



Parenting Capacity Assessments: *Some Guiding Principles*

1. Build Rapport: Establishing trust is very important as many parents have had negative past experiences of being 'tested' in the past. It is important to explain your role; ask the parent what their expectations are of you; collaborate with the parent in setting the agenda; encourage the parent to ask questions about the process; listen to what the parent has to say about their situation and their needs; acknowledge the parent's strengths.

2. Parenting capacity should not be examined as an individual trait:

Parenting is influenced by multiple, interacting, intra and interpersonal factors and environments. Assessment areas should include the Family Environment (housing, basic physical needs, household organization, neighbourhood, social and other support networks); Family Structure and Function (family roles, current status of the family, relationships within the family, generational and current family traditions); Parent/adult (childhood experiences; health status; self image; capabilities; skills/knowledge; learning abilities; what parents already know, how this was learnt and how they learn best); and, Child (birth/developmental history, health status, behaviour/emotional status, school history)

3. There are often many people involved in 'parenting' a child, that is, in meeting a child's basic needs for preservation, nurturance and socialization. The focus of assessment should be broad enough to consider the contributions made by the child's parents, siblings, grandparents, other members of the extended family, friends, neighbours, peers, childcare providers and so on. Focusing on the parent-child dyad is not sufficient.

4. The use of psychometric testing should not be the main, or only source of assessment. Intelligence tests are not designed to evaluate parenting competence. If psychometric testing is used, this needs to be undertaken in the context of multi-method, and multi-source assessments with practitioners clearly indicating the limitations of the assessment tool that they employ.

5. Parenting skills should be assessed directly, and in the environment/s in which they are applied. Assessments should be conducted during different times of the day/routines. Assessment should include direct observation of parent-child interactions in home environment. Using validated checklists, such as those developed by Professor Maurice Feldman and colleagues, which break parenting skills down into component parts, is encouraged.

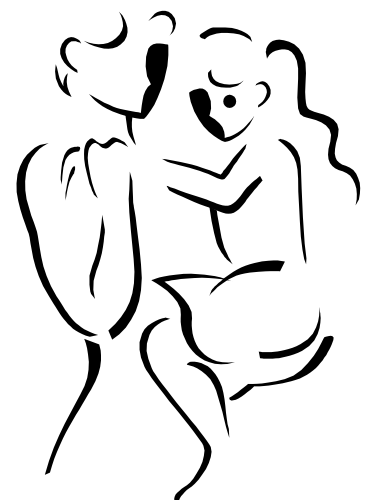
6. It is important to identify parental strengths as well as shortcomings and similarly, strengths in the parent's social and environmental context as well as possible shortcomings. This not only provides balance and fairness to the assessment but also provides information about identified concerns and how these may be addressed as well as information about positive attributes on which future improvements in parenting capability and social and environmental supports can be built.

7. In assessing parenting capacity it is important to determine what services have been provided, and to evaluate the appropriateness and outcomes of these services. It is important to assess whether the support services were suitably targeted to meet the needs of the family. This includes considering information about how long and why a particular service was provided, and if the needs of the family were met by the service.

8. Recommendations concerning the provision of services and supports for the parent and their family should take into account what is realistic and feasible. How long is a support service required? Is a short-term solution possible? Will supports need to be long-term? Recommendations for service provision need to specify (where possible) the type and level of service required and timeframes. Review of service delivery (particularly where long term service intervention is recommended) should be specified to ensure that the changing needs of children and their parents are considered and met appropriately. Access to resources such as social support, transport, adequate housing, respite care, skills, training and baby sitting can assist families in managing their parental tasks. Individual service planning, undertaken in consultation with the family/parents, is more likely to have successful outcomes for supporting children within their families.

9. A range of options should be countenanced for the child or young person and family. These options must be congruent with the outcome of the parenting capacity assessment taking into account possibility for parental and social and environmental contextual change, growth and development. Options available include but are not limited to shared care or respite care offered under a number of different arrangements, to enable the family to move through a crisis, or reduce stresses whilst new skills are mastered or the appropriate environmental strategies put in place. Clear recommendations should be given in relation to intervention strategies that may assist in the acquisition of parenting skills or potential developments in the parent's social and environmental context.

10. Practitioners must specify the limitations of the assessment. In other words, assessors need to make clear what they were and were not able to observe, the psychometric limitations of any assessment tools that were used, and what part of the assessment is based on clinical impressions.



Further Reading

- Aunos, M & Feldman, M. (2007a) Assessing parenting capacity in parents with intellectual disabilities. In C. Chamberland and N. Trocme (Eds.). *Des enfants a protégé, des adultes a aider : deux univers a rapprocher-* Symposium sur le bien-etre des enfants. Les Presses de l'universite de Montreal.
- Aunos, M & Feldman, M (2007b). Parenting by persons with an intellectual disability. I. Brown and M. Percy (Eds.), *A Comprehensive Guide to Intellectual and Developmental Disabilities*. Paul H. Brookes.
- Spencer, M. (2001) Proceed with Caution: The Limitations of Current Parenting Capacity Assessments. *Developing Practice, Winter*, 16 – 24.
- Llewellyn, G. (1997) *Support and Services for Parents with Intellectual Disability: What? When? How? By Whom?* Report prepared for the Family Support and Services Project, School of Occupational Therapy, Faculty of Health Sciences, University of Sydney.
- Llewellyn, G. (1997) Parents with Intellectual Disability: Learning to Parent: The Role of Experience and Informal Learning. *International Journal of Disability, Development and Education*, 44 (3), 243 – 261.

Family & Disability Studies Initiative

Faculty of Rehabilitation Medicine
University of Alberta
3-66 Corbett Hall
Edmonton, Alberta
TG62G4

Phone 780-492-8568
Website www.fdsa.ualberta.ca