

NEW CONCEPT FOR THE PARENTING CAPACITY ASSESSMENT

Assoc. Prof. Irina Todorova, Technical University of Varna, Bulgaria

Ph.D. Student Plamena Kerekovska, Technical University of Varna, Bulgaria

Abstract

The parenting capacity assessment is an exceedingly significant problem in modern social practice. Many countries in different parts of the world develop procedures that are based on various ideas about how to measure the parental capacity but the scientific studies regarding this question are very scanty.

This study is integrated with the theoretical search of good mechanisms for the assessment of parental capacity to take care of their children in the best possible way. It proposes a fragment of a study that has lasted for several years. The results that will be depicted here emphasize on the fact that the actual manifestation of the parental capacity does not apply solely to abilities. The manifestation of the parental capacity is a multicomponent phenomenon and if we want to measure it we have to study the condition of each component notwithstanding the particular need of the children that would be the focus of our work. The components of the parental capacity that will be described in this article are the following: in the first place – the extent of the parents' knowledge and understanding of the children's needs. Secondly – to what extent of are parents motivated to satisfy the children's needs. In the third place – are parents capable to provide for the children's needs. And in the fourth place – do the parents tangibly satisfy the children's needs.

The complex combination of the conditions of these components prove that the high levels of the parental capacity do not necessarily apply to parents with high levels of cognitive abilities as well as parents with a good social status. Without denying their contribution we emphasize that we find the manifestations of high parental capacity among poor and illiterate parents. The explanation for this lies in the intensity of one of the components – the motivation for care that depends on the connection with the child and the treatment of the child but it is highly influenced by life's penances.

Our studies have shown the parenting capacity condition is not steadfast. It is influenced by factors that could indicate different forms of it for a short period of time. This is specifically significant regarding the social work. If we assess the parental capacity while there is a circumstance that reduces its values we could make serious mistakes in the actions that we are going to make in the future.

As a result of the studies we created a methodology for a parenting capacity assessment. This methodology has set the needs of children as its basis according to the theory of Abraham Maslow and it has verified the abilities of parents to satisfy these needs through measuring of all four components of their capacity. A study of the tenability of this procedure has indicated very good results. Therefore, some of the most important questions that are indicated in this methodology will be emphasized here. These are the questions of the multicomponent phenomenon of the parenting capacity. This methodology that is still in its early stages of its development above all things aims to determine the conditions of the separate components that

define the condition of the parental capacity in order to find out which are the affected ones and which factors damage their successful functioning. This methodology aims to orientate the specialist to the area in which he/she should provide support in order to assist the parents to take care of their children under the conditions of life challenges that they meet.

The emphasis of this study lies on the necessity to treat parents who have difficulties in their capacity development in a supportive way and not critically. As we determine the difficulties we must implement our intervention to support families and not to the detriment of them and to help them successfully complete the task of being parents.

In the end of this article on the basis of our studies part of which will be described here we propose a new definition of the term „parental capacity“. Without pretending about its accuracy we would like to indicate the reasons for its formulation and to strengthen the discussion about the essence of the parental capacity. We believe that it has an exceedingly significant meaning today when the assessment of parental capacity lies in the basis of multiple legal court decisions.

Key words: parental capacity, parental care, child welfare

Short Literature Review

It is hard to say when the term „parental capacity“ has started to mean the ability of parents to take care of their children and when it has taken a central place in the social care of children in many countries of the world. However, the necessity of its accurate definition is exceedingly important.

In Year 2003 Conley defined the parental capacity as „the ability to parent in a 'good enough' manner long term“[1]. This definition is among the most apprehended ones and one of the most quoted by the researchers.

Today the parental capacity is one of the main aspects that is assessed by the social workers when they are working on cases of child care [2]. It has transformed into one of the main goals of the social workers [3].

The practice has outstripped the theoretical studies regarding this question. The social workers already had to undertake with the assessment of the parental capacity long before the researchers made their definitions and proposed approaches for the study of the parental capacity. Therefore, it is not difficult for us to explain why the social workers define this task of their own as one of the most difficult and if there is a necessity for them to do this regarding parents that have difficulties (for example intellectual) they apprehend this task as exceedingly challenging [4] [5].

The study of the capability of parents to be „sufficiently good parents“ is exceedingly important when there are studies of the parenting capacity assessment in the cases of child care and the social work practices [6].

The parental capacity is widely defined term that applies to the ability of parents to satisfy their children's needs [7]. The parenting capacity assessment has a crucial importance in the cases of child care and it very often is a main task of the social workers. Despite the immense

importance of this construct in the social practice and its utilization at making legal decisions there is an insufficient consensus about the construct's definition.

According to Karen and Budd (2005), the focus of the study regarding the parents is very often their cognitive, emotional and social functioning; their taking care skills and their deficits; the substance abuse or the presence of mental illness and its influence on the parental capability; the specifics of the relationship parent-child; family risk and protective factors [8].

Statement of the problem

For a start, we ask whether the parental capacity applies solely to capabilities? And whether the capabilities are its only manifestation?

When we started our study regarding this question in our country there weren't any theoretical works about the essence of the parental capacity. Naturally, there also weren't theoretical conceptions about how it should be measured. Nevertheless, as the social workers have been following the work procedures they also have been evaluating assessments for a long time and on the basis of these assessments they have made decisions about the children's destiny. As it has referred to international practices this practice has also become a part of the social services' practices in our country but as it has happened in many other places in the world it has been unclarified.

For several years we have been observing the work of social services and we have been following the criteria based on which they have been doing their studies as well as the criteria based on which they have been assessing the parents. The thing that made a very strong impression was the significant emphasis that they put on the capabilities of parents to satisfy the physiological needs of children and to provide the conditions that ensure their physical existence.

The physiological needs that the social workers frequently set with priority on the first and most important place in the studies of the parental capabilities to provide care for their own child have also been set in this methodology on its first but not most important place among those needs which management should be assessed.

Among all physiological needs of the children in the first place were the food needs. The analysis of this necessity clarified that the measuring of the parental capability to provide food is not that simple. In the first place, all children are placed in different stages of their development and naturally their need for food is determined by this. Secondly, the present day is full of various conceptions about healthy eating. The parents apprehend one or another conception about healthy eating as sufficient and they use it as a basis for their child's eating. In the third place, the parents develop independently their personal approach and conviction to the child's eating and they insist that it is accurate. In the fourth and not in the last place, today the children often suffer from food allergies, gluten intolerance and intolerance towards foods and that demands particular treatment of the eating.

Therefore, if the social workers would like to determine whether the parents have the capacity to provide in a better way the necessity of their children to eat they should be familiar with all circumstances that define what must be the child's eating. The variety of possible answers to this question impedes the formulation of an indicator that would measure the parental capacity to provide their child's eating in a methodology.

An abstractly formed indicator, for example „*The parent is familiar with the regular diet that corresponds to the age of the child.*“ could be applied to a wide range of cases but it

requires a serious knowledge from the social worker or an advanced preparation for its execution. In order to determine whether the parent is familiar with the regular diet of the child's eating the social worker should be competent about the age of the child as well as its condition and the regular diet that must be provided for the child.

A pilot study that was conducted regarding these formed indicators showed something even more interesting. It is possible for the parents to be familiar with the appropriate regular diet of the child but this knowledge can be combined with other circumstances that ultimately determine whether the child's need would be satisfied. These combinations are the following:

First combination: The parent knows the regular diet of the child but he/she does not have the necessary resources to ensure it.

Second combination: The parent has enough resources to ensure his/her child's regular diet but he/she is not familiar with it. For example: the parent thinks that it would be appropriate for a 10-month-old child to eat flat sausage or that it would be appropriate for a 7-year-old child to eat only fruits and vegetables.

Third combination: The parent is familiar with the regular diet of his/her child and he/she has the necessary resources but due to some reason he/she is not motivated to do these things. For example: The parent is in a depressive condition and knows that the child should be breastfed. The parent has mother's milk but she doesn't breastfeed.

Fourth combination: The parent is familiar with the child's regular diet. He/she is strongly motivated to do everything in his/her power to ensure it but he/she does not have the necessary resources to do this. For example: the parent is taking care about many children and his/her incomes turn out to be insufficient.

Fifth combination: The parent knows the child's regular diet. He/she has the necessary resources to provide it. He/she is motivated to do it but for some reason he/she doesn't do it. He/she cannot do it. For example: The parent is in the hospital with a serious illness. Or, he/she is an emigrant abroad and sends money to an elderly parent who takes care of the child but the elderly parent does not use the money for its purpose. Or the parent suffers from a mental illness, as a result of which he/she reacts this way. And so on.

Sixth combination: The parent knows the child's regular diet. He/she has the necessary resources to ensure it. He/she is motivated and does it. This is the best combination that a social worker would come across.

These combinations indicate that the child care is a complex combination of a parent's knowledge of what to do and how to do it, their motivation to do it, their financial ability to do it, and whether they actually do it. The understanding of this requires that the measuring of each component of parental capacity must pass through the assessment of all the circumstances that determine it.

The parent's knowledge is essential. When it is available, knowledge implies a basis on which the parent will aspire to provide their child with what it needs. However, the knowledge of the child's needs is complex. It is influenced by the parent's experience, by his/her understandings, beliefs, philosophy of life, and also sought and accumulated specific knowledge on the matter. Usually, it is not influenced by the level of literacy of the parents, although parents with higher education often have more knowledge about the needs of children. However, this is not necessarily true and this should be emphasized strongly. Sensitivity, observation and attention

to the child can be a great tool for parents' knowledge even if the parents are without education. Moreover, the precise assessment of the parental capacity will lead many social workers to the understanding that women who have been dedicated to the care of their children and have remained at home for years to take care of their children, use the help of their mothers and grandmothers and the accumulated experience of generations, despite the lack of education, know the needs of children better and vice versa. But not necessarily. Highly qualified parents may possess a high level of knowledge about their child's needs. But not necessarily. Highly qualified parents might have a better knowledge level about the child's needs. But not necessarily.

The parents' knowledge level about the needs of the child is a sign of their interest in the child, but this knowledge may have come through experience or education without being purposefully sought. The pursuit for knowledge provides that will achieve good care encourages the search for knowledge, the rethinking of experience, the willingness to find the best solution. Whether the parent seeks to understand what the child's needs are and how to satisfy them in the best possible way is an indicator of his/her commitment and attitude to parenting. The parent could not be absolutely competent for every need of the child. However, the knowledge of the existence of the relevant need and the way in which it could be satisfied show the presence of commitment, some would even say responsibility for the child and a willingness to learn new things that are related to its raising and education. In the presence of such a pursuit, the absence of material opportunities which the social worker can ascertain and define as limiting the real possibilities of parents to satisfy the needs of their children, may prove to be an area of support through which the problems can be completely overcome.

But not always. There are circumstances that influence the motivation of parents to provide care. These circumstances are very complex. They can show an extremely competent parent in his/her role as a completely disinterested and "bad" parent. Therefore, the motivation level to provide care should also be studied by social workers.

The study of parents' competencies for the child's physiological needs aims to distinguish the parents' knowledge of the problem from the motives for its resolution and the financial capabilities for this. Thus, the study of knowledge as an independent component of parental capacity and the identification of possible weaknesses in its manifestation will provide an opportunity for support and an idea for social services that can be provided to compensate for the deficits.

The motivation to satisfy the child's physiological needs is examined to determine the parents' pursuit to respond to the child's emerging needs. Their willingness to satisfy the child's needs is brought out in a separate component in order to distinguish it from the knowledge of the child's existing need and also from the possibilities for satisfying it because the parents' readiness is important even in the absence of financial resources - it is an indicator of the parent's interest in the child's needs and his/her motivation to respond to their satisfaction. In addition, the parent's willingness to satisfy the child's needs shows that he/she is ready to look for various ways. When this is the case and the social worker establishes it, he/she can offer support through which to assist the parent regarding parental knowledge of the child's needs or financial assistance to provide with everything the child needs.

Motivation for care is a complex phenomenon. It is influenced by many factors – the parent's past, the experience in the relationship with his/her parents, the experience in relation to his/her parenthood, the relationship with the other parent, the current life circumstances, the

parent's age, the changes that have occurred in his/her life after the birth of the child and many others. Understanding this fact is especially important in parenting capacity assessment. The lack of motivation can block all other elements of caring for the child and make a competent parent with sufficient material resources absolutely incapable of caring for his/her child. And vice versa. The availability of motivation can mobilize a parent so that he/she could compensate for the lack of knowledge, and to eagerly acquire new ones, while the parent is looking for a new way to increase his/her income. Therefore, the assessment of motivation should be an important component in the assessment of parental capacity. However, this assessment should not be conclusive. This is not the meaning of the proposal that it should be an important component of the methodology for parenting capacity assessment. The assessment of the level of motivation and especially the factors that influence it should be used to explain the problems in parenting when social workers identify them. Moreover, the identified problems should become a part of the social worker's support plan.

In the third place, a very important element of a parent's ability to care for their child is his/her ability to provide for them financially (when care depends on financial means and material conditions). Many methodologies make the study of material conditions and financial capabilities a main and fundamental part of studies and assessments. In this way, they create a sense of their determining role in providing care. As for parental capacity, millennia of human history has not been able to prove a direct link between material conditions and the quality of care for children. It has proven the ability to provide better material conditions and eventually, but not necessarily, better education and healthcare (it only refers to the last century). In this methodology, the assessment of financial capabilities takes into account the extent to which a perceived need for care for the child depends on and is influenced by the financial capabilities of the parent. This assessment does not aim to establish parental inability and to negatively assess his/her parental capacity. This assessment aims to establish how available financial resources affect the ability to meet the child's needs.

Furthermore, it is important to distinguish financial from material possibilities. For example, a mother with a very low income can breastfeed her child and replace expensive diapers with nappies, thus providing for her child's needs perfectly. But whether she will do this is exceedingly important for the actual care of the child. Therefore, the availability of material or financial resources is a separate component. These resources are not only necessary, but their presence or absence as well as their use or non-use when available indicate important aspects in the manifestation of parental capacity. The detailed understanding of all this also affects the effectiveness of the support that the social worker will provide. If the social worker helps a mother who has breast milk with artificial food to feed her child without understanding that it is not the lack of food but something else that affects the nutrition his/her help will be ineffective. The mother may be in a state of postpartum depression, grief of abandonment by the child's father, fear of an established disability of the child or in a state of abstinence from drug use and the need for help may lie in the possibility of overcoming this state. Therefore, a problem that seems at first glance material may turn out to be a problem of motivation, mental state, or something else.

And in fourth place, an important component in assessing the parent's care is whether he/she ultimately takes care of his/her child. As stated above, despite the availability of knowledge, material resources and motivation, in some cases parents do not take care of their children. Very often, the reasons for this are very significant - illnesses, traumas, severe losses,

mental state, etc. For periods of time, in some cases quite long, such circumstances make it impossible to take care of the child. Identifying factors that block the care of the child is a good opportunity for planning support. Understanding what makes the parent unable to take care of the child can orientate the social worker to the type of help that can be provided to him/her in order to restore his/her abilities, help him/her to overcome traumas, get through the difficult period or crisis in the illness.

Many social workers are familiar with a lot of the circumstances that block parents' ability to provide for their children's needs. Identifying them in the course of parenting capacity assessment helps to understand parental difficulties. Understanding them clearly directs the attention to areas in which the social worker could provide support. This is the point of taking them into account.

A pilot study showed something else very important. Parents do not simply cover or do not cover the indicators by which we assess their capacity to care for their children. They cover the indicators to varying degrees. Therefore, in assessing their ability to provide a certain amount of care for the child, it is necessary to use a scale. Parents know the needs of children in different extents, they have financial resources to a certain extent, they are motivated to a certain extent, and they cope to a certain extent.

The assessment of these extents does not aim to establish abilities or disabilities. It aims to establish the state of a component. By assessing it, the social worker will determine which component suffers and which component needs to be supported. The social worker is not only able to assess to what extent the parent manages to provide care for his/her child, but he/she can clearly identify which is the area where their abilities need to be increased. The methodology allows the social worker to understand not only which of child's needs are at risk and to what extent, but also in which area of the parent's care - knowledge, motivation or financial resources – are the ones that are blocking the care. This expands his or her opportunities to plan support for the parent by determining very precisely the area to which it should be directed and its type.

Therefore, here's what measuring a parent's ability to provide nutrition for the child looks like according to their age:

- The parent is familiar with his/her child's regular diet that is relevant to the child's age – It measures the knowledge extent.
However, there are a few more that are added to it:
- The parent has the necessary material resources to provide for the regular diet of the child – It measures the extent in which the present financial resources allow the parent to ensure his/her child's needs.
- The parent is motivated to provide his child with the necessary regular diet – It measures the level of motivation.
- The parent provides the child with the necessary regular diet – It measures the extent in which the parent actually ensures the child's need.

In aggregate, knowledge, financial capabilities and motivation in relation to each of the needs provide knowledge about the extent to which the parent provides for the child's needs and the circumstances that may block this ability. This approach provides the social worker with an excellent opportunity to identify areas in which he/she could provide support for the parent and increase his/her ability to meet the child's needs. If he/she assesses that the parent's resources are insufficient, with the social assistance resources, he/she could look for the possibility of

additional financial support, especially if it concerns a child with a rare disease. If he/she finds that the parent has difficulty regarding understanding the child's diet, he/she could provide him/her with training. If he/she finds that the parent is suffering from loss, depression or another condition that affects motivation, the social worker could provide psychological support.

The entire complex of possible areas of support that the social worker could identify and then provide to the parent would lead to an excellent opportunity to overcome difficulties in raising the child, overcoming of the removal of the child from the family, prevention of the abandonment and a number of other prolongations with more serious consequences on the individual fate of the children and the fate of their families.

Discussion

The current studies which are part of a larger body of research on parental capacity give us a reason to suggest that parental capacity does not refer solely to the abilities of parents. The ultimate manifestation of capacity is a combination of:

1. Knowledge and ability for understanding and awareness of the children's needs.
2. Motivation of the parent to satisfy his/her child's needs.
3. Availability of resources with which the parent could provide for his/her child's needs.
4. Availability of factors that affect the actual providence for children's needs.

Our studies show that parental capacity is not a stable phenomenon over time. It is influenced by many factors that can temporarily manifest it as high and then sharply as low. Especially when it comes to parents with mental illnesses, mental disabilities, addictions, trauma and accident survivors, parents undergoing effective medication therapies due to illness. Its manifestation may indicate low parental capacity at the time of trauma, against the background of an otherwise high capacity to care for the child outside the trauma. This is especially important because if we accept parental capacity as an ability to provide care in the long term, we can easily misjudge a parent who is temporarily unable to understand the child's needs, who is unable to do it due to lack of sufficient resources, or who has lost the ability to care due to trauma.

Our study gives us a reason to assume that parental capacity is a level of a parent's ability to understand the child's needs; a level of motivation to respond, the possession of the necessary resources to do it, and the ability to cope with the factors that put the parent to the test.

Our practice has shown us that the parents with high capacity who are responding in the right way to children's needs are not the parents who have sufficient or abundant material resources as well as those with high cognitive potential to realize the children's needs. Our practice has shown that the most important prerequisite for the manifestation of high parental capacity is the parent's attitude towards the child, the relationship and love for it. In our methodology we used the word motivation to express the internal incentive to care for the child, based on the desire to care. We had the opportunity to observe its manifestation among parents in poverty, parents fleeing war, parents from ethnic communities where generations have not attended school. Especially among parents in poverty, as well as those without education, we saw the manifestation of high sensitivity, intuition and the ability to observe and understand children's signals, which were not the result of high cognitive potential. Hidden behind seemingly primary means of understanding and even more primary means of satisfying children's needs, these parents provided to the highest degree the most significant needs of the children. And this is not

about providing a suitable home, excellent food and education. Without denying their importance, we emphasize that this is about children's need for security, love and belonging, positive acceptance and self-actualization. And here this is not based only on the undeniable contribution of Abraham Maslow [9]. It is also based on other studies of ours [10], which unconditionally prove the high importance of these needs in modern social care for children.

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