

How parenting assessment strengthens family services

› Abstract

There is a great deal of evidence to suggest that parenting behaviour is one of the most important factors in child development and wellbeing. Recent initiatives have argued for the societal benefits of investment in early intervention in childhood development (WAVE Trust, 2013). In the UK, health visitors are the key professionals involved in parenting support, and this is part of the Universal offer laid out in the *Health Visitor Implementation Plan* (Department of Health, 2011). Parenting assessment tools can help practitioners to demonstrate outcomes, which is essential in order to gain funding and resources. This paper provides a US perspective on how observational parenting assessment can strengthen family services and why it should be considered best practice.

Key words

› Parenting › Parent–child interaction › Observation › Supervision
› Parenting assessment

If something is important, an expert will measure it. A doctor uses a thermometer; a carpenter uses a tape measure; a chef uses a scale. What do health visitors who are interested in promoting quality parenting use? They use a validated parenting assessment tool. There is a range of tools from which to choose, with questionnaires being the most common means of assessing parenting knowledge and attitudes. However, in order to assess what really matters to children, it is necessary to observe and assess parenting behaviour, because it is the parents' behaviour that the child experiences. There is some evidence that parents' survey responses are not highly correlated with their behaviour (Comfort and Gordon, 2006; Avinun and Knafo, 2013). To assess what parents actually do, it is necessary to observe them in action. Some use observer impression as a means of assessing parenting; for a reliable and valid assessment, a

structured observational tool should be used that specifies the behaviours to observe, with defined scoring criteria. For the purpose of this article, the term 'parenting assessment' refers to the situation of a trained practitioner conducting a structured observation using a validated assessment to score the parent's behaviours as the parent interacts with her or his child.

The importance of parenting

Parenting behaviour has consistently been proven to be one of the most important contributors to healthy child development and wellbeing (Shonkoff and Phillips, 2000; National Scientific Council on the Developing Child, 2004, 2007; Center on the Developing Child at Harvard University, 2010). Recent publicly funded initiatives expect family service programmes to use research-based models and provide evidence of effectiveness in parenting outcomes (Boller et al, 2010; DiLauro, 2010; WAVE Trust, 2013). A variety of care-givers may serve in the parenting role, including parents, step-parents, grandparents, other relatives, family-friends or foster parents. In this paper, the terms 'parent' or 'parenting' refer to anyone who provides significant care-giving for a child. Quality parenting during early childhood promotes strong parent–child relationships leading to secure attachment (Benoit, 2004; Appleyard and Berlin 2007; Ginsburg et al, 2007; Balbernie, 2013), protects against child neglect and abuse (Ross and Vandivierre, 2009), improves school readiness (Brooks-Gunn and Markman, 2005), promotes children's social development (National Scientific Council on the Developing Child, 2004; Brotman et al, 2008; Sturge-Apple et al, 2010), and buffers toxic stress that can have lifelong consequences on health and development (Shonkoff, 2012). Research has shown that the consequences of toxic stress are severe, and quality parenting can buffer and repair. As a recent report from the Center on the Developing Child at Harvard University (2012: 1) stated:

'Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental

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illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.'

After thoroughly studying investments and the long-standing impacts of early childhood programmes, James Heckman, Nobel Laureate in Economics at the University of Chicago, has provided a cogent argument of reasons to invest in early childhood development as part of the social and economic policy to build future generations (Heckman, 2013). In a recent article, he concluded:

'The proper measure of child adversity is the quality of parenting—not the traditional measures of family income or parental education ... The scarce resource is love and parenting—not money.' (Heckman, 2012: 12–3)

In the long term, quality parenting improves children's school performance and social behaviour (Belsky et al, 2007), decreases adolescents' risky health behaviours (Hawkins et al, 1999) and improves adults' mental, social and sexual health (Sroufe et al, 2005; Hawkins et al, 2008). Given the pivotal role of parenting, family service programmes commonly focus on developing parenting skills in order to promote optimal child development (Gomby, 2005; Family Strengthening Policy Center, 2007; Roggman et al, 2008; Balbernie, 2013). Furthermore, high-quality interventions have been shown to improve parenting (Love et al, 2002; Sweet and Appelbaum, 2004; Daro, 2006; Harding et al, 2007; Akai et al, 2008; Howard and Brooks-Gunn, 2009; Love et al, 2009; Knoche et al, 2012; Neville et al, 2013). Taking the long view, advocates for investment in early childhood prevention and intervention call for parenting training and support services as paths to equal opportunity, social mobility, and building human capital for future generations (Dreyer, 2011; Sawhill et al, 2013; WAVE Trust, 2013).

Parenting assessment: evidence of outcomes

Although many family service programmes have the goal of improving parenting, until recently few had assessed parenting outcomes. The movement toward implementing evidence-based practices has stimulated greater interest in assessing parenting outcomes (Family Strengthening Policy Center, 2007; Ross and Vandivierre, 2009; Boller et al, 2010). Increasingly, programmes in health, education and social-service settings target early parent–child relationships for intervention (Tough,

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Box 1. Strengths of parenting assessment

Parenting assessment can strengthen a programme in the following ways:

- ♦ It documents evidence of parenting outcomes
- ♦ It tailors services to individual parenting strengths and needs
- ♦ It monitors progress and guides service planning
- ♦ It reinforces parenting progress and confidence
- ♦ It serves as a parenting check-up as children develop
- ♦ It shifts staff focus from the child to parent–child interactions
- ♦ It offers a common language for staff, families and programmes
- ♦ It builds reflective practice during supervision
- ♦ It informs continuous quality improvement for staff and programmes

2012) and incorporate parenting outcomes as part of their evaluations (Gomby, 2005; Harding et al, 2007; Akai et al, 2008; Parents as Teachers National Center, 2008; Love et al, 2009; Balbernie, 2013). Documenting outcomes can convince funders that proposed goals were achieved, so programmes that can document increases in parenting quality will be able to compete more effectively for funding and resources. This is the first of nine ways in which parenting assessment can strengthen a programme (Box 1).

One reason programmes have not assessed parenting is that, until recently, observational parenting assessment tools were too cumbersome for routine clinical use (Comfort and Gordon, 2006). Thus, instead of assessing parenting and other outcomes, many focus on assessing fidelity to the programme model. Although necessary, assessing fidelity to the model is insufficient. Programmes need to assess parenting outcomes because improvement in parenting is often a stated goal. Even when implemented with high fidelity, local programmes serving diverse families and communities cannot be certain of their parenting outcomes because of local adaptations due to regional, cultural, temporal or other contributing factors (Higgins et al, 2010; Home Visiting Research Network, 2013). When describing the results of evidence-based infant mental health interventions in the UK, Balbernie reminds us of the need for local programme evaluations:

'An ecological perspective makes clear that what may work brilliantly in a specific location might have no effect elsewhere, since "evidence based practices in prevention science which may have been tried and shown to be effective in one location under one set of historical and contextual conditions cannot be assumed to be effective in another" (Schensul, 2009: 243).' (Balbernie, 2013: 216)

Thus, programmes need to be certain that the key outcome of parenting is routinely assessed to ensure programme effectiveness and promote continuous quality improvement at the local level.

Observational parenting assessment is best practice

Now that practical, reliable and valid tools are available (for example, Baggett and Carta, 2006; Comfort et al, 2011; Svanberg and Barlow, 2013; Roggman et al, 2013), observational parenting assessment should be considered best practice (Comfort et al, 2010). To assess parenting, family service programmes sometimes use questionnaires regarding parenting attitudes, practices or knowledge of child development (Gomby, 2005). However, research shows that parent self-reports often differ from actual practices (Lovejoy et al, 1999; Kashdan, 2009; Avinun and Knafo, 2013). Furthermore, surveys do not easily identify the various dynamic strategies used to guide children's behaviour (Dumont et al, 2008), whereas an observational assessment offers insight into the parent-child interactions.

Observational assessment provides an objective means to assess what parents actually do, rather than what they report to do in surveys. It is the parents' behaviour that affects the child directly, so behaviour is an essential aspect to assess. Combining an observational assessment of parenting with a survey of the parents' knowledge, attitudes or practices provides a more complete picture with which to target prevention and intervention services with families (Wacharasin et al, 2003; Huang et al, 2005). However, assessing only parenting knowledge and attitudes misses the vital ingredient of actual parenting behaviour. *Box 2* provides some examples of parenting assessment tools.

Essential elements of a parenting assessment tool

Structured observational parenting assessment involves watching a parent interact with his or her child and noting specific behaviours to learn about how each parent behaves with a specific child. The behaviours are then scored according to defined

criteria. Following defined criteria allows those administering the assessment to use a standard framework, thereby becoming more objective.

When choosing a tool, the items assessed need to be relevant to the goals of the programme and a good fit with the cultures of the families served. Parents of different races, ethnicities, communities or other cultural influences may express parenting behaviours in various ways, which are appropriate in their cultures and promote their children's development (Lynch and Hanson, 2011; Mesman et al, 2012). If different observers arrive at similar results when assessing the same care-giver's behaviour, the parenting assessment is said to be reliable.

A tool that measures aspects that make good common sense is said to have 'face validity', which is especially important when using an assessment to guide services. Moreover, if the items on the assessment make sense, it is easier for staff to use with families and incorporate the results into services. In addition, effective tools go through a rigorous validation process. In the case of a parenting tool, a valid assessment should measure aspects of parenting behaviour that research has shown to be important for the child's healthy development and wellbeing. A tool is said to have 'construct validity' if it assesses what it claims to measure, 'concurrent validity' if it corresponds to other assessments administered at the same time, and 'predictive validity' if earlier assessment results anticipate future outcomes. In the case of parenting assessment, high-quality parenting predicts better child outcomes at some later time (Hawkins et al, 1999; Kelly and Barnard, 2000; Comfort et al, 2011).

Going beyond evidence: added values of parenting assessment

In addition to its importance in programme evaluation, parenting assessment proves useful clinically (Balbernie, 2010; Comfort et al, 2010). Using the assessment information, services can be specifically tailored to address each individual parent's strengths and needs. Upon entry into a programme, an early parenting assessment can identify areas for immediate success. Early success promotes family engagement in services and reduces attrition. Parent engagement in family services has been found to be a valuable predictor of later parenting quality (Comfort et al, 2010). Ongoing parenting assessment enables providers and families to monitor their progress together and apply the resulting information to guide the next steps. Mapping parenting assessment items to specific sections of a parenting curriculum or

Box 2. Examples of parenting/interaction assessment tools

CARE index was developed for use with high-risk populations. It covers children from birth to 4 years and assesses parent–infant interaction by using about 5 minutes of videoed play. The coding system comprises seven scales: three parent descriptors (sensitive, controlling and unresponsive) and four infant descriptors (cooperative, difficult, compulsive and passive). See <http://tinyurl.com/nu9fapk>.

Coding Interactive Behaviour (CIB) is a coding system providing a global measure that assesses parent, child and dyadic affective states and interactive styles for children aged 2–36 months. Using pre-recorded videotaped material, the CIB is broken down into 43 codes that are rated on five-point scales. There are 21 parent codes, 16 child codes and five dyadic codes. Subscales can be calculated for parental sensitivity, intrusiveness and limit-setting, child involvement, withdrawal and compliance, and dyadic reciprocity and negative state. See www.thecodingconsortium.com/cib.html.

Emotional Availability Scales provide a video-based method of assessing interaction for the emotional availability of the parent to child and child to parent. It is a global measure of overall interactional style in each partner, and requires clinical judgment and an awareness of contextual factors. See <http://tinyurl.com/ovvedjx>.

Indicator of Parent-Child Interaction (IPCI) assesses interactions of parents and children aged 2–42 months during 10-minute observation of four prescribed routine activities. Ratings include eight parent behaviours and six child behaviours. See <http://tinyurl.com/py68qyy>.

Keys to Interactive Parenting Scale (KIPS) assesses 12 research-based parenting behaviours, rated on five-point scales during 15-minute observations of parent–child play interaction. Videotaped observations are recommended. KIPS has been validated with parents/care-givers of children aged 2–71 months. Training and certification are offered online and re-certification is required on an annual basis to ensure reliable scoring. KIPS produces clinically useful information that can be fed back to the care-giver and documents quality of parenting outcomes. See <http://comfortconsults.com>.

NCAST-PCI Teaching Scale measures parent–child interaction with children from birth to 36 months during a 1–6-minute observation of a parent teaching a pre-selected age-appropriate activity. The 73 binary items yield four parent subscales—sensitivity to cues, response to distress, social-emotional growth fostering and cognitive growth fostering—along with two child subscales—clarity of cues and responsiveness to care-giver. For those interested, there is also an NCAST-PCI Feeding Scale. See <http://tinyurl.com/qx7a9np>.

Parent–Infant Interaction Observation Scale (PIIOS) uses video to analyse parent–infant interaction on 13 interactional constructs. It uses a three-point scale to identify whether families are at low, medium or high risk on each construct (Svanberg and Barlow, 2013).

Parent–Infant Relational Assessment Tool (PIRAT) focuses on affect and behaviours of parents and infants from birth to 2 years, observed during videotaped interactions. It includes ratings of optimal and risk behaviours. See <http://tinyurl.com/kkmtzww>.

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) uses a 10-minute video to rate 29 parenting behaviours with children aged 10–47 months on four domains: affection, responsiveness, encouragement and teaching. See <http://tinyurl.com/nhtqhqq>.

programme manual can ease service planning for staff, thereby reducing the time and effort required to link assessment information to services.

Parenting assessment can document how well a family goal has been achieved. When parents and staff discuss specific information from assessments, they can collaborate as a team to focus their efforts, adjust their strategies and effectively promote children's development (Taveras et al, 2010). To engage the family successfully, staff will need to adapt the type of information shared to each family's level of comfort and understanding. When each goal has been achieved, they can celebrate the success and then focus on another

area for family growth. This forms a cycle of assessment guiding intervention, which leads back to assessment. This cycle can improve both the efficiency and effectiveness of family services.

Many parents lack confidence. Using a validated parenting assessment, family service providers such as health visitors can provide objective support to reinforce parents' progress and build their confidence. As children develop, parenting strategies need to adapt. Observational parenting assessment at the time of key developmental milestones can serve as parenting check-ups, to watch how parents are adapting to their developing children. By identifying developmental

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challenges that parents are experiencing, family service providers can better support parents through these changes, and work together to prevent problems before they multiply.

A rarely recognised value of observational parenting assessment is that of improving the practitioner's own capacity to shift their focus from the child to parent–child interactions. Many enter the field of early-childhood family services out of a desire to help children (Zigler, 2010); however, it is through identifying and facilitating nurturing parenting behaviour that we can often best serve children over the long term. With training in observational parenting assessment, practitioners can step back from their own interaction and better observe a parent's interaction with his or her child. Even when observing families with whom they have worked for a long time, experienced service providers have found that they see important things they had not noticed prior to conducting an assessment (Comfort et al, 2006). This structured observation provides a framework with which to collect information for reflection.

One of the perhaps unanticipated benefits of implementing observational parenting assessment is gaining a common language to discuss parent–child interactions with families, among co-workers, during supervision (Comfort et al, 2006), and across agencies that serve young children and families (Barth, 2010). Defining the components of effective parenting will provide a common vocabulary for staff and supervisors to use in planning and discussing their work with families.

This common language can be used in opening conversations with families about parenting, reflecting on interactions with their children, and discovering parenting strategies that may work well for them.

Observational parenting assessment plays a valuable role in supervision and reflective practice.

'[Reflective supervision] is a collaborative relationship for professional growth that improves programme quality and practice by cherishing strengths and

partnering around vulnerabilities to generate growth.'
(Shahmoon-Shanok, 2009: 8)

Supervisors can help staff build reflective practice when discussing parenting assessments by noting which aspects of the parent–child interactions they observe or miss, and reflecting on the interpretations of the parent and child behaviours. Recalling and reflecting together on the observation can improve mutual understanding of the dynamics between parent and child, and enhance staff service planning.

Parenting assessment can also promote continuous programme improvement. By aggregating programme results and analysing outcomes, one can identify programmatic areas that need improvement, and assess the impact of programmatic changes. Moreover, one can identify staff that effectively improve certain elements, and these staff can serve as coaches for others. Thus, observational parenting assessment informs continuous quality improvement in staff and programmes.

Conclusion

Observational parenting assessment generates evidence of outcomes and can improve family services. Using a reliable and valid instrument can prove that a programme increases parenting quality, which is valuable in making a case for funding. Furthermore, observational parenting assessment offers an array of benefits that strengthen programmes, staff and families in numerous ways. Integrating a parenting tool into the set of child/family assessments can provide the missing piece in the assessment puzzle. A more complete assessment picture can improve service planning, enrich progress checks, enhance staff development, promote reflective supervision, and inform continuous quality-improvement efforts.

Evidence for the importance of parenting to children's health and wellbeing continues to grow. Sensitive parenting is an important goal of most family service programmes—and an integral part of the Universal health visiting offer in the UK (Department of Health, 2011)—which should be assessed and reflected on during conversations with families. Considering these many values, observational parenting assessment should be considered best practice for family service programmes and is therefore highly useful in effective, evidence-based health visiting. **JHV**

The authors would like to thank Robin Balbernie, Clinical Trustee, PIP UK, for providing the information in Box 2.

This article has been subject to peer-review.

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Key points

- ◆ Quality parenting promotes secure attachment, protects against neglect and abuse, improves school readiness, promotes children's social development and buffers toxic stress
- ◆ High-quality professional interventions have been shown to improve parenting
- ◆ In recent years there has been a greater interest in assessing parenting outcomes, and documenting outcomes can help services gain funding
- ◆ A number of practical, reliable and valid tools for parenting assessment are available
- ◆ When choosing a tool, practitioners should consider the goals of the programme and cultures of the families served
- ◆ Using a validated parenting assessment, practitioners can tailor services to individual families, reinforce parents' progress and build their confidence
- ◆ Observational parenting assessment should be considered best practice

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