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INFORMATION SHEET
ASSESSMENT – PARENTING CAPACITY

(Risk of physical / sexual harm, emotional /psychological harm and/or neglect)

Forensic family assessments focus upon evaluating individual people (normally parents) within a family unit where there has been a concern raised about possible harm to children. In these instances, concerns are often raised in terms of the parent or carer's capacity to adequately parent the child/ren and protect them from the risk of physical or sexual harm, emotional or psychological harm, and/or neglect. 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 decision-making about removing and/or restoring children to the care of their parents.

The purpose of a parenting capacity assessment is to understand the nature of the identified risk; both the strengths and weaknesses in parenting, relative to the identified child/ren, and to recommend appropriate actions to ensure the child/ren remains safe and their needs are met. Recommendations are made specific to the risk / deficits identified and can cover a broad range of issues. In line with relevant legislation, and the general philosophy of child protection, the needs of the child/ren are the primary concern when making recommendations regarding parent's / carers.

What is a Psychological Assessment Regarding Parenting Capacity?

Parenting capacity is defined as the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to be able to adapt to their child/ren's changing needs over time. This includes providing for the child's basic physical needs, ensuring their safety, promoting the child's intellectual development through encouragement and stimulation, demonstrating and modelling appropriate behaviour and control of emotions, and providing a sufficiently stable family environment.

Child abuse is typically not the result of any single risk factor, but rather an accumulation of risk factors that outweigh the beneficial influence of protective factors. As such, a parenting capacity assessment and consideration of the future risk to the subject child/ren, the broad domain of parenting skill (parenting ability, attachment and bonding, parenting skills in life management) and parenting attitudes (experiences of being parented, prior parenting experiences and attitudes toward children) are evaluated. Additional situational and resource factors such as child vulnerability, contextual issues (e.g. divorce; abuse) and resource constraints (necessary for effective change) are also considered.

If the reason for an evaluation of parenting capacity includes substantiated physical / sexual abuse, emotional / psychological abuse and/or neglect, then a necessary component of the parenting assessment is a structured actuarial and dynamic risk assessment.

Assessing Risk of Neglect, Physical and Emotional Abuse¹

There is an enormous amount of pressure on child protection services to respond effectively to an increasing volume and complexity of cases. Such concerns and the associated workload have highlighted the need to develop more efficient, consistent, defensible and visible decision-making processes. Strategic and structured assessments (such as actuarial and dynamic assessments), particularly empirically validated assessments, can aid agencies in this way, with the benefit of a focus on empirically validated risk factors, and a higher level of consistency and validity in the assessment. Risk assessment devices (both actuarial and dynamic) have generally been shown to have moderate predictive validity and their role in guiding structured professional judgment is more accurate than unaided clinical opinion.

Actuarial Risk Assessment in Child Protection:

The work of Baird et al. (1999; 2000) has established an actuarial assessment structure. Their research, utilising some 1300+ cases has identified that of all methods tried, actuarial assessment provided the most reliable assessment (highest inter-rater reliability) and highest validity (accurate assignment of cases to high, moderate, and low risk categories). This research has been translated into an Australian jurisdiction. The South Australian research is based on 674 families for which outcome data is known over a 12-month period. This study also provides some good data on recurrence rates of child abuse. It found that for all of the families recorded over a one-year period (and meeting specific abuse criteria) one third were re-notified within 12 months with 21.8% reporting a substantiated re-abuse incident. The South Australian - Family Risk of Abuse and Neglect (SA: FRANN) provides four levels of risk including low, moderate, high and very high risk across two domains of Emotional Abuse/Neglect and Sexual/Physical Abuse. Each domain is composed of 11 items. The items assess such topics as drug and alcohol and domestic violence experiences of parents; whether there has been previous child notifications and the nature of such notifications.

Dynamic Risk Assessment in Child Protection:

There is an absence of structured clinical tools available to assess risk in such uncertain situations as frequently arise in the child protection context. One tool, pioneered in the United States and recently adapted in Australia is the Family Strengths and Needs Assessment Tool (Bolton and Lennings, 2010). The aim of this assessment is to compare the child protection risks a person may pose against a set of thirteen risk factors known to be of specific importance in predicting such risk. The Family Strengths and Needs Assessment Tool (FSNA) was developed by the Children's Research Centre (CRC) using a consensus approach in collaboration with staff from USA jurisdictions in California and Virginia.

¹ Training in Child & Family Court Assessment and Risk Assessment for Child Protection. Developed by Dr C.J. Lennings (March 2018).

The philosophy behind structured clinical assessment is that of needs assessment. Needs represent deficit conditions; it is proposed that offending (in this case child abuse) behaviours occur out of a set of general and specific needs. For instance, criminal activity is more common among those with substance abuse problems, mental health problems, accommodation instability and the like. The needs represent accommodation stability, need for impulse control over substances, and need for psychological well-being. Risk factors are conceptualized as needs because, by doing so, the assessor can identify the kinds of rehabilitative actions necessary to reduce the re-occurrence of the undesirable behaviour. The results of the FRAAN and the FSNA are contrasted to provide an overall risk estimate.

Finally, the issue of responsivity is addressed (i.e. responsivity refers to an individual's capacity to successfully engage with intervention and treatment recommendations). This variable is evaluated over four specific domains and is important to consider in any assessment with treatment recommendations, as empirical evidence has shown that where parents accept responsibility for the neglect/abuse/concerns, are committed to meeting their children's needs, are committed to improving their own psychological well-being, and have the ability to change, the prognosis is good, and as such there is benefit to allocating resources. Where three out of four conditions are met prognosis is fair. Where fewer than three of these conditions are met, prognosis for change is considered poor.

Process for conducting a parenting assessment

The following is an outline of the assessment process and possible number of sessions required in order to complete an evaluation and provide opinion and recommendations regarding the following:

- Describe characteristics and patterns of a parent's functioning in adult and childrearing roles;
- Explain possible reason for abnormal or problematic behaviour and the potential for change;
- Describe children's functioning, needs and risk in relation to the parent's skills and deficits (strengths and weaknesses) and the potential for change;
- An overall evaluation of the client's parenting capacity and risk of harm to the children (within limitations);
- Level of insight into the Department's concerns.

The tasks associated with this process typically involve:

- Interview/s with the client (usually the identified parent). This can require more than one session (on average 4-hours of interview). The number of interview sessions is dependent upon the client's capacity to engage with the process, which is affected by a variety of things, including the presence of cognitive impairment, trauma, personality disorder, mental illness and literacy deficits.
- Psychometric assessment re: individual functioning related to such areas as mental health, substance use, personality and specific areas of emotional-social functioning related to parenting capacity (such as attachment, conflict, coping). This can take more than one session to complete depending upon the tools deemed necessary and client's capacity to engage.
- Parent-child observation (about 45 minutes – 1 hour).

- Interviews with other relevant individuals and any other involved professionals.
- Other necessary tasks include:
 - Reading relevant file material/reports.
 - Scoring and interpretation of psychometric assessment tools
 - Report writing and peer review
 - Discussion of report and recommendations with the client (depending upon circumstances)

Which assessment should I request?

What is the difference between a:

- **Parenting Capacity Assessment**, and a
- **Capacity to Protect (CTP) Children from Sexual Harm Assessment?**

Both assessments evaluate parenting. A Capacity to Protect Children from Sexual Harm Assessment is a specific type (or a subtype) of parenting assessment. It focusses solely upon a non-abusing parent / carer's ability to protect children from *sexual* harm. It does not evaluate other types of harm or parenting abilities. Psychologists do this by evaluating ten 'protection factors' which have been empirically identified as associated with an adult's capacity to protect children from sexual harm. A Capacity to Protect children from sexual harm evaluation is typically done in conjunction with a sexual offending risk assessment, relating to whoever has been identified as representing a potential risk (eg: the mother's partner / father / stepfather of the children). (See relevant FPC Information Sheets).

CTP can also be a standalone assessment in specific circumstances. This includes circumstances where the non-abusing parent has separated from the alleged perpetrator; or in instances where the non-abusing parent has a history of being vulnerable to relationships with alleged and/or convicted abusers.

When is a Capacity to Protect Children from Sexual Harm Assessment most useful?

When general parenting concerns are not the primary concern, but the core issue is about the parent's ability to manage children's exposure to possible sexual risk or abuse from a known individual who has been judged to be at risk of perpetrating this type of harm.

Where risk of sexual harm to children (and a parent's ability to keep children safe from this) is one of a number of serious issues of concern, it is often more beneficial for a general parenting capacity assessment to be done. A general parenting capacity assessment covers all types of harm (including sexual) but does so in a broader sense.

In cases where the scope of concerns about harm cover multiple domains (sexual, physical, emotional, neglect) and where the possible perpetrator of sexual harm remains part of the family unit, both a general parenting capacity, in addition to the more specific capacity to protect from sexual harm assessment, can be undertaken.