Towards a safe home
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Assessing parenting in the context of reunification of infants and toddlers: How to face the challenges?

This chapter is based on:
ABSTRACT

Since a substantial portion of infants and toddlers reenter care after reunification, the question of whether family reunification is feasible needs to be answered very cautiously. How parenting is assessed is of major importance in answering this question, but the quality of these assessments is often poor. With an eye to improving current practice, we conducted an integrative review, in which we analyzed the challenges related to the assessment of parenting vis-à-vis reunification and linked relevant knowledge from research with significant know-how from practice. The challenges appear to be embedded in the struggle to define (especially good enough) parenting and the complex context of child protection. As an answer to the challenges, the integrative review resulted in a framework of four key components required for sufficient parenting-assessment practice: (a) the use and development of expertise; and (b) providing families aiming for reunification with an intervention that is intensive, (c) flexible, and (d) organized as teamwork. Providing families with such an intervention gives them the opportunity to make substantial changes in their parenting and helps professionals assess the capacity of parents to grow to an acceptable level of caretaking for their child. Further implications for research and practice are discussed.

Keywords: parenting assessment, reunification, permanency planning, young children
INTRODUCTION

The question of whether family reunification after out-of-home placement is in the best interest of the child is of great importance. How to answer this question is a central issue in child protection; among other factors, empirical studies on placement decisions and outcomes – specifically in relation to reunification – are still limited (López, Del Valle, Montserrat, & Bravo, 2013). The decisions related to the placement of children following out of-home-placement can be considered in the light of permanency planning, a policy aimed at providing children with continuity of relationships with a primary caregiver to establish lifetime family relationships (Biehal, 2007; Fernandez & Lee, 2013). Therefore, working according to this principle implies the placement of children as soon as possible from substitute care into permanent family homes. The return of children to their biological family is considered the most preferable situation. When this is not feasible, permanency may be achieved through adoption or permanent foster care placement (Maluccio, Fein, & Olmstead, 1986).

Despite efforts to provide children with permanency within their biological family, a substantial portion of children reenter care after reunification (Frame, 2002; Miller, Fisher, Fetrow, & Jordan, 2006). Rates of reentry into care vary from 32% (Frame, Berrick, & Brodowski, 2000) up to 75% (Farmer & Wijedasa, 2013; Lutman & Farmer, 2013). The lack of permanency is likely to be especially harmful to infants and toddlers, since forming a secure attachment to a sensitive and responsive primary caregiver during the first years of life is crucial for optimal socioemotional development (Bowlby, 1979; Leathers, 2002). Dozier, Stovall, Albus, and Bates (2001) noted, for instance, that it is plausible that a disruption in the relationship between a child and a primary caregiver results in disorganized attachment strategies on the part of the child. Children with this type of attachment problem display a breakdown in strategy during times of distress since they do not develop confident expectations regarding the availability of the parent in fulfilling their needs (Main & Solomon, 1990).

The number of placement changes is an important factor to track and has been linked to negative outcomes (Stovall McCloough & Dozier, 2004). For instance, multiple placement disruptions increase the risk that children will develop a profound incapacity to trust caregivers and will become severely traumatized as a result of ruptured attachment ties (Gauthier, Fortin, & J’eliu, 2004). Moreover, the stress of being moved has been associated with physiological changes to the central stress response system in the brain of young children (Fisher, Gunnar, Dozier, Bruce, & Pears, 2006). Furthermore, a considerable number of children reenter the child protection system due to subsequent maltreatment (Lutman & Farmer, 2013), which is an unacceptable situation since numerous adverse outcomes have been linked to child maltreatment (Burns et al., 2004; McDonald, Milne, Knight, & Webster, 2012; Teicher, Anderson, & Polcari, 2012). Re-abuse after reunification may add to the complex trauma of children (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Greeson et al, 2011).

Research on decision-making in child protection has revealed that factors related to placement decisions are mostly linked to characteristics of the parents (Knorth, 1991; Shapira & Benbenishty, 1993). Likewise, comprehensive information on parenting capacity is considered an essential aspect of the decision-making process regarding child protection measures (Biehal, 2007; Budd, 2001; White,
Despite the importance of obtaining a clear and complete picture of the parenting situation to make a well-informed decision, parenting assessment is often insufficient (Ten Berge, Bartelink, & De Kwaadsteniet, 2011). This is problematic since there are indications that poor parental assessment is linked to failed reunification (Donald & Jureidini, 2004; Hess, Folaron, & Jefferson, 1992).

Findings of studies on the quality of assessment practice have revealed that parenting evaluations are often carried out in one single session, take place in an office setting, and lack descriptions of the parents’ caregiving skills or relationship with the child (Budd, Poindexter, Felix, & Naik-Polan, 2001). Another striking finding is that psychologists are often requested to carry out parenting assessments, even though most of them are not trained in holistic parental assessment and are not specialized in child development, child maltreatment, or helping parents with specific needs (Azar, Lauretti, & Loding, 1998; Booth, McConnell, & Booth, 2006; Budd, 2001).

In sum, while parenting assessment in the context of reunification of young children with their family is obviously significant, there is evidence that these assessments are likely to be poor quality. To improve practice, it is important to fully understand the challenges related to the assessment of parenting in this specific context. The purpose of this study is therefore to identify the challenges and answer the question of how these can be faced in terms of significant components of parenting-assessment practice.

**METHOD**

This study is based on the guidelines of an *integrative review* (Tavares de Souza, Dias de Silva, & de Carvalho, 2010; Torraco, 2005). This methodology includes a synthesis of evidence on a given topic and a focus on the applicability of the knowledge available for practice. It is therefore considered as being an important tool of evidence-based practice. Torraco (2005) summarized an integrative literature review as “...a form of research that reviews, critiques, and synthesizes representative literature on a topic in an integrated way such that new frameworks and perspectives on the topic are generated” (p. 356). In our study, we followed the phases of integrative review provided by Tavares de Souza, Dias da Silva, and De Carvalho (2010). The process they described starts with preparing the guiding question by defining a clinical problem and identifying necessary sources and themes of information (Phase 1). The next steps are searching (Phase 2) and evaluating (Phase 3) the available knowledge. Finally, the applicability of the data for practice is identified by synthesis (Phase 4).

The research question we formulated in Phase 1 is twofold: Which challenges are present regarding the assessment of parenting in the context of reunification of young children, and how can these be faced? Logically, the answer to the first part of the question is basic for an answer to the second part. We therefore started with an analysis of the challenges by reading and categorizing the literature. We grouped the challenges into four categories: challenges related to the concept of parenting, assessment of parenting, young children, and reunification. The first category is about concept definition and operationalization, and the remaining categories refer to the specific context
of child protection. We then identified which fields of research were relevant sources for collecting data on possible solutions (as shown in Table 1). Since the analysis resulted in the identification of a large number of relevant fields of research, it became apparent that including every field in our literature study was not feasible. We therefore decided to focus on the main topic of our study: the assessment of parenting.

Table 2.1. Summary of challenges and relevant themes of research for solutions

<table>
<thead>
<tr>
<th>Category</th>
<th>Challenges</th>
<th>Relevant themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept</td>
<td>Parenting</td>
<td>Parenting (models, frameworks, skills etc.)</td>
</tr>
<tr>
<td></td>
<td>No universal definition: lack of actuarial instruments, defining good enough parenting</td>
<td>Good enough parenting, minimal parenting competence</td>
</tr>
<tr>
<td>Context</td>
<td>Assessment</td>
<td>Parenting assessment/risk assessment</td>
</tr>
<tr>
<td></td>
<td>Clinical judgment: bias, discrepancies, and errors</td>
<td>Parenting-assessment practice examples</td>
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<tr>
<td></td>
<td>Decision-Making: complex</td>
<td>Decision-making in permanency planning</td>
</tr>
<tr>
<td></td>
<td>Care vs. Control: e.g., difficulties in forming working relationship</td>
<td>Early child development (incl. children’s needs)</td>
</tr>
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<td></td>
<td>Young children (0-2 years)</td>
<td>Needs of professionals in child protection/child welfare</td>
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<td></td>
<td>Limited time frame: time pressure</td>
<td>Reunification (incl. evidence of effective services, outcomes, factors related to successful and failed reunification, parents’ needs in relation to reunification, etc.)</td>
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<td></td>
<td>No/limited speech: information through observation</td>
<td>Capacity to change</td>
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<td></td>
<td>Safety issues</td>
<td>Interventions targeting parenting</td>
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<td></td>
<td>Reunification</td>
<td>Specific target groups (e.g., multi-problem families, parents with psychiatric disorders)</td>
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<td></td>
<td>Child protection: emotional, far-reaching decisions, obligatory poor working circumstances for assessors</td>
<td>Foster care</td>
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<td></td>
<td>Lack of specific services for reunification; implicit assessment practice</td>
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<td></td>
<td>Significant change needed: time intensive, availability care</td>
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<td>Parents in problematic family situations: specific knowledge required</td>
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<td>Alternative placement: availability and quality</td>
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<td>Assessing parenting while children are out of home</td>
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</table>

In Phase 2, using the terms parent assessment, parent capacity, parent competence, and parent fitness in combination with the terms assessment, reunification, and permanency planning, we searched the databases PsychINFO, ERIC, MEDLINE, and SocINDEX for papers. Criteria were publications between 2000 and 2014, English language, and electronic availability. The initial search yielded – after
removing duplicates – a total of 51 articles. We then selected the titles and abstracts by answering the following question: Does this publication possibly include knowledge that can be helpful in finding solutions to the challenges of parental assessment in the context of reunifying young children and their families? For 16 publications, this question was answered positively. Next, a Google search using the term *parenting assessment* yielded some highly relevant hits. Finally, some literature was added from the reference lists of the selected publications (same criteria except that we also included publications before 2000, if these were considered highly relevant).

In addition, we studied the intervention provided by the Expertise Center for Treatment and Assessment of Parenting and Psychiatry in the Netherlands (hereafter, Expertise Center). We included this practice example for several reasons. First, it could offer knowledge that potentially might include a solution to the challenges, and, second, it might be helpful in evaluating the applicability of knowledge for practice (Phase 4). Moreover, the Expertise Center could serve as a source of inspiration since it is a unique example of an inpatient, parenting-assessment intervention.

In Phase 3 (evaluating the data from the literature and practice), we focused on knowledge useful for improving parenting-assessment practices, taking into account the target group of families aiming for reunification with their young child. Second, the focus was on possible solutions to the challenges we identified in Phase 1. While reviewing the literature on the assessment of parenting, it became apparent that the knowledge could be arranged into three categories relating to the *what*, *how*, and *who* of parental assessment; namely, the content of the assessment, the methods for gathering information on parenting, and the role of the assessor. The literature review was therefore organized around these three categories.

Finally, in Phase 4, we linked together the challenges, the knowledge from the literature on parenting assessment, and the intervention offered by the Expertise Center. As a result, we identified four key components in a framework, which we believe to be essential for facing the challenges and improving the practice of parenting assessment.

Since there is no well-established format for organizing articles based on an integrative review (Torraco, 2005), we structured our article in line with the process described earlier. The results section is organized around the results of each phase. We first describe the challenges (Results, Phase 1). Second, we present the outcomes of the literature search on “parenting assessment” divided over three subjects: (a) the content of assessment, (b) information-gathering methods, and (c) the role of the assessor. In addition, we provide a description of the Expertise Center (Results, Phases 2 and 3). Third, we present the results from synthesizing the data: a framework with key components for parenting assessment (Results, Phase 4).
RESULTS: PHASE ONE

Challenges
Evaluating parenting in the context of reunification of young children is complicated by several challenges. Our analysis shows (see Table 2.1) that these challenges originate in two issues: (a) the lack of a universal definition of parenting and (b) the highly complex context of child protection.

Parenting as a concept
Since parenting is a normative, dynamic, and culture-based construct, there is neither a universally accepted definition nor a concrete standard of what good enough parenting is (Azar & Benjet, 1994; Budd & Holdsworth, 1996). As a consequence, actuarial instruments to measure the quality of parenting are lacking (White, 2005). This results in serious threats to the validity and reliability of parenting assessment methods since they are mainly based on clinical judgment and therefore open to bias, discrepancies, and errors (Choate & Engstrom, 2014; Kirkman & Melrose, 2014). Errors of human reasoning that cause bias in the decision-making process use, among other things, only the more memorable part of the information or information, which is either the first or last available to the assessor (Kahneman, 2011). For example, research has shown that judgments are often only very slowly revised, even when proof of the contrary becomes available (Munro, 1999).

Another issue due to the lack of reliable instruments is how to weigh the outcomes of parenting-assessment activities to conclude whether a certain outcome is or is not sufficient, taking into consideration the safety and development of the child involved (Budd, 2001; White, 2005). Furthermore, the lack of reliable instruments complicates tracing changes in parenting (Budd & Holdsworth, 1996); this is problematic since the extent and sustainability of changes achieved in parenting should be a prominent factor in the decision-making process concerning permanency planning (Harnett, 2007; Ward, Brown, & Hyde-Dryden, 2014).

Complex context of child protection
The second complicating factor is the highly challenging and complex context of child protection. First, the impact of an out-of-home placement on children as well as on parents is enormous. Parents report feelings of anger, distrust, intrusiveness, hopelessness, and denial due to the potential permanent loss of their children and the overwhelming legal concerns (Harris, 2012; Somervell, Saylor, & Mao, 2005). The possibility of termination of parental rights exerts immense pressure, which can cause a bias in the reactions of parents toward socially acceptable responses and behavior (Budd, 2001; Harris, 2011), and in noncompliance (Azar & Benjet, 1994; Harris, 2012).

This implies the significance of a collaborative relationship between the assessor and the family. Given the obligatory, forced, and emotional circumstances, when children and families enter the child protection system, cooperative relationships are not self-evident (Dumbrill, 2006; Ghaaffar, Manby, & Race, 2012). Assessors have to fulfill two very different roles in providing the families with both “care” and “control.” Parents are very much aware of the differences in power between themselves and the professional. They
value the use of this authority, if help is provided. However, if they perceive that power is used as a form of control, they evaluate it negatively.

Given the impact of their assessments, it is essential that professionals in child protection and child welfare services are well-trained and have easy access to relevant resources and support. However, professionals often work under poor circumstances (e.g., heavy caseloads, time pressure, and isolation), are provided with incomplete or low-quality information, have little or no supervision, and are not facilitated with relevant tools or instruments (Ansary & Perkins, 2001; Benbenishty et al., 2011; Child Welfare Information Gateway, 2011; Gambrill, 2008). These factors impair the quality of the decision-making process. For instance, not being provided with meaningful feedback on their decisions may force professionals to mainly use their unreasoned intuition when arriving at decisions instead of using and developing expertise and skilled intuition (Kirkman & Melrose, 2014). A lack of adequate measures has not supported children's need for permanency as it pertains to attachment. Moreover, practitioners often lack knowledge about what works in which particular family context. This is problematic since this information is needed to determine the probability of contributing to improvements in the family situation (Kirkman & Melrose, 2014).

Another complication of the child protection context is the great uncertainty of the consequences of the decisions that need to be taken. Since the outcomes of out-of-home placement are not by definition positive (Heller, Smyke, & Boris, 2002) and not always available, each of the different options a professional can choose to achieve the goals of permanency planning entails a substantial risk for negative outcomes. The far-reaching effect of assessment may result in experiencing an overwhelming feeling of responsibility, which might lead to avoiding making a decision (Kirkman & Melrose, 2014; Miron et al., 2013).

Since placing children as soon as possible in a continuing and stable living situation is a key principle of permanency planning, policies within the child protection field regularly include time frames (Tilbury & Osmond, 2006). Although there is no consensus as to the exact length of appropriate time frames, in which decisions need to be made, there seems to be consensus that the younger the child, the shorter the time frame should be (Daamen, 2014). Another important time-related factor from an attachment perspective is the influence of the length of the out-of-home placement on reunification; the longer the separation, the more difficult reunification will become (Gauthier et al., 2004). Consequently, regarding infants and toddlers, professionals have limited time to make well-informed placement decisions. Finally, obtaining a clear and complete picture regarding parenting, while children are placed in foster or residential care, is almost impossible. When children are placed outside the home, immediately upon or soon after birth, parents have no chance to demonstrate or practice their parenting skills.

In conclusion, without consensus on a definition of parenting, the levels of uncertainty within parental-assessment procedures are very high, entailing a potential risk for poor decision-making. Moreover, this results in difficult working circumstances for the professionals in this field (Kirkman & Melrose, 2014; White, 2005), and the families in child protection remain ignorant of the conditions that they need to meet to receive a positive assessment. In addition, the context of child protection, in which these assessments are conducted, is highly complex due to numerous factors that potentially constrain good decision-making.
RESULTS: PHASE 2 AND 3

Literature review
In our literature study, we focused on useful knowledge to improve parenting-assessment practices, for families aiming for reunification with their young child, in terms of possible solutions to the challenges described or of necessary ingredients of good practice. In this section, we will provide the results on the “what, how, and who” concerning the assessment of parenting. We will solely be presenting the findings at this point. Conclusions concerning these results will be drawn in the “Results, Phase 4” section.

Content of parenting assessment
First, conducting assessment to outline specific goals for intervention differs from assessment used to determine the necessity of a child protection measure (Budd, 2001). Therefore, a request for parenting assessment should include specific questions related to parenting, goals and purposes of the assessment, and a description of how the outcomes will be used (Budd & Springman, 2011). Azar et al. (1998) warned against a too constricted focus on parenting in evaluations and have reviewed existing models of parenting. These models are helpful in defining which domains of parenting are considered pivotal when assessing parents in child protection cases to form relevant questions, structure the assessment process, and obtain a holistic picture (White, 2005).

One well-known model is the Framework for the Assessment of Children in Need and their Families (Department of Health, 2000; Gray, 2002). Safeguarding and promoting the welfare of the child is the center of this pyramid-shaped model. The three sides of the pyramid represent the child’s developmental needs, family and environmental factors, and parenting capacity. The latter is constructed as the combination of basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, and stability.

The North Carolina Family Assessment Scale for Reunification is a validated tool, specifically designed for reunification cases (Child Welfare Information Gateway, 2011; Kirk, 2012). The tool consists of 10 domains (environment, parental capabilities, family interactions, family safety, child well-being, social/community life, self-sufficiency, family health, caregiver/child ambivalence, and readiness for reunification), each consisting of different subscales. Using a 6-point rating scale of 3 (serious problem) to 2 (clear strength), each of these subscales and overall domains can be assessed.

Farnfield (2008) proposed a theoretical model for comprehensive assessment of parenting after observing social workers experiencing significant problems in analyzing information collected for the assessment of parenting. He recognized professionals as caught in a “surface-static model” of parenting (Woodcock, 2003), and explained this as “…one that looked at the surface of parental behavior and saw parents possessing intrinsic characteristics that were static and did not form part of a dynamic system capable of change” (p. 1077). His model is grounded in attachment theory and evolutionary psychology, with systemic thinking predominant. The model distinguishes between crucial dimensions of parenting applicable to all parents and modifying conditions that can influence parental behavior.
Choate and Engstrom (2014) provided a list of elements relevant for determining *good enough parenting* based upon a literature review. They recognized, however, that it is impossible to construct a complete list of elements, considering cultural differences and the unique character of each family. Donald and Jureidini (2004) noted that it is important to be aware of the fact that no clear evidence exists concerning the individual relationship between the domains of these models at the level of separate families. Moreover, they argued for focusing on *parenting capacity*, explaining that this is the ability of parents to empathically understand and give priority to their child’s needs. They considered the responsibility parents take for the problematic situation leading to out-of-home placement as very valuable information in assessing the ability of parents to behave empathically with their children. In addition, parents should be able to acknowledge the fragility of their parenting. A motivating and cooperative attitude on the part of the parents vis-à-vis professional help is essential in compensating for the fragile parenting situation. For that reason, both the responsibility parents take for the past and their ability to reflect on themselves should be part of assessment following out-of-home placement.

Others have mentioned that the aim of assessment is to examine whether parents are *capable of and willing to change* their parenting and, in some cases, their lifestyle (Corby, Millar, & Young, 1996; Kennedy, 2002). Littell and Girvin (2005) confirmed that positive outcomes (e.g., reduction in the likelihood of re-abuse and out-of-home placement) are related to problem recognition, intention, and readiness to change. Budd (2001) reviewed the literature on *parental fitness* and concluded that there seemed to be consensus on two issues: (a) the parent’s capabilities and deficits in relation to being a parent, and (b) the relationship between parent and child. Accordingly, since parenting is relational, it is essential to relate behaviors and skills of the parents to the specific needs and characteristics of the child involved. Likewise, a common recommendation regarding parenting assessment is to assess the quality of the bond and interaction between parent and child (American Psychological Association, 2010). Ansay and Perkins (2001) described a conceptual model of parent–child bonding, which can be used to focus on relevant indicators of involvement, commitment, and attachment during observations of the parent and the child to assess the parental bond. Furthermore, it is recommended that the *strengths* of parents and families also should be assessed in addition to their problems (Budd, 2001; White, 2005).

In sum, the literature has provided meaningful guidance in relation to the aspects of parenting, which need to be addressed when families aim for reunification. Given the complexity of the concept of “good enough parenting,” expertise is required to fully understand the literature on this subject and to select the most relevant aspects of parenting in each assessment case.

**Information-gathering methods**

White (2005) reviewed the literature on parenting assessment and outlined several methods for obtaining the information needed to form a comprehensive view of the quality of parenting. These include interviews with the parent and – if possible – with the child, psychological testing, review of the family’s file, using multiple informants, and observation of parent–child interactions. Each of these methods, however, is open to bias, and a clinical judgment is needed when interpreting the
outcomes. Moreover, the use of standardized instruments can provide information to the practitioner only in terms of improving the understanding of the family situation; the outcomes can never be directly related to a certain decision. It is therefore suggested that these procedures be combined to include different perspectives (White, 2005). With respect to every method, it is important to carefully select one based on the characteristics of the family. For example, linguistic barriers and cultural differences have to be addressed (Keller et al., 2004; White, 2005).

Booth et al. (2006) noted the risk of hidden discrimination toward parents with an intellectual disability. Since these parents are overrepresented in child protection, the lack of specific relevant knowledge on the part of the assessor can be very disadvantageous for them. For example, the lack of certain skills such as organizing and planning as well as having problems with memorizing appointments due to intellectual disability can be interpreted as lacking motivation (Booth & Booth, 2004). Correspondingly, parents with serious mental illness can be at a disadvantage when their psychological status is used as a direct measurement of parenting, but their functioning as parents is not assessed (Risley-Curtiss, Stromwall, Hunt, & Teska, 2004).

In relation to observation, Barratt (2012) described the advantages of assessing multiple families together during intensive family days led by a team of professionals. She argued that assessing families in their home environment provides a limited view. For a more complete view of the parenting process, it is useful to observe families in multiple settings at different times. Whether parents maintain certain behaviors during the day, how they react in various (and perhaps challenging) situations (e.g., at mealtime and dealing with other families), and to what extent the information they provide to the professional workers corresponds to how they actually behave can be observed this way. Furthermore, the children’s reactions and behaviors provide very valuable information (Asen, Dawson, & McHugh, 2001). Another advantage of observation is the opportunity to include nonverbal data in the assessment. This is especially important for parents who are verbally less competent (Holland, 2000).

Despite the advantages of observation, there are concerns related to generalizing the observed situation to a regular family environment, in the absence of a professional (Epstein, Baldwin, & Bishop, 1983). In addition, it is important for observers to be well-trained and for a structured observation procedure to be used to reduce the risk of bias (Budd & Holdsworth, 1996). Furthermore, including objective and visible indicators, such as, for example, the type of food parents provide to their children, the appearance of the children, and the number of visits canceled by parents, might be a method for quantifying observations (to a certain extent) (Ansai & Perkins, 2001).

Although actuarial instruments for measuring the quality of parenting are lacking (White, 2005), assessment tools for measuring certain aspects of parenting are available. These tools have been developed to assess, for example, parent behavior, beliefs, stress, coping mechanisms, and discipline strategies. The tools can be helpful in the assessment process; however, attention needs to be paid to validity and reliability. Hurley, Huscroft-D’Angelo, Trout, Griffith, and Epstein (2014) reviewed parenting measures published between 1985 and 2009 to study their psychometric qualities. Some psychometric information was available for only 25 of the 164 measures identified, and only five of the instruments had strong psychometric properties.
Tryphonopoulos, Letourneau, and Ditommaso (2014) reviewed the seven most commonly used observational-assessment tools, which focus on attachment and infant–caregiver interaction, such as, for example, the CARE-Index (Crittenden, 2005). These authors compared the instruments, and provided limitations and strengths. They concluded that one of the tools could not be recommended over another because all the tools differed in, for instance, feasibility of use, training required, and overall purpose of assessment. Researchers and professionals are therefore advised to carefully select appropriate tools by considering a number of important factors such as psychometric evidence and impact on the family.

As described earlier, it is important to assess the willingness to and capacity for change. Harnett (2007) suggested a method to assess this concept over a period of 4 to 6 months while parents are provided with an intensive intervention. To obtain direct measurements of change, a baseline of family functioning (parental and child functioning, and the interaction between parent and child) should first be set, as well as specific targets, as an answer to the family's needs. Second, an intervention (which fits the goals to be obtained) should be provided to the family. During the intervention, goal-attainment scales (Turner-Stokes & Williams, 2010) can inform professionals about the ability of the family to make changes.

Summarizing, several key messages have arisen from the literature on methods that address different aspects of parenting. First, combining methods, using different perspectives, and taking into account the unique characteristics of families are essential to obtain a holistic view of the family situation. Second, thorough observation generates valuable and profound information about family functioning. The implementation of these recommendations can be facilitated by a third suggestion: providing families with an intervention that is intensive and flexible to assess the parental ability to change.

Role of assessors

In a number of studies, the role of the assessor in the decision-making process was explored. These studies have pointed to the influence of personal values, beliefs, and experiences of professionals as to how they interpret the information and the way they arrive at decisions (Benbenishty et al., 2015; Benbenishty, Osmo, & Gold, 2003; Gambrill, 1997). For example, Davidson-Arad and Benbenishty (2008) found, in a study using vignettes, that views of professionals about the effectiveness of foster care were associated with risk assessment and decision about removal. A positive attitude toward foster and residential care was related to both a higher risk assessment and the decision to remove the child from the biological family. However, no differences were found between the “pro-removal” and “anti-removal” groups concerning the decision about reunification. Both groups preferred the continuation of a 2-year placement to reunification.

Variations in decision-making, as described in the preceding section, can occur both within and between professionals and are indicators of poor reliability and bias. This is considered to be one of the foremost problems faced in the field of child welfare decision-making (Ruscio, 1998). However, Davidson-Arad and Benbenishty (2008) noted that variation among professionals can improve the quality of decision-making in child protection. Decision-making in a group embodies different voices
and therefore forces team members to reflect on their own underlying attitudes and beliefs when making decisions, which is crucial in reducing bias, errors, and pitfalls. According to these authors, by including multiple attitudes and arguments, the ultimate decision will be grounded upon a broader exploration, in contrast to individual decision-making.

Second, there seems to be an overemphasis on assessment compliance, and interpreting this as an indicator of competence/incompetence in parenting. In other words, when parents are seen as not willing to cooperate with assessment procedures, they are perceived as unwilling to change and as incompetent caregivers, and vice versa (Corby et al., 1996; Harris, 2012; Holland, 2000). It should be no surprise, therefore, that the level of cooperation with the child protection worker is associated with decisions related to child protection measures. In a study by Davidson-Arad (2001), for example, the level of cooperation was one of the three factors related to the decision of professionals about whether to remove the child from the home (see also Shapira & Benbenishty, 1993).

However, for both professionals and families, the coercive character of child protection is far from ideal for building a trustful relationship. It is helpful when assessors are aware of the issues parents might have in cooperating with them. Harris (2011, 2012) suggested changing the focus from formal assessments of compliance to an assessment practice, in which principles of responsive regulation theory are used. The aim of responsive regulation is to systematically support families in cooperating on a voluntary basis, with authorities in a coercive context. Examples of these principles are responding in a more flexible way to the needs of the families, offering alternative methods, and using noncoercive approaches to positively and meaningfully engage parents in the assessment procedure (Braithwaite, 2002).

In sum, the literature reviewed has indicated a substantial influence of the traits of the assessor on the assessment process. Shared decision-making, for example, by organizing professionals into assessment teams, is suggested to improve the quality of the decision-making process. Another important message is to find ways to positively engage parents in the assessment process.

**Practice**

In addition to information from the literature, we reviewed the intervention of the Expertise Center to include practice-based knowledge. In what follows, we will provide a description of the intervention.

**Aim and target group**

The Expertise Center for Treatment and Assessment of Parenting and Psychiatry was set up in 2009 as part of Mental Health Care Drenthe (in Dutch: GGZ Drenthe, n.d.). The goal of the assessment-based, inpatient intervention is to improve the parenting situation and to assess whether family reunification is in the best interest of the child. Working toward a timely placement decision and the consent of the parents are considered essential here to prevent harming the children due to disruptions in early relationships with primary caregivers and insufficient parenting. The Expertise Center is a last-resort solution in an attempt to preserve families since admission is considered a great violation of private family life (GGZ Drenthe, n.d.).
The treatment provided is based on various principles, theories, and methods regarding parenting, family-system therapy, attachment, and trauma recovery. The Expertise Center places building a trustful relationship with families at the heart of their working methods, using techniques from De Shazer’s (1985) Solution-Focused Brief Therapy. It is assumed that resistance on the part of the parents is nonexistent since each parent is motivated by a wish to be reunited with his or her child. Instead, in their behavior, parents provide the workers with information and feedback on the effectiveness of the care and support that they are provided with. For this reason, a broad range of methods, techniques, and interventions is offered to tailor the program to the unique needs and characteristics of the families.

The target group of the Expertise Center consists of families who are aiming either to be reunited with or to avoid an out-of-home placement of their child (0–2 years). The families who are being referred can be characterized as families living in a chronically problematic situation (Tausendfreund, Knot-Dickscheit, Schulze, Knorth, & Grietens, 2016), typically experiencing problems, such as substance abuse, domestic violence, and problems with housing, the authorities, and mental health, while having few resources (Marsh Ryan, Choi, & Testa, 2006).

**Intervention structure**

The professionals of the Expertise Center are organized in an outreach team and a team of family tutors working in the clinic. The teams are supported by a psychiatrist, a clinical psychologist, and a family therapist. Families are generally referred by their family guardian.

The intervention starts with a 2-hr intake, in which the family, the applicant, and an intake team (existing of an outreach family worker, a psychiatrist, a family therapist, and a mental health psychologist) of the Expertise Center try to find out if the care offered fulfills the family's needs. If this is the case, a *preparatory phase* will start, in which an outreach worker of the Expertise Center will support the family.

In this phase, the parents will stay in the clinic (in cases of out-of-home placement without children) for 2 weeks, so they and the team of family tutors can discover if they will be able to build a collaborative working alliance. Second, a “Signs of Safety” meeting (Turnell & Edwards, 1997) will be organized to involve both the professional and the social network. Subsequently, the contact between parents and their child is expanded, and treatment goals are formulated by the parents and their applicant, resulting in a *family care plan*. After the preliminary phase, the family will be admitted to the clinic for a period of a maximum of 16 weeks, from Sunday until Friday afternoon. In some cases, this period can be extended by a maximum of 4 weeks, resulting in a stay in a “socio-home” near the Center to prepare the transition from the Center to the home or in cases where the team has major doubts around making a decision regarding reunification.

In the first period of the inpatient phase, the family tutors intensively invest in building up a trusting and collaborative relationship with the parents. Therefore, their main focus is on the successes of the family. The team works as transparently as possible. Parents are allowed to read and react to the *daily observation reports* by the workers. The family tutors are not informed about the family's
background, and they do not read the family’s file, to avoid bias (GGZ Drenthe, n.d.).

There is room for a maximum of seven families in the clinic. Every family has one or two bedrooms; the remaining spaces are shared with the other families. This gives the family tutors the opportunity to observe frequently and in different situations (e.g., during mealtimes, play, and putting the child to bed). Cameras are present to safeguard the children (and parents).

Following a fixed program, a range of activities and group sessions is provided, in which the families are expected to participate. Parents are urged to participate in the sessions by inviting them to contribute subjects related to their interests and needs. During the weekends, the families return home to practice their new skills in their natural environment. During the first four weekends, children usually return to their foster family. If, after 4 weeks, the applicant still has safety concerns regarding the child returning home with the biological parents on the weekend, the intervention will be terminated. This is considered an indicator that change is happening too slowly to reunify the child within the 16-week period of treatment (GGZ Drenthe, n.d.).

Assessing parenting by process evaluation

Every week, family processes are evaluated in a team meeting. Every team member is asked to assess the progress of the family process on a scale from 0 to 10, based on the family’s treatment plan, and to motivate his or her assessment. The welfare and safety of the children are uppermost in these meetings. Therefore, the level of safety for each child is scaled by every team member. In case of an average score of 3 or less, treatment (working on the goals in the treatment plan) will be put on hold, and full attention given to improving the safety level with the family.

In Weeks 4 and 10 of the stay in the clinic, the care and treatment process of the family is evaluated in a case conference. During this meeting, the goals of the care plan are evaluated, and in case of progress, the goals are updated. If there is too little improvement, the intervention will be terminated.

When a family is still participating in the intervention after the second evaluation, the question of whether reunification or long-term foster care is in the best interest of the child will be answered just before the final evaluation in Week 14. During the final evaluation, the Expertise Center will inform the family and the applicant about the conclusion. In cases where the professionals of the Expertise Center assess a parenting situation as inadequate, the aim is to help the parents understand and accept this recommendation. In addition, the Expertise Center will explore with parents and the family guardian what role parents can fulfill in the lives of their children (GGZ Drenthe, n.d.).
RESULTS: PHASE 4

Framework
As the results of Phase 1 indicate, several challenges are related to the comprehensive assessment of parenting, in the context of reuniting families with their young child, due to a lack of clarity concerning the concept of parenting and the complex context, in which these assessments take place. The results of Phases 2 and 3 demonstrate that the literature as well as the practice of parenting assessment contains valuable knowledge that can be used to face these challenges to improve current practices. However, implementation of this knowledge into practice is far from easy. For instance, the question arises of whether a comprehensive observation of families and the building of a trusting working alliance with parents are compatible with time pressures, the obligatory character of the assessment, and children being placed in foster care.

Against this background, we developed a framework (Figure 2.1) of four significant components (expertise, intensity, flexibility, and teamwork) in the final phase of this integrative review. The main idea of the framework is to create a practice context in which necessary ingredients are present to conduct comprehensive parenting assessments in the context of reunifying young children. The first component that we will explore concerns the contribution and development of expertise. Second, we argue that every family aiming for reunification and in the process of parenting assessment needs to be offered an intervention to assess the ability to change (Harnett, 2007). Three key features of such an intervention should be intensity, flexibility, and teamwork.

![Figure 2.1. Framework of key components to improve the parenting-assessment practice](image)

Expertise
The literature search on the content of assessment of parenting yielded a large number of different descriptions, frameworks, and models of the concept of parenting. This variety clearly demonstrates a lack of consensus. The great variety of efforts to unravel the concept of parenting
constitutes the potentially confusing information that professionals have to deal with. Given this complexity, expertise is vital in selecting, interpreting, and implementing the relevant knowledge into practice.

We stress that organizations that conduct assessments need to develop a working definition relevant and suited to the context of the organization and its clients, taking into account the cultural, dynamic, and normative nature of parenting. For example, the working definition of good enough parenting relevant for the Expertise Center has been defined by Vischer (2013) as:

The parenting situation is considered good enough when consensus is reached between the teams of the Expertise Center, the applicant, and the parents that the quality of parenting (as operationalized by the Expertise Center) has been improved during the intervention program in such a way that the risk for adverse development of the child, which has led to the out-of-home placement, is eliminated. (p. 7)

Being more explicit about how parenting is defined, which domains should be assessed, and how these domains relate to concrete parenting behaviors reduces the level of uncertainty and lack of clarity within parenting-assessment practice. Using a recognizable working definition of parenting throughout the assessment procedure will help keep clear communication between the parties and help structure the evaluations.

Similarly, although the knowledge available about information-gathering methods and the role of the assessor are very meaningful, it does not offer instant solutions to the challenges defined in the first phase of the integrative review. Most of the recommendations and guidelines reported in the literature are accompanied by caveats concerning common pitfalls and complicating factors, which all need to be addressed. For example, decision-making plays a central role in assessing parenting and is a highly challenging objective. To make full use of the literature, expertise in terms of translating theory into practice becomes key. For these reasons, we defined expertise as the first key component of the framework and emphasized its relevance in three domains: the concept of parenting, the assessment process, and the target group (e.g., parents with a disability or psychiatric disorder). Furthermore, this component includes the development of expertise through evaluating the outcomes of assessment practice since empirical evidence is lacking.

A specialized practice initiative such as the Expertise Center decidedly represents this first component. Moreover, since the Expertise Center is not part of the Dutch child protection services, it holds a neutral position vis-à-vis parents and the child protection services, who often end up in a deadlock concerning collaboration in the assessment procedure.

**Intensity**

The second component in the framework is twofold and relates to (a) intensity in terms of work, which compresses the treatment with the families and outcomes into a shorter time frame; and (b) intensity of the treatment provided, resulting in a multidisciplinary assessment practice in which different methods are available and thorough observation is possible. The intensive nature of the inpatient
The intervention of the Expertise Center provides more time compared to other assessment methods. As shown in the analysis of challenges and the literature review, time is an essential condition to sufficiently assess parenting for several reasons.

First, time is needed for thorough observation, obtaining a holistic view of the family situation, and building a collaborative relationship between families and professionals. Furthermore, families are obliged to make a significant change in their parenting to be reunited with their children. Making such a change—and being able to observe such a change—takes time, especially for parents with learning difficulties (Booth et al., 2006). Taking into account the characteristics of families aiming for reunification, it also takes time to unravel the complex family situation, including the interactions, behaviors, and multilayered influencing factors (Bodden & Deković, 2010; Ghesquière, 1993). In addition, time is needed to gradually build up contact between children and their parents after out-of-home placement.

Regarding infants and toddlers, attachment theory is a well-established theoretical foundation for the significance of timely decision-making (Tilbury & Osmond, 2006). In the first 3 years of life, children develop attachments with their caregivers throughout different stages (Bowlby, 1979). Multiple placements as a child are a risk factor for experiencing problems as an adult when it comes to forming relationships, and long-term emotional and behavioral problems (Stovall-McClough & Dozier, 2004).

The intensive character of the intervention in the Expertise Center has more advantages such as providing the thorough observation needed for a holistic and reliable view of the parenting situation (Barrat, 2012; White, 2005). Observation of typical parenting situations at different times and in a natural environment is considered essential for a complete picture (Barrat, 2012). By admitting families into a clinic, family structures, relationships, interactions, skills, and behaviors of both parents and children can be observed very closely. Moreover, in what way and to what extent parents’ psychological or psychiatric problems impact their parenting becomes clear.

Finally, due to the intensity of the intervention, parents have many opportunities for informal conversations with the family tutors, for example, while cooking or in the evening when children are in bed. It is likely that more reliable information on the parenting situation will emerge this way, as compared to highly formal meetings that can be very stressful for families (Harris, 2011).

Despite the advantages of inpatient care, the very structured environment—in which a broad network of both professionals and other families is present and available at almost all times (even at night)—is likely to be very different from the family’s own home situation. The suggestion is therefore to gradually work during the intervention toward an assessment context that is more similar to the home situation. As for the Expertise Center, this is organized by the weekend return of the families to their own homes and to the socio-home.

**Flexibility**

The intervention offered by the Expertise Center is flexible. This is an important feature for high-quality assessment practice. First, the characteristics of families aiming for reunification are taken into account: Treatment for this target group needs to be flexible to fit the unique characteristics of the parents and children involved, and to face the interrelated problems that these families are
experiencing. Moreover, tailoring care to the unique needs of the families supports the central principle of responsive regulation (Harris, 2011), which is considered helpful for encouraging families, who are in a coercive context, to voluntarily cooperate with assessment procedures (Braithwaite, 2002). Regarding the impact of assessment compliance on decisions in child welfare (Corby et al., 1996; Harris, 2012), positively engaging families is vital.

Another important factor involves the threats of bias due to the inevitable use of clinical judgment. Flexibility of the assessment intervention makes it easier to combine different methods and information sources appropriate to the family’s characteristics. Combining different information-gathering methods is recommended to avoid a restricted view of parenting (White, 2005).

**Teamwork**

The literature has shown that collaborative relationships between professionals and families are highly important, but far from easily attained due to the emotional and coercive context. Teamwork, as organized within the Expertise Center, provides several helpful conditions for building effective relationships. An important advantage, for example, is that families are not dependent on one single professional. To a certain extent, parents have the opportunity to work with the professionals who fit them best.

Second, the decision about whether to recommend reunifying the family is not made by the professionals who work closely and on a daily basis with the families (the family tutors). The psychiatrist, the clinical psychologist, and the family therapist make this decision based on the information they receive from the team. The family guardian (and in some cases, a judge) decides whether to adopt the recommendation of the Expertise Center. This factor is likely to have a positive impact on the cooperation between families and professionals since the latter seem to be perceived as less threatening by the families (Harris, 2011).

Another advantage of teamwork is that the professionals of the Expertise Center are forced to reflect on their interpretations of their observations during team meetings, where the processes of the families are evaluated by assessing their treatment goals. This way, observations are made explicit and can be sharpened. This procedure likely raises professionals’ awareness of the fact that their personal values and experiences might be impacting their interpretations (Benbenishty et al., 2015). This is helpful in reducing bias in the decision-making process (Davidson-Arad & Benbenishty, 2008).

Some other advantages of group decision-making are sharing relevant information and expertise, more structured decision-making, and critical evaluation (Jehn & Shah, 1997). Bartelink, Van Yperen, and Ten Berge (2015) studied methods of decision-making in child maltreatment, and recommended combining structured and shared decision-making to improve the quality of the decisions. Finally, by working in a team, the professionals of the Expertise Center are not burdened with making the ultimate decision, solely on their own, concerning the reunification. This might be a helpful factor in situations where making decisions is avoided or postponed (Kirkman & Melrose, 2014; Ward, Munro, & Dearden, 2006).
DISCUSSION

Evidence on the inadequacy of current parenting-assessment practices in the context of permanency planning, and the potential harm suffered by children as a result, stresses the need for an improvement of the field. The principal objective of this integrative review was therefore to identify the challenges related to the assessment of parenting in the context of reunification, with a primary focus on the highly vulnerable group of infants and toddlers.

First, analysis of the challenges shows that the search for relevant evidence in the literature is complicated because a broad range of themes and research fields are relevant, and different terms are used for identical or overlapping concepts. Moreover, the literature on parenting assessment provides a large number of policies, guidelines, models, and recommendations, but very little empirical evidence. This resulted in difficulties in defining search terms and in determining strict inclusion and exclusion criteria for the literature review. As a consequence, the literature review was not a systematic overview of all the evidence and knowledge available.

Second, we aimed to find an answer concerning how these challenges can be faced. We established an answer in terms of a framework of significant components for a sufficient parenting assessment. This way, we attempted to translate a large amount of knowledge into clear, useful recommendations to improve current practices. Defining key components allows all types of parenting-assessment practices to develop programs suited to their specific context. This is consistent with the principles of an integrative review focusing on putting knowledge into practice (Tavares de Souza et al., 2010). Although the method is considered an important tool for evidence-based practice, it is not commonly used in the field of child welfare. With this article, we have shown this method also to be applicable to this field.

Third, a key conclusion of the literature review on the assessment of parenting is that it is a highly specialized assignment and that expertise on multiple levels is essential to perform high-quality assessments, which can serve as a sound basis for placement decisions. The evidence of the shortcomings in current parenting-assessment practices (e.g., assessors lacking knowledge of parenting assessments, and failing to include information on the relationship between children and their parents) is significant. Organizations and professionals who are conducting parenting evaluations need to recognize that this kind of assessment is not a simple task. Our conclusion stresses the need for practice initiatives, like the Expertise Center, that provide specialized services.

Fourth, another conclusion that can be drawn from the literature review is that assessment in the context of reunification should always include a treatment component, in which both parents and children participate. Providing families with an intensive intervention program gives them the opportunity to make substantial changes in parenting, and helps professionals conduct a comprehensive assessment of the capacity of parents to change and to grow to an acceptable level of caretaking for their child (Harnett, 2007). In this light, the combination of assessment and treatment along with the use of process evaluation by the Expertise Center is an important example of how this can be organized in practice.
Fifth, when organizing treatment for families aiming for family preservation, overriding attention needs to be paid to the needs and safety of the children during the decision-making process; their well-being should always be prioritized over the interests and wishes of the parents (Kalverboer & Zijlstra, 2006). During the intake, therefore, it should become clear whether the intervention, taking into account, for instance, the level of supervision, is suitable for the family involved and whether the likelihood of success is substantial. In addition, the intervention should be available short-term, and the treatment duration should be limited to achieve a timely conclusion.

Sixth, although the intensity of the inpatient intervention at the Expertise Center provides time and enables thorough observation, in reunification cases it also implies a placement of the child from foster care back to the biological family (initially on a temporary base) in a substantial number of cases. Actually, when parents fail to improve parenting within an acceptable time frame, children will reenter care. This seems contradictory to the principles of permanency planning and the evidence on the consequences of multiple placements (Gauthier et al., 2004). Therefore, three paramount factors need to be taken into consideration before placing children with their parents in a treatment setting. First, as mentioned earlier, the chances for success need to be substantial. Second, it needs to be clear to all parties that the inpatient intervention will lead toward a permanent placement decision. Third, the decision should be fully facilitated and supported afterward to prevent breakdown and to achieve permanency. In conclusion, temporary placement is solely acceptable when the chances for permanency, preferably with the biological family, will be increased.

A recommendation for future research is the evaluation of practice initiatives in which the key elements of the framework are present, focusing on short-term outcomes (e.g., duration of placement decision after out-of-home placement) as well as on long-term outcomes (e.g., placement stability, quality of attachment relationship between child and primary caregiver). The outcomes can inform us about the quality of the framework and help to further develop expertise vis-à-vis what works in the context of parenting assessment and reunification.

In conclusion, we believe the framework of key components for a sufficient parenting-assessment practice supports the improvement of current practices. We recognize that the framework is not an instant and simple solution for the complexity of the issues related to the assessment of parenting, but it is a serious attempt to guide improvements toward a more than good enough parenting-assessment practice.