



**Falkirk Council**

# **Falkirk Council Children's Services**

## **PARENTING CAPACITY ASSESSMENT FRAMEWORK**

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1.0	21.9.17	Team Managers Group September 2017	P
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## 1. Introduction

1.1 The Falkirk Parenting Capacity Assessment Framework will assist Social Workers to consistently assess parent's capacity to meet the identified needs of children. It was developed due to the increasing demand for parenting capacity assessments and reports submitted to court in permanence cases.

1.2 The framework provides strong evidence based on theory and research to support recommendations for permanence planning. The framework provides guidance on the areas that need addressed, and how to organise and reflect on information. The framework will assist the social worker to form an analytical recommendation based on professional judgement.

1.3 Social Workers are encouraged to explore other resources that may be more specific to the needs, risks and circumstances of the family being assessed.

1.4 The framework is based on the Edinburgh Model and the principles of the GIRFEC and the National Practice Model. In particular, the tools such as the Wellbeing Wheel, the 'My World Triangle' and the Resilience Matrix should be used alongside this Framework to understand a child's full needs. [GIRFEC Guidance](#)

## **2. When should the Assessment Framework be used**

2.1 This assessment framework is to be used in addition to the Child's Plan (IAF) and used when an assessment of parenting capacity is required for:

- a Review,
- Children's Hearings,
- Permanency Panels
- And all applications to Court for Permanency Orders (PO's and POA's).

2.2 Other assessment tools will need to be considered when there are specific issues or areas of concern, such as the Substance Misuse Framework and the Neglect Tool Kit.

[Assessment Models and Protocols](#)

2.3 Where one or both parents have a learning disability the [SCLD Supported Parenting](#) should be used in conjunction with the Falkirk Parenting Capacity Assessment Framework.

### **3. Who should undertake the Assessment**

3.1 The Framework is to be used by Social Workers within the Children and Families Service, as Lead Professionals. No additional training is required as a prerequisite to using the framework. The Framework brings together research and tools already embedded in social work practice to assist in the assessment of parenting capacity.

3.2 All assessments will be informed by the contribution of all agencies involved with the child and family. It may be useful for the Team Around the Child (TAC) to be involved in the analysis once all the information has been gathered.

3.3 In some circumstances it may be more appropriate for the parenting capacity assessment to be done by a different social worker or independent person. This should be discussed and agreed with the Team Manager, who would then identify an alternative worker.

## **4. Principles of Assessment**

4.1 While this assessment is focused on the parents' capacity and skills, the child should always remain at the centre.

4.2 Calder et al (2012) sets out the following key principles in undertaking any assessment as detailed in the [National Risk Framework 2012](#):

- Gather and read the available records and information – all of them
- Identify and gather information that is referenced but not at hand
- Build as full a history as possible relating to the child, parents and wider world
- Build a multi-agency chronology. Consider the 4 C's – Cause, Character (describe the abuse/concern), Context and Consequence of all significant events for all involved
- Examine the available the evidence base
- Build the visual reference material to support your analysis: -  
Chronology, [Ecomap](#), [Genograms](#)
- Balance informed reasoned analysis with practitioner intuition and professional judgement
- Revisit and reconsider the initial analysis and conclusions.

## **5. The Assessment Framework**

### **Basic Information**

5.1 The basic demographic details should be included to assist the reader to make sense of the assessment.

### **Introduction and Scope of the Assessment**

5.2 Briefly describe why the assessment is required and how the recommendations will inform decision making processes.

5.3 State whether Lead Professional or Independent Assessor.

### **Assessment Process**

5.4 Detail the following:

- Duration of assessment
- All involved and consulted
- Dates of all individual sessions with parents
- Dates of all other relevant activities ie home visits, meetings during the assessment process
- Dates of all observations and supervised contacts: It is helpful to provide an overview of the amount of contact and the parents' level of attendance. Calculating this as a percentage of the amount of contacts offered and attended is a good way of showing this data in a concise and clear way. More detailed contact information could be contained within a separate appendix. [Observing Contact Material - being developed](#)

5.5 This is not an exhaustive list and any other relevant information should be included.

### **Child's Needs**

5.6 Provide a summary of the child's needs in terms of setting out what capacity the parent will need to evidence to meet the child's specific needs. This section does not require the level of detail contained in the Child's Plan (IAF) reports.

5.7 The wellbeing indicators offer a way of organising a summary of the child's present and future needs that parents will need to be assessed as being able to meet, with or without support.

5.8 It is likely that the child will have experienced some degree of abuse or neglect as well as losses inherent in being accommodated. The accumulation of multiple forms of trauma and harm has significant impact on a child's needs both now and in the long term (Bentovim, 2009). Therefore reparative parenting if the child or young person is to return home safely.

Bentovim (2009) notes that a foster placement provides the opportunity for observing the child immediately after being in parental care, establishing needs and assessing the child's responses to a context of more adequate care. It is therefore important to incorporate the observations of the current carers in relation to what the child needs in terms of day to day care as a reference point for what needs to be assessed in terms of parenting capacity.

It may be useful to describe the impact of the child's relationship with the parent (s) and how it reflects their current needs and functioning. Brain and stress response systems develop in early childhood and are shaped by the parent/child relationship. Poor experiences in infancy can have lifelong affects as subsequent development builds on previous milestones achieved.

<http://www.jkp.com/uk/safeguarding-children-living-with-trauma-and-family-violence.html>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/200471/Decision-making\\_within\\_a\\_child\\_s\\_timeframe.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200471/Decision-making_within_a_child_s_timeframe.pdf)

5.9 Consideration should be given in this section to what resources are required to meet the needs of the child and specific attention needs to be paid to any disability.

### **Child's Views**

5.10 It is vital to capture the child's views about their experience of being parented and possible plans for them, relative to their age and stage of development. The social worker should consider the following issues:

- What are we seeking to achieve and why
- Who else has been asking the child similar questions for example: advocacy worker, review co-ordinator, safeguarder
- What are the risks for the child of sharing their views
- What does the child understand about options, changes, plans
- What are the best circumstances for the child to talk or express their feelings about what is going on (in terms of place, person, times)
- How have the child's feelings, hopes or fears been seen, heard or understood
- How can the child be supported to express his/her views?
- In what ways can the child's views be taken into account (written, verbally, non-verbally, expressed by an advocate worker or trusted person)
- In what way could the child be involved in the decision making processes

## **Parents History – Personal and Family**

5.11 It is important to consider the impact of family history and family functioning on the development of parenting capacities (Bentovim, 2009). Exploring patterns of behaviour, strengths and difficulties is crucial to the assessment as this is the best indicator we have of future patterns.

*“The best guide of future behaviour is past behaviour and the family’s way of behaving to date is the strongest evidence of how they are likely to behave in future” (Munro, 2012).*

5.12 Some issues to consider are:

- Pattern of adult relationships and any history of abuse and vulnerability in this pattern
- Pre-parenting experience
- Parents behaviours, attitudes and responses to the needs of the child in the antenatal period
- Exploration of strengths and tensions within the immediate and extended family
- Is there evidence of loss of control or repeated problem behaviours
- Previous parenting experiences with other children
- Criminal history
- Anti-social behaviour
- Social isolation
- Rigid or chaotic family life
- Considerable difficulties in managing conflict, decision making
- In this section the issues that impact on parenting capacity should be explored. Problems which can impair capacity include mental illness, drug use, domestic abuse and learning disability. Brown et al (2012) note that the co-existence of two or more of these factors substantially increases the likelihood that a child’s future chances will be jeopardised growing up in this environment.

5.13 The environmental factors contained within the My World Triangle should also be considered. Patterns of concern relating to failure to maintain housing, provide for the family, resistance to community based supports would increase the risk of rehabilitation not being successful. Employment history could also offer evidence of strengths and concerns for example: skills, reliability, commitments, flexibility/ inflexibility.

Brown et al (2012); National Risk Framework to assist the Assessment of children and young people 2012; Scottish Government

## **Parents' Health**

5.14 Written consent should be sought from parents to obtain health information from the GP or any other health professionals involved in relation to all health issues that may impact upon parenting capacity.

## **Parenting Skills**

5.15 Consider how the issues affecting parenting capacity have a harmful or positive impact upon the child's development. It is also important to demonstrate the parent's capacity to modify their parenting in accordance with the individual needs of the child as they grow and develop.

5.16 In undertaking this part of the assessment it will be necessary to work collaboratively with other professionals who have worked with the family such as IFSS, Aberlour or the Family Support Service.

5.17 When completing this section of the assessment the social worker should explore the 'My World Triangle' under the dimensions of 'What I need from the people who look after me':

<b>Every Day Care and Help</b>
Consistency of parenting, the provision of basics such as food, shelter and adequate clothing, attendance at health appointments.
<b>Supporting Me To Make The Right Choices</b>
The parents' expectations of the child's behaviour relative to their age and developmental stage.
<b>Keeping Me Safe</b>
Consider the history of abuse or failure to protect. Include current observations about the parents' reliability, consistency and style of parenting for example; punitive, lack of boundaries, supervision levels etc.
<b>Being There For Me</b>
Explore the parents' empathy for the child, their attunement to the child's needs, ability to show emotional warmth and the parents' capacity to contain their own emotions. (The attachment relationship with be explored in more detail in the next section).
<b>Encouragement and Fun</b>
Explore and discuss observations of the parents' responses to the child, communication and engagement in education and other activities and the play and interactions between the parents' and child.
<b>Knowing What is Going To Happen and When</b>
Consider the parents' capacity to provide routines and a predictable environment for the child. Reference could be made to the parents' attendance, time keeping and responses within supervised contact and how contact has progressed, or not, during the course of the assessment.
<b>Understanding My Family's Background and Beliefs</b>

Refer back to the sections on the child's needs and views (sections 3.4 and 3.5). Do not duplicate this information, but draw out the key points that relate to the child's understanding of the family history.

**This section of the assessment should also consider how:**

- Past parenting has impacted on the child (refer to chronology as appropriate)
- How current observations of parenting impact on the child
- Evidence about how the parents' are responding to guidance and feedback

### **Assessment of the Relationship between the Parents' and Child**

5.18 Reflect on the 'attachment relationship' and develop some of the issues identified in the last section. Social workers are not expected to diagnose a specific attachment type or disorder but will comment on how the characteristics of the parents' either promote or damage the child's attachments.

5.19 The attachment relationship assists the child or young person to accomplish their main developmental tasks, particularly emotional regulation. In order to provide the best opportunity for the child to develop a way of managing their own emotional needs, the parents' need to evidence emotional containment of their own behaviour.

5.20 Regardless of the age of the child or young person, the key components of assessment and interventions should include increasing the sensitivity, responsiveness and reliability of parents'. This includes the parent's capacity to think about the feelings and thoughts of their children rather than just their behaviour.

Azar and Cote (2002) suggest 3 areas for consideration:

- **Perceptiveness** – the carer's awareness of their child, and what is happening around them, and the effects of their own behaviour on a situation.
- **Responsiveness** - The extent to which a carer connects with their child.
- **Flexibility** – the ability of the carer to respond in different ways according to the needs or demands of specific situations.

5.21 Other material that will assist the observations, assessment and analysis: [Five to Thrive.attachment nurture trauma informed practice](#) and [Observing Contact Material - being developed](#) and [Assessment Models and Protocols to support this framework](#)

### **Capacity to Develop and Change**

Ward (2010) et al note that parents who show some insight into the part played by their own adverse behaviours; and make use of professional supports to overcome their

problems are most likely to be able to resume care of the child. This is a crucial part of the assessment.

It is important to consider whether there is an acknowledgement of parenting difficulties as a basis for change. Is there an acknowledgement of the: -

- Level of parenting difficulties and impact on child
- Individual and family factors
- Motivation to change
- Openness to interventions within the child's developmental timeframe.

5.22 If rehabilitation is being considered it is important to consider how committed or resistant a parent is to using supports and interventions to implement change. The National Risk Framework sets out a model for considering this:

**Genuine Commitment**

A parent recognises the need for change and makes real efforts to bring about these changes

**Tokenism**

Parents will agree with professionals regarding the required changes but will put little effort into making changes work. While some change may occur they will not require any effort from the parents. Changes occur despite, not because of, parental actions.

**Compliance/Approval Seeking**

Parents will do what is expected of them because they have been told to do it. Change may occur but has not been internalised because the parents are doing it without having gone through the process of thinking and responding emotionally to the need for change.

**Dissent/Avoidance**

Dissent can range from proactively sabotaging efforts to bring about change to passively disengaging from the process. The most difficult parents are those who do not admit their lack of commitment to change but work subversively to undermine the process (i.e. perpetrators of sexual abuse or fictitious illness).

5.23 Significant case reviews have highlighted concerns in relation to 'disguised compliance'. The NSPCC [disguised-compliance](#) (2014) state that this involves parents giving the appearance of being cooperative with professionals to avoid suspicion and allay concerns. Published case reviews highlight that professionals have sometimes delayed or avoided interventions due to parental disguised compliance.

5.24 Social workers may find it helpful to use the [Prochaska and Di Clemente's Stages of Change](#) model in assessing the parents' capacity to develop and change.

**Parents' Views**

5.25 Include the parents' views about the process of the assessment, and the recommendations of the assessment. The parents' views about potential options or

alternatives for the permanent care of their child should be included if rehabilitation is not being recommended.

### **Analysis and Recommendations**

5.26 This section should reflect the analysis of evidence gathered, in order to make a recommendation in relation to the parents' capacity to meet the needs of their child on a sustained basis.

5.27 Analysis involves the process of breaking down what is known about the complexities of the family's circumstances into small parts, to achieve a better overall understanding of what is or may be going on. Analysis is information, underpinned by current research and theory, that assists you to make a prediction about the long term impact on the child should the situation/circumstances remain the same.

5.28 In summary, analysis should provide the social worker with a clearer picture of the circumstances and inform future interventions that address needs and manage/reduce risks for the child and family.

5.29 Judgement should be applied when balancing risks and protective factors.

5.30 However our values, beliefs and anxieties are likely to influence our approach to assessment. This can distort our approach to analysis and inform our judgement making, resulting in a loss of focus on the child. Research highlights the following points to be aware of:

- Being selective with information
- Raising or lowering thresholds to meet the needs of the parent rather than the child.
- Failing to change opinion in light of additional information
- Being over optimistic or over pessimistic about a child or family situation
- Minimising concerns
- Failing to focus on the child through over identification with the parent or focusing on the instances of abuse rather than on the impact on the child.

### **Proposed Plan**

5.31 The purpose of this section is to use evidence based practice to inform decisions and formulate a plan that will safeguard and promote the welfare of the child. This includes the likelihood of parental change within an acceptable time period for rehabilitation to be considered and should include contingency planning.