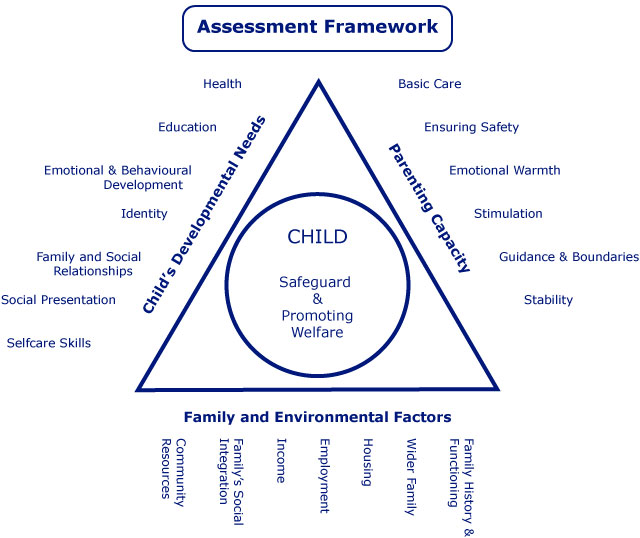
**Parenting Assessments**

***“invisible threads are the strongest ties” Friedrich Nietzsche***

This guidance has been put together to support practitioners when carrying out an assessment of a parent/parents ability of caregiving to a child or young person in their family.

The Child and Family Assessment is the assessment tool for all assessment



**Guiding Principles:**

**1. Building effective relationships is at the centre of practice.**

Building a positive relationship with parent/carers pays dividends during the assessment process. Parents are a vital source of information about the family's circumstances. Their response to attempts to build a working relationship may also predict how co-operative they will be in enacting change in the long-term (Department for Education, 2010a).

There are a number of barriers to building positive relationships with parents:  the challenge of working with vulnerable people who may have trouble trusting authority figures

* parents/carers' fear of losing their children
* practitioners' lack of confidence, fear of making mistakes, fear of violence, and work and time pressures (Department for Education, 2010a).

Practitioners need to work effectively with parents whilst retaining a focus on the child's welfare. They must never become so immersed in parents' problems that they lose sight of children's needs. They need to be honest and clear with parents without creating hostility; and show empathy without colluding with unacceptable behaviour (Forrester et al, 2008).

**2. Spending time talking with parents/carers** This should include:

 giving reasons for the assessment and explaining clearly the process and desired outcomes

 assessing each parent’s/carer’s physical, mental and emotional health, including evidence of issues such as substance misuse, learning difficulties or domestic violence

 asking them to share their feelings about each child over time

 building a picture of parent-child attachment over time and the child’s attachment and separation behaviour at key stages in their development such as starting school

 establishing the identities of all adults who care for the child

 considering parents’ views about concerns relating to their parenting (Jones, 2010; Kellett and Apps, 2009).

**3. Spending time talking with children (**and this should include time on their own). The practitioner must not ask leading questions and should avoid distressing the child. Dependent on the age of the child, the interview will cover:

 their current concerns and what needs to happen to address them

 their views on family relationships

 their views on school and their social relationships.

With younger children, this may involve a play-based session (Jones, 2010; HM Government, 2013).

**4. The importance of Observations :**  observations of each individual carer and their verbal and non-verbal interaction with each child are key to any type parenting assessment. Observations need to cover the following:

 how the parent or carer talks to the child

 how/whether they show affection and warmth

 how they set boundaries and offer guidance.

**What is a parenting assessment**: **Parental capacity & the child’s timescale**

* Assessment is a continuous and dynamic process. Decisions made must be reviewed in the light of new and emerging information. In some cases, parents will be unable to make sufficient and timely change to ensure they meet their children’s needs and can protect them from harm.
* When parents are unable to provide their child with ‘good enough’ parenting, professionals must decide what child protection measures should be taken to protect the child from significant harm.
* This may involve making a child subject to a child protection plan or instigating care proceedings and drawing up a care plan. Such plans offer access to support services and outline the differences these services are expected to make to parenting capacity (Jones, 2010). Changes happening as a result of interventions need to be measured and modifications to the plans made on an on-going basis.
* In some cases, parents will be unable to make sufficient and timely change to ensure their children do not continue to suffer significant harm and it may be necessary to consider separating the child from his/her caregivers permanently (HM Government, 2013).

**What are the different Types of Parenting Assessment ?**

* Parenting capacity undertaken as part of single assessment (CIN / CP Process) – more detail
* Parenting Assessments (Capacity to Change) as part of the PLO process and directed by court more detail

<http://gloucestershirechildcare.proceduresonline.com/p_assessment.html?zoom_highlight=parenting+assessments>

**Who undertakes Parenting Assessments?**

* All parenting assessments must be undertaken by the allocated social worker and over seen by their manager( the social worker should have sufficient experience and training in parenting assessments)
* Additional workers may be included if the assessments requires it, for example an additional Family Support Worker from the social work team or Contact Team

**What training do I need as a social worker and what does the framework look like in Gloucestershire?**

**Ten pitfalls in assessment and how to avoid them**

|  |  |
| --- | --- |
| **Pitfalls** | **Strategies to avoid the pitfalls** |
| 1. An initial hypothesis is formulated on the basis of incomplete information, and is assessed and accepted too quickly. Practitioners become committed to this hypothesis and do not seek out information that may disconfirm or refute it | Active, conscious hypothesising, testing to confirm/disconfirm  Record uncertainties  Critical reflection |
| 2.. Information taken at the first enquiry is not adequately recorded, facts are not checked and there is a failure to feedback the outcome to the referrer | Evaluate the quality & source of information  Go back to the referrer and check the details, distinguish between observation & opinion, ensure that the information has been accurately understood, ensure referrers receive feedback |
| 3. Attention is focused on the most visible or pressing problems; case history and less “obvious” details are insufficiently explored | Consider the context and the chronology  Theme the chronology  Summarise the chronology eg, 0-5, 6-11,12-16, 16 +  Put the child’s voice into the chronology  Use the chronology for analysis |
| 4. Insufficient weight is given to information from family, friends and neighbours | Give equal weight to referrals from family, friends & neighbours  Ensure that “anonymous” is not interpreted as “malicious |
| 5. Insufficient attention is paid to what children say, how they look and how they behave | Clearly understand the legal framework for seeing the child  Be alert to the need to recognise patterns of parental resistance  Make time for detailed direct observations of the child  Find out from the child what a day in their life is like  Consider how the child may be silenced by their circumstances |
| 6. There is insufficient full engagement with parents (mothers/fathers/other family carers) to assess risk | Dads! Dads! Dads! ……. And other family members  Engagement & honesty  Understand the reasons and meaning of “lack of engagement” for individual families  Use a clear framework to assess & analyse risk |
| 7. Initial decisions that are overly focused on age categories of children can result in older children being left in situations of unacceptable risk. | Know that children’s services are biased towards intervening with younger children  Respond robustly to “hard to help” neglected adolescents  Monitor self & others for “over optimism” with older children  Find out from the child what a day in their life is like  Ask, if this child were younger, how would we respond? |
| 8. There is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative, ambivalent, confrontational, avoidant or aggressive | Pay attention to how you feel, notice fear, anxiety, avoidance in yourself  Demand quality supervision  Have a clear strategy to keep you & others safe in vulnerable situations  Joint Visits with other agencies  Speak up when you feel fearful, threatened, intimidated: it is a sign of an effective practitioner |
| 9. Throughout the initial assessment process, professionals do not clearly check that others have understood their communication. There is an assumption that information shared is information understood | Check out how information has been received and understood  When talking to other professionals, be curious about what they think and feel and how they understand the situation  Be mindful of the desire of some people to deceive – maintain a “respectful uncertainty” & “healthy scepticism” |
| 10. Case responsibility is diluted in the context of multi-agency working, impacting both on referrals and response. The local authority may inappropriately signpost families to other agencies, with no follow up | Role Clarity  Effective communication with other agencies, maximise verbal & face to face communication  Confirm key decisions & reasons in writing |
| (Broadhurst et al 2010, [http://www.nspcc.org.uk/Inform/publications/downloads/tenpitfalls\_wdf48122.pdf](http://www.nspcc.org.uk/Inform/publications/downloads/tenpitfalls_wdf48122.pdf%20%20) | |

**Useful references & further reading**

**Add Bryn Williams Reference & Liz’ references / C Change**

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