ASSESSING PARENTING CAPACITY

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The key to minimizing unnecessary damage for children is through prompt, thorough, and realistic assessment of parenting capacity as soon as child and family are known to a child welfare agency. Before even beginning to plan for a child, one must first decide if it is possible to safely avoid taking the child into care and, if not, how soon can one realistically decide whether to return that child to the natural parents or to provide an adequate and permanent substitute placement, either adoptive or foster.

To make these decisions realistically, three key questions must be answered:

• Is the natural family’s parenting so deficient that it fails to meet even the minimum standard compatible with normal development?
• If so, what is the likelihood of parenting being sufficiently improved in response to remedial intervention?
• What do we need to learn about the child and family to estimate, promptly and realistically, the adequacy of the current parenting and the potential for change in response to intervention?

To develop an instrument to improve the quality of systematic assessment of parenting capacity, the Toronto Parenting Capacity Assessment Project was formed. This is a multidisciplinary team, with members from two psychiatric settings (The Hospital for Sick Children and The Toronto Family Court Clinic) and two Children’s Aid Societies (The Children’s Aid Society of Metropolitan Toronto and The Catholic Children’s Aid Society).

Guideline I defines the context of the assessment: (a) the ethnic and cultural context of the family and possible unresolved issues from an immigration that may be affecting parenting and/or undermining the family’s mental health and functioning; and (b) an environmental scan of key areas of social functioning commonly contributing major stress. A series of descriptors stimulates recognition, and the user is asked to explain how any factors noted are undermining parenting.

Guideline II measures the child’s developmental level. Developmental delay may be the first sign of severe neglect of infants and toddlers. It is important to establish a baseline when the child first comes to attention, since a rapid developmental spurt after placement in a nurturing environment can be diagnostic of neglect. Accurate measures of the developmental level at entry into care and after several weeks in the nurturing setting can also document for court the inadequacy of the home environment.

Guideline III helps even workers relatively untrained in assessing young children make the observations needed to understand the child’s attachment relationships. The accompanying manual helps interpret and evaluate these observations. In addition, Guideline III assesses information from the history of both the child and the parent that suggests that attachment may be at risk. An understanding of the young child’s attachment status is crucial both to assessing parenting capacity and to planning children’s placements.

Guideline IV presents a format and a checklist of descriptors for systematically observing and rating parenting skills and parent-child interaction with a specific subscale for infants less than two years, and one for children over two years.

Guideline V assesses the parents as individuals, and is designed to estimate the parent’s impulse control, an important determinant of the risk of abuse. It presents a series of eight descriptors that are considered in relation to each parental figure. This process gives the assessor a broad view of both individual and relationship factors such as the presence of a supportive or undermining partner who will influence that parent’s capacity for impulse control.
**Guideline VI** assesses the parent’s ability to accept responsibility for the situation being assessed. Parents who reject all responsibility are unlikely to be motivated to change their attitudes and behaviour. If so, the prognosis for a response to intervention is slight. But this can be difficult to assess. Some parents say that they accept responsibility but behave as if they don’t. Others deny responsibility, but act responsibly by changing their behaviour. By applying the eight descriptors of this Guideline to each parent, the assessor obtains the information needed to help estimate realistically the parent’s ability to accept responsibility and capacity for change.

**Guideline VII** provides a gross survey of the parent’s mental status and helps assess whether and how problems in mental and emotional functioning are affecting parenting. Mental illness may or may not severely undermine parenting capacity, and improvements in mental status may or may not lead to improved parenting. To assess these issues, Part A of the Guideline surveys the parent’s personal strengths. Part B scans for a number of symptom clusters that commonly undermine parenting capacity. For each cluster, the Guideline lists a number of descriptors that suggest that the problem described may exist, thus making sense of what may have seemed like random behaviours. Part C, to be used when Part B reveals the existence of one or more symptom clusters, defines the nature, course, severity of the problem behaviours, along with such contextual factors as the age and understanding of the child and the presence of another parent able and willing to compensate for the mentally ill parent. These factors will determine how much the parent’s mental health is likely to undermine the parenting.

**Guideline VIII** surveys the parent’s way of relating to society. Part A explores relationships (families, friends, neighbours; self-help groups) beyond the nuclear family and how these are used for support. Part B surveys whether the parent cooperates or is in repeated conflict with other social institutions such as schools, health care providers, police, welfare authorities, etc., thus flagging a pervasive pattern of social alienation. Part C records a history of extrafamilial violence or criminality. [Intrafamilial violence has already been surveyed in Guideline VII].

**Guideline IX** surveys the parent’s past history of involvement with treatment professionals or agencies. This helps estimate the prognosis for response to proposed interventions, since one of the best predictors of a good response to future treatment is the response to past treatment. It explores each past professional involvement in terms of whether or not it was voluntary; the duration, frequency and regularity of attendance; whether the intervention was considered useful by both parent and service provider; and specific changes noted by each. It then lists seven descriptors designed to derive from this combined experience an estimate of the capacity to form a therapeutic alliance. Six additional descriptors probe whether the service offered in the past seems to have been an appropriate one.

These guidelines constitute work in progress. They have been field-tested on about 40 front-line professionals and generally found by over 1,000 others to be helpful given a single day’s training in their use. This year we will complete a User’s Manual to accompany the guidelines.

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### Usefulness of the Guidelines in the Courts

Following Paul Steinhauer’s presentation of these Guidelines at IMP’s October 1, 1993, conference, Regional Senior Judge Grant Campbell and Debra Paulseth, Assistant Legal Director in the Official Guardian’s Office, commented on their usefulness.

Both felt that the Guidelines are an impressive step towards providing a comprehensive assessment that can assist court proceedings in several ways:

- They offer a fair and objective framework for obtaining information and organizing how conclusions are reached, often lacking at the current time. When the basis for conclusions is not clear to the court, testimony is easy to discredit.
- The kinds of details included are easy to understand and document the case more thoroughly. Details give professional credibility while disorganization offers ammunition for attack.
- Recurrent patterns of behaviour are documented rather than isolated events.
- The consistent, organized way of presenting data and defining how conclusions are reached clearly may help to eliminate the requirement for expert opinions that delays proceedings.
- Specific items in each guideline are relevant to specific evidence required by both the Child and Family Services Act and the Children’s Law Reform Act, such as the evidence of risk and harm and of the best interests of the child.
- Principles of due process and fundamental justice are supported in that the parents have consented to the assessment; the child interview is non-leading and detailed; a generational history of parenting is included; and behaviour is linked to parenting capacity as well as capability to respond to intervention, move on and improve.