine whether parental rights should be terminated (Budd & Holdsworth, 1996).

Conley (2003) designed a study to explore the gap in the research evidence about the content and information contained within parenting reports. To investigate these reports, a scale was created to

assess the 'Coherence of the Assessor's Recommendations'. It measures the contrast between the information presented in the assessment report and the 'theoretical expected recommendations' as described by Steinhauer (1983). Another series of scales was developed to describe the manner in which the assessment was conducted (interviews, home visits, psychometric instruments, observations, documentation, records).

A random sample of 44 parenting capacity assessment reports was selected from a medium-sized urban child protection agency. Overall findings indicated that assessors who attended to one of the nine content areas appropriately tended to obtain high scores in all other areas of the assessment, and that the converse was true. Overall there was a substantial emphasis placed on the use of psychometric measures, including traditional measures of intelligence/cognitive capacity and psychopathology. The assessors also appeared to lack a framework with which to analyse their findings.

Conley (2003:19) concludes that the instruments used by assessors:

> … provide little direct information in how their findings affect parenting directly. Many of the assessment reports contained personality/psychopathology measures where the parents would invalidate the results due to 'faking good' because they wanted to do well on what they perceived as a 'parenting test'. What was disconcerting was many assessor's sole reliance on psychometric measures in their determination of the presence or absence of mental health problems in parents. Psychiatrists diagnose mental health problems on the basis of mental state examinations, observation, clinical history and use of collateral information. Cross sectional instruments provide one source of data and should not necessarily be given greater clinical weight than the observations of child protection workers and experienced staff.

Budd et al. (2001) sampled 190 mental health parenting evaluation reports and found numerous substantive failures to meet the standards for forensic evaluation as established by the American Psychological Association (1998). Evaluations of parents were typically completed in a single session, rarely included a home visit, used few if any sources of information other than the parent, often cited no previous written reports, rarely used behavioural methods, stated purposes in general rather than specific terms, emphasised weaknesses over strengths in reporting results, and often neglected to describe the parent's care-giving qualities or the child's relationship with the parent.

The authors point out that, whatever the initial purpose, evaluations often end up serving as forensic evidence in legal determinations of family reunification, visitation arrangements and termination of parental rights.

They identify a number of concerns about the use of parental evaluations in child protection decisions, including concerns discussed in other sections of this review:

- Contemporary parenting models focus on optimal rather than minimal parenting competence, and for constructs such as warmth and nurturance, few behavioural indicators have been established.
- Constructs typically assessed by mental health professionals lack relevance to legal questions in child protection cases. Psychological tests assess intelligence, academic functioning and personality but are not designed to assess competence in caring for and interacting with children.
- In the absence of specific referral questions, professionals focus on general information already known or less pertinent to the case.
- Mental health professionals must convey the limitations of instruments they use to the judges.
- There is a lack of consensus on what should be included in parenting assessments.

Regarding reports, the authors cite the recommendations of Beyer (1993) that lawyers articulate questions for examiners directly relevant to the issues at hand, including:

a. what they specifically want to know about the parent's functioning

b. what problems or events gave rise to these concerns

c. what specific options or outcomes will be affected by the findings.

Given the important contribution of parenting capacity assessment reports and recommendations in decision-making for children (Lennings, 2002), it is important that such reports are compiled in a manner that conforms to the standards as suggested by Budd (2005). This includes recognising and reporting the limitations of all instruments (particularly as in the United States a number of psychological tools have been found not to meet the Daubert standard of testimonial admissibility (Yañez & Fremouw, 2004)), as well as approaches to assessment that have been taken (such as observations) and the possibility of alternative explanations for conclusions reached in the report.

Summary

- Parenting capacity assessment reports are a vehicle for conveying parenting capacity assessment findings to the court system.
- Studies into these reports have found that the quality of reports can be variable.
- Problems with these reports included: evaluations of parents being completed in a single session, lack of home visits, use of few sources of information other than the parent, failure to cite previous written reports, rare use of behavioural methods, stating purposes in general rather than specific terms, emphasising weaknesses over strengths in reporting results, and neglecting to describe the parent's care-giving qualities or the child's relationship with the parent.

4. Approaches to improving parenting capacity assessments

There are two main approaches that can assist in improving parenting capacity assessments: adopting a strengths-based approach to assessment and improving worker decision-making processes.

Strengths-based approaches to assessment are important as they assist in identifying strengths and skills already possessed by parents which can be supported by interventions. They also focus on exploring the nature of the relationships and connections within the family as a unit.

Supporting worker decision-making processes is also crucial because current approaches to the assessment of parenting capacity rest upon the clinical judgement of the worker. The clinical judgement approach to decision-making in child protection services is subject to known errors, though the literature identifies a number of strategies that can assist in reducing these problems.

4.1 Adopting a strengths-based approach to parenting capacity assessments

The assessment of family functioning is important in child protection practice, as it has been suggested that the best predictors of multi-type maltreatment are poor family cohesion (family members feeling disconnected from one another), low family adaptability (rigid roles and inflexibility in relationships and communication), and poor quality of the interparental relationship (Higgins & McCabe, 2000). Stratton and Hanks (1995) note that an assessment of the family is essential in any assessment of parenting, as patterns of family behaviour are not styles imposed by the dominant person but are the outcome of a progression in which each person influences the other.

4.1.1 Child-centred, family-focused practice

The need to identify family strengths that can be enhanced to assist families in meeting the needs of their children has arisen from the recognition of the importance of adopting a child-centred, family-focused approach to child welfare practice (Tomison, 1999). The principles of child-centred, family-focused practice affirm:

- the primary importance of ensuring the safety and well-being of children
- recognising the mutual significance of the child and family to each other
- promoting the importance of service professionals developing a strengths-based partnership with client families.

The practice philosophy of a strengths-based approach as it is applied to at risk and abusive populations, as summarised by Tomison (1999), is:

- all people and environments possess strengths that can be marshalled to improve the quality of clients' lives; these strengths and the ways in which clients choose to apply them should be respected by workers
- client motivation is fostered by a continued emphasis on client-defined strengths
- discovering strengths requires a cooperative exploration between clients and workers
- a focus on strengths reduces the worker temptation to 'blame the victim' and enables the discovery of the means by which clients have survived in even the most inhospitable of circumstances
- all environments, even the most bleak, contain resources.

A focus on the positive aspects of family functioning does not imply that family problems and/or the protection of children are forgotten. The child-centred, family-focused philosophy ensures that the

protection and care of the child remain paramount, while maintaining a focus on building family members' competence and self-esteem in order to tackle protective concerns and other family issues effectively (Tomison, 1999). A strengths-based approach is also associated with recruiting parents into programs designed to assist them with their parenting. For example, a key to recruiting parents to positive parenting programs is to assure them that the program will help them improve skills they already possess (Long, McCarney, Smyth, Magorrian & Dillon, 2001).

4.1.2 Defining family strengths

As with parenting, there needs to be an understanding of how the concept of family strengths is defined prior to any attempt to any attempt to assess them. Trivette, Dunst, Deal, Hamer and Propst (1990:18) define family strengths as the 'competencies and capabilities of both various individual family members and the family unit that are used in response to crises and stress, to meet needs, and to promote, enhance and strengthen the functioning of the family system'. However, they note that there is danger in using the word 'strength' to refer to family capabilities because the term implies a continuum, with strengths at one end and weaknesses at the opposite end, so they prefer the term 'family functioning style' because it implies unique ways of dealing with life events and promoting growth and development.

4.1.3 Characteristics of 'strong' families

Olsen (1999) identifies three central dimensions for conceptualising family strengths: cohesion, flexibility and communication. There is considerable agreement among family theorists that core concepts such as cohesion and adaptability cut across the major models of family functioning (Perosa & Perosa, 1990).

Trivette et al. (1990) conclude that there are 12 major, non-mutually-exclusive qualities of strong family units, but that not all strong families are characterised by the presence of all 12 qualities. A combination of qualities appears to define strong families, with certain combinations defining unique family functioning styles. These qualities are:

1. commitment
2. appreciation
3. time
4. sense of purpose
5. sense of congruence
6. ability to communicate
7. clear set of family rules, values and beliefs
8. varied repertoire of coping strategies
9. ability to engage in problem-solving
10. ability to be positive
11. flexibility and adaptability in the roles necessary to procure resources to meet needs
12. balance between the use of internal and external family resources.

4.1.4 Assessing family strengths

The strengths-based approaches to assessment that were identified through the search of the literature are mainly directed towards the assessment of strengths within the family as a unit rather than individuals within the family, although many tools rely on self-report from a limited number of family members. Many have been developed in response to the need to assess family functioning for therapeutic purposes in clinical settings and thus are different in nature and purpose to strengths and needs assessment tools contained in approaches to risk assessment such as Structured Decision Making (SDM™).

Although there are many instruments available for assessing family needs, this is not the case regarding family strengths assessment tools (Trivette et al., 1990). Many assessment tools focus on collecting problem-focused information, and this can create difficulties when the practitioner attempts to move the intervention towards identifying solutions and building on strengths (Early, 2001). Family strengths assessment tools have the functions of identifying family strengths, facilitating the matching of treatment strategies to family requirements, and evaluating family changes arising from treatment (Drumm, Carr & Fitzgerald, 2000). There are a number of standard assessments of family functioning discussed in the literature, and a number of studies that compare the convergent and discriminant validity of a range of these assessments (Perosa & Perosa, 1990; Nelson et al., 2003; Drumm et al., 2000).

Perosa and Perosa (1990), for example, conducted a study examining the convergent and discriminant validity of four family self-report measures for the dimensions of cohesion and adaptability. (The measures examined were the *Family Environment Scale,* the *Family Assessment Device,* the *Structural Family Interaction Scale, Revised,* and the *Family Adaptability and Cohesion Evaluation Scale (III) (FACES))*. The measures were administered to 183 high school seniors and college graduates, and it was found that the convergent validity of self-report family measures was stronger than the discriminant validity. However, the authors reported that a disturbing finding relating to the convergency among cohesion scales is that the distinction between the concept of enmeshment/disengagement and cohesion was blurred.

Trivette et al. (1990) stress that several considerations should be taken into account when family strengths scales are used for assessment purposes. These include:

- stating explicitly why the family is being asked to complete the scale
- being clear about how results will be used
- using the family's response as a way of clarifying and specifying concrete ways in which these qualities are manifested
- emphasising the positive aspects of functioning as part of responding to the family's description of its strengths
- prompting descriptions and making suggestions about how the family can use its strengths to mobilise resources to meet needs
- building upon competencies of the family.

These six steps can be used as a basis for both identifying family strengths and building on strengths as part of assessment and intervention practices.

Summary

- Strengths-based approaches to assessment are important both in establishing benchmarks of current parenting ability and in assisting with engaging parents in services.
- Most approaches to assessing strengths have been developed for use in clinical settings and focus on the family as a unit. The SDM™ risk assessment system includes an assessment of the strengths and needs of the child and family.
- Key components of family strength measured by family strengths scales are cohesion, flexibility/adaptability and communication, though studies of these constructs have identified some difficulty in discriminating between concepts such as cohesion and enmeshment.

4.2 Improving worker decision-making processes

Given that most parenting capacity assessments consist of consensus-based guidelines that require clinical judgement in their application and interpretation, it is important to address the problems that have been found to be associated with the use of clinical judgement in assessment. These problems can include a lack of recognition of known risk factors, the predominance of verbal over written evidence, a focus on the immediate present or latest episode to the detriment of significant historical information, and a failure to revise initial assessments in the light of new information (Munro, 1999:340).

Dawes, Faust and Meehl (1989) observe that certain forms of human pattern recognition, such as facial expression recognition, still cannot be duplicated or equalled by artificial means and provide the potential for gathering useful information that would otherwise be missed. However, the authors note that a unique capacity to observe is not the same as a unique capacity to predict on the basis of integrated observations, in particular the tendency of clinical judgements to produce 'self-fulfilling prophecies'. Prediction of an outcome often leads to decisions that influence or bias that outcome. The clinician is also exposed to a skewed sample of humanity and, lacking exposure to truly representative samples, they may find it difficult if not impossible to determine relations among variables.

There are a number of strategies that have been identified that can assist in reducing the problems associated with the use of clinical judgement in assessment, from using multiple sources of information and avoiding over-reliance on instruments to having an awareness of cultural factors and the special needs of some parents.

4.2.1 Use of multiple sources of information

Information used in parenting capacity assessment needs to be verified by drawing on a range of sources (Budd, 2005; Eiriksen 2004; Reder et al., 2003; Baird, Wagner, Healy & Johnson, 1999; Azar et al., 1998, American Psychological Association, 1998; Heinze & Grisso, 1996).

Due to the varying nature of each adult, child and family, the specific procedures and methods used in conducting parenting capacity assessments for the courts also need to vary (Eiriksen, 2004). Comprehensive parenting capacity assessments are based on the integration and synthesis of information from multiple sources and multiple methods of information-gathering. These include:

- interviews with the parent
- interviews with the child or children
- psychological testing
- review of documents (both the statutory authority and the parent(s) are asked to provide documents and collaterals to interview)

- parent/child observation
- interviews with collaterals or review of documents provided by others
- consultation with other involved professionals or review of their reports
- parallel procedures conducted with each prospective parent (where there are custody disputes) (Eiriksen, 2004).

However, although these sources of information need to be comprehensive, it is important to balance the need for information with a consideration of the impact of comprehensive parenting capacity assessments on families. It is unlikely to be acceptable for clinicians to administer all relevant tools to a family (Azar et al., 1998), and consequently clinical judgement is necessary to inform tool selection. Parents themselves have been shown to prefer a combination of assessment methods, specifically self-report measures and structured interview (Davis & Gettinger, 1995).

4.2.2 Avoiding over-reliance on instruments

Psychological tools and instruments can assist in improving the accuracy of assessments in child protection practice, and in overcoming some of the problems associated with the consistency of worker decision-making (Dawes et al., 1989). However there can be a temptation for clinicians to rely more heavily on the findings of psychological tools and instruments than is warranted given the level of reliability of such instruments. Munro (2004), in a discussion on the reliability of an initial assessment tool, points out that practitioners may mistakenly believe that the reliability of such tools is greater than is often the case. She notes that evidence from psychology shows that once people have formed a judgement about a person or a family they are slow to change their minds. They tend to be selective in what they notice and in how they interpret new information to fit in with their existing judgement. Therefore professionals who put too much trust in the result of an instrument will be biased towards confirming it, paying attention to the evidence, for example, that supports the claim that the family is high risk, and being slow to see the significance of counter evidence (Munro 2004:879-880).

Another concern regarding increased use of measures in this field is that the structure and content of measures may lead clinicians to present inappropriate data cloaked in a scientific manner (Heinze & Grisso,1996), to weigh the data more heavily than they should be weighted, or to misuse the data (Brodzinsky, 1993).

Reder et al. (2003:36-39) list a number of factors that may impact on the use of structured tests in parenting capacity assessments for court purposes, including:

- an illusion of scientific objectivity, since a standard set of questions generating a numbered score can appear to offer clarity in complex relationships
- the belief that such tests can uncover aspects of psychological functioning that would otherwise remain undiscovered
- the possibility that assessors may over-generalise from focal features of parental functioning and suggest that parenting capacities can be judged from one test of a specific feature of the parent or the parent/child relationship
- the capacity of parents to tailor their responses to suit vested interests; this is the same with structured questioning as with unstructured interviewing.

4.2.3 Recognition of the issue of 'faking good'

A particularly pertinent problem in the use of psychological tools is the issue of positive self-presentation or 'faking good' – where parents attempt to portray themselves in a positive light. In a recent review, Carr, Moretti and Cue (2005) studied the validity problem of positive self-presentation

reports for four psychological tools that are commonly used in cases referred following removal of children from the home as a result of abuse and neglect. These tools were the Minnesota Multiphasic Personality Inventory (2nd ed.) (MMPI-2) (Butcher et al., 2001), the Personality Assessment Inventory (PAI) (Morey, 1996), the Child Abuse Potential Inventory (CAPI) (Milner, 1986), and ratings of children's behaviour on the Child Behaviour Checklist (CBCL) (Achenbach, 1991).

Participants in the study included 91 biological mothers and 73 fathers (48 biological fathers and 25 stepfathers) from 93 cases consecutively assessed at the Family Court Centre, a government agency for court-ordered parenting capacity assessments. The study found there was a pervasive positive response bias on each measure, including measures of personality, parenting attitudes and ratings of children, and that this positive response bias usually had a significant impact on the test's clinical scales, resulting in positively distorted and invalid profiles.

Although the study recommended continued use of such scales, the authors stress that this positive response bias may reasonably be assumed to apply to other tests and perhaps the interview situation as well. Consequently this study highlighted the importance of collecting information from multiple sources in order to maximise the likelihood of drawing valid conclusions.

Chaffin and Valle (2003) examined whether pre-intervention to post-intervention changes on the CAPI scale corresponded to actual changes in risk for future reports of maltreatment in a study involving 459 parents participating in 27 community-based family preservation and family support programs. Most parents were low-income mothers with a variety of social risk indicators, about a third of whom would be classified as high risk by the CAPI scale. Participants were administered the scale at program enrolment and at completion of the intervention (median 150 days), then followed for an average of approximately two years for future official maltreatment reports.

This study found that score changes failed to correspond to changes in likelihood of future abuse, and that pre-intervention scores were better predictors than post-intervention scores of post-intervention CPS referrals. The study concluded that the results strongly supported the static predictive validity of the CAPI and the use of the CAPI for screening purposes, but did not support the dynamic predictive validity of the CAPI. Results of exploratory analysis suggested the possibility that the changes observed on the CAPI reflected changes in subscales assessing subjective distress or parenting attitudes, which may be markers for initial risk but when changed do not necessarily translate into actual changes in future maltreatment behaviour.

Importantly, Chaffin and Valle (2003) stress that this study raises questions about the common practice of using risk instruments as proxy measures for child maltreatment risk in intervention and prevention programs.

4.2.4 Acceptance of responsibility and readiness to change

An important factor for practitioners to include in parenting capacity assessment is the parents' acceptance of responsibility and their readiness to change. The primary thrust of intervention where there are significant concerns about parenting capacity needs to centre around parental acceptance of responsibility for past acts and any damage done, resolution of previous trauma, management of the parents' own emotional feelings, and their capacity to recognise and respond healthily to feelings in their children (Donald & Jureidini, 2004).

The impact of caregiver readiness to change was explored recently by Littell and Girvin (2005). Their study involved the inclusion of a modified version of the University of Rhode Island Change Assessment (URICA) scale in interviews with 353 primary caregivers at four weeks, 16 weeks and one year after referral for in-home services. They found that problem recognition and intention to change predicted a few improvements in individual and family functioning and significant reductions in the likelihood of additional reports of child maltreatment within one year. Initial intentions to change predict reductions in the substantiation of subsequent reports of child maltreatment, and an overall measure of readiness to change, predicts reductions in the likelihood of out-of-home placement.

4.2.5 Collaborative practice

Because multiple sources of information are important in addressing the problem of practitioner selectivity of information, the practitioner needs to form partnerships with both the family and external agencies to access such information. The capacity of the professional to form a relationship with the parents, and organisational recognition of the time required for professionals to establish such relationships, is also important. Effective practice is seen as involving a number of interviews with family members, including the children, the conduct of home visits, collaboration with other agencies involved with the family, and the analysis and collation of information (Budd, 2005).

For some parents, the lack of collaboration between professionals has been found to be a barrier to effective parenting capacity assessment. For example, Sheehan and Levine (2005) found that, although parents with mental health problems were a significant group coming to court, there was negligible involvement of adult mental health professionals in the child protection system, and little cooperation between these two systems. The authors report that the court was therefore given little appreciation of a parent's mental functioning and its contribution to or impact on the child, and thus may not have all necessary information about the needs of, and likely outcomes for, these children and their parents.

4.2.6 Worker judgements regarding appropriate parenting standards

There have been some studies that attempt to identify the social judgement factors underlying worker assessments of parenting. Such judgements are important since, even where formal risk assessment systems are in place, worker decisions do not always correlate with scores on instruments (Hurley, Chiodo, Leschied & Whitehead, 2003).

Daniel (2000) reports on a study that looked at interrelationships between social workers' beliefs about the important elements of parenting to ensure a child's well-being and their perceptions about what underpins their decision-making about child care and protection. While the study found that there is a link between views about children's needs and decision-making, it also found significantly different opinions about priorities in assessing parenting.

Daniel (2000) identified three main different strands of opinion on the important elements of parenting that would affect worker decision making. The first of these was the atmosphere of the overall parenting environment and the emotional well-being of the child rather than, for example, the physical environment. For the second strand, although emotional wellbeing was likely to be more significant than physical care, it did not feature so centrally as for those workers whose views were represented by the first strand. For these workers there seemed to be some resistance to placing one form of abuse over another, and organisational issues such as the impact of resource constraints and lack of services featured more in this factor.

The most salient feature of the third strand appeared to be the quality of the child's attachments. Workers adopting this third view may consider leaving a child at risk of sexual abuse rather than break an attachment bond. Daniel (2000:104) notes that these findings underline the 'importance of practitioners examining and making explicit the values that underpin their assessments'.

Woodcock (2003) reports on a study that revealed four types of expectations underlying judgements both of parenting deemed good enough and that deemed not good enough. These factors were:

- the capacity of the parent to prevent harm occurring to their child
- the capacity of the parent to recognise and provide an appropriate level of supervision in relation to the development age/needs of the child (which was often associated with parents actively resisting social workers' expectations of what a child could do)
- the capacity of the parent to provide routinised and consistent physical care

- the capacity of the parent to be emotionally available and sensitive, that is, to have insight into the emotional reasons for a child's behaviour which took them beyond physical care, and to demonstrate a level of affect and interest in the parent-child interaction.

However, it has been pointed out that parenting standards within the culture of psychologists (and possibly, by implication, other professionals) may not only be unreflective of minority parents but of majority ones, and that the 'normal community' itself may have a less-than-perfect capacity to carry out some of these tasks (Azar & Cote, 2002). This may be of concern as professionals who may be sensitive to the limitations of their expertise in the vague area of how much affection a child requires may assume definitive standards regarding the more 'factual' areas of basic care and supervision (Azar & Cote, 2002; Greene & Kilili, 1998). Barber and Delfabbro (2000:246) argue that 'it is the population from which the child derives rather than the child's social worker who should set the standard for adequate parenting'.

Budd et al. (2001) note that the experience of tragic consequences when children are returned to parental care can lead to a culture of fear, which translates into a higher standard for parents seeking to regain custody than for parents fighting removal.

4.2.7 Supervision and training

It can be particularly difficult to identify factors affecting worker decision-making that are based on practice wisdom and that may be prioritised over the findings of instruments (eg see Leschied, Chiodo, Whitehead, Hurley & Marshall, 2003). Fook, Ryan and Hawkins (1997) found that 'expert' social workers are skilled and creative professionals who are often unable to articulate the reasoning behind their actions. Experienced workers use a 'short-hand' and need assistance in converting this knowledge into 'long-hand', that is, to make explicit the process of gathering information and to make sense of the information, analysis and judgement-making that led them to reach a particular conclusion. Individual attempts to combine large amounts of conflicting and disparate information can lead to an inability to weigh and prioritise such information and result in workers selecting factors for the decision that may have no relation to the behavioural outcome being forecast (Shlonsky & Wagner, 2005).

Supervisors are seen as playing a key role in helping frontline workers stand back and reflect on and critique their reasoning (Horwath, 2002). Unfortunately, Munro (2004) notes, access to good casework supervision is becoming scarce. A manager's priority can be to supervise the administrative process, ensuring that all legal and procedural rules have been followed (Munro, 2004).

Investment in ensuring staff engagement in developing new work processes is important because workers may not have the power to create (though they undoubtedly have the power to resist) change that does not fit into their experience of what would constitute a quality service (Watson, 2003). Watson (2003) notes that it is not enough to develop standards packages and expect the level of quality to increase as a result. Consideration needs to be given to how these packages are implemented within local centres of service provision, locating them in workers' perceptions of what is important for their practice. If authorities are looking to enhance quality then they need to localise and democratise their strategies for developing quality to consider operational units and their circumstances at an early stage. Watson concludes that there is a clear need for staff training at all levels of the service around issues of quality and devolved decision-making, and a need to challenge managers to review their stance in relation to what quality should entail on the ground and how staff investment is crucial in this process.

4.2.8 Using research findings

It is also argued that where evidence is available it may not be well utilised by clinicians. A survey of 309 practising child and adolescent clinicians regarding their actual and preferred child and adolescent assessment practices found that most used family interviews, individual child/teen interviews and a review of previous treatment records (Palmiter, 2004). Clinicians reported they would also prefer to use parent rating scales, teacher rating scales, child/teen self-report scales, naturalistic observation and a review of recent report cards and previous educational testing. The top three factors reported to

influence assessment practice were ethics, organisational pressures and theoretical orientation (although there was no statistically significant difference in assessment procedures between those with a psychodynamic orientation and those with a behavioural or cognitive behavioural orientation). Twenty-one per cent of the sample reported that research findings were unimportant in their assessment.

Woodcock (2003) found in a small study of social workers that they hardly ever referred to psychological evidence derived from the literature as a way to structure their understanding of a case or to inform their intervention strategy. The exception was where they were using instruments required by departmental procedure, and which were specifically infused with psychological content (such as the Looking After Children (LAC) instruments). This led to what Woodcock (2003:100) calls a 'surface-static' notion of parenting that has a number of elements:

- The workers' surface response meant they did not deal with psychological factors underlying the parenting problems (even where they had identified such factors).
- Workers tended also to rely on exhortation to change, rather than responses informed by psychological observations.
- This was then often associated, when change did not occur, with perceptions by the social worker of 'parent resistance'.

While Woodcock cautions that the sample was small, these dynamics indicate the importance of sustained 'research-to-practice' within an organisation if the use of structured assessments is to produce a meaningful difference in services.

Risley-Curtiss et al. (2004:108) note that a particular difficulty in disseminating research findings has been that developments in mental health treatments have been published in mental health journals and not necessarily in journals likely to be read by child welfare staff: 'Without access to this advancing knowledge, caseworkers are not able to be the most effective advocates for their parents within both the child welfare and mental health systems.'

Conley (2003) provides an example of the impact of inadequate use of research findings in parenting capacity assessment. In reviewing a sample of parenting capacity assessments submitted to the court, he expressed concern at the assessors' apparent lack of knowledge about parent-child attachment relationships, stating that many assessors still attribute the positive feelings of the parent for the child, positive feelings of the child for the parent and a sense of 'family identity' and 'life history' as an indication of a secure attachment relationship. The Bene-Anthony Family Relations Test (BAFRT) (used in 29.5 per cent of reports sampled) and the Parenting Stress Index (PSI) (used in 25 per cent) were two frequently used instruments that assessors claimed provided them with clinical data about the nature of the attachment relationship. At this time, Conley (2003) notes that there is no known research evidence that either of these two instruments predicts attachment relationships or the positive/negative socio-emotional outcomes associated with the nature of the parent-child attachment relationship.

4.2.9 Awareness of the impact of cultural and other diversity on parenting capacity assessments

Much of the literature on which concepts of parenting and good enough parenting are based has been criticised as being drawn from populations lacking cultural diversity. Models of parenting as a group have been based in a research literature with college-educated, middle-class majority parents (Azar et al., 1998). The studies of parenting are confined to a limited population of parents, and reflect the values and behaviour of white, US middle-class mothers (Phoenix, Woollett, & Lloyd, 1991).

Many of the earlier studies excluded the experiences of black, lone and working-class parents, both in the US and other parts of the world, as it was deemed or assumed that these experiences were likely to be different (due to social disadvantage) to 'normal parenting processes' (Woollett & Phoenix, 1991:21). Without models and data on diverse groups of parents, such fundamental biases may negatively influence professionals' processing of information during the course of a parenting evaluation.

Cultural issues may affect not only definitions of parenting and parenting capacity, but also the practice of staff conducting such assessments. Surbeck (2003) reports on a US study of racial partiality in 249 child welfare assessments of attachment. The study found that Caucasian caseworkers were found to give Caucasian mothers more positive assessments than African American mothers and that the impact of race on assessments of attachment may be influenced by communication gaps and negative racial stereotypes. The author notes that it is important to investigate whether such partiality affects children in other areas of the decision-making process in child welfare.

There are significant ethnic group differences in parenting styles. Some cultural groups viewed as engaging in harsher punishment and less overt positive affection still have positive child outcomes (Azar & Cote, 2002). Such findings suggest that the predictive validity of the constructs posited (or the manner in which we define and measure them) may vary with culture. For example, Azar and Cote (2002) suggest that, in cultures where many of the functions of parents are carried out by extended family members, single parenthood may not have a negative influence on children and that studies may not be constructed to examine the strengths of such alternative family forms.

Korbin (1994, as cited in Azar & Cote, 2002) has argued for an examination of three kinds of parenting practices that may be labelled as a 'risk' to children: cultural practices that are viewed as abusive or neglectful by other cultures but not by the culture in question, idiosyncratic departures from one's cultural continuum of acceptable behaviours, and societally-induced harm to children beyond the control of individual parents and caretakers.

For Indigenous families in Australia, Yeo (2003) points out that there is a paucity of information on culturally appropriate assessments of children in relation to attachment, and argues that the core hypotheses of attachment theory (such as caregiver sensitivity, competence and a secure base) have to be based on people's cultural values. For example, the secure base phenomenon is assessed using a standard procedure based on Anglo-Celtic values, whereas the security of an Aboriginal child would be derived from a network of regular caregivers and acceptance in their community (Yeo, 2003).

It has also been noted that the inherent subjectivity of legal decisions based on the application of the 'best interest test' (that is, determining what is in the child's best interest) render these decisions susceptible to the criticism that they legitimise cultural bias by allowing decision-makers (who are generally members of the dominant culture) to impose family values that may be inconsistent with those of a minority group such as Aboriginal people (Walter, Isenegger & Bala, 1995 as cited in Ralph, 1998).

4.2.10 Tailoring parenting capacity assessments for parents with specific needs

Some authors have explored the tailoring of parenting capacity assessments for parents experiencing specific conditions. For example, Risley-Curtiss et al. (2004) suggest that the components of parenting capacity assessment for parents with serious mental illness should be as follows:

- parent's ability to seek help
- child's physical, mental and developmental status
- impact of parent's disorder on the child
- nature of the relationship between parent and child
- parent's ability to meet the child's needs
- parent's ability to manage stress
- nature of the parent's motivation and acceptance of responsibility
- quality of support available to the family

- adequacy and effectiveness of the current treatment for the parent
- likelihood of sustainability of parenting adequacy over the course of childhood.

Similar concerns and suggestions have been raised regarding parenting capacity assessments for parents with an intellectual disability (Spencer, 2001). Spencer (2001) recommends that, for parents with an intellectual disability, parenting capacity assessment needs to take place in accordance with the following principles:

- The assessment should be purposeful (that is, clear about what is wanted from the assessment), carried out by an independent professional, open, transparent and consensual.
- The assessment methods should be naturalistic and multidisciplinary, and use valid and reliable instrumentation. Because different tools focus on specific aspects of parenting, professionals need to be familiar with what tools are available, be able to access them, be proficient in administering them, and use them in a combination that appropriately covers all areas of parenting.
- The assessment should be broad in scope, adopting a multi-dimensional/ecological approach and a functional/performance base, and considering parental resources and constraints.
- Assessment should be linked to therapeutic intervention and support.
- Specific limitations of any tools should be reported in the assessment findings.

Summary

- Current approaches to assessing parenting capacity are based on the use of clinical judgement, and so are subject to problems such as a lack of recognition of known risk factors, the predominance of verbal over written evidence, a focus on the immediate present or latest episode to the detriment of significant historical information, and a failure to revise initial assessments in the light of new information.
- Mechanisms that can assist in addressing these problems include using multiple sources of information, avoiding over-reliance on psychological instruments, and taking into account the individual circumstances of parents. The literature suggests that in many cases such matters are not adequately understood or made part of assessment practice.

5. Examples of parenting capacity assessment

This section of the review identifies a number of approaches that contribute to the assessment of parenting capacity, beginning with an exploration of tools that assist in identifying family strengths and needs that have mainly been developed in response to the need to assess family functioning for therapeutic purposes in clinical settings. There is also an exploration of some of the approaches that are being developed to assist child protection agencies to assess parenting capacity more widely across child protection populations.

Finally there is a detailed presentation of the four main approaches to the assessment of parenting capacity where findings will be used in forensic or court settings. The potential contributions and limitations of these approaches are then discussed.

5.1 SDM™ Family Strengths and Needs Assessment tool

Purpose

The Family Strengths and Needs Assessment (FSNA) tool, contained in the Structured Decision Making (SDM™) tool, was developed in a work group setting in California by experienced social workers from the agency that subsequently employed it (Shlonsky & Wagner, 2005). The group was asked to identify major areas of family functioning that may pose problems requiring service intervention or serve as strengths in the casework process. The result is 'a consensus-based assessment instrument with carefully defined items designed to objectively score child/family functioning in several areas including substance abuse, mental health' (Shlonsky & Wagner, 2005: 423). In some California counties, the FSNA is completed as part of a case or family group decision-making conference, allowing families the opportunity to more fully participate in the assessment and planning process.

It is important to note that the FSNA differs considerably from family assessment instruments in both its intent and the information it provides. The FSNA is completed after the actuarial risk assessment tool is used to help establish the intensity of the CPS agency response (ie set case opening/service priority) and is viewed as a separate contextual component of the case planning process (Shlonsky & Wagner, 2005). The 'combined use of actuarial risk assessment and an objective, clearly articulated structure for documenting clinical assessment findings is intended to help agencies reduce subsequent maltreatment through improved targeting of limited resources for service intervention' (Shlonsky & Wagner, 2005:422).

Information provided

The FSNA findings provide the initial framework for a comprehensive clinical assessment (Shlonsky & Wagner, 2005). Workers use it in an effort to help them: 1) conduct and document a reliable family assessment, 2) screen families for more specialised assessment procedures (eg substance abuse or mental health evaluations), 3) choose service interventions (including referrals to outside agencies), and 4) monitor service interventions.

This assessment provides:

- a concise evaluation of family functioning for review
- data easily entered into a database
- aggregate form that supports service planning
- a situation in which, over time, the empirical data secured can be used to evaluate which service interventions worked for whom.

Limitations

Shlonsky and Wagner (2005) point out that, while fairly comprehensive, the FSNA tool is fairly unidimensional. That is, it does not provide a clinically sensitive assessment of the dynamics of a client's problems. The FSNA is directed more towards informing service options rather than towards the assessment of internal family dynamics and changes that might occur in individual families as a

result of interventions. Consequently, other tools are required to inform family assessments, particularly those included in parenting capacity assessments and which form the basis of decision-making in child protection services.

5.2 Framework for the Assessment of Children in Need and their Families

The *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000), which has been adopted in the UK, contains significantly more emphasis on parenting capacity than other risk assessment systems examined. This is referred to in the UK literature as the 'Assessment Framework' or 'Framework'. The latter term will be adopted in this review.

Purpose

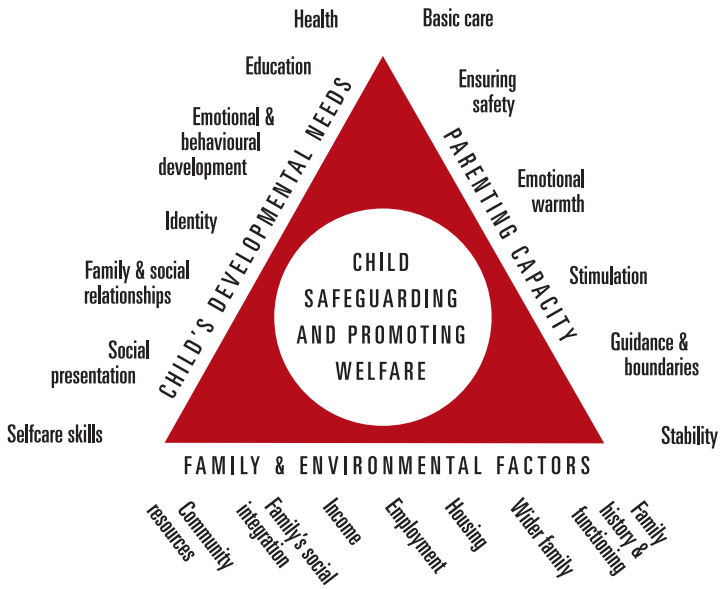
The Framework examines children's developmental needs and then assesses the capacity of the parents to meet these needs. This focuses the assessment on the strengths of the family and what parents may need by way of support, in order to help them meet their child's developmental needs.

The Framework was developed by the UK Department of Health in order to support the strategic objective of offering help, support, assistance and resources to families at the earliest possible stage (Wise, 2001). The Framework is implemented through a series of practice tools, referred to as information and assessment records, the centrepiece of which is the Core Assessment Record. The Core Assessment Record has been designed to take the practitioner through a series of lead and support questions covering a number of critical dimensions that comprise the Framework: child developmental needs, parenting capacity, and family and environmental factors. The Framework considers the interrelated areas of child development (health, education etc), parental capacity to respond adequately to these needs, and the family and environmental issues that may affect parental capacity (poor housing, family discord, poverty) (Wise, 2001).

The Framework adopts an interagency approach that is designed to provide comprehensive services that attend to a multitude of issues rather than narrowly focused services that attend to discrete issues. The other key theoretical perspective underpinning the Framework is child-centred practice, which means that the child is kept in focus throughout the assessment to ensure attention is not diverted away from the child to other issues such as conflict between adult family members.

Information provided

Generally, the areas assessed by the Framework are represented as a triangle:



The dimensions of parenting capacity assessed by the Framework are:

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

The Family Pack of Questionnaires and Scales for the Framework include:

- The Strengths and Difficulties Questionnaire (SDQ)
- The Parenting Daily Hassles Scale
- The Home Conditions Scale
- The Adult and Adolescent Wellbeing Scales
- The Recent Life Events Questionnaire
- The Family Activity Scale
- The Alcohol Scale.

Wise (2001) reports that between September 2000 and March 2001 the Assessment Framework and Core Assessment records were trialled in eight Anglicare family support programs in Australia and the outcomes of this project suggest that holistic and comprehensive services for promoting child well-being are compatible with the philosophy and practice underlying family support work.

Limitations

Reports on the implementation of the Framework indicate that social workers in piloting authorities found the tools easy to administer and of benefit, but that no data are furnished in respect of social worker or service user receptiveness to the instruments (Garrett, 2003). There is also concern as to whether assessments derived from questionnaires and scales will begin to feature in child protection case conference reports and whether professionals might begin to use the instruments to calibrate risk even though they are not designed for this purpose (Garrett, 2003).

Even a highly structured assessment system such as the Framework has been identified as having implementation problems. Macdonald (2001) notes that an assessment framework cannot guarantee objectivity and that the Framework can be used in a subjective way that distorts the assessment and discriminates between groups of service users. Assessments based on the use of the 'triangle' can become 'lopsided', that is, focus on one side of the triangle at the expense of the others (Horwath, 2002). For example, an emphasis on parenting capacity occurs when professionals perceive child neglect in terms of an act of omission or commission on the part of the carers without any consideration of the impact of the act on the child. A lopsided triangle can also occur if professionals measure good enough parenting in terms of carers doing their best even if they fail to meet the needs of their children.

In the UK, studies have been seeking to identify whether the implementation of the Framework has produced improved outcomes for families. Aldgate and Statham (2001) report that the reframing of assessment has resulted in interviews with parents that are less threatening, and the resultant contact with parents has been more supportive. It is maintained that this approach increases the likelihood that

parents will engage with their caseworker and that children and families may avoid entering the statutory child protection system.

However, recent criticism of the Framework (Garrett, 2003) centres around whether this anticipated outcome of its introduction has occurred, or whether the volume of recording associated with its implementation has in fact impeded the process of engagement with families. An impact of its implementation has been a reduction in the time workers spend with families (from 30 per cent to 11 per cent) (Munro, 2005). This reduction has resulted in a loss of workers due to dissatisfaction with the low amount of direct client contact (Audit Commission 2002, as cited in Munro, 2005:388).

In addition, questions have been raised over the representativeness of families sampled for the community study on which claims of the reliability and validity of the AAR approach to the assessment of children and young people who are looked after is based (Garrett, 2003). This community study excluded the parents of children under the age of three, and children were clustered around particular age bands. Significantly, in the light of problems later encountered in relation to the use of AARs with disabled children, this school-based study also excluded 'special schools' attended by children with a range of physical and educational special needs (Garrett, 2003).

5.3 Standardised assessment of parenting: New Zealand

Purpose

A procedure for standardised assessment of parenting within statutory child protection agencies was trialled on 64 children and adolescents under the supervision of the New Zealand Children, Young Persons and their Families Services (CYPFS) and results were compared with normative samples from Canada and Australia (Barber & Delfabbro, 2000).

The primary purpose of the pilot was to develop a measurement procedure that could be incorporated into outcome studies in the future. The study also sought to demonstrate how standardised instruments could be used as aids to clinical decision making. The instruments selected had to be:

- feasible, in the sense that it would be reasonable to expect practitioners to administer them and gather the information in the course of their normal duties
- capable of accommodating missing data
- readily interpretable by the 'layperson'
- quantifiable
- capable of indefinite and unscheduled repeated measurement
- capable of norming against relevant population(s)
- culture fair, in the sense they should not call for arbitrary or highly subjective judgements on the part of the researcher/practitioner
- able to meet minimum standards with respect to validity and reliability.

Information provided

The CYPFS instrument was completed by each child's caseworker and took less than 30 minutes to complete. The overall instrument can be divided into three basic components. The first contains measures of parenting behaviour, the second includes measures of child well-being and behaviour, and the third, which is woven through the questionnaire, seeks information about the sources consulted in relation to each outcome measure.

The measures of parenting behaviour were as follows:

- Basic Care Checklist. This asks caseworkers to respond to a list of nine items assessing the extent to which the child currently enjoys the basic necessities of life, such as food, clothing, sleep, medical care and at least a minimal level of social interaction. Because internal consistency for the items as a whole was unacceptable ($\cdot = 0.61$) the checklist was not treated as a scale, but each item was separately analysed.
- Family Assessment Device (FAD). Family relationships and functioning were assessed using the 12-item summary scale of the FAD, developed by Epstein, Baldwin and Bishop (1983).
- Parenting Checklist. Positive parenting was assessed against the 18-item parenting checklist that was designed for this study. Items were developed in consultation with social work practitioners and each item was scored according to how often in the last week either parent had displayed them.
- Parent Child Conflict Tactics Scale (PCCTS). The parents' choice of disciplinary tactics was assessed using this scale, developed by (Straus, Hamby, Finkelhor & Runyan, 1995). The PCCTS measures use of negotiation, verbal aggression and physical aggression to settle disagreements.

By combining data from the Parenting Checklist with data from the PCCTS, the authors were able to report that it was possible to classify parents in the study's sample along two dimensions: a) abusiveness, and b) nurturance. Parents who employed severe or very severe physical or emotional tactics can be classified as abusive, whereas those who employed no such tactics can be classified as non-abusive. Similarly, caregivers who displayed six or fewer positive parenting practices (that is, ≤ the lowest five per cent of the normative sample) can be classified as neglectful by the standards of the general population, whereas those displaying more than six practices can be classified as nurturant by normative population standards.

Thus the procedure yields four possible groups: a) nurturant and non-abusive, b) nurturant and abusive, c) neglectful and non-abusive, and d) neglectful and abusive.

The table below presents the numbers of CYPFS cases falling within each of the quadrants. This procedure is seen as forming a taxonomy for clinical decision-making, with the aim of intervention being to move all families to the upper left-hand quadrant.

	Non-abusive	Abusive
Nurturant	29	0
Neglectful	19	4

Results revealed that CYPFS cases displayed poorer functioning and received fewer positive parenting practices than the normative population.

Limitations

This study draws on a relatively small sample size. So far, no further studies that explore the relationship of this classification system to outcomes achieved for families as a result of its implementation have been identified.

5.4 South Australian approach to assessing parenting

Purpose

This model canvasses similar domains to the UK *Framework for Assessing Children in Need & their Families*, but differs in the emphasis it places on the primacy of assessing the adequacy of the emotional relationship between parent and child (Donald & Jureidini, 2004:7). Donald and Jureidini note that 'only when parenting capacity is either found to be adequate or plans are developed to address its shortcomings do the dimensions of parenting as listed in the Framework have relevance and use in planning parenting interventions'.

Under this model, 'once the statutory agency has confirmed that a child has been harmed by parental behaviour, the first step of the parenting assessment is to establish the carer's initial level of acceptance of that fact and the degree of responsibility taken either for direct harm caused to the child or failure to protect the child from some harmful influence. The detailed discussion with parents about their harmful behaviour will provide important data about parenting capacity' (Donald & Jueridini, 2004:14). The model 'does not look for expressions of remorse, but rather for statements that indicate the parents' capacity to see the experience from the child's point of view and to realistically appraise what might need to change for the child to thrive in their care'.

Information provided

The assessment process aims to answer the following questions (Donald & Jureidini, 2004):

1. How well could these parents perform the tasks required of them given optimal circumstances? Crucial concerns include:
    - the parent's ability to create and sustain intimate relationships with their child such that the needs of the child can be empathically recognised and met
    - the parent's awareness of potential or actual effects of adverse relationship stresses on their child, especially family violence
    - the parent's ability to avoid dangerous impulsiveness and to take responsibility for their behaviour.
2. How difficult is this child to the parent?
    - This recognises that some developmental phases are more demanding on parents and some children are more difficult than others.
3. What is the level, nature and context of the socio-environmental structural support (scaffolding) in which parenting is occurring?
    - This includes knowledge about practical parenting skills as well as external factors such as the availability of family, community, professional and statutory supports.

Limitations

At this point in time, it has not proved possible to identify empirical studies testing the outcomes of this model.

5.5 Family assessment tools

Purpose

An underlying tenet of the strengths perspective is that all families have strengths and capabilities (DeJong & Miller, 1995). If practitioners take the time to identify and build on these qualities, rather than focusing on the correction of skills deficits or weaknesses, families are more likely to respond favourably to interventions and thus the likelihood of making a positive impact on the family unit is considerably enhanced (Dunst, Trivette & Deal, 1988).

In the main, family assessment tools are self-report measures and thus, unlike the FSNA, involve the family in their completion. Family assessment tools have been designed to assist clinicians identify family strengths, match treatment strategies to family requirements, and evaluate family changes arising from treatment (Drumm et al., 2000). Consequently, many of the studies on these tools focus on identifying their capacity to classify families in terms of the clinical levels of problem behaviours in therapeutic settings (Drumm et al., 2000; Skinner, Steinhauer & Sitarenios, 2000; Nelson, 2003).

Information provided

Neabel, Fothergill-Bourbonnais and Dunning (2000) conducted a review of nine family assessment tools to determine their utility in working with families of critically ill patients. They noted that some instruments focused on the interactions of family members and family functioning, while others focused on family needs. Each tool studied provided sightly different information. Examples of information that can be provided by such tools include:

- how individuals perceive their family and their description of the ideal family, which then provides a measure of family satisfaction (Family Adaptability & Cohesion Evaluation Scale (FACES-III))
- satisfaction with family functioning (FFFS and Family APGAR)
- measurement of perceived family interactions through an assessment of the family's social environments (Family Environment Scale (FES))
- an identification of the problem-solving and behavioural strategies used by families facing difficulties or a crisis (Family Crisis Orientated Personal Evaluation Scales (F-COPES))
- an identification of families who may require additional assistance (Family Assessment Device (FAD) and FFI).

It is apparent that, given the different information obtained by different family assessment tools, practitioners need to be clear about the nature of the information needed to inform the family assessment.

Limitations

Neabel et al. (2000) concluded that, while the theoretical framework underpinning the assessments under study addressed the cognitive and affective domains of family functioning, the behavioural domain was less likely to be included. Assessment data was lacking in areas such as how the family uses existing support mechanisms, how family members clarify what they need and expect from each other, and how they minimise disruptions in their routines.

Few of the instruments reviewed by Neabel et al. (2000) were found to provide an assessment of the whole family as a unit, with restrictions applying to who completes the instrument for some of the tools. For example, FAD and F-COPES require that family members be over 12 years of age to complete the instrument. Neabel et al. noted that it is essential to account for the implications of having individual respondents complete the questionnaire, and that caution should be taken when analysing and generalising the results to the family as a unit. The FACES-III instrument was found to be the only one which is reported as being able to be used with diverse cultural and social groups.

Although these tools can appear very similar, in fact they often assess slightly different factors thought to be associated with positive family functioning. Studies on convergent and discriminant validity of family functioning measures conclude that establishing construct validity for factor assessed is difficult (Nelson et al., 2003), and that efforts to reduce the salient features of family functioning, as operationalised in family self-report measures to the basic dimensions of cohesion and adaptability, are premature (Perosa & Perosa, 1990). As with much of the discussion in this field, Perosa & Perosa (1990:866) point out that 'until model builders resolve confusion in the definitions of major concepts such as cohesion versus enmeshment/disengagement and adaptability or change versus control or rule enforcement, validation studies are likely to continue to fail to confirm expected predictions'. Concepts such as problem-solving and flexibility/rigidity are particularly troublesome for discriminant validity because they seem to involve aspects of both cohesion and adaptability.

In contrast to ratings of family behaviour made by outside observers, family self-report measures reflect the insider's perceptions of global family interactions evaluated positively or negatively by the respondent (Perosa & Perosa, 1990). Unfortunately, the results of validity studies comparing the congruency among self-report measures have been discouraging. Perosa and Perosa (1990) cite the work of Dickerson and Coyne (1987) comparing three of the tools more widely discussed in the literature (FES, FACES-II and FAD). Convergent validity among similar scales operationalising cohesion was found to be good, but correlations for adaptability-related scales were modest and inconsistent. All the measures lacked discriminant validity.

Further information on the reliability, validity and use of strengths-based assessment tools can be found in the work of a number of authors (for example, Allison, Stacy, Dadds, Roeger, Wood & Martin, 2003; Early, 2001; Neabel et al., 2000; Gilgun, 1999).

Summary

- The assessment of family strengths is seen as important in the literature; however, construct validity is a significant issue for these instruments due to the subjective nature of the factors being assessed.
- Most of these tools, including the SDM™ FSNA and the family assessment tools described in Appendix B, would be classified as consensus-based instruments.
- Family assessment tools have been designed to inform discussions between families and practitioners operating in therapeutic settings rather than to be used as objective assessment measures.
- Although there have been studies of many of these tools, often these studies have significant limitations. For example, many are based on studies of university student populations rather than being population-based controlled trials.

5.6 Approaches to assessing parenting capacity for forensic purposes

Much of the literature on parenting capacity assessment relates to decision-making by courts about custody arrangements. This section of the review provides a detailed description of the work of the four key authors and teams whose work has informed current discussions on parenting capacity assessment models for forensic purposes, including such discussions in New South Wales (eg see Children's Court Clinic, 2002)

Overview

All four models can be classified as consensus models of assessment in that they draw together factors commonly accepted by practitioners as important in assessing parenting capacity. They also address the processes of conducting parenting capacity assessment that are seen as important, such as the methodology to be employed (Wolper, 2002), potential sources of information (Budd, 2001) and the administration of measures (Ellis, 2001). All of the models include consideration of the use of empirically supported psychological tools to inform aspects of the assessment.

Each model provides a slightly different 'take' on parenting capacity assessment:

- The Toronto Parenting Capacity Guidelines (Steinhauer, 1983) provide a tool to assist practitioners to classify and assess the needs of families at three key decision points in the child welfare system: removal, restoration and permanency planning.
- The parenting capacity work of Reder and Lucey (1995) and Reder et al. (2003) provides a framework for assessing parenting in terms of the relational and affectional bonds between parent and child.
- The parenting capacity assessment work of Azar and others (1998, 2002) includes an identification of the key components of functional parenting and provides detailed information on areas of parenting skills and possible methods of assessing these skills.
- The model developed by Budd and Holdsworth (1996, 2001, 2005) is aimed at parenting capacity assessment for forensic purposes and extends the work of previous researchers by setting out clear parameters and guidelines for the process of conducting parenting capacity assessments.

In general, these models provide guidelines for detailed assessments of parenting capacity by clinicians from mental health or other specialist backgrounds. These professionals are often acting as expert witnesses and providing advice to courts, and consequently the level of information and analysis required is significant. These assessments should provide 'information that will assist courts in judging the probably reasons for deficits in the functional abilities that have been assessed, as well as the potential for their stability, change or remediation' (Grisso, 1986:21).

It should be noted that all of these models rest on the clinical judgement of the clinician conducting the assessment, and thus are liable to the errors associated with the use of clinical judgement (see Munro, 1999). To address these errors, clinicians need to adopt strategies such as those described in Section 4 of this review. Consequently the assessment of parenting capacity is a lengthy process usually conducted by clinicians contracted to provide reports.

More recently, the use of measures for the assessment of parenting capacity in court cases in the US have been affected by the need to meet the Daubert Standard[6] (Yañez & Fremouw, 2004). It is likely that this standard will affect future research into the development of models for parenting capacity assessments in US jurisdictions and that this will be reflected in the literature.

5.6.1 Toronto Parenting Capacity Guidelines

Purpose

These guidelines were developed by Dr Paul Steinhauer and aim to help child welfare and mental health professionals understand, plan and intervene more successfully with difficult children and families (Wolper, 2002). They are not a risk scale but are intended to give a broader assessment of overall strengths and weaknesses in parenting, including the potential for abuse and neglect and the capacity for change in response to intervention. These guidelines are contained in Appendix A.

Steinhauer (1983) noted that, in predicting parenting capacity, courts generally underestimate the validity of evidence presented by social workers as compared to that given by psychologists or psychiatrists and that there seems to be a bias, largely unacknowledged, among the courts against longitudinal (historical) data provided by a caseworker as opposed to cross-sectional (current assessment) data of a psychologist or psychiatrist. The development of parenting capacity assessment guidelines are seen as helpful in addressing this issue (Clarey, Cumming-Speirs, Duder & Gales, 1999).

Information provided

Wolper (2002) states that these guidelines were designed to address three key questions:

1. Is this child being parented at or near a level consistent with reasonable well-being and normal development? If the answer is yes, the goal would be to help the parents improve their parenting without removing their child. If no, the next question is …

2. What long-term plan is most likely to provide the security and continuity this child needs, and is it realistic to work towards restoring the child to the care of the biological parents within a reasonable time? If not, the next question is …

3. How soon can we establish that freeing the child for substitute placement is less detrimental than returning the child to its biological parents?

There are nine guidelines that are divided into four sections: Context (guideline 1), The Child (guideline 2), The Child-Caregiver Relationship (guidelines 3 and 4) and the Parent/s (guidelines 5 to 9). Table 2 below provides an overview of these.

These guidelines bear a close resemblance to the areas of functioning assessed in the *Framework for Assessing Children in Need and their Families*, adopted in both the UK and in parts of Canada, including Ontario.

[6] The Daubert Standard arose from the case of *Daubert v. Merrell Dow Pharmaceuticals Inc.*,113 S.Ct. 2786 (1993) in which the US Supreme Court set a legal precedent for the standard of testimonial admissibility for expert scientific testimony. This consists of four criteria:

1. The helpfulness of the technique to 'assist the trier of fact and whether it can (and has been) tested'. Satisfaction of this criterion has been operationalised as a history of published validation studies with a variety of target samples and utilising a variety of procedures,
2. Second, 'whether the theory or technique has been subjected to peer review and publication' is evaluated,
3. Third, a 'known or potential rate of error, and the existence and maintenance of standards controlling the technique's operation' is considered,
4. Finally, the 'general acceptance' of the measure by a relevant scientific community is weighed in the decision for admissibility. This final criterion has been addressed by some scholars by a demonstration of favourable published reviews and evidence of prevalence of use. (Yañez & Fremouw, 2004: 6)

Table 2: Toronto Parenting Capacity Guidelines

1a.	Immigrant/displacement/ethnic status
1b.	Current stressors
2.	Child's developmental progress
3.	Predominant pattern of parent/child relationship
4.	Observations of current parenting ability
5.	Impulse control (capacity to contain tension)
6.	Parental acceptance of responsibility
7.	Behaviours affecting parenting
8.	Manner of relating to society
9.	Parents' use of clinical intervention

5.6.2 Framework for the assessment of parenting

Purpose

Reder and Lucey (1995) have developed an initial framework for assessing parenting capacity. They stress that the framework is not meant as an interview schedule but to direct the assessor towards significant areas when reviewing the case history and interviewing family members. This initial framework was revised in a more recent publication (Reder et al., 2003).

This work derives from the UK, where assessments of children deemed in need occur under the *Framework for the Assessment of Children in Need and their Families,* under which the core premise is that families referred to social services should be helped to remain intact. The assessment philosophy is towards identifying those interventions which might help them do so. It is intentionally focused on screening referrals and selecting families that might require more detailed assessment. It allows for the possibility that services might be introduced concurrently with the assessment and proposes that parents can move into and out of abusive interactional patterns depending on circumstances.

Information provided

The initial assessment framework is grouped under five 'themes' for the assessor to consider (with each theme containing a number of key questions). These are: parent's relationship to the role of parenting; parent's relationship with child; family influences; interaction with external world; and potential for change. In the revised framework, these themes were regrouped under three main headings as shown in Table 3 below.

Table 3: Revised framework for assessment of parenting (Reder et al., 2003:16).

Parent (and parent-child relationship)	Child (and child-parent relationship)	Context (and family-context relationship)
Personal functioning	*Evidence of significant harm*	*Family functioning*
Childhood experiences of being parented	Harm to physical and emotional well-being	Discord or violence between parental couple
History of relationships with others	Harm to physical, emotional, cognitive, social, moral and sexual development	Child's involvement in discordant family relationships
Unresolved care/control conflicts, including impulse control	Resilience factors	Executive effectiveness
Resilience factors	*Contribution to parenting relationship*	Tolerance of transitional stresses
Sense of personal agency	Temperament	*Social stresses*
Sensitivity to relationship stresses	Activity	Poverty, unemployment, isolation, discrimination, or geographical dislocation
Psychological mindedness	Illness or disability	Repertoire of responses to social stresses
Potential for change	Emotional or behavioural problems	*Potential for stability*
Mental health problems	Rejection or testing out of parental figure's commitment	Partner relationships
Relationship to the parenting role	Trigger for parent's emotional crisis	Accommodation
Provision of basic physical care	*Attitude to parental figures*	*Relationships with others*
Provision of age-appropriate emotional care	Feelings and behaviour towards parental figures	Relationship with extended family
Provision for behavioural needs	Descriptions of experiences	Integration in community
Knowledge of, and attitude to, the tasks of parenting	Conflicts	Willingness to cooperate with professionals
Commitment to the parenting role	Wishes for future	Preparedness to utilise interventions offered
Age-appropriate expectations of the child	*Sufficient understanding*	Ownership of personal contribution to evolution of relationships with others
Approaches to discipline	Age	
Acceptance of responsibility for own parenting behaviour	Cognitive development	
Relationship with the child	Complexity of the issues	
Feelings towards the child	Influence of personal and interpersonal conflict	
The meaning of the child		
Interest in the child's well-being and experiences		
Capacity for empathy with the child, including identifying with the child's experiences		
Child's essential needs recognised and given primacy		
Child viewed as person in own right		

The authors report that they use an unstructured style, but guide the conversations towards the themes relevant to the framework and that they do not use a checklist approach because they are more concerned with interactional behaviour and less with the individual attributes commonly itemised in high-risk checklists. So, for example, parental youth as an alleged risk factor is only meaningful if the parents show immaturity in their relationships with others.

This model for the assessment of parenting capacity has been used by the NSW Institute of Psychiatry to develop training in parenting capacity assessment for the NSW Department of Community Services (Montague, 2004).

Reder et al. (2003) also list a number of structured tests that have been devised to appraise certain aspects of parenting (included in Appendix B), but enter a number of caveats on the use of these tests based on concerns within the literature about reliance on the findings of such instruments, as discussed earlier in this review.

5.6.3 Parenting capacity assessment

Purpose

Sandra Azar and her colleagues (1998) have adopted a functional contextual perspective towards parenting assessments. This perspective demands a focus on the developmental capacities and needs of a specific child and the 'match' of parental capacity to provide responses within the range of these developmental needs (Reder et al., 2003).

Information provided

The main categories of skills required to parent were identified by Azar et al. (1998:81) as:

- parenting (eg child management)
- social cognitive (eg problem-solving)
- self-control (eg impulse control)
- stress management (eg coping capacities)
- social (eg empathy).

Further details are provided in Table 4 below.

Azar et al. (1998:82) recommend that assessment should address the following domains:

- the parent (eg familial history, role models for parenting and their internalisation, history of child protection involvement)
- the child (eg developmental history, current needs, perspectives on parent)
- parent-child interaction (eg parent/child 'bond', observations during visits, risk prediction estimate)
- systemic issues (eg compliance with service plans, visitation consistency).

The authors propose an extensive range of procedures and empirical measures that can be used to develop an assessment of parenting capacity together with a critique of the material. As an example of the comprehensive nature of the material contained in this definitive article (Azar et al., 1998:88), the authors identify a number of observational research protocols for dyadic interaction, including the Nursing Child Assessment Satellite Training (NCAST) instruments and the Home Observation for the Measurement of the Environment and the Dyadic Parent-Child Interaction Coding System II, and note that each of these has shown validity in distinguishing abusive/neglectful and at-risk parents from control ones.

Azar et al. (1998) note that, for many domains, clinical rating scales are available which, although not yet meeting the validity requirements for use in clinical practice, might provide a starting point for decision-making regarding specific assessments. For example, if observational evidence of poor problem-solving is seen, then more detailed problem-solving assessment of parents might take place using paper-and-pencil measures.

Table 4: Parenting capacity assessment

Sampling of skills areas required to parent

1. Parenting skills
   - problem-solving abilities
   - repertoire of child management skills (eg balance of positive and negative strategies, discipline skills)
   - medical care and physical care skills (eg ability to identify needs for medical assistance, capacity to select nutritious foods)
   - safety and emergency response skills
   - capacities for warmth and nurturance (eg affective recognition/expression skills)
   - sensitive and discriminant interactional response capacities.
2. Social cognitive skills
   - perspective-taking
   - problem-solving capacities
   - appropriate expectations regarding children's capacities
   - cognitive reflectivity/complexity
   - balancing short- and long-term socialisation goals
   - positive attributional style
   - perceptual/observational skills
   - self-efficacy.
3. Self-control skills
   - impulse control
   - accurate/adaptive perceptions
   - positive interpretative bias
   - self-monitoring skills
   - assertiveness.
4. Stress management
   - self-care skills
   - relaxation skills
   - recreational capacities
   - ability to marshal and maintain social support network
   - positive appraisal style
   - breadth of coping capacities (eg problem-focused coping, emotion-focused coping, avoidant coping)
   - financial planning skills.
5. Social skills
   - interpersonal problem-solving skills
   - empathy
   - affective recognition/expression skills
   - assertiveness
   - social initiation skills
   - capacities to respond effectively to a breadth of individuals (eg family, friends, employers, social workers, children's teachers).

Source: Azar et al. (1998:81).

5.6.4 Guidelines for assessing parenting capacity

Purpose

The American Psychological Association (APA) Guidelines (1998) recommend that, in assessing parenting capacity, clinicians examine the current and potential functional capabilities of the parent to meet the needs of the child, the relationship between the child and the parent, the psychological and developmental needs of the child and specific recommendations for intervention (Budd, 2001). Budd (2001) describes a practice model for conducting clinical evaluations of parents' ability to care for children.

Information provided

The model conceptualises parenting adequacy in terms of the fit between the parent's functioning and the child's needs. Two aspects of parent/child fit are seen as pertinent:

a. the nexus between a child's developmental needs and the parent's care-giving skills

b. the nexus between the parent's competence to care for his or her own needs and for the child's needs.

Adult qualities and characteristics need to be linked to specific aspects of parental fitness or unfitness by showing how they provide a protective factor or pose a risk to the child, respectively, or how they enable or prevent the parent from profiting from rehabilitative services.

Core features of the model include:

- a focus on the parenting qualities and the parent/child relationship
- a functional approach emphasising behaviours and skills in everyday performance
- application of a minimal parenting standard.

In the proposed model the evaluator/assessor:

- clarifies specific referral questions in advance
- uses a multi-method, multi-source, multi-session approach
- organises findings in terms of parent/child fit
- prepares an objective, behaviourally descriptive report that articulates the logic for the evaluator's clinical opinions regarding the referral questions
- refrains from offering opinions regarding ultimate legal issues (Budd, 2001).

Budd (2005:433-435) identifies three phases in the assessment process: planning the evaluation, carrying out data-gathering activities, and preparing the report.

The first (planning) phase includes:

- clarifying the assessment objectives – vague referrals or information requests can result in the final report being of limited usefulness
- review of background records – this provides an opportunity for the clinician to add to, correct and clarify existing information rather than duplicate what is already known.

The second phase, described by Budd (2005) as carrying out the assessment activities, includes:

- a detailed clinical interview of the parent (or parents) which often extends over two or three sessions
- use of psychological instruments selected on the basis of their appropriateness to the client and applying a conservative approach in interpreting findings by seeking corroboration across sources to address the fact that these instruments were in the main not designed to assess parenting capability
- direct observation to provide an index of behaviour when the parent is trying to use their 'best' parenting skills, and to perceive a range of parent/child behaviours under different conditions
- interviews with collateral sources.

The third phase of the assessment process involves integrating the findings and writing the report. To make the report useful to referral sources, Budd (2005) stresses that it needs to:

- be accurate
- be written in 'plain English'
- emphasise description of findings over interpretation
- include a summary section that refers to each referral question, summarises the data used to form an opinion, and delineates the logical inferences that link the findings to the interpretation
- strive for a balanced presentation by discussing parenting strengths as well as weaknesses, identifying possible precipitants and maintaining variables for parenting problems, suggesting potential interventions to address difficulties, and addressing limitations in the assessment.

The guidelines provided by Budd (2005) as to what should be contained in a parenting capacity assessment are detailed in Table 5 below.

Table 5: Guidelines for assessing parenting capacity

What to look for in a parenting capacity assessment

- Does it follow APA (1998) Guidelines for Evaluations in Child Protection Cases?
  - Determine scope of the evaluation based on the nature of the referral questions.
  - Inform participants about the limits of confidentiality.
  - Use multiple methods of data gathering (eg records, questionnaires, interviews, observations, collateral sources).
  - Make efforts to observe child together with parent, preferably in natural settings.
  - Neither over interpret nor inappropriately interpret assessment data.
  - Provide an opinion only after conducting an evaluation adequate to support conclusions.
- Do the methods and content directly address parenting?
  - Focus evaluation on parenting characteristics and the parent/child relationship rather than general adult cognitive or personality functioning.
  - Use a functional approach, emphasising behaviour and skills in everyday performance (eg what the parent understands, believes, knows, does and is able to do with regard to parenting).
  - Look for evidence of minimal parenting adequacy rather than comparing parent to an optimal standard.
  - Describe parent's current strengths rather than only weaknesses as they relate to the parent/child relationship and children's needs.
  - Identify contextual conditions (environmental, social or historical variables) likely to positively or negatively influence parenting adequacy.
  - Describe the prognosis for remediation of problems and potential interventions to address the problems.
- Does it list and answer specific referral questions?
  - Clarify what issues or questions are to be addressed regarding parental functioning, the problems or events that have given rise to the concerns, and the outcomes or options that will be affected by the findings.
  - Answer each referral question by summarising data and linking the findings to interpretations.
- Is the report thorough, clear and understandable?
  - Provide a chronology of assessment activities, including full names and dates of instruments administered, persons interviewed and records reviewed.
  - If diagnostic terms are used, explain what they mean in lay terms, the basis for the diagnosis, how the diagnostic condition is likely to impact parenting, and optimal interventions for the condition.
  - Fully disclose the limitations of the assessment and offer alternative explanations for data; in particular, consider the reliability and validity of findings when based on normative comparison groups that differ from the parent being evaluated.
  - Avoid making casual interpretations (eg 'the parent is unable to love because of her own history of deprivation') or predictions about the future (eg 'this parent will abuse again') that cannot be substantiated.
  - Avoid making specific recommendations about legal questions that are the domain of the court; instead, offer behavioural descriptions, possible explanations, directions for intervention, and future issues to assess in regard to parenting adequacy.
  - Provide the full name, professional title, degree, discipline, and licensure status of all participating evaluators.

6. Conclusion

As highlighted by this review, there is no generally accepted model for the assessment of parenting capacity, and some debate as to whether it will be possible to develop such a model. Overall, the historical track record of parenting and personal behaviour continues to be the best predictor of future behaviour (Hildyard & Wolfe, 2002). This review also highlights the need for child protection workers to be wary of the false sense of security and assurance that may be reflected in instruments used to assist in determining parenting, when few instruments in and of themselves predict maltreating and parenting accurately (Hildyard & Wolfe, 2002). Appendix B explores the possible contribution and limitations of a number of the more widely utilised instruments in more detail.

There is consensus in the literature that parenting capacity is problematic to both define and assess. Parenting is determined by a range of psychosocial factors and relationships and is not seen as fixed, but as undergoing constant change dependent on the circumstances facing parents and their children at any given moment in time (Woodcock, 2003). Parenting capacity is context driven and is dependent on distal factors such the socio-economic surroundings of the family, housing, culture and societal values, as well as more proximal family skills and relationships.

The ecological model of Belsky and Vondra (1989) moves beyond assessing parenting capacity just in terms of the immediate relationship between parent and child to the recognition that broader contextual issues can impinge on parenting capacity. For example, issues of personal safety in situations of family violence can impact on the capacity to parent. Amelioration of these circumstances may produce a strengthening of parenting capacity to respond to their child.

Due to the complexity of parenting capacity assessment there is not, and perhaps nor can there be, any effective one-size-fits-all assessment any more than there are one-size-fits-all interventions. Current best practice in the assessment of parenting capacity is seen as requiring a combination of approaches to the collection of data on which decisions will be made, including psychological tools, clinical interview (including history taking), observation, reports and demographic information (Ellis, 2001).

While a single assessment of parenting capacity is unlikely to be effective, a combination of assessment methodologies and tools related to the factors that might affect a parent's capacity to parent (e.g. mental health, housing) can yield information that assists the identification of those areas in which families already have strengths (eg extended family support) as well as areas where assistance could provide an increase in parenting capacity. This constitutes a strengths-based assessment of the family and its needs that can inform intervention plans. Assessments that can be implemented on a systemic level, such as the *Framework,* the SDM™ Family Strengths and Needs tool and the Standardised Assessment of Parenting adopted in New Zealand can assist in this process.

There is considerable scope for further research in the field of assessing parenting capacity. Azar et al. (1998:96) note that the research needed on their model for parenting capacity assessment requires a set of studies that articulate the behaviours involved in the skill and the representative settings where the skill will be needed. Then, behaviourally based measures need to be developed with which the skills might be assessed. Finally, large standardisation samples need to be collected to provide an actuarial base for more informed parenting capacity assessments.

These validation studies need to include diverse samples and provide norms for different social class groups as well as ethnic/racial groups. Attention needs to be given to determining whether current constructs seen as crucial to parenting are in fact universally useful or not. Finally, particularly in need of development are methods for measuring relationship and parent/child fit. Research also needs to be conducted on factors that may influence bias (Azar et al., 1998).

Such studies may prove hard to design. Baird et al. (1999) point out that, in actual practice, assessment of families is generally dependent upon a variety of formal and informal activities and observations, including record reviews, personal contacts with the client, collateral contacts (with law enforcement agencies, schools, medical and social service personnel, etc), and, in many instances, consultation with colleagues and supervisors. Actual practice, therefore, is nearly impossible to replicate in a test situation.

It appears that there is some agreement in the literature that the most effective current approach to the assessment of parenting capacity, especially (although not exclusively) assessments for forensic purposes, is the development of guidelines to inform clinical judgement on key areas that should be investigated in more detail. These assessments require the use of a number of information-gathering methods, including multiple informants, history and empirical tools.

It is seen as important that staff conducting such assessments are supported through the use of strategies designed to assist in overcoming problems associated with clinical judgement. These strategies include training and supervision directed towards the ability to critically analyse and synthesise information. Assessment methods that emphasise and require the recording of different information sources consulted and that require the professional to nominate a number of observations to substantiate conclusions would also assist in addressing these problems. For example, evidence that might indicate a parent's willingness to accept help might include information such as:

- the parent making and attending an appointment at an appropriate service
- the clinician at that service reporting strategies the parent will be employing as an outcome of attending the service
- the professional's observation that the parent employed a new strategy during a home visit.

Woodcock (2003:101) sums up the task of parenting capacity assessment as follows:

> The assessment of parenting will not simply involve appraising the development of the child to assess how well the parenting task is carried out, but also the way other determining factors of the ecological parenting model influence the parental capacity to carry out that task. Sometimes the parenting will be worse, sometimes it will be better. Under the Framework (for Assessing Children in Need and their Families), the emphasis will be on 'judgement' and to facilitate this social workers will need to have an understanding of how the different factors fit within a framework, rather than existing as individual attributes of 'vulnerability'. It is this careful analysis of interacting factors that is considered to provide an insight as to the effects upon children in families.

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Appendices

Appendix A: Toronto Parenting Capacity Guidelines

In assessing parenting capacity Steinhauer (1983:478-9) proposes the following guidelines:

> 'Except for that minority of cases in which the signs of severe and repeated abuse are obvious, we must rely less on such hard evidence as broken bones, bruises etc than on the picture developed cautiously and with painstaking regard for supportive detail, of a pattern of ongoing interaction between parents and children considered at risk. This will emerge mainly from the history and should lead to the assignment of cases into one of three categories:
>
> **Group A.** The child's development is not, and never has been, seriously at risk. The parents are adequately meeting the child's needs. Either no further intervention is needed, or the question of whether or not to seek further intervention should be left to the family.
>
> **Group B.** the child's current adjustment and developmental status suggest serious problems, although until recently the parenting seemed adequate and development seemed satisfactory. Given prompt and adequate intervention, the prognosis for these parents again meeting their child's needs so that development can proceed is reasonably good. Cases in this group would generally conform to the following profile:
>
> 1. evidence of basically sound child development, with minimal developmental interference on the part of the parents
> 2. recent onset of problem, leading to decompensation in the family's functioning and the parents' ability to meet the child's developmental needs
> 3. absence of a chronic parental psychiatric diagnosis that is untreatable or has a markedly poor prognosis
> 4. evidence of cooperation and openness, ie willingness of parents to discuss events and feeling even when these might reflect badly upon themselves, and to consider the examiners observations and suggestions, and a history of being able to seek, accept and benefit from help for family problems
> 5. ability of parents to accept significant responsibility for their contribution to the development of the problem or their past failures to deal with it
> 6. family members have maintained adequate relationships with extended family, neighbours or community agencies from whom they can accept advice and support.
>
> The more of these factors present, the greater the likelihood that an adequate therapeutic intervention can significantly improve their parenting capacity.
>
> **Group C.** The child's development and adjustment currently show and have long demonstrated significant impairment. The parents have long seemed unable to meet this child's (or these children's) developmental needs, and there is little to suggest that this is likely to change significantly, even given adequate treatment. Cases in this group would generally fit the following profile:
>
> 1. evidence of widespread disturbances in physical, cognitive, language, academic, emotional or social development
> 2. problems in development and adjustment have been present for years
> 3. one or both parents suffer from a psychiatric illness which significantly affects their parental ability and which has associated with it a poor prognosis

4. past attempts to provide help have consistently failed. Parents lack cooperation and openness, and resist involvement in the therapeutic process

5. parents cannot accept even partial responsibility for the genesis and maintenance of the problem, or for their failure to benefit from past treatment

6. the family is isolated from and unable to accept help or emotional support from friends, neighbours, extended family or appropriate mental health professionals

   The more of these factors one sees, the less the likelihood that therapeutic intervention can significantly improve parenting capacity.

This prognostic profile is intended as a guide to assessing parenting capacity. When carefully applied by experienced clinicians, these profiles may constitute a useful framework for gathering and organising the information needed for sound assessment. Although this framework is suggested as clinically relevant and as having heuristic value, even the best guidelines cannot predict the future of an individual child with complete accuracy. We are always dealing in calculated risks. The framework proposed here is intended to decrease as much as possible those truly horrendous risks involved when deciding whether or not to terminate parental rights.'

Examples of structured procedures that may contribute to the assessment of parenting and parenting breakdown (in family proceedings) (Reder et al., 2003)

Procedure	Purpose	Technique	Factors assessed	Review
Adult-Adolescent Parent Inventory (Bavoleck, 1984)	To assess the degree to which respondents agree or disagree with parenting behaviours and attitudes known to contribute to child abuse and neglect. Also used to provide pretest and posttest data to measure treatment effectiveness, assess parenting and child rearing attitudes of parents and adolescents prior to parenthood, design specific treatment and intervention parenting education programs, design nurturing experiences for parents and adolescents whose attitudes indicate a high risk for child maltreatment, and screen foster parent applicants, child care staff, and volunteers for education and training purposes.	Self-report The Adult-Adolescent Parenting Inventory (AAPI-2) is a 40-item self-report questionnaire used to assess the parenting attitudes and child rearing practices of adolescents and adults. Responses are given on a five-point Likert scale. The AAPI-2 comes in two alternate forms—A and B—to reduce the practice effect when repeating the inventory in a short time period. (US Department of Health & Human Services, 2005)	Parental expectations of child, sensitivity to child's needs, belief in corporal punishment, views of parent-child roles. Responses provide a standard for risk in five parenting constructs known to contribute to the maltreatment of children: (1) inappropriate parental expectations, (2) inability to demonstrate empathy towards children's needs, (3) strong belief in the use of corporal punishment, (4) reversing parent-child family roles, and (5) oppressing children's power and independence.	Reliability coefficients for the five parenting constructs using the Spearman-Brown formula ranged from .83 to .93 on Form A, .80 to .93 on Form B, and .87 to .96 on Forms A and B combined. The Cronbach alphas ranged from .80 to .92 on both Forms A and B and .86 to .96 on Forms A and B combined. Validity: (1) Content validity: Statements made by parents about children formed the basis of the inventory items. Professionals in the helping fields assigned items to one of the five parenting constructs and assessed items' suitability for a Likert scale. (2) Construct validity: The authors provide factor analysis results that provide evidence for five underlying factors. (3) Criterion-related validity: A comparison between a group of abusive parents and a group of non-abusive parents (1,985 total sample size) found that abusive parents had mean scores on each of the parenting constructs that were statistically significantly lower than non-abusive parents. In general, males were also found to have lower scores than females, but there was no parenting-gender interaction effect. The authors provide evidence that the AAPI-2 discriminates between abusive and non-abusive parents in samples of adults and in sample of adolescents. (US Department of Health & Human Services, 2005)

Procedure	Purpose	Technique	Factors assessed	Review
Bricklin Perceptual Scales (BPS) (Bricklin, 1984)	To measure children's perceptions of each parent.	Child uses a card and stylus to indicate how well a parent completes a particular behaviour (eg being patient) or task (eg. Helping with schoolwork) by puncturing a line along a continuum from not so well to very well. Children's responses are also obtained verbally. Each parent is rated on the same 32 items, so the child completes a total of 64 items that are distributed over a total of four scales. The underlying assumption is that children's verbal reports about their parents may be distorted and that a non-verbal assessment strategy will provide a better estimate of their "true" preferences (Otto, Edens & Barcus, 2000). Admin 20-30 mins. Children from 4 yrs.	To measure children's perceptions of each parent in the areas of competence, supportiveness, warmth and empathy follow-up consistency, and possession of admirable traits.	No studies examining the utility of the BPS have been published in peer reviewed journals (Otto et al 2000). No norms available. Small number of items on some scales (eg. Follow-up consistency scale has only three items and the admirable traits has 7) it is likely that scale consistency will be low thus limiting scale validity. Do not address issues of generalizability, eg changes with age and developmental capacities of the child. Test user has no meaningful basis for interpreting scores or for meeting scientific and legal standards for expert opinions based on the test.
Child Abuse Potential Inventory (CAPI) (Milner, 1986; 1990; 1995) Original article: Milner & Wimberley, (1979)	To screen for parent's potential to abuse physically Used to screen for the detection of **physical child abuse.**	The CAPI is a 160-item self-report questionnaire designed to assist in screening male and female parents or primary caregivers who are suspected of physical child abuse. The Inventory (Form VI) contains a total of 10 scales: six factor scales: distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others and three validity scales: the lie scale, the random response scale, and the inconsistency scale. The validity scales are used in various combinations to produce three response distortion indexes: the faking-good index, faking-bad index, and random response index.	Parental distress, rigidity, unhappiness, problems with child and self, problems with family, problems with others, ego-strength, loneliness.	Heinze and Grisso (1996) note that over 100 publications employing CAPI have been generated and that good internal consistency and temporal ability have been shown for the abuse scale. Instrument tested with adolescent mothers (Blinn-Pike & Mingus, 2000), childless students (Robertson & Milner, 1985), community samples from Chile (Haz & Ramirez, 1998). Evidence supports construct and criterion validity, however early studies based on small samples without much diversity (eg university students) Sensitive to change as a function of remediation directed towards reducing chid physical abuse. Although the CAPI shows impressive hit rates in moderate baserate populations (Milner, 1986), like most predictors of violence has a number of false positive classifications that increase as the baserates diminish.

Procedure	Purpose	Technique	Factors assessed	Review
Child Well-being Scale (Magura & Moses, 1986)	To assess quality of child's care. Originally designed to meet the needs of program evaluation in child welfare services rather than to measure individual case outcomes (Magura & Moses, 1986).	Assessor questionnaire The instrument consists of 43 behaviour rating scales that are multidimensional measures of potential child maltreatment situations. 4 critical dimensions: 1) parenting role performance;2) familial capacities;3) child role performance;4) child capacities. (Lyons, Doueck, Koster, Witzky & Kelly, 1999).	Whether parents are meeting child's needs for physical, emotional and psychological care.	Dalgleish (1997) suggests that the Scales provide a way of measuring the level of functioning of the child and a way of organising the case information. Not really a risk assessment tool in that it does not set out to measure risk. Not explicitly linked to decision making. Workers use the scores to measure change over time or interventions.
Conflict Tactics Scale (Straus, 1979; Straus et al., 1996; Straus et al., 1998a; Straus et al., 1998b; Straus 1999)	To assess conflict resolution between partners The CTSPC may be used as a screening tool for child maltreatment or for evaluating prevention and treatment of physical and psychological maltreatment of children.	Self-report The Conflict Tactics Scales, Parent-Child Version (CTSPC) is intended to measure psychological and physical maltreatment and neglect of children by parents, as well as non-violent modes of discipline. It measures the extent to which a parent has carried out specific acts of physical and psychological aggression, regardless of whether the child was injured. Variables are measured on three scales: Non-Violent Discipline, Psychological Aggression, and Physical Assault, as well as supplemental scales that measure Weekly Discipline, Neglect, and Sexual Abuse. **Method of Scoring:** Most of the scales can be scored four ways: (1) Annual prevalence, which measures whether one or more acts in the scale occurred during past year; (2) annual chronicity, which measures the number of times an act in a scale occurred among those who used that act; (3) ever prevalence, which measures if an act ever occurred; and (4) annual frequency, which measures the number of times an act occurred. To obtain the frequency, the midpoints for the response categories chosen by the participant are summed.	Use of reasoning, coercion, verbal or physical aggression during conflict with partner.	**Reliability:** (1) Internal reliability (Cronbach's alphas): Overall Physical Assault Scale: .55; Psychological Aggression: .60; Nonviolent Discipline: .70; Neglect Scale: .22; Severe Physical Assault Subscale: -.02. The authors attribute the low neglect and severe assault alphas to the infrequency of the events that make up the scales, thereby reducing the likelihood for high inter-item correlations. (2) Test-retest reliability is not yet available for the CTSPC. However, the test-retest reliability coefficients on the original CTS (test interval not specified) ranged from .49 to .80. **Validity:** The authors tested for construct validity by examining the direction of the relationship between subscale scores and demographic characteristics associated with child maltreatment, such as age of parent, age of child, race/ethnicity, and gender of parent. The directions of the relationships were consistent with previous findings. **Interpretability:** Normative tables for the CTSPC have not yet been developed (US Department of Health & Human Services, 2005).

Procedure	Purpose	Technique	Factors assessed	Review
Michigan Screening Profile of Parenting (MSPP) (Schneider, 1982)	Developed to measure the risk to commit child abuse.	Self-report 65 items that cluster in five factors: Emotional needs met, relationship with parents, dealing with others, expectations of children, and coping. Scored using convergence analysis based on responses to individual questionnaire items as well as within-cluster consistency of respondents answers.	**Emotional needs met, relationship with parents, dealing with others, expectations of children, and coping.**	Scale detects significant differences between already identified abusive & non-abusive parents (Gaines, Sandgrund, Green & Power, 1978; Helfer, Schneider & Hoffmeister, 1978; Spinetta, 1978) but fairly high degree of misclassification when used as a predictive tool – eg identifies up to 65% of parents at risk for general problems in parenting, including but not limited to child maltreatment.
Parent Behavior Checklist (Fox, 1994)	To assess maltreatment of young children	Assessor questionnaire The PBC consists of three subscales empirically derived through factor analysis describing a variety of parent behaviours. Expectations (50 items): measure parents' developmental expectations; Discipline (30 items) assessing parental responses to children's problem behaviour; Nurturing (20 items) that measure specific parent behaviours that promote a child's psychological growth.	Parental **discipline**, **nurturing** and expectations of child, including **strengths** and **weaknesses.**	From a representative sample of 1,140 mothers, Fox (1992) reported internal consistencies for each subscale using coefficient alpha: Expectations = .97, Discipline=.91, Nurturing .82. Test-retest reliabilities determined through two administrations determined by the PBC separated by at least one week were: Expectations = .98, Discipline=.87, Nurturing .81. A valid measure with urban families and families with multiple stressors.

Procedure	Purpose	Technique	Factors assessed	Review
Parent-child Relationship Inventory (Gerard, 1994) Developed from the Mother-Child Relationship Evaluation (Roth, 1980)	To assess parent's attitude towards parenting and their child/children (Gerard, 1994) along several dimensions (Heinze & Grisso, 1996).	Self-report 78-item in a 4-point Likert-type response format ranging from strongly agree to strongly disagree. (Admin time 15 mins, 4th grade reading level). High scores indicate positive parenting characteristics and good parenting skills. (consists of a Social Desirability Scale and scale intended to measure tendency to give inconsistent responses.	Parental support, involvement, communication, limit-setting, autonomy, role orientation, satisfaction with parenting. Divided 7 content scales, reflecting major features of parenting and parent-child relationship.	PCRI is a fairly new measure – studies on its reliability and validity suggest that it is 'promising'. Good internal consistency and temporal stability. Interpretations require care until future validation studies are available. (Heinze & Grisso, 1996) Studied with 334 mothers and fathers in Germany (Steinmetz & Hommers, 2003) and means of the seven scales were found to to be significantly different to those of American standardization sample and internal consistency was below some coefficients published in the American manual. A study into the psychometric properties of the Spanish adaptation was administered to 547 mothers in Spain and the results indicated that the Spanish version had good psychometric properties. (Roa Capilla & del Barrio, 2001)
Parent Opinion Questionnaire (Azar, Robinson, Hekimian & Twentyman, 1984)	To assess parent's expectations of child's behaviours	Self-report This 80-item questionnaire requires subjects to rate whether they agree or disagree with the appropriateness of expecting various child behaviors. Examples of the items are "There is nothing wrong with punishing a nine month old for crying too much," and "A 5 year old can be expected to help by feeding, dressing and changing diapers for an infant." Items were read to all mothers. Six subscales of 10 items each were scored: Self-Care, Family Responsibility and Care of Siblings, Help and Affection to Parents, Leaving Children Alone, Proper Behavior and Feelings, and Punishment. The scores from these six subscales were then added to provide a total score. The test-retest reliability over a 12-week period for 16 mothers on the total score	Expectations of **self-care, help** and **affection** to parents, family responsibility, **being left alone**, feelings, and **punishment.**	The 30 mothers in this study were consecutive referrals made by Child Protective Services to a university family agency in Rochester, New York. Sixteen of the mothers had substantiated cases of child abuse and the remaining 14 mothers had either a boyfriend or a spouse who had a substantiated case of child abuse using the same criteria. A one-way analysis of variance used to test the POQ total score showed group differences, with the mothers who had committed the abuse having significantly higher unrealistic expectations. A discriminant analysis was performed to test the predictive capability of the POQ. The discriminant function produced successfully classified 75% of the abusive mothers (12 out of 16) and 93% of the mothers whose spouse or boyfriend abused (13 out of 14). Overall, 83% of the mothers were correctly classified. From this initial data, it appears that the POQ does a better job of classifying those who have not committed maltreatment. (Azar & Rohrbeck, 1986)

Procedure	Purpose	Technique	Factors assessed	Review
Parental Anger Inventory (Hansen & Sedlar, 1998)	To assess anger experienced by maltreating parents.	Self-report Initial version (MacMillan, Guevremont & Hansen, 1988) contained 81 items generated from	Parental efficacy, responsibility, belief in fate, **control** of child's behaviour, child's **control** of parents.	This study examined the Parental Anger Inventory (PAI), a measure developed specifically to assess parental anger in response to child misbehavior. A diverse sample of 98 parents participated in the study, including (a) physically abusive or neglectful parents, or both, n = 44; (b) nonmaltreating clinic parents seeking assistance for child behavior problems, n = 24; and (c) nonmaltreating, non-help-seeking community parents, n = 30. Results support the internal consistency, temporal stability, and convergent validity of the PAI. Findings also demonstrate the PAI's potential utility when working with maltreating and help-seeking parents. Results highlight the importance of assessing parental anger toward children and support the use of the PAI in assessment, treatment, and research. (Sedlar & Hansen, 2001)

Procedure	Purpose	Technique	Factors assessed	Review
Parenting Stress Index (PSI) (Lloyd & Abidin, 1985; Abidin, 1990, Abidin, 1995) See below Heinze and Grisso, 1996	To screen for dysfunctional parent-child relationship. Primary uses are screening for early identification, assessment for individual diagnosis (including informing therapy and counselling), pre-post measurement for effectiveness of intervention, and research for studying the effects of stress on parent-child interactions. **Method of Scoring:** The PSI contains a hand-scorable Answer Sheet on which basic demographic information and item responses are included. The PSI also offers Windows software that allows the administration of either the 120-item PSI or the 36-item PSI Short Form on-screen or to enter item responses from the PSI or the PSI Short Form. The software automatically scores the item responses and generates a report. Method of Scoring: The PSI contains a hand-scorable Answer Sheet on	Parent Self-report 120-item questionnaire designed to identify potentially dysfunctional parent-child systems. An optional Life Events stress scale is also provided. Focuses intervention into high stress areas and predicts children's future psychosocial adjustment. PSI-SF consists of 36 items comprising 3 scales: parental distress, difficult child characteristics, and dysfunctional parent-child interaction. A 15-item simplified PSI/SF (S-PSI/SF) was subsequently developed which maintained a level of reliability and validity similar to the full version. Chinese version has been developed.	Potentially stressful characteristics of child (eg demandingness, mood, adaptability), of parent (eg competence, health), and of general life (eg isolation). Measures stress in Child Domain, Parent Domain and in an optional 19 item Life Stress Domain that measures number of major life events over the past year (Heinze & Grisso, 1996).	A number of studies have found reliable and high correlations between PSI scales and wide variety of instruments measuring same construct (Abidin, 1990) Variations in method across studies have sometimes made it difficult to evaluate the measure. A bias exists towards studying mothers rather than fathers or both parents. Somewhat of a problem because fathers respond to the PSI differently than mothers. Reitman et al. (2002) examined psychometric characteristics of the 36-item Parenting Stress Index-Short Form (PSI-SF) in a low-income, predominantly minority population. Internal consistencies for the PSI-SF were very good to excellent. Yeh, Chen, Li and Chuang (2001) examined the psychometric properties of a Chinese version. PSI/SF tested on 149 parents (100 mothers, 49 fathers) of pediatric cancer patients in Taiwan. Psychometric testing was conducted using item analysis, Cronbach's alpha and confirmatory factor analysis - indicated that both PSI/SF and S-PSI/SF met all criteria for goodness of fit. **Reliability:** (1) Internal consistency (Cronbach's alpha) for the PSI (Long Form) sub-scales ranged from .70 to .83 in the Child Domain, .70 to .84 in the Parent Domain, and was greater than .90 for the two domains and the Total Stress scale. Similar internal consistency alphas for the PSI were also established in a cross-cultural population study (Hauenstein, Scarr & Abidin, 1987). In the PSI Short Form (PSI/SF) subscales, internal consistency (Cronbach's alpha) was .85 in the Difficult Child, .80 in Parent-Child Dysfunctional Interaction, .87 in Parental Distress, and .91 in Total Stress. (2) Test-retest reliabilities (intervals between administrations of the PSI in these studies ranged from 3 weeks to 1 year) in the PSI Long Form ranged from .55 to .82 for the Child Domain, .69 to .91 for the Parent Domain, and .65 to .96 for the Total Stress score.

which basic demographic information and item responses are included. The PSI also offers Windows software that allows the administration of either the 120-item PSI or the 36-item PSI Short Form on-screen or to enter item responses from the PSI or the PSI Short Form. The software automatically scores the item responses and generates a report.

Validity: (1) Concurrent validity: the manual provides an abstract of studies that demonstrated concurrent validity by comparing PSI (Long Form) scores with those on other assessment instruments. Only a few of the abstracts provided validity statistics. The few that reported statistics found that the correlation between Total Stress and the Bayley Scale was .42 at 3 months and .66 at 6 months. The correlation between child domain and negative behaviour in hyperactive siblings relationships was .60, while its correlation with the 6 factors in the Family Impact Questionnaire ranged from .36 to .84.

Interpretability: The manual states that interpretation of the PSI scores requires someone who has graduate training in clinical, counseling, or educational psychology or in social work or a related field. Interpretation guidelines are discussed in the manual, and it is suggested that the individual reviewing and interpreting the results first interpret the Total Stress score, and then look at the Child Domain and Parent Domain scores and their subdomains scores to pinpoint the sources of stress.